



Office of State Human Resources

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OSHR Model Workplace Safety Program

NUMBER: ETS-1

TOTAL PAGES: 9

SUBJECT: COVID-19 Emergency Temporary Standard (ETS) for Healthcare

Effective Date: July 22, 2021

RELATED LEGISLATION:

29 CFR § 1910, Subpart U:

1910.502 Healthcare

1910.504 Mini Respiratory Protection Program

1910.505 Severability

1910.509 Incorporation by Reference

On July 14, 2021, the North Carolina Department of Labor (NCDOL) adopted verbatim the federal Occupational Safety and Health Administration's (OSHA) COVID-19 Emergency Temporary Standard (ETS) for Healthcare. The ETS became effective in North Carolina on July 21, 2021.

North Carolina's state-plan agreement with federal OSHA requires the state's occupational safety and health program to be at least as effective as the federal program. Verbatim adoption of the ETS ensures the state remains in compliance with the state-plan agreement.

This model program covers entities subject to the COVID-19 ETS for Healthcare. A separate model program, entitled "COVID-19 Worksite Safety," covers entities not subject to the COVID-19 ETS for Healthcare.

I. Purpose and Scope

This Model Program covers worksites subject to the COVID-19 ETS for Healthcare (referred to in this program as the "ETS").

Per the OSHA general duty clause, it is the responsibility of employers to protect employees from anticipated worksite hazards. This program establishes minimum standards for COVID-19 safety within AGENCY based upon OSHA rules, regulations, and guidance and Centers for Disease Control and Prevention (CDC) Guidance, Executive Orders, DHHS Guidance, and other regulatory measures to protect health and safety of all persons present at worksites, advise employees of social distancing expectations and other safety measures, and monitor conditions and immediately take steps to limit and mitigate safety risks. Changing circumstances may require agencies to be flexible and alter their original plans to ensure public health and safety. Individual worksites within AGENCY may adopt additional or enhanced requirements. **THIS PROGRAM IS SUBJECT TO CHANGE BASED UPON REVISED GUIDANCE FROM GOVERNMENT ENTITIES.**

Part A. Requirements for Employers and Workers Covered by the ETS - [Federal OSHA COVID-19 ETS](#); [NCDOL COVID-19 ETS Notice](#)

I. The ETS is aimed at protecting workers facing the highest COVID-19 hazards—those working in healthcare settings where suspected or confirmed COVID-19 patients are treated. 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. The ETS exempts fully vaccinated workers from masking, distancing, and barrier requirements when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.

The COVID-19 ETS is one standard with multiple sections, all contained in Subpart U. The ETS sections are:

1910.502 – Healthcare: Except as otherwise provided in the standard, 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 specific provisions in 1910.502.

1910.505 – Severability: Provides that each section of Subpart U and each provision within those sections is separate and severable from the other sections and provisions.

1910.509 – Incorporation by Reference: Contains materials adopted as part of the ETS, including: Centers for Disease Control and Prevention (CDC) guidance, consensus standards for personal protective equipment (PPE), and EPA’s list of approved disinfectants.

II. ETS Applicability (see Attachment A - “Is Your Workplace Covered by the ETS?”): [Is Your Workplace Covered by the ETS?](#)

- The ETS applies to healthcare worksites/settings where any employee provides healthcare services (e.g., hospitals, nursing homes, long term care facilities, autopsy settings in funeral homes, mortuaries and morgues) or healthcare support services (e.g., food services, equipment/facility maintenance, housekeeping, healthcare laundry, medical waste handling services, patient intake/admissions and medical equipment cleaning services).
- The ETS **does not** apply to:
 - Provision of first aid by an employee who is not a licensed healthcare provider;
 - Dispensing of prescriptions by pharmacists in retail settings;
 - **Non-hospital ambulatory care** settings (i.e., physician offices, specialty clinics, urgent care) where all non-employees are **screened** prior to entry and people with suspected or confirmed COVID–19 are not permitted to enter those settings;
 - **Well-defined hospital ambulatory care** settings (i.e., separate entrance, no movement to other locations within hospital) 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 non-employees are **screened** prior to entry and people with suspected or confirmed COVID–19 are not present;

- Healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing);
- Telehealth services performed outside of direct patient care settings (i.e., office suite where no patients are seen, conducted from remote location such as their home);
- 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), ETS **applies only** to the embedded healthcare setting and not to the remainder of the physical location;
- Where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services, ETS **applies only** to the provision of the **healthcare services** by that employee;
- In **well-defined** areas (i.e., meeting rooms, break rooms, areas not seeing patients) 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*, of the ETS **do not apply** to employees who are **fully vaccinated**.

