

OSHA COVID-19 HEALTHCARE EMERGENCY TEMPORARY STANDARD (ETS)

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September 22, 2021

<https://spice.unc.edu/>



Source: AP Photo/Elaine Thompson

The ETS was officially filed in the Office of the Federal Register on June 17, 2021, and it became effective when it was published on June 21, 2021. Written comments on any aspect of the ETS must be submitted by July 21, 2021 in Docket number OSHA-2020-0004. Written comments on the information collection determination as described in VII.K of the ETS preamble (86 FR 32560) must be submitted by August 20, 2021 in Docket number OSHA-2021-0003.

About the Rule

ETS Regulatory Text (29 CFR 1910, Subpart U)

- 1910.502 - Healthcare.
- 1910.504 - Mini Respiratory Protection Program.
- 1910.505 - Severability.
- 1910.509 - Incorporation by Reference.

Federal Register

Materials Incorporated by Reference

News Release

Fact Sheet – Subpart U – COVID-19 Healthcare ETS

Summary – COVID-19 Healthcare ETS (*Spanish*)

Fact Sheet – COVID-19 Healthcare ETS (*Spanish*)

Fact Sheet – Mini Respiratory Protection Program

Fact Sheet – Workers' Rights (*Spanish*)

Is Your Workplace Covered by the ETS?

ETS FAQs

Executive Order

Implementing the ETS

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

Enforcement

Inspection Procedures for the COVID-19 Emergency Temporary Standard

<https://www.osha.gov/coronavirus/ets>

OBJECTIVES

- ▶ Discuss events leading up to the Emergency Temporary Standard (ETS)
- ▶ Describe the scope and application of the ETS
- ▶ Identify key requirements of the ETS
- ▶ Recognize potential differences between Occupational Safety Health Administration's (OSHA's) ETS and Center for Disease Control and Prevention (CDC) recommendations

Emergency Temporary Standard

January 2020-
petitions/letters urging
immediate action

Beginning in March
OSHA issued alerts and
detailed guidance

March 2020 – OSHA Responded
to Congress
Existing Enforcement Tools
(standards)
No benefit to ETS

AFL-CIO filed an emergency
petition
which was denied by Court of
Appeals-June 2020

Some states adopted
emergency regulations and
issued their own ETS

October 2020- ORC HSE
petitioned OSHA to issue
an ETS

*January 21, 2021, President
Biden issued executive Order
13999 “Protecting Worker
Health and Safety”*

WHY??

EMERGENCY TEMPORARY STANDARD

- ▶ OSHA shall issue an ETS if the agency determines that employees are exposed to grave danger from exposure to substances or agents determined to be toxic or physically harmful or from new hazards, and an ETS is necessary to protect employees from such danger.
- ▶ For the first time in its 50-year history, OSHA faces a new hazard so grave that it has killed nearly 600,000 people in the U.S in barely a year.
 - ▶ Impact borne disproportionately by the healthcare and healthcare support workers
 - ▶ As of May 24, 2021, > 491,816 healthcare workers have contracted COVID-19
 - ▶ > 1,600 have died

OSHA has determined that employee exposure to this hazard, SARS-CoV-2 presents a grave danger to workers in all healthcare settings in the U.S. and its territories where people with COVID-19 are reasonably expected to be present

Subpart U—COVID-19 Healthcare ETS



The COVID-19 ETS is one standard with multiple sections:

- 1910.502- Healthcare: Except as otherwise provided applies to all settings where any employee provides healthcare services or healthcare support services
- 1910.504- Mini Respiratory Protection Program: Addresses limited requirements for situations where respirators are used in accordance with provisions to
- 1910.505- Severability
- 1910.509-Incorporation by Reference

(a) SCOPE AND APPLICATION

29 C.F.R. § 1910.502

- ▶ Applies to **ALL** settings where any employee provides healthcare services or healthcare support services:
 - ▶ Hospitals
 - ▶ Nursing homes/Long term care facilities/assisted living facilities
 - ▶ Healthcare settings embedded in a non-healthcare setting (e.g., medical clinic in a manufacturing facility; walk in clinic in a retail setting)
 - ▶ Autopsy settings in funeral homes, mortuaries, and morgues

NOTE: *Where EMTs or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services, only the provision of healthcare services by that employee is covered.*

(a) SCOPE AND APPLICATION

29 C.F.R. § 1910.502

► Does NOT apply:

