

OSHA's Response to COVID-19

Sven Rundman SCHC Fall Meeting, 2020





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Society for Chemical Hazard Communication (SCHC) Fall 2020 Conference - Virtual

Protecting the Safety and Health of Workers Coronavirus Disease 2019 (COVID-19)

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OSHA guidance

- Guidance should be adapted based on employer's hazard assessment and workers' tasks
- Guidance is based on anticipated hazards and risks, and incorporates standard, contact, and airborne precautions.



The four exposure risk levels represent probable distribution of risk.

https://www.osha.gov/Publications/OSHA3993.pdf



Occupational Safety and Health Administration

Existing OSHA standards protect workers from exposure

- Existing OSHA standards can help protect workers from exposure to SARS-CoV-2 and infection with COVID-19.
- OSHA can use the General Duty Clause, Section 5(a)(1), of the Occupational Safety and Health Act to ensure that workers are protected from recognized safety and health hazards that may cause serious harm.

Relevant OSHA requirements

- Personal Protective Equipment (29 CFR 1910 subpart I), including:
 - PPE General Requirements (1910.132)
 - Eye and Face Protection (1910.133)
 - Respiratory Protection (1910.134)
 - Hand Protection (29 CFR 1910.138)
- Bloodborne Pathogens (29 CFR 1910.1030)
- Hazard Communication (29 CFR 1910.1200)
- Recordkeeping (29 CFR part 1904)



Occupational Safety and Health Administration

Impact on workers

- OSHA continues to coordinate with CDC, including NIOSH, and other agencies to monitor the ongoing pandemic.
- The risk of exposure in many workplaces likely reflects the risk to the general public in the community where the workplace is located.
- Risk increases when workers have frequent, close contact with the general public or other coworkers.

Clockwise from L: public domain; WikimediaCommons; CDC/Kimberly Smith & Christine Ford









Occupational Safety and Health Administration

OSHA guidance

For U.S. workers and employers of workers with potential occupational exposures to COVID-19:

- Identify and isolate suspected cases.
- Implement other precautions appropriate for the worksite and job tasks, and according to the hierarchy of controls.





- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, EMTs) performing or present for aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, CPR, some dental procedures and exams, invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients.
- Morgue workers performing autopsies on the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.

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- Healthcare delivery and support staff (e.g. doctors, nurses, and other hospital staff who must enter patients rooms) exposed to known or suspected COVID-19 patients. (While <u>NO</u> aerosol generating procedures are being performed.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.

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Occupational exposure risks - medium

- Other sectors have increased risk of occupational exposure to SARS-CoV-2 because of frequent (i.e., more than a few minutes) and/or close (i.e., within 6 feet) contact with people who may be infected with SARS-CoV-2, including:
 - High-volume retail operations
 - Retail pharmacies
 - In-person customer service positions
 - Airline operations
 - Border protection and passenger screening

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Photo: U.S. Customs and Border Protection / James Tourtellotte





- Jobs that <u>do not</u> require contact with people known to be, or suspected of being infected with SARS-CoV-2 nor frequent close contact with (within 6 feet) of the general public.
- Workers in this category have minimal occupational contact with the public and other coworkers.

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Occupational exposure risks

- Workers in certain sectors, including some in critical infrastructure, may be at risk because of frequent or long-duration contact with coworkers:
 - Food processing (including meatpacking)
 - Manufacturing
 - Construction
 - Oil and gas
 - Other sectors where workers would typically be within 6 feet of one another





Occupational Safety and Health Administration

OSHA enforcement discretion

- OSHA has provided enforcement discretion for some of its requirements, including:
 - Respiratory Protection standard (29 CFR 1910.134)
 - Other health standards with respirator requirements
 - Recording and Reporting
 Occupational Injuries and Illness
 (29 CFR Part 1904)

Interim Memoranda	Effective
Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak	March 14, 2020 – present
Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the COVID-19 Pandemic	April 8, 2020 - present
Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the 2019 Novel Coronavirus Disease (COVID-19) Pandemic	April 3, 2020 – present
Enforcement Guidance for Use of Respiratory Protection Equipment Certified Under Standards of Other Countries or Jurisdictions During the COVID-19 Pandemic	April 3, 2020 - present
Discretion in Enforcement when Considering an Employer's Good Faith Efforts During the Coronavirus Disease 2019 (COVID-19) Pandemic. (April 16, 2020).	April 16, 2020 - present
Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the COVID-19 Pandemic	April 24, 2020 - present
Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID- 19)	May 19, 2020 – present





OSHA Guidance: Recording Work-Related COVID-19 Cases

 COVID-19 can be a recordable illness, and employers are responsible for recording cases of COVID-19 if all of the following are met:

- The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
- The case is work-related, as defined by 29 CFR 1904.5; and
- The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g., medical treatment beyond first aid, days away from work).
- OSHA is exercising enforcement discretion around recording COVID-19 cases.

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OSHA Guidance: Returning to Work

OSHA's guidance on returning to work emphasizes infection prevention strategies appropriate for reopening workplaces:

- Hazard Assessment
- Hygiene
- Social distancing
- Identification and isolation of sick employees
- Employee training
- Other workplace controls and flexibilities
- Anti-retaliation practices

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OSHA guidance

- OSHA has developed a variety of guidance materials for workers and employers on how to stay healthy during the pandemic.
- OSHA.gov/coronavirus includes information on implementing the hierarchy of controls when workers have specific exposure risks.



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OSHA Guidance

OSHA has developed alerts (examples) for:

- Stockroom and Loading Dock Workers
- Nursing Home and Long Term Care Facility Workers
- Retail Pharmacies
- Rideshare, Taxi, and Car Service Workers

OSHA has developed posters (examples) (in multiple languages) for:

- Seven Steps to Correctly Wear a Respirator at Work
- Nine Steps to Reducing Worker Exposure to COVID-19 in Meat, Poultry, and Pork Processing and Packaging Facilities Poster
- Ten Steps All Workplaces Can Take to Reduce Risk of Exposure to Coronavirus Poster

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OSHA Enforcement - COVD-19

- Top 5 Respiratory protection violations related to COVID-19:
 - 1910.134(e)(1) No medical evaluation
 - 1910.134(f)(2) No fit test prior to initial use, different respirator, annually
 - 1910.134(c)(1) No respirator program
 - 1910.134(k)(1) Did not demonstrate knowledge (e.g., proper fit, limitations)
 - 1910.134(f)(1) Did not ensure employee passed QLFT/QNFT
- Top Recordkeeping violations related to COVID-19:
 - 1904.4(a) not recording fatality, injury or illness case on the OSHA Form 300
 - 1904.39(a)(1) Not reporting fatality or injury/illness within required times



OSHA guidance - Review

For all workers, regardless of specific exposure risks:

- Practice good and frequent hand hygiene.
- Follow good cough/sneeze etiquette. Avoid close contact with people who are sick.
- Avoid touching the eyes, nose, or mouth with unwashed hands.
- Provide training about their risk of occupational exposure to COVID-19; some OSHA standards (e.g., Resp Protection) require worker training.
- Follow protocols for regularly cleaning and disinfecting high-touch surfaces



Photo: U.S. Department of Defense



Questions?



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