III. COVID-19 Plan

- Develop and implement a plan for each workplace (written format if more than 10 employees);
- Designate workplace safety coordinator(s), knowledgeable in infection control principles and practices, with authority to implement, monitor, and ensure compliance with the plan;
- Conduct a workplace-specific hazard assessment;
- Seek the input and involvement of non-managerial employees and their representatives in the hazard assessment and the development and implementation of the plan;
- Monitor each workplace to ensure the ongoing effectiveness of the plan, updating it as needed;
- Include policies and procedures to minimize the risk of transmission of COVID-19 to employees.

IV. Patient Screening and Management

- Limit and monitor points of entry to settings where direct patient care is provided;
- Screen and triage patients, clients, residents, delivery people and other visitors and non-employees entering the setting for symptoms of COVID-19;
- Implement patient management strategies.

V. Standard and Transmission-Based Precautions

- Develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC guidelines.

VI. Personal Protective Equipment (PPE)

- Provide and ensure employees wear facemasks when indoors and when occupying a vehicle with other people for work purposes. The following exceptions stated in the ETS apply to mandatory use of a facemask:
 - When an employee is alone in a room;
 - While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier;
 - When employees are wearing respiratory protection in accordance with [29 CFR § 1910.134](#);
 - When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of

clear plastic (or includes a clear plastic window). In such situations, the employer must ensure that each employee wears an alternative to protect the employee, such as a face shield, if the conditions permit it;

- When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*), or due to a religious belief. Exceptions must be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined in the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disabilities Act and other applicable laws. In all such situations, the employer must ensure that any such employee wears a face shield for the protection of the employee, if their condition or disability permits it. Accommodations may also need to be made for religious beliefs consistent with Title VII of the Civil Rights Act;
 - When the employer can demonstrate that the use of a facemask presents a hazard to an employee of serious injury or death (*e.g.*, arc flash, heat stress, interfering with the safe operation of equipment). In such situations, the employer must ensure that each employee wears an alternative to protect the employee, such as a face shield, if the conditions permit it. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.
- Ensure facemasks are worn over the nose and mouth.
 - 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;
 - Provide respirators and other PPE in accordance with Standard and Transmission-based Precautions;
 - Allow voluntary use of respirators instead of facemasks under the mini respiratory protection program at 1910.504.

VII. Aerosol-Generating Procedures on Persons with Suspected or Confirmed COVID-19

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

VIII. Physical Distancing

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

IX. Physical Barriers

- Install cleanable or disposable solid barriers at each fixed work location in non-patient care areas where each employee is not separated from other people by at least 6 feet, except where the employer can demonstrate it is not feasible.

X. 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.

XI. Ventilation

- Ensure that employer-owned or controlled HVAC system(s) are used in accordance with manufacturer's instructions and the design specifications of the system(s);
- Air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher if the system allows it;
- Airborne infection isolation rooms are maintained and operated in accordance with their design and construction criteria;
- Intake ports are cleaned, maintained, and cleared of debris.

XII. Health Screening and Medical Management

- Screen each employee before each work day and shift (for example, by asking employees to self-monitor);
- Provide employer-required testing at no cost to the employee (Note: employers are not required to conduct screening testing);
- Require each employee to promptly notify the employer when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing certain symptoms;
- Notify certain employees within 24 hours when a person who has been in the workplace is COVID-19 positive;
- Follow requirements for removing workers from the workplace;
- Make decisions on returning employees to work in accordance with guidance from a licensed healthcare provider or specified CDC guidance;
- Continue to pay removed employees in most circumstances.

XIII. Vaccination

- Provide reasonable time and paid leave for vaccinations and vaccine side effects.

