



MNOSHA Emergency Temporary Standard

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Minnesota is a state plan state



Table 1. OSHA-Approved State Plans

Covers All Employers		Covers State and Local Government Employers Only
Alaska	New Mexico	Connecticut
Arizona	North Carolina	Illinois
California	Oregon	Maine
Hawaii	South Carolina	New Jersey
Indiana	Tennessee	New York
Iowa	Utah	U.S. Virgin Islands
Kentucky	Vermont	
Maryland	Virginia	
Michigan	Washington	
Minnesota	Wyoming	
Nevada	Puerto Rico	

MNOSHA adopts occupational exposure to COVID-19 Emergency Temporary Standard

- On June 21, 2021, federal OSHA published an Emergency Temporary Standard (ETS) (www.osha.gov/coronavirus/ets) in the Federal Register. Federal OSHA has issued an ETS to protect health care workers and health care support service workers from occupational exposure to COVID-19 in settings where people with COVID-19 are reasonably expected to be present.
- On July 19, 2021, Minnesota OSHA adopted the ETS by reference. [The ETS was effective in Minnesota as of the date of publication in the *State Register*, July 19, 2021.](#)
- <https://www.dli.mn.gov/about-department/rulemaking/minnesota-osh-rulemaking>

Scope and application of 1910.502

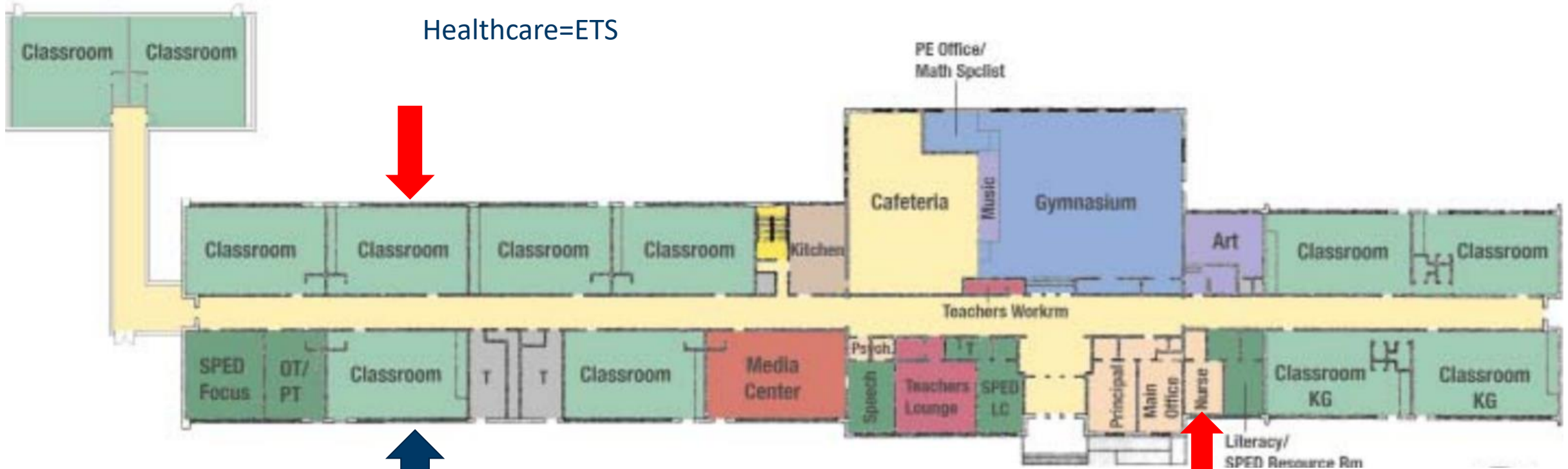
- With some exceptions, the Healthcare COVID-19 ETS, 29 CFR § 1910.502, applies to all settings where any employee provides healthcare services or healthcare support services.
- Source: Inspection Procedures for the COVID-19 Emergency Temporary Standard MNOSHA Instruction CPL 2-2.90 July 29, 2021

Scope and application cont.

- [1910.502\(a\)\(3\)\(i\)](#) Where a healthcare setting is embedded within a non-healthcare setting (e.g., medical clinic in a manufacturing facility, walk-in clinic in a retail setting), this section applies only to the embedded healthcare setting and not to the remainder of the physical location.
- [1910.502\(a\)\(3\)\(ii\)](#) Where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services, this section applies only to the provision of the healthcare services by that employee.