- Providers of first aid by an employee who is not a licensed healthcare provider (LHCP)
- Dispensing of prescriptions by pharmacists in a retail setting
- Non-hospital ambulatory care setting where all non-employees are screened **AND people with suspected/confirmed COVID-19 are not permitted to enter**
- Well-defined hospital ambulatory care setting where all employees are fully vaccinated, and all non-employees are screened **AND people with suspected/confirmed COVID-19 are not permitted to enter**
- Home healthcare settings where all employees are fully vaccinated, and all non-employees are screened **and people with suspected or confirmed COVID-19 are not present**
- Healthcare support services (off site laundry, billing) not performed in a healthcare setting
- Telehealth

(a) SCOPE AND APPLICATION

29 C.F.R. § 1910.502

- ▶ In well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, paragraphs (f) PPE; (h) physical distancing and (i) physical barriers do not apply to employees who are fully vaccinated



EXAMPLES OF APPLICABILITY OF 1910.502

► *Example using clinic in a manufacturing facility:*

- 1910.502 **applies** to the nurse's duties whether in the clinic or out on the plant floor
- 1910.502 **does not apply** to other employees in the manufacturing facility when the nurse is providing healthcare on the plant floor

Example using a pharmacy embedded in a general merchandise store:

- 1910.502 **applies** to the pharmacist/staff performing medical processes procedures
- 1910.502 **does not apply** to dispensing of prescriptions or to the general merchandise part of the store.

OSHA COVID-19 ETS Webinar

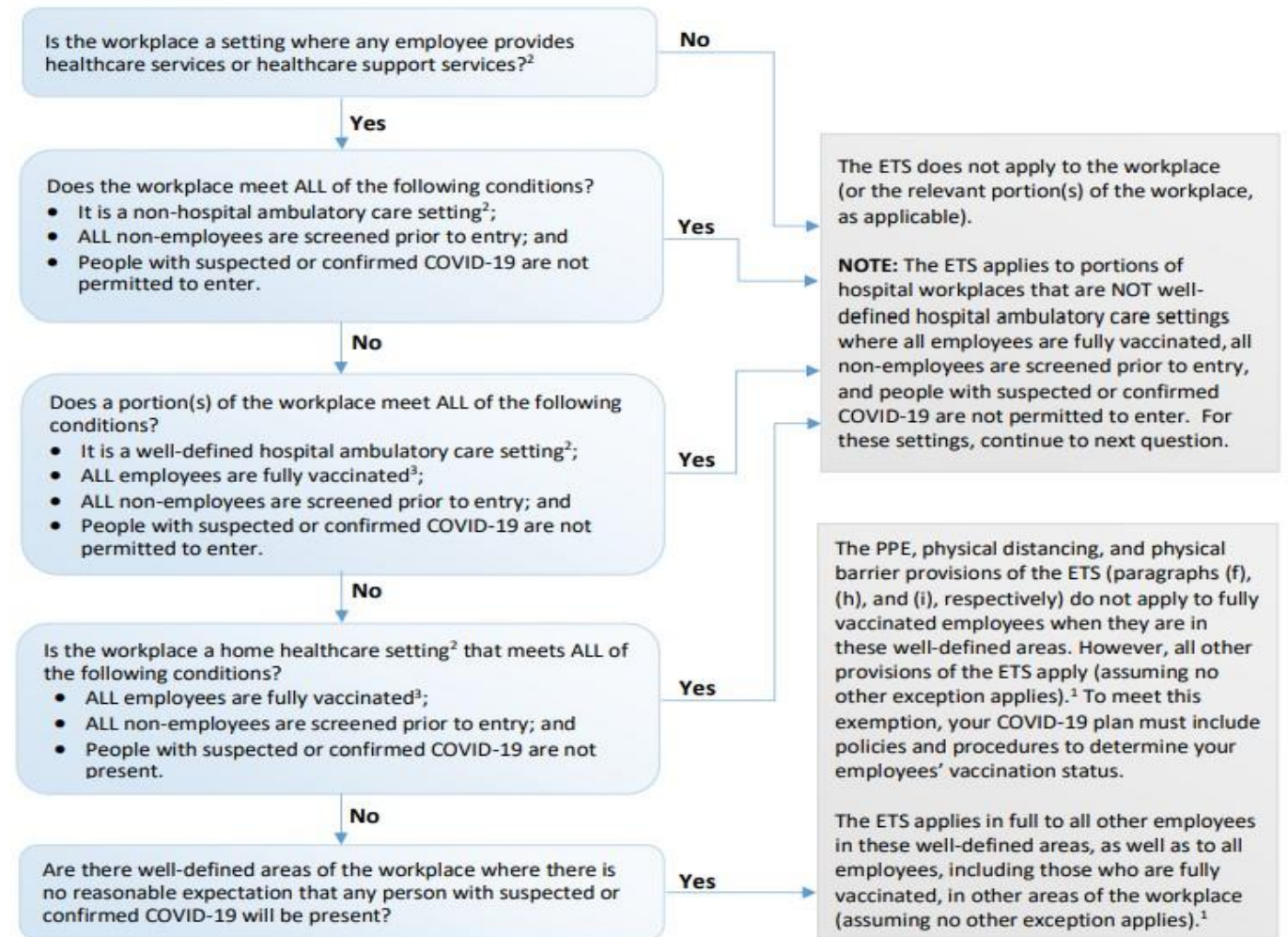
<https://www.youtube.com/watch?v=YIB1TZS3pBE>