XIV. Training

- Ensure each employee receives training in a language and at a literacy level the employee understands so that the employee comprehends disease transmission, tasks and situations in the workplace that could result in COVID-19 infection, and relevant policies and procedures;

- Ensure each employee receives additional training when changes occur that affect the employee’s risk of infection, if policies or procedures are changed, or when there is an indication that an employee has not retained necessary understanding or skill.

XV. Anti-Retaliation

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

XVI. Requirements must be implemented at no cost to employees.

XVII. Recordkeeping

- Establish a COVID-19 log of all employee instances of COVID-19 without regard to occupational exposure and follow requirements for making records available to employees/representatives (Attachment B – “Sample Covid Log”). [The COVID-19 Log \(osha.gov\)](#)

XVIII. Reporting COVID-19 Fatalities and Hospitalizations to OSHA

- Report to OSHA each work-related COVID-19 fatality within 8 hours of learning about the fatality, and each work-related COVID-19 in-patient hospitalization within 24 hours of learning about the in-patient hospitalization. NCDOL reporting link: [Report a Workplace Accident | NC DOL](#).

XIX. Mini Respiratory Protection Program (29 CFR 1910.504)

- Under certain circumstances in the ETS, and only for employees who are not exposed to suspected/confirmed sources of COVID-19 or other hazards that may require respirator use covered under the normal Respiratory Protection Standard (29 CFR 1910.134), the employer must provide training on:
 - inspecting, putting on, removing, and using respirators like N-95s;
 - the limitations and capabilities of the respirator;
 - procedures and schedules for storing, maintaining, and inspecting respirators;
 - how to perform a user seal check;
 - how to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.

XX. Roles and Responsibilities

Safety Leader/Manager/Supervisor

The safety leader, in conjunction with facility management, will 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.

XXI. Implementation

Compliance deadlines are as follows:

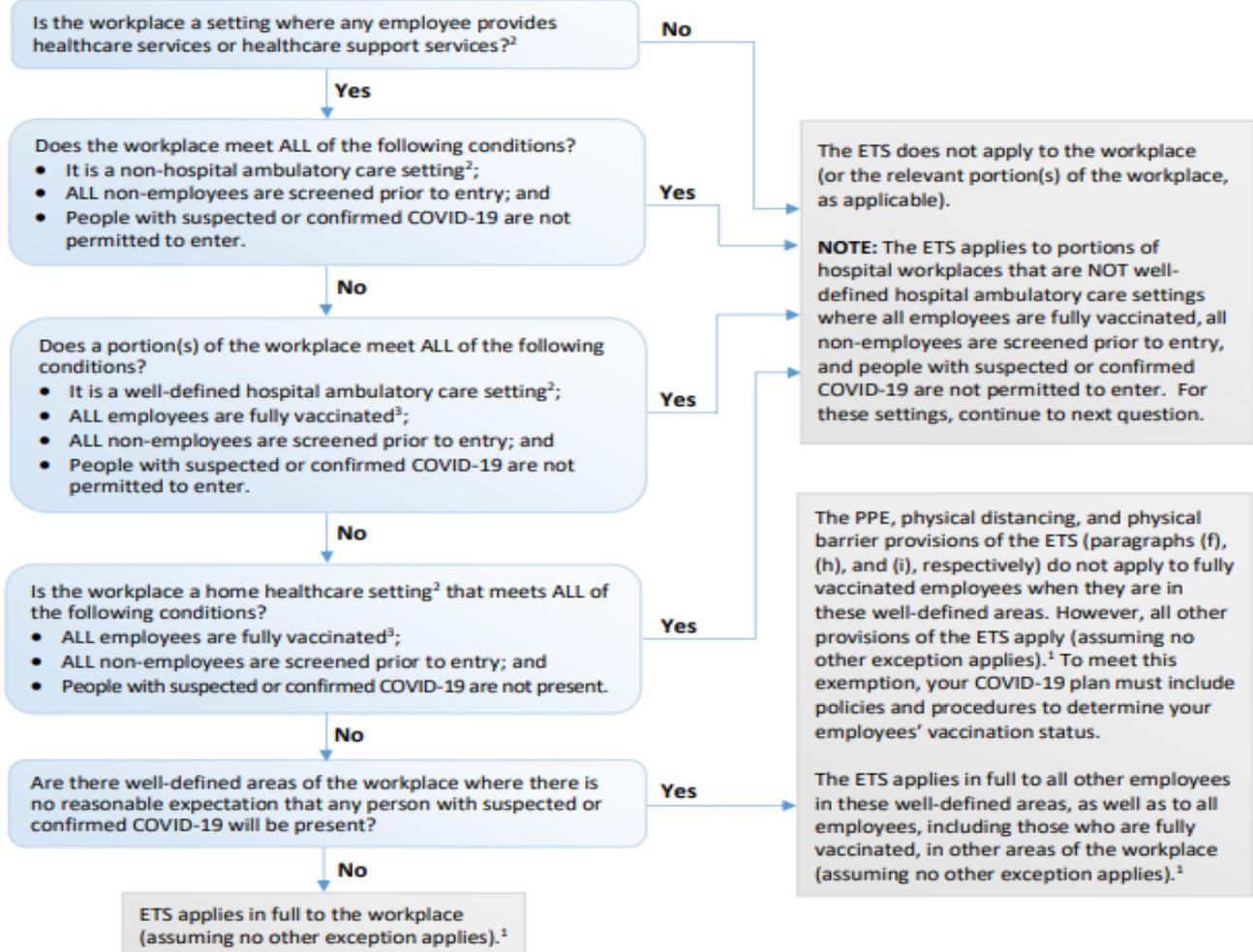
- July 21, 2021:
 - COVID-19 plans (1910.502(c));
 - patient screening and management (1910.502(d));
 - standard and transmission-based precautions (1910.502(e));
 - personal protective equipment—which includes “facemasks” (1910.502(f));
 - aerosol-generating procedures on a person with suspected or confirmed COVID-19 (1910.502(g));
 - physical distancing (1910.502(h));
 - cleaning and disinfection (1910.502(j));
 - health screening and medical management (1910.502(l));
 - vaccination (1910.502(m));
 - anti-retaliation (1910.502(o));
 - requirements implemented at no cost to employees (1910.502(p));
 - recordkeeping (1910.502(q));
 - reporting COVID-19 fatalities and hospitalizations to OSHA (1910.502(r));
 - mini-respiratory protection program (1910.504);
- August 5, 2021:
 - physical barriers (1910.502(i));
 - ventilation (1910.502(k); and
 - training (1902.502(n)).

EMERGENCY TEMPORARY STANDARD

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.



¹ The ETS does not apply to the following: the provision of first aid by an employee who is not a licensed healthcare provider, the dispensing of prescriptions by pharmacists in retail settings, healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing), and telehealth services performed outside of a setting where direct patient care occurs. Furthermore, 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), the ETS applies only to the embedded healthcare setting and not to the remainder of the physical location. Finally, where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services, the ETS applies only to the provision of the healthcare services by that employee.

² Healthcare services mean services that are provided to individuals by professional healthcare practitioners for the purpose of promoting, maintaining, monitoring, or restoring health. Healthcare support services mean services that facilitate the provision of healthcare services. Ambulatory care means healthcare services performed on an outpatient basis, without admission to a hospital or other facility, but does not include home healthcare settings for the purposes of the ETS. A non-employee, for the purposes of the relevant exceptions, is any person who is not an employee of the employer who owns or controls the setting (e.g., contractors working on the HVAC system).

³ Fully vaccinated means 2 weeks or more following the final dose of a COVID-19 vaccine. OSHA does not intend to preclude the employers of employees who are unable to be vaccinated from the scope exemption in paragraphs (a)(2)(iv) and (a)(2)(v). See Note to 29 CFR 1910.502(a)(2)(iv) and (a)(2)(v).

This document is intended to provide information about the COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this document is not itself a standard or regulation, and it creates no new legal obligations.

OSHA 4125-06-2021

1-800-321-OSHA (6742)

TTY 1-877-889-5627

www.osha.gov

Attachment B – “Sample Covid Log” - [The COVID-19 Log \(osha.gov\)](https://www.osha.gov)

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