Definitions

- **Direct patient care** means hands on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.
- **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 (e.g., treatment in physicians' offices, dentists' offices, medical clinics), 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/admittance, patient food services, equipment and facility maintenance, housekeeping services, healthcare laundry services, medical waste handling services, and medical equipment cleaning/reprocessing services.



Healthcare=ETS



Non-healthcare activities
not covered by ETS but
by General Duty

Healthcare = ETS

Employers covered by the ETS must

- Develop and implement a written COVID-19 plan
- Designate a COVID-19 safety coordinator
- Conduct a workplace-specific hazard assessment
- Seek the input and involvement of non-managerial employees and their representatives in the hazard assessment and development and implementation of the COVID-19 plan
- Monitor the workplace to ensure ongoing effectiveness of the plan

Employers must

- The main section of the ETS (1910.502 – Healthcare) requires employers to develop and implement effective COVID-19 plans. Controlling COVID-19 requires employers to use multiple overlapping controls in a layered approach to better protect workers. The key requirements of the ETS are addressed in the following slides.

Develop and implement a COVID-19 plan

- Develop and implement a COVID-19 plan (in writing if more than 10 employees) that includes a designated safety coordinator with authority to ensure compliance, a workplace-specific hazard assessment, involvement of non-managerial employees in hazard assessment and plan development/implementation, and policies and procedures to minimize the risk of transmission of COVID-19 to employees.

Implementing the ETS - Resources

- [COVID-19 Plan Template](#)
- [COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#)
- [Sample COVID-19 Log](#)
- [Reporting COVID-19 Fatalities and In-Patient Hospitalizations to OSHA](#)
- [Employer Notification Tool](#)
- [Communication and Coordination Between Employers](#)
- [Sample Employee COVID-19 Health Screening Questionnaire](#) (*[Spanish](#)*)
- [Notification Removal and Return to Work Flow Chart for Employees](#)
- [Notification Removal and Return to Work Flow Chart for Employers](#)
- [Employee Training Presentation – Healthcare ETS](#)
- [Employee Training Presentation – Mini Respiratory Protection Program](#)

Purpose and Scope

- [Employer name] is committed to providing a safe and healthy workplace for all our employees. [Employer name] has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS).
-
- [If [Employer name] has multiple workplaces, choose from the following:
-
- [Employer name] has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included in the table below.
 - or
- [Employer name] has multiple workplaces that are not substantially similar, and therefore has created a separate COVID-19 plan for each workplace.]

Roles and Responsibilities

- [Employer name]'s goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.
-
- The COVID-19 Safety Coordinator(s), listed below, implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator(s) has [Employer name]'s full support in implementing and monitoring this COVID-19 plan, and has authority to ensure compliance with all aspects of this plan.
-
- [Employer name] and the COVID-19 Safety Coordinator(s) will work cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan.
-
- [Describe how employee suggestions will be solicited or requested, how employee concerns will be addressed, and how such suggestions will be integrated into developing, implementing, monitoring, and updating the plan.]

Hazard Assessment and Worker Protections

- [Employer name] will conduct a workplace-specific hazard assessment of its workplace(s) to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work activities at the workplace).
- [Insert the paragraph that follows if claiming exemption from providing controls for fully vaccinated employees in a well-defined area(s) of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present (under paragraph (a)(4) of the ETS). In order to qualify for the exemption in paragraph (a)(4), this COVID-19 plan must include policies and procedures to determine employees' vaccination status.]
- [Employer name] has identified the following well-defined areas of the workplace where fully vaccinated employees are exempt from the personal protective equipment (PPE), physical distancing, and physical barrier requirements of the ETS because there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present: [Insert]. [Employer name] has developed the following policies and procedures to determine employees' vaccination status: [Include and describe the policies and procedures that will be used to determine employees' vaccination status.]
- [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessment. [OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) may be used to assess hazards related to COVID-19 at each facility and develop and implement policies and procedures for worker protection.] All completed hazard assessment forms and results will be attached to this plan and will be accessible to all employees and their representatives at each facility.
- [Employer name] will address the hazards identified by the assessment, and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee. These policies and procedures are as follows:

Patient screening and management

- Limit and monitor points of entry to settings where direct patient care is provided; screen and triage patients, clients, and other visitors and non-employees; implement patient management strategies.