Is your workplace covered by the COVID-19 Healthcare ETS?



Employers may use the flow chart and footnote 1, below, to determine whether and how your workplace is covered by the ETS.¹ For the full text of the ETS, refer to **29 CFR 1910.502** at www.osha.gov/coronavirus/ets.

<https://www.osha.gov/sites/default/files/publications/OSHA4125.pdf>



(b) DEFINITION SECTION

29 C.F.R. § 1910.502

▶ Aerosol-generating procedures:

- ▶ Open suctioning of airways; sputum induction; CPR; 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 handpieces; air/water syringes; air polishing and air abrasion

▶ Healthcare Services

- ▶ Includes autopsies



§ 1910.502 (c)- COVID-19 PLAN

- ▶ Developed and implemented for each workplace
- ▶ In writing if > 10 employees
- ▶ Document designated safety coordinator(s) that will implement and monitor the plan
- ▶ Conduct a workplace-specific hazard assessment
- ▶ If the hazard assessment is based on the employees' fully vaccinated status, the plan must include procedures to determine vaccination status.
- ▶ <https://spice.unc.edu/tools-for-success/>

<https://spice.unc.edu/tools-for-success/>

COVID-19 Plan Template

- ▶ OSHA's COVID-19 Healthcare Emergency Temporary Standard (ETS), paragraph (c), requires employers to develop and implement a COVID-19 plan for each workplace to protect workers from COVID-19. If an employer has more than 10 employees, the plan must be written. Employers may use this template to develop a COVID-19 plan for their workplace.
- ▶ If employers choose to use this template, there are 2 STEPS to complete:
 - STEP 1: Determine if OSHA's COVID-19 Healthcare ETS applies to your workplace or portions of your workplace.
 - STEP 2: Customize this COVID-19 plan template for your workplace.

STEP 1: Determine if the ETS applies to your workplace or portions of your workplace.

You may use the [“Is your workplace covered by the COVID-19 Healthcare ETS?”](#) flow chart to determine whether and how OSHA's COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work.

STEP 2: Customize this COVID-19 plan template for your workplace.

Customize areas marked with blue text and modify (change, add, or remove sections of) this document until the plan accurately represents your policies. The plan must match the policies, procedures, and controls that will be implemented in the workplace, and must accurately describe what employees are expected to do. Consult with non-managerial employees and their representatives, if any, before finalizing this plan.

<https://www.osha.gov/coronavirus/ets>

§ 1910.502 (c)- COVID-19 PLAN CONTINUED...

- ▶ Seek the input of non-managerial employees and their representatives
- ▶ Monitor ongoing effectiveness
- ▶ Have procedures to address the hazards identified
 - ▶ Minimize the risk of transmission
 - ▶ Effectively communicate and coordinate with other employers
 - ▶ Protect employees who enter a location of someone not covered by OSH Act



29 C.F.R. § 1910.502 (d)- PATIENT MANAGEMENT AND SCREEING

- ▶ In settings where direct patient care is provided the employer must:
 - ▶ Limit and monitor points of entry
 - ▶ Screen and triage all clients, patients, residents, delivery people and other visitors and other non-employees entering the setting
 - ▶ Implement other strategies in accordance with CDC's "COVID-19 Infection Prevention and Control Recommendations"



Courtesy of Deb Burdsall

§ 1910.502 (e)-STANDARD AND TRANSMISSION-BASED PRECAUTIONS (TBP)

- ▶ Employers must adhere to Standard and TBP in accordance with CDC's "Guidelines for Isolation Precautions"
- ▶ Examples:
 - ▶ Tight-fitted facemasks for patients/residents
 - ▶ Physical distancing
 - ▶ Hand Hygiene
 - ▶ Ventilation
 - ▶ Outdoor triage
 - ▶ Isolation rooms

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee

Acknowledgement: The authors and HICPAC gratefully acknowledge Dr. Larry Strausbaugh for his many contributions and valued guidance in the preparation of this guideline.

