Organization Name
Name of Meeting or Conference
City, State | Date

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

Speaker Name

Speaker Title
Occupational Safety and Health Administration

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What is novel coronavirus?

- Coronaviruses are a family of viruses that can cause illness in people. Coronaviruses circulate among animals, including camels, cattle, and cats.
- SARS-CoV-2, the seventh known human coronavirus and the virus that causes COVID-19, is thought to have jumped species from animals to begin infecting humans.

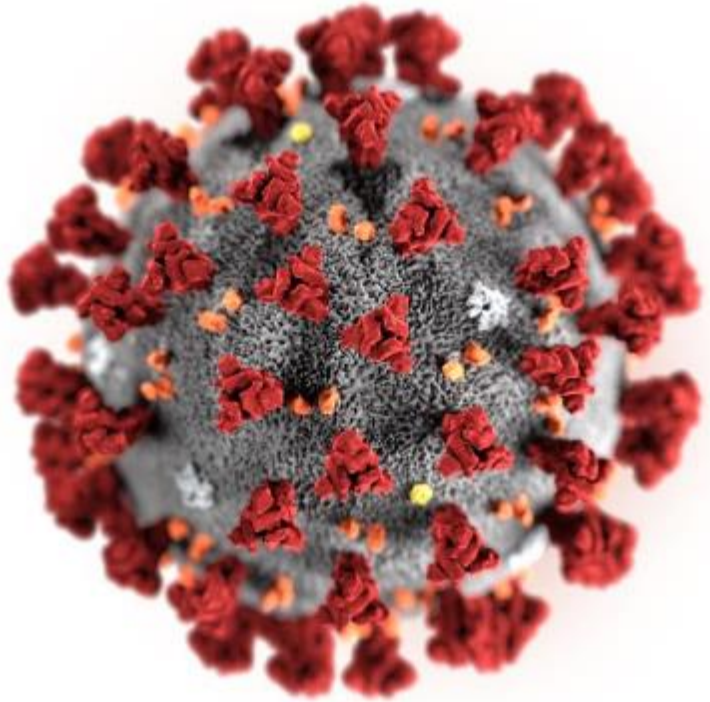

Illustration: CDC / Alissa Eckert & Dan Higgins

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How is COVID-19 different from other known coronaviruses?

- Several coronaviruses cause common colds, but are not significant threats for most healthy people.
- Other coronaviruses have caused past outbreaks, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS)—each caused by a different coronavirus.
- SARS-CoV-2 is a distinct coronavirus.

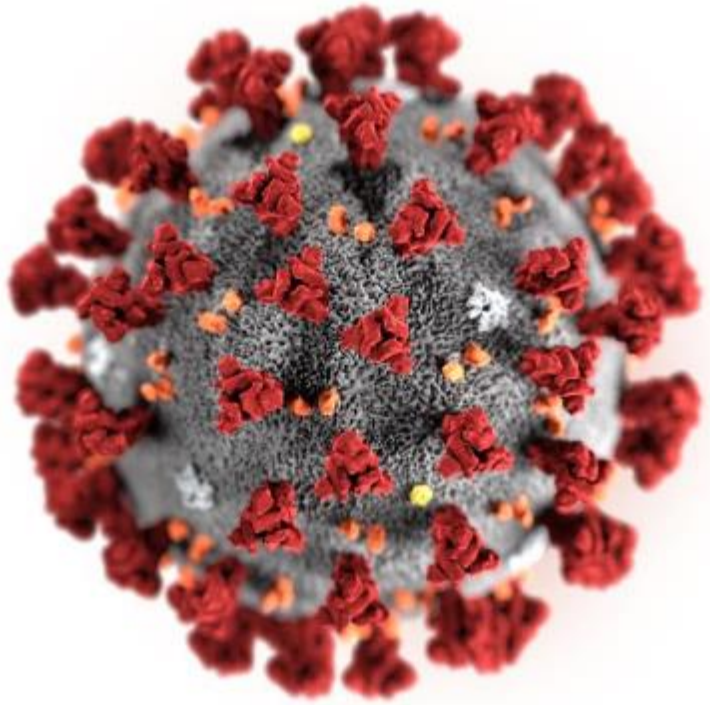

Illustration: CDC / Alissa Eckert & Dan Higgins

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Signs and symptoms of infection

- **COVID-19 typically causes mild respiratory illness, but can cause severe disease, including pneumonia-like illness (novel coronavirus-infected pneumonia or NCIP).**
- **Typical symptoms include fever, cough, and shortness of breath.**
- **Symptoms begin 2-14 days after exposure.**