Patient Screening and Management

- In settings where direct patient care is provided, [Employer name] will:
 - Limit and monitor points of entry to the setting;
 - Screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering the setting for symptoms of COVID-19;
 - Implement other applicable patient management strategies in accordance with the CDC’s [“COVID-19 Infection Prevention and Control Recommendations”](#); and
 - [Encourage the use of telehealth services where available and appropriate in order to limit the number of people entering the workplace.]
- [Describe Employer procedures for limiting and monitoring points of entry to the setting, screening and triaging for symptoms of COVID-19, and restricting facility access to reduce crowding (e.g., limiting visitors to only those essential for the patient’s physical or emotional well-being and care, restricting visitors to the patient’s room or other designated areas, asking patients to remain outside (if possible) until they are called into the facility for their appointment, etc.).]

Screen means asking questions to determine whether a person is COVID–19 positive or has symptoms of COVID–19.

STOP!

Go home if you have any of these symptoms
so we can stay in school together.



Fever



Difficulty
breathing



Loss of
taste or smell



Muscle
pain



Nausea, diarrhea,
or vomiting



Chills



Cough



Runny nose
or congestion



Sore throat



Headache



Fatigue

mn MINNESOTA

STAY SAFE MN

health.mn.gov

Minnesota Department of Health | health.mn.gov | 651-201-5000 | Contact health.communications@state.mn.us to request an alternate format. | 8/26/2020

Standard and Transmission-Based Precautions

- Develop and implement policies and procedures to adhere to Standard and Transmission-Based precautions based on CDC guidelines.

Standard and Transmission-Based Precautions

- [Employer name] will develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's "[Guidelines for Isolation Precautions](#)."
- [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to develop and implement these policies and procedures. [\[OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis\]](#) may be used to assess COVID-19 hazards and develop and implement Standard and Transmission-Based infection control precautions.]
- Resource Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Standard Precautions

- Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

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).

Transmission-Based Precautions

- There are three categories of Transmission-Based Precautions: Contact Precautions, Droplet Precautions, and Airborne Precautions. Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.
- For some diseases that have multiple routes of transmission (e.g., SARS), more than one Transmission-Based Precautions category may be used.
- P. 71 – 72 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

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

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

- Provide and ensure each employee wears a facemask when indoors and when occupying a vehicle with other people for work purposes; provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19, and for aerosol-generating procedures on a person with suspected or confirmed COVID-19.

Personal Protective Equipment (PPE)

- [Employer name] will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for facemasks will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.
- Facemasks provided by [Employer name] will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. [Employer name] will provide employees with a sufficient number of facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). [Employer name] may also provide a respirator to employees when only a facemask is required (i.e., when a respirator is not otherwise required by OSHA's COVID-19 ETS) and, when doing so, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). [Employer name] will also permit employees to wear their own respirator instead of a facemask and, in such cases, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Additional information about when respirator use is required can be found below.
- [Describe how employees will be provided facemasks and instruction about when and how they should be worn or used.]

Personal Protective Equipment (PPE) Cont.

- In addition to providing, and ensuring employees wear, facemasks, [Employer name] will provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "[Guidelines for Isolation Precautions](#)," and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

Personal protective equipment (PPE)

- *Facemask* means 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. Facemasks may also be referred to as “medical procedure masks.”

Respirator and other PPE for exposure to people with suspected or confirmed COVID-19

- *Respirator* means a type of personal protective equipment (PPE) that is certified by NIOSH under 42 CFR part 84 or is authorized under an EUA by the FDA. Respirators protect against airborne hazards by removing specific air contaminants from the ambient (surrounding) air or by supplying breathable air from a safe source. Common types of respirators include filtering facepiece respirators, elastomeric respirators, and PAPRs. Face coverings, facemasks, and face shields are not respirators.
- Gloves
- Isolation gown or protective clothing
- Eye protection

Respirator types

TYPES OF RESPIRATORY PROTECTION



Elastomeric Half Facepiece Respirators are reusable and have replaceable cartridges or filters. They cover the nose and mouth and provide protection against gases, vapors, or particles when equipped with the appropriate cartridge or filter.



Elastomeric Full Facepiece Respirators are reusable and have replaceable canisters, cartridges, or filters. The facepiece covers the face and eyes, which offers eye protection.



Filtering Facepiece Respirators are disposable half facepiece respirators that filter out particles such as dusts, mists, and fumes. They do NOT provide protection against gases and vapors.