(f) PERSONAL PROTECTIVE EQUIPMENT (PPE)

29 C.F.R. § 1910.502

- ▶ Face mask-surgical, dental, medical or isolation
 - ▶ Must be FDA cleared or authorized by an FDA EUA
 - ▶ Ensure worn over nose and mouth when indoors or occupying a vehicle with co-workers
 - ▶ Change at least daily
 - ▶ Employer must provide a sufficient supply
- ▶ Respirator
 - ▶ Must provide if exposure to a person with suspected/confirmed COVID-19 and used in accordance with 1910.134

Facemask exceptions:

- Alone in room
- While eating and drinking (must be physically distanced)
- When wearing respiratory protection
- When important to see a person's mouth
- When cannot wear due to medical reasons
- When mask presents a hazard
- *Fully vaccinated employees in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present*

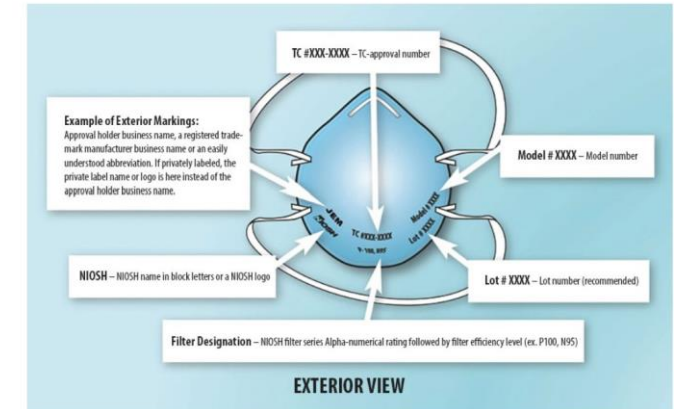
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(f) PERSONAL PROTECTIVE EQUIPMENT (PPE)

29 C.F.R. § 1910.502 continued.....

- ▶ Respirator and other PPE for exposure to people with suspected or confirmed COVID-19
 - ▶ Provide and used in accordance with **§ 1910.134**
 - ▶ Gloves, isolation gowns and eye protection provided and used
- ▶ Face shields:
 - ▶ Are certified to ANSI/ISEA Z87.1 **OR** cover the wearer's eyes, nose and mouth to protect from splashes, sprays and spatter of body fluids, wrap around the sides of the wearer's face (i.e., temple to temple) and extend below the wearer's chin

Sample of a generic filtering facepiece respirator with appropriate markings.



- ▶ Use of respirators when not required
 - ▶ Employer may provide a respirator instead of a facemask-comply with **1910.504**
 - ▶ Must permit employee to wear their own respirator instead