Powered Air-Purifying Respirators (PAPRs) have a battery-powered blower that pulls air through attached filters, canisters, or cartridges. They provide protection against gases, vapors, or particles, when equipped with the appropriate cartridge, canister, or filter. Loose-fitting PAPRs do not require fit testing and can be used with facial hair.



Supplied-Air Respirators are connected to a separate source that supplies clean compressed air through a hose. They can be lightweight and used while working for long hours in environments not immediately dangerous to life and health (IDLH).



Example of an open-circuit SCBA

Self-Contained Breathing Apparatus (SCBAs) are used for entry into or escape from environments considered to be IDLH. They contain their own breathing air supply and can be either open circuit or closed circuit.



Example of an SAR/SCBA

Combination Respirators can be either a supplied-air/SCBA respirator or supplied-air/air-purifying respirator. The SCBA type has a self-contained air supply if primary airline fails and can be used in IDLH environments. The air-purifying type offers protection using both a supplied-air hose & an air-purifying component and cannot be used for entry into IDLH environments.



Centers for Disease Control
and Prevention
National Institute for Occupational
Safety and Health

September 2019

Verify if your respirator is allowed

- On June 30, 2021, the FDA announced the [revocation](#) of the following EUAs:
- [Imported, Non-NIOSH-Approved Disposable Filtering Facepiece Respirators](#) (effective July 6, 2021)
- [Non-NIOSH-Approved Disposable Filtering Facepiece Respirators Manufactured in China](#) (effective July 6, 2021)
- [Decontamination and Bioburden Reduction System EUAs for Personal Protective Equipment](#) (effective June 30, 2021)
- As of the effective date of the revocations, these devices will no longer be authorized for use by health care personnel in health care settings. For additional information, please see [Update: FDA No Longer Authorizes Use of Non-NIOSH-Approved or Decontaminated Disposable Respirators - Letter to Health Care Personnel and Facilities](#).
- <https://www.fda.gov/medical-devices/emergency-use-authorizations-medical-devices/revoked-euas-non-niosh-approved-disposable-filtering-facepiece-respirators#imported>

Aerosol-generating procedures on a person with suspected or confirmed COVID-19

- Limit employees present to only those essential; perform procedures in an airborne infection isolation room, if available; and clean and disinfect surfaces and equipment after the procedure is completed.

From the ETS preable

- Healthcare employees who provide direct patient care are at high risk of exposure to SARS-CoV-2 because they have close and sometimes prolonged contact with patients who are infected or potentially infected with SARS-CoV-2. This contact occurs when conducting physical examinations and providing treatment and medical support. The risk can be amplified when examining or treating a COVID-19 patient who has symptoms such as coughing and difficulty breathing (leading to more forceful inhalation and exhalation), both of which can result in the release of more droplets that can be propelled further. Healthcare employees who conduct, or provide support during, aerosol-generating procedures on persons with suspected or confirmed COVID-19 also face a greater risk of infection (Heinzerling et al., April 17, 2020).

Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19.

- When an AGP is performed on a person with suspected or confirmed COVID-19, [Employer name] will:
 - Provide a respirator and other PPE, as discussed in the previous section;
 - Limit the number of employees present during the procedure to only those essential for patient care and procedure support;
 - Ensure that the procedure is performed in an existing airborne infection isolation room (AIIR), if available; and
 - Clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed.
- [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess and address COVID-19 hazards while performing AGPs. [OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) may be useful.]

Controls for aerosol-generating procedures

- When performed on a person with suspected or confirmed COVID-19
- Respirators and other PPE – elastomeric respirators or PAPRs are encouraged for suspect/confirmed COVID-19+
 - Gloves
 - Isolation gown or protective clothing
 - Eye protection
- Limit number of employees present
- Perform in AIIR if available
- Clean and disinfect surfaces and equipment

Physical distancing

- **Physical distancing:** Keep people at least 6 feet apart when indoors.
- **Physical barriers:** Install cleanable or disposable solid barriers at each fixed work location in non-patient care areas where employees are not separated from other people by at least 6 feet.