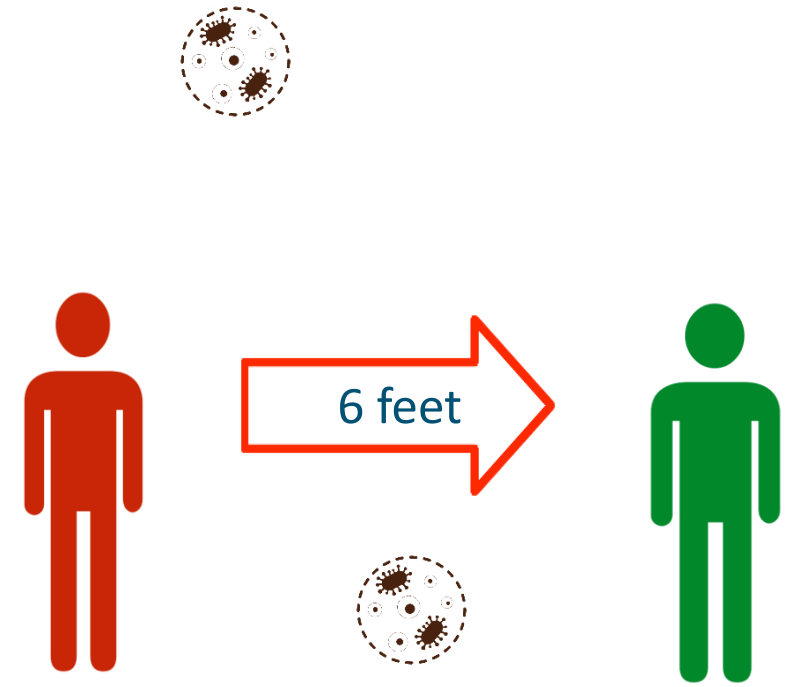


§ 1910.502 (f) & (g)-AEROSOL-GENERATING PROCEDURES AND PPE

- ▶ Respirators must be provided and used in accordance with 1910.134 when performing AGPs on a person suspected or confirmed COVID-19
- ▶ Gloves, gown, eye protection provided and used
- ▶ Limit the number of persons present
- ▶ Perform in an airborne infection isolation room (AIIR) when available
- ▶ After completion clean and disinfect the surfaces and equipment.

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

- ▶ Each employee is separated from all other people by at least 6 feet when indoors
- ▶ If not feasible for a specific activity (i.e., hands on medical care) ensure that the employee is as far apart from all others as is feasible



Notable Exception: Employees who are fully vaccinated and are in a well-defined area where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present

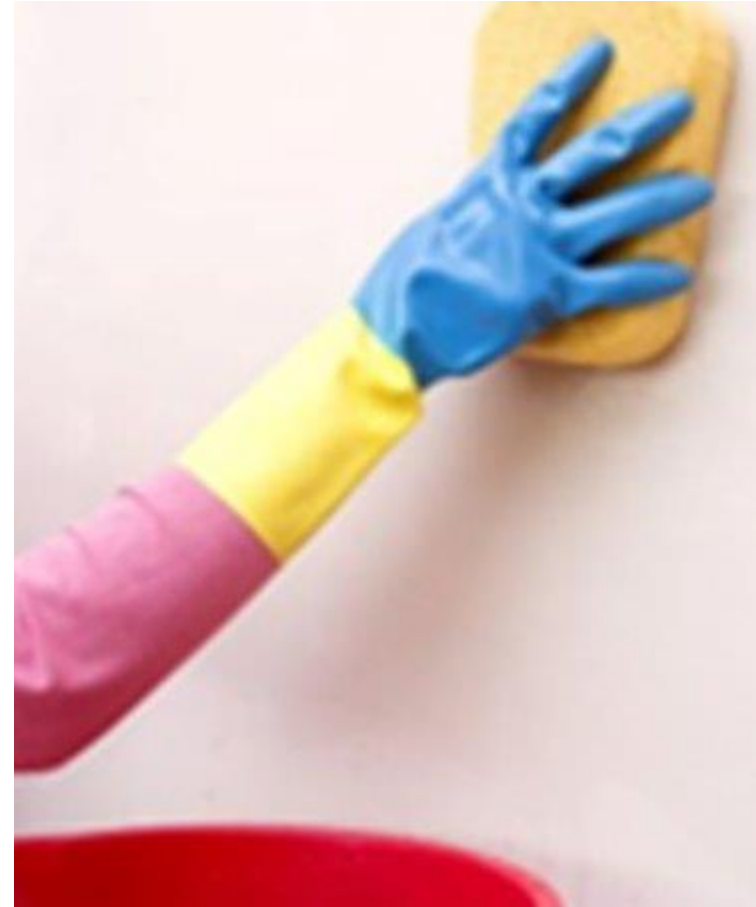
§ 1910.502 (I)- PHYSICAL BARRIERS

- ▶ At each **fixed work location** outside of direct patient care areas where 6 feet of distance is not feasible, the employer must install cleanable or disposable solid barriers
- ▶ Must be sized and located to block face-to-face pathways
- ▶ May have a pass-through space at the bottom
- ▶ Must be solid (impermeable to droplets)
- ▶ Stationary and not easily disturbed during use
- ▶ Cleaned and disinfected at least daily

Notable Exception: Employees who are fully vaccinated are in a well-defined area where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present

§ 1910.502 (J)-CLEANING AND DISINFECTION

- ▶ Use product on the N list
- ▶ Clean high touch at least daily
- ▶ If + person in facility within the last 24 hours
- ▶ Provide ABHR that is at least 60 % alcohol or readily available hand washing facilities