Physical Distancing

- [Employer name] will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, [Employer name] will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.
- [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess physical distancing in the workplace. [OSHA's [COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) may be used to identify, develop, and implement physical distancing measures for employee protection, and identify fixed work locations where physical distancing cannot be maintained between employees and co-workers, customers, visitors, and other non-employees, as well as controls and practices that can be implemented to protect employees in these fixed work locations.]
- [Describe how workplace flow, such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel, will be adjusted to ensure physical distancing.]
- [Describe physical workplace changes, such as increased distance between workstations, check-in and checkout stations, etc., that will be implemented to ensure physical distancing.]
- [Describe how people in the workplace will be prevented from gathering in groups in common areas and "bottlenecks," including corridors, meeting rooms, stairways, breakrooms, entrances, exits, and elevators.]
- [Describe how aisles, tables, counters, check-in and checkout stations, etc. will be arranged and how the flow will be directed to allow for physical distancing between people.]
- [Identify protocols such as telehealth, telework, flexible work hours, staggered shifts, or additional shifts that can be used to reduce the number of employees in the workplace at one time.]

Physical distancing of at least six feet when feasible

- The employer must 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). This provision does not apply to momentary exposure while people are in movement (e.g., passing in hallways or aisles).
- When the employer establishes it is not feasible for an employee to maintain a distance of at least 6 feet from all other people, the employer must ensure that the employee is as far apart from all other people as feasible.

Physical barriers

- **Physical barriers:** Install cleanable or disposable solid barriers at each fixed work location in non-patient care areas where employees are not separated from other people by at least 6 feet.

Physical Barriers

- [Employer name] will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers. Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.
-
- [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to identify where physical barriers are needed. [\[OSHA's *COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis* may be used to identify where to install physical barriers for employee protection from COVID-19. Physical barriers are not required in direct patient care areas or resident rooms.\]](#)
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Physical barriers

- At each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) where each employee is not separated from all other people by at least 6 feet of distance, the employer must install cleanable or disposable solid barriers, except where the employer can demonstrate it is not feasible. The barrier must be sized (e.g., height and width) 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.
- Note to paragraph (i). Physical barriers are not required in direct patient care areas or resident rooms.

Cleaning and disinfection

- Follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC guidelines in patient care areas, resident rooms, and for medical devices and equipment; in all other areas, clean high-touch surfaces and equipment at least once a day and provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible handwashing facilities.

Cleaning and Disinfection

- [Employer name] will implement policies and procedures for cleaning, disinfection, and hand hygiene, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace. [\[OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis\]](#) may be used to assess COVID-19-related hazards and develop and implement policies and procedures for cleaning and disinfection.]
- In patient care areas, resident rooms, and for medical devices and equipment:
 - [Employer name] will 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 all other areas:
 - [Employer name] requires the cleaning of high-touch surfaces and equipment at least once a day, following manufacturers' instructions for the application of cleaners.
 - When a person who is COVID-19 positive has been in the workplace within the last 24 hours, [Employer name] requires cleaning and disinfection, in accordance with CDC's "[Cleaning and Disinfecting Guidance](#)," of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

Cleaning and disinfection

- In patient care areas, resident rooms, and for medical devices and equipment, the employer 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," pp. 86–103, 147–149 (both incorporated by reference, § 1910.509).

- 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.

Ventilation

- [This section applies to employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system.]
- [Employer name] will implement policies and procedures for each facility's heating, ventilation, and air conditioning (HVAC) system and ensure that:
 - The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
 - The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
 - All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
 - All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
 - All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and
 - Existing airborne infection isolation rooms (AIIRs), if any, are maintained and operated in accordance with their design and construction criteria.
- Ventilation policies and procedures will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. [Employer name] will identify the building manager, HVAC professional, or maintenance staff member who can certify that the HVAC system(s) are operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS and list the individual(s) below.

Ventilation

- HVAC manufacturer's instructions and the design specifications of the HVAC system(s)
- Maximize outside air and number of air changes per hour
- Highest compatible air filters (Merv 13 if compatible)

Health screening and medical management

- (1) Screen employees before each workday and shift; (2) Require each employee to promptly notify the employer when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing certain symptoms; (3) Notify certain employees within 24 hours when a person who has been in the workplace is COVID-19 positive; (4) Follow requirements for removing employees from the workplace; (5) Employers with more than 10 employees, provide medical removal protection benefits in accordance with the standard to workers who must isolate or quarantine