29 C.F.R. § 1910.502 (k) Ventilation

MERV Rating Chart

MERV Rating	Dust Spot Efficiency*	Typical Controlled Contaminant	Applications	Air Filter Type
1	<20%	>10.0 micron Particle Size Pollen, Dust Mites, Sanding Dust, Spray Paint Dust, Textile Fibers, Carpet Fibers	Minimal Filtration Residential Window A/C Units	Throwaway - Disposable fiberglass or synthetic panel filter Washable - Aluminum mesh Electrostatic - Self charging woven panel filter
2	<20%			
3	<20%			
4	<20%			
5	<20%	3.0-10.0 micron Particle Size Mold Spores, Hair Spray, Fabric Protector, Dusting Aids, Cement Dust, Pudding Mix	Commercial Buildings Better Residential Industrial Workplace Paint Booth Inlet	Plated Filters - Disposable, extended surface area, thick with cotton-polyester blend media, cardboard frame Cartridge Filters - Graded density viscous coated cube or pocket filters, synthetic media Throwaway - Disposable synthetic panel filter
6	<20%			
7	25-30%			
8	30-35%			
9	40-45%	1.0-3.0 micron Particle Size Legionella, Humidifier Dust, Lead Dust, Milled Flour, Auto Emissions, Welding Fumes	Better Commercial Superior Residential Hospital Laboratories Welding Booth Inlet	Bag Filter - Nonsupported microfine fiberglass or synthetic media, typically 6" - 36" deep, 6 - 12 pockets Box Filter - Rigid style cartridge filters typically 4" - 12" deep may use lofted or paper media
10	50-55%			
11	60-65%			
12	70-75%			
13	89-90%	.30-1.0 micron Particle Size All Bacteria, Most Tobacco Smoke, Proplet Nucal (Sneezes)	Superior Commercial General Surgery Hospital Rooms Smoking Lounge	Bag Filter - Nonsupported microfine fiberglass or synthetic media, typically 6" - 36" deep, 6 - 12 pockets Box Filter - Rigid style cartridge filters typically 4" - 12" deep may use lofted or paper media
14	90-95%			
15	>95%			
16	>95%			

* Dust spot efficiency measures a filter's ability to remove large particles, those that tend to soil building interiors.

- ▶ Employer owned or controlled building with **existing HVAC** system(s)
 - ▶ Amount of outside air circulated and the number of air changes per hour are maximized to the extent appropriate
 - ▶ All air filters are rated Minimum Efficiency Reporting Values (MERV) 13 or higher if compatible with HVAC system
 - ▶ If not compatible with the HVAC system use filters with the highest compatible filtering efficiency for the HVAC system
 - ▶ All air filters maintained and replaced to ensure proper function
 - ▶ All intake ports that provide outside air are cleaned, maintained and cleared of any debris

Does not require installation of New HVAC system

(I) HEALTH SCREENING AND MEDICAL MANAGEMENT

29 C.F.R. § 1910.502



- ▶ Must screen each employee before each workday and each shift
 - ▶ Asking employee to self-monitor before work or in-person by the employer
 - ▶ If testing part of screen no cost to employee
- ▶ Require the employee to notify if positive or symptomatic
 - ▶ Confirmed positive test, diagnosis
 - ▶ Suspected diagnosis (per HCP)
 - ▶ Recent loss of taste or smell
 - ▶ Fever $\geq 100.4^{\circ}\text{F}$ **and** new unexplained cough **with** shortness of breath

Continued...

§ 1910.502 (I)- HEALTH SCREENING AND MEDICAL MANAGMENT CONTINUED....

- ▶ Employer notification to employees of COVID-19 exposure
 - ▶ Triggered by any person in the workplace (**except patient in worksites where services would normally be provided to COVID-19 patients**)
 - ▶ Within 24 hours
 - ▶ Each employee not wearing respirator/other required PPE
 - ▶ Who had close contact: dates that contact occurred
 - ▶ Who worked in a portion of the workplace in which that person was present during potential transmission period
- ▶ Notification of other employers whose employees were not wearing respirators/other required PPE

§ 1910.502 (I)- HEALTH SCREENING AND MEDICAL MANAGMENT

CONTINUED....

▶ Medical Removal

- ▶ If + or symptomatic must remove from work until meet return to work criteria
- ▶ Person meeting suspected diagnosis/symptom criteria remove from work until return-to-work criteria met **OR** have a negative PCR test
- ▶ Persons with known exposure remove:
 - ▶ For 14 days
 - ▶ **OR** remove and test 5 days after exposure and if negative may return after 7 days.
 - ▶ **Exemption**: If asymptomatic **AND** fully vaccinated **OR** has recovered from COVID-19 in past 3 months work removal is not required
- ▶ Working remotely or in isolation is acceptable alternative

§ 1910.502 (I)- HEALTH SCREENING AND MEDICAL MANAGMENT

CONTINUED....

▶ Medical Removal Protection Benefits:

- ▶ Employers with ≤ 10 employees exempt from removal pay
- ▶ If allowed to work remotely or in isolation must pay at regular rate and same benefits
- ▶ If removed:
 - ▶ *Continue to provide the same benefits
 - ▶ *Continue to pay at same rate (up to 1,400 per week)
 - ▶ *Payment obligation reduced by other compensation source such as paid sick leave
- ▶ Return to work:
 - ▶ Must not suffer any adverse action, maintain all rights and benefits, including the right to their former job status

§ 1910.502 (m) VACCINATION

- ▶ The employer must support vaccination by providing reasonable time and paid leave
 - ▶ For vaccination
 - ▶ For any side effects experienced following vaccination



(n) TRAINING

29 C.F.R. § 1910.502

► Training-language and literacy level the employee understands

- COVID-19 epidemiology
- Policies on patient screening and management
- Tasks in workplace that could result in COVID-19 infection
- Policies to prevent spread
- Employer-specific multi-employer workplace agreements related to infection prevention (common areas)
- Policies and procedures for PPE
- Policies and procedures for cleaning and disinfection
- Policies and procedures for health screening and medical management
- Available sick leave policies
- Identity of the safety coordinator(s)
- How the employee can obtain a copy of this section



Continued.....

(n) TRAINING

- ▶ Additional training:
 - ▶ Changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks)
 - ▶ Change in policies or procedures
 - ▶ Indication that employee did not retain understanding or skill
- ▶ Overseen/conducted by knowledgeable person
- ▶ Provides an opportunity for interactive questions and answers with the knowledgeable person



29 C.F.R. § 1910.502 (o) (p)

▶ (o) Anti-Retaliation

- ▶ Employers must:
 - ▶ Inform employees of their right to protections
 - ▶ Not discharge or discriminate against any employee for exercising rights under the standard

▶ (p) Requirements implemented at no cost

- ▶ Implementation of requirements is at no cost to the employee
- ▶ Exception: employee self-monitoring for signs/symptoms of infection

§ 1910.502 (q)- RECORDKEEPING

- ▶ Employers with more than 10 employees must:
 - ▶ Retain all versions of the COVID-19 plan implemented to comply with this section while it remains in effect
 - ▶ Establish and maintain a COVID-19 log to record each instance employee is COVID-19 positive regardless of whether connected to work exposure.
 - ▶ Contain employee name, form of contact information, occupation, location of work, date of last day at workplace, date of positive test or diagnosis and if symptomatic date of first symptom
 - ▶ Must be recorded within 24 hours of the employer's knowledge
 - ▶ Maintained as confidential and preserved while this section remains in effect

COVID-19 Log

The OSHA COVID-19 Healthcare Emergency Temporary Standard (ETS) requires employers to keep a COVID-19 Log if they have more than 10 employees on June 21, 2021 (the effective date of the ETS) (See 29 CFR 1910.502(q)). Employers are required to record on the COVID-19 Log each instance of an employee being confirmed COVID-19 positive (i.e., case that tested positive or was diagnosed by a licensed healthcare provider), whether it was contracted at work or elsewhere.

(Employers may use this form or any other form containing similar information)

Name of Business/Employer: _____

Address: _____

Name and Contact information of Employer's Contact Person: _____

Employee Name and Occupation (Job Title)	Employee Contact Information (Address, Phone Number, or email address)	Employee Work Location (Address, Department, Floors, or Room Numbers)	Most Recent Day the Employee Was Present in the Workplace (Date)	Date of COVID-19 Diagnosis or Positive Test for COVID-19	Date of Onset of Symptoms (if Applicable)	Brief Description or Additional Information

<https://www.osha.gov/sites/default/files/publications/OSHA4130.pdf>

(q) RECORDKEEPING: *continued.....*

- ▶ Availability of records-by the end of the next business day after a request employer must provide (for examination and copying):
 - ▶ All versions of the written plan to any employees, their personal representatives and their authorized representatives
 - ▶ The individual COVID-19 log entry for a particular employee to that employee and anyone having authorized consent
 - ▶ A version of the log that removes names, contact information and occupation to all the following: any employees, their personal representatives, and their authorized representatives