Health Screening and Medical Management

- [Employer name] will screen each employee before each work day and each shift.
- [Describe how employees will be screened (e.g., in-person when reporting to work, or by asking employees to self-monitor for COVID-19 symptoms before reporting to work). OSHA's [Sample Employee COVID-19 Health Screening Questionnaire](#) may be useful. If the employer chooses to require COVID-19 testing, it must be done at no cost to employees (Note: OSHA's COVID-19 ETS does not require employers to conduct screening testing).]
- Employee Notification to Employer of COVID-19 Illness or Symptoms
- [Employer name] will require employees to promptly notify [their supervisor or COVID-19 Safety Coordinator] when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected to have COVID-19, are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing both fever ($\geq 100.4^{\circ}\text{F}$) and new unexplained cough associated with shortness of breath.
- [Describe how employees will communicate with [Employer name] if they are sick or experiencing symptoms while at home or at work.]
- [Describe any leave policies (e.g., sick leave, Family Medical Leave Act, other policies) that [Employer name] will implement to promote employees staying at home when they are sick, when household members are sick, or when required by a healthcare provider to isolate or quarantine themselves or a member of their household.]

Health Screening and Medical Management Cont.

- Employer Notification to Employees of COVID-19 Exposure in the Workplace
- [Employer name] will notify employees if they have been exposed to a person with COVID-19 at their workplace, as described below. The notification provisions below 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). When [Employer name] is notified that a person who has been in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) is COVID-19 positive, [Employer name] will, within 24 hours:
 - Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with the person with COVID-19 in the workplace. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) the contact occurred.
 - Notify all other employees who were not wearing a respirator and any other required PPE and worked in a well-defined portion of a workplace (e.g., a particular floor) in which the person with COVID-19 was present during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.
 - Notify other employers whose employees were not wearing a respirator and any other required PPE and have been in close contact with the person with COVID-19, or worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present, during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period and the location(s) where the person with COVID-19 was in the workplace.

Health screening and medical management

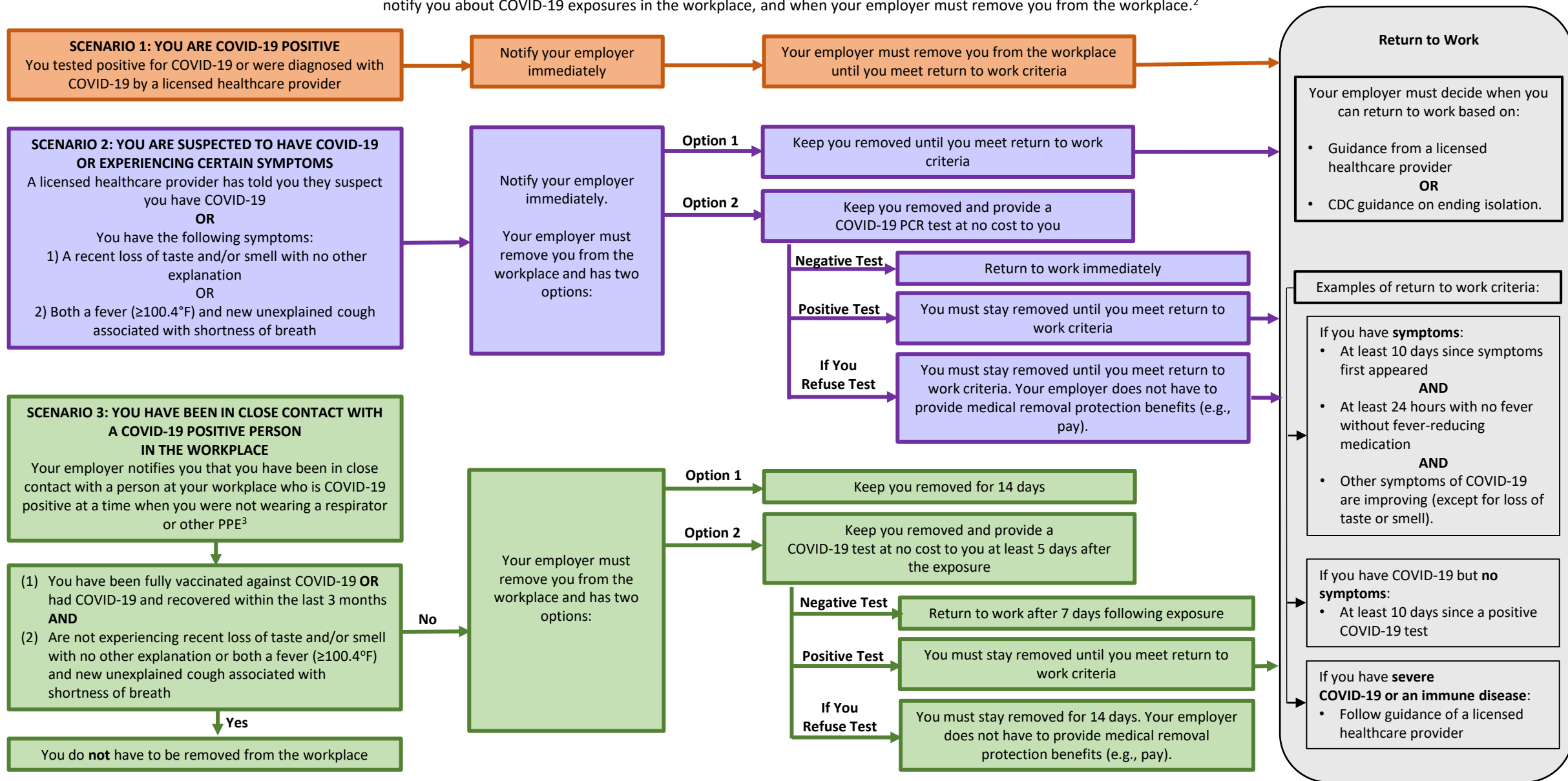
- Employer screens each employee
- Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.

Notifications and medical removal

- Employee notification to employer of COVID–19 illness or symptoms
- Employer notification to employees of COVID–19 exposure in the workplace.
- Medical removal from the workplace.
- Medical removal protection benefits.
- Return to work

ETS Guidance for Employees – Notification to Employer and Paid¹ Medical Removal for COVID-19

This flow chart explains when you need to notify your employer about COVID-19-related issues, when your employer must notify you about COVID-19 exposures in the workplace, and when your employer must remove you from the workplace.²



¹ OSHA is requiring medical removal protection benefits to be paid only by employers that have more than 10 employees.

² Your employer may choose to remove or test you for other COVID-19-related reasons not required by the ETS (e.g., additional symptoms from the CDC list or exposure to someone who is COVID-19 positive outside the workplace).

³ Your employer is not required to notify you following exposure to a patient with confirmed COVID-19 if you work in a place where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities).

Medical Removal Protection Benefits

- If remote work is available, your employer may require the removed employee to perform remote work and must continue to pay them the same regular pay and benefits until they meet the return to work criteria (see previous slide).
- Under the ETS, employers with more than 10 employees on the date the ETS became effective must provide medical removal protection benefits to removed employees.
 - Your employer must continue to provide the benefits to which the employee is normally entitled and must also pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week, until the employee meets the return to work criteria (see previous slide).
 - For employers with fewer than 500 employees, the employer must pay the employee up to the \$1,400 per week cap but, beginning in the third week of an employee's removal, the amount is reduced to only two-thirds of the same regular pay the employee would have received had the employee not been absent from work, up to \$200 per day (\$1,000 per week in most cases).
 - Your employer's payment obligation is reduced by the amount of compensation that the employee receives from any other source, such as a publicly or employer-funded compensation program (e.g., paid sick leave, administrative leave) for earnings lost during the period of removal or any additional source of income the employee receives that is made possible by virtue of the employee's removal.
- [Employers: Insert your workplace-specific policies and procedures for medical removal protection benefits for employees removed from the workplace and not working remotely.]

Vaccination and training

- **Vaccination:** Provide reasonable time and paid leave for vaccinations and vaccine side effects.
- **Training:** Ensure all employees receive training so they comprehend COVID-19 transmission, tasks and situations in the workplace that could result in infection, and relevant policies and procedures.

Vaccination

- [Employer name] encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. [Employer name] will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.
-
- [Describe Employer policies for providing reasonable time and paid leave for vaccinations and side effects.]

Training

- [Employer name] will implement policies and procedures for employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program at each facility. [OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) may be useful to employers.]
-
- [Employer name]'s COVID-19 training program will be accessible in the following ways: [Describe how training will be conducted (e.g., online education, department meetings and tool talks, discussion with supervisors, other specific methods).]
-
- [Employer name] will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:

COVID-19, including:

- How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
- The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
- Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
- The signs and symptoms of COVID-19;
- Risk factors for severe illness; and
- When to seek medical attention;
- [Employer name]'s 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;

Cont.