29 C.F.R. § 1910.502

- ▶ (r) Reporting COVID-19 fatalities and hospitalizations to OSHA:
 - ▶ Each work-related COVID-19 fatality within **8 hours** of employer learning about the fatality
 - ▶ Each work-related COVID-19 in-patient hospitalization within **24 hours** of the employer learning about the hospitalization
 - ▶ <https://www.osha.gov/pls/ser/serform.html>
- ▶ (s) Dates:
 - ▶ Effective date when published in the Federal Register (FR)
 - ▶ Compliance date(s)
 - ▶ All sections except (i)-Physical Barriers, (k)-Ventilation and (n) Training by **14 days** after publication in the FR
 - ▶ Sections (i), (k), and (n) by **30 days** after publication in FR



§ 1910.504- MINI RESPIRATORY PROTECTION PROGRAM

- ▶ Applies only to respiratory use in accordance with 1910.502

(f) (4): *Use of respirators when not required*

- ▶ When the employer provides a respirator to the employee instead of a facemask as required by (f) (1)
 - ▶ Training
 - ▶ Ensure each employee performs a user seal check each time the respirator is put on
 - ▶ Positive pressure user seal check
 - ▶ Negative pressure user seal check
 - ▶ Reuse of respirators
 - ▶ Discontinuing use of respirators



<https://www.osha.gov/respiratory-protection/training>

§ 1910.504 MINI RESPIRATORY PROTECTION PROGRAM

► When an employee provides their own respirator instead of facemask required by (f) (1):

► Must provide the employee with a notice:

Respirators can be an effective method of protection against COVID-19 hazards when properly selected and worn. Respirator use is encouraged to provide an additional level of comfort and protection for workers even in circumstances that do not require a respirator to be used. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. If your employer allows you to provide and use your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard. You should do the following:

- (1) Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
- (2) Keep track of your respirator so that you do not mistakenly use someone else's respirator.

- (3) Do not wear your respirator where other workplace hazards (e.g., chemical exposures) require use of a respirator. In such cases, your employer must provide you with a respirator that is used in accordance with OSHA's respiratory protection standard (29 CFR part 1910.134).

For more information about using a respirator, see OSHA's respiratory protection safety and health topics page (<https://www.osha.gov/respiratory-protection>).

Table 1. Key requirements of the mini respiratory protection program vs. the respiratory protection standard

KEY PROGRAM ELEMENT ¹	MINI RPP ² (1910.504)	NORMAL RPP ³ (1910.134)
Medical Evaluation		✓
Fit Testing		✓
Written Program		✓
User Seal Checks	✓	✓
Training	✓	✓

Table 2. Applicability of the mini respiratory protection program vs. the Respiratory Protection standard

COVID-19 ETS PROVISION	MINI RPP (1910.504)	NORMAL RPP (1910.134)
1910.502(f)(2) – for exposure to person with suspected/confirmed COVID-19		✓
1910.502(f)(3) – for AGP ¹ on person with suspected/confirmed 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)

According to OSHA's respiratory protection standard, specifically, 29 CFR 1910.134(f)(2), the employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

When the OSHA Emergency Temporary Standard (ETS) for healthcare (29 CFR 1910.502) became effective, OSHA archived all the interim enforcement guidance memos. This guidance related to the use of respirators will not be followed going forward. Employers will be expected to follow applicable standards related to respiratory protection (i.e 1910.134 and 1910.504/ETS mini respiratory protection program).

For additional guidance, you can visit our topics page for COVID-19 here; COVID-19 | NC DOL. You can also visit OSHA's COVID-19 ETS page here; COVID-19 Healthcare ETS | Occupational Safety and Health Administration (osha.gov).



RESOURCES

OSHA Emergency Temporary Standard

<https://www.osha.gov/coronavirus/ets>

Full Preamble

<https://www.osha.gov/sites/default/files/covid-19-healthcare-ets-preamble.pdf>

ETS Regulatory Text (29 CFR 1910, Subpart U)

<https://www.osha.gov/sites/default/files/covid-19-healthcare-ets-reg-text.pdf>

Fact Sheet

<https://www.osha.gov/sites/default/files/publications/OSHA4122.pdf>

Mini Respiratory Protection Program Fact Sheet

<https://www.osha.gov/sites/default/files/publications/OSHA4121.pdf>

F&Qs

<https://www.osha.gov/coronavirus/ets/faqs>

OSHA 24-hour hotline

1-800-321-6742 (OSHA)