- [Employer name]'s policies and procedures for PPE worn to comply with OSHA's COVID-19 ETS, including:
 - When PPE is required for protection against COVID-19;
 - Limitations of PPE for protection against COVID-19;
 - How to properly put on, wear, and take off PPE;
 - How to properly care for, store, clean, maintain, and dispose of PPE; and
 - 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 name]'s 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 [Employer name]'s Safety Coordinator(s) specified in this COVID-19 plan;
- OSHA's COVID-19 ETS; and
- How the employee can obtain copies of OSHA's COVID-19 ETS and any employer-specific policies and procedures developed under OSHA's COVID-19 ETS, including this written COVID-19 plan.

- **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.
- **Requirements must be implemented at no cost to employees.**

Anti-Retaliation

- [Employer name] will inform each employee that employees have a right to the protections required by OSHA's COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.
-
- [Employer name] will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Requirements implemented at no cost to employees

- [Employer name] will comply with the provisions of OSHA's COVID-19 ETS at no cost to its employees, with the exception of any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

Recording and reporting

- **Recordkeeping:** Establish a COVID-19 log (if more than 10 employees) of all employee instances of COVID-19 without regard to occupational exposure and follow requirements for making records available to employees/representatives.
- **Report work-related COVID-19 fatalities and in-patient hospitalizations to OSHA.**

Recordkeeping

- [This section applies to employers with more than 10 employees on the date the ETS became effective.]
- [Employer name] will retain all versions of this COVID-19 plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.
- [Employer name] will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.
- [Employer name] will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. [Employer name] will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law. [For more information, see OSHA's example [COVID-19 log](#).]
- [Employer name] will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.
- By the end of the next business day after a request, [Employer name] will provide, for examination and copying:
 - All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.
 - The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
 - A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

Reporting

- [Employer name] will report to OSHA:
- Each work-related COVID-19 fatality within 8 hours of [Employer name] learning about the fatality;
- Each work-related COVID-19 in-patient hospitalization within 24 hours of [Employer name] learning about the in-patient hospitalization.
-

Recordkeeping and reporting

- COVID-19 log record- all instances of COVID-19+ regardless of work-relatedness
 - Specific requirements detailed in 1910.502(q)(2)(ii)(A) and (B)
- Work-related COVID-19 is recordable as a respiratory illness on the OSHA 300 log.
- Privacy case if employee asks.
- All work-related COVID-19 fatality (within 8 hours) or inpatient hospitalization (within 24 hours) must be reported to OSHA
- For healthcare (under the ETS), employers are required to report each work-related COVID-19 fatality or inpatient 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.

Monitoring Effectiveness

- [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan so as to ensure ongoing progress and efficacy.
-
- [Employer name] will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures.

Additional OSHA Standards

- 1904, Recording and Reporting Occupational Injuries and Illness.
- 1910.132, General Requirements - Personal Protective Equipment.
- 1910.133, Eye and Face protection.
- 1910.134, Respiratory Protection.
- 1910.141, Sanitation.
- 1910.145, Specification for Accident Prevention Signs and Tags.
- 1910.504, Mini Respiratory Protection Program
- 1910.1020, Access to Employee Exposure and Medical Records.

General Duty Clause

- §MN Stat. 182.653 subd. 2: The employer did not furnish to each employee, conditions of employment and a place of employment free from recognized hazards which caused or were likely to cause death or serious injury to employee.

General Duty Clause

- If deficiencies not addressed by OSHA standards or regulations are discovered in the employer's preparedness for controlling high to very high occupational exposure risk for SARS-CoV-2, and guidance is available (e.g., CDC), follow the FOM guidance for enforcing the general duty clause, including the four required elements: (1) The employer failed to keep the workplace free of a hazard to which employees of that employer were exposed; (2) The hazard was recognized; (3) The hazard was causing or was likely to cause death or serious physical harm; and, (4) There was a feasible and useful method to correct the hazard.

Who can you call with questions?

- **Minnesota OSHA Compliance**

- 651-284-5050 or 877-470-6742
- osha.compliance@state.mn.us

- **Minnesota OSHA Workplace Safety Consultation**

- 651-284-5060 or 800-657-3776
- osha.consultation@state.mn.us

Thank You!

Minnesota OSHA Workplace Safety Consultation

Breca Tschida