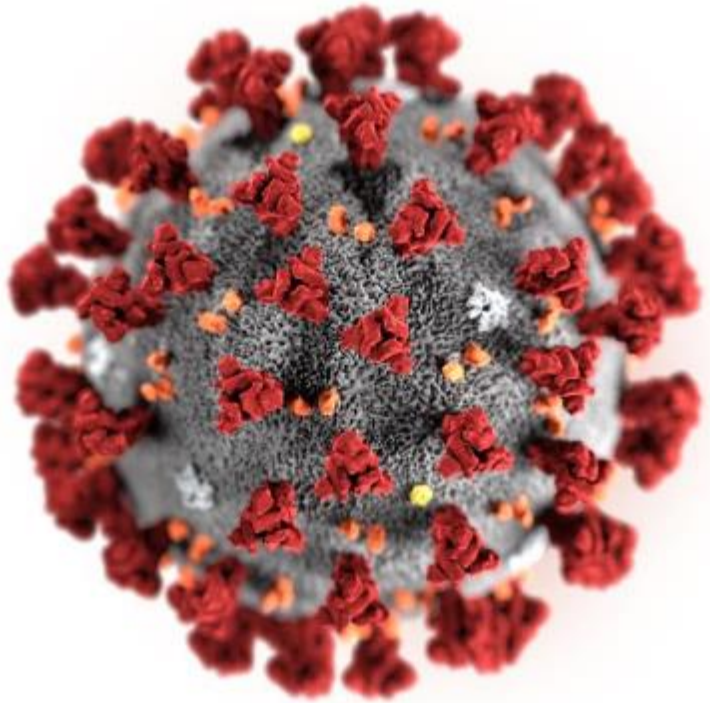

Illustration: CDC / Alissa Eckert & Dan Higgins

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Current pandemic

- More than 1 million cases worldwide.
- Different parts of the U.S. are seeing different levels of COVID-19 activity.
- All 50 states have reported cases of COVID-19 to CDC.

Latest situation summary:
www.cdc.gov/coronavirus/2019-ncov/

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Current pandemic

- **U.S. COVID-19 cases include:**
  - **Imported cases in travelers.**
  - **Cases among close contacts of a known case.**
  - **Community-acquired cases where the source of the infection is unknown.**
- **Most U.S. states are reporting community spread of COVID-19.**

Latest situation summary:
www.cdc.gov/coronavirus/2019-ncov/

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How COVID-19 is spread

- **Person-to-person spread.**
  - **COVID-19 is thought to spread mainly through close contact from person-to-person in respiratory droplets from someone who is infected. People who are infected often—but not always—have symptoms of illness. People without symptoms are able to spread virus.**
- **Spread from contact with contaminated surfaces or objects.**

Latest situation summary:
www.cdc.gov/coronavirus/2019-ncov/

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If you have been exposed/infected

- **Prior to seeking treatment, alert your healthcare provider or occupational health clinic if you think you may have COVID-19.**
- **Tell your healthcare provider if you have been exposed to someone with the virus and have signs/symptoms of infection, as well as about any recent travel to areas where COVID-19 is spreading.**

Photo: CDC / Scott Housley

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Diagnosis and treatment

- **Your healthcare provider can determine if you should be tested for COVID-19.**
- **There is no vaccine or specific treatment for COVID-19.**
- **Some patients, especially those who become very ill, may require supportive care in a hospital.**

Photo: CDC / Scott Housley

Occupational exposure risks

- **OSHA is closely coordinating 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.**

Photo: U.S. Navy / Seaman Rob Aylward

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Occupational exposure risks

- **Workers in some sectors may have increased risk of occupational exposure to SARS-CoV-2, including in:**
  - Healthcare and Laboratories
  - Emergency response
  - Mortuary services and other deathcare
  - Airline operations
  - Border protection and passenger screening
  - Critical retail operations (e.g., grocery stores, pharmacies)

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

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Existing OSHA standards protect workers from exposure

- **Follow existing OSHA standards to help protect workers from exposure to SARS-CoV-2 and infection with COVID-19.**
- **Employers should also remember that 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)**

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Exposure risk – very high

- 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.

Exposure risk – high

- 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 NO 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.

Exposure risk – medium

- Jobs that require 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, but who are not known or suspected COVID-19 patients.
- Examples include:
  - Critical retail workers, such as those in pharmacies and grocery stores.
  - Transit workers, such as bus drivers, subway operators, and taxi drivers.
  - Workers in other transportation operations.

Exposure risk – low (caution)

- Jobs that do not 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.

OSHA enforcement

OSHA:

- **Typically responds to emergencies, including disease outbreaks, in a technical assistance posture.**
- **Provides compliance assistance to employers to help ensure workers are protected.**
- **Provides technical assistance and support to other federal agencies, as well as state/local partners.**

OSHA enforcement authority

- **During emergency response operations, even when OSHA is operating in a technical assistance and support mode, OSHA standards remain in effect and OSHA retains its ability to enforce the OSHA standards under the OSH Act.**
- **Enforcement of OSHA standards follows the jurisdiction in place before the emergency, such as in states operating OSHA-approved occupational safety and health programs called State Plans.**

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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)**

Memorandum	Effective
Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak	March 14, 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 Coronavirus Disease 2019 (COVID-19) Pandemic	April 3, 2020 - present
Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease (COVID-19) Pandemic	April 8, 2020 - present
Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)	April 10, 2020 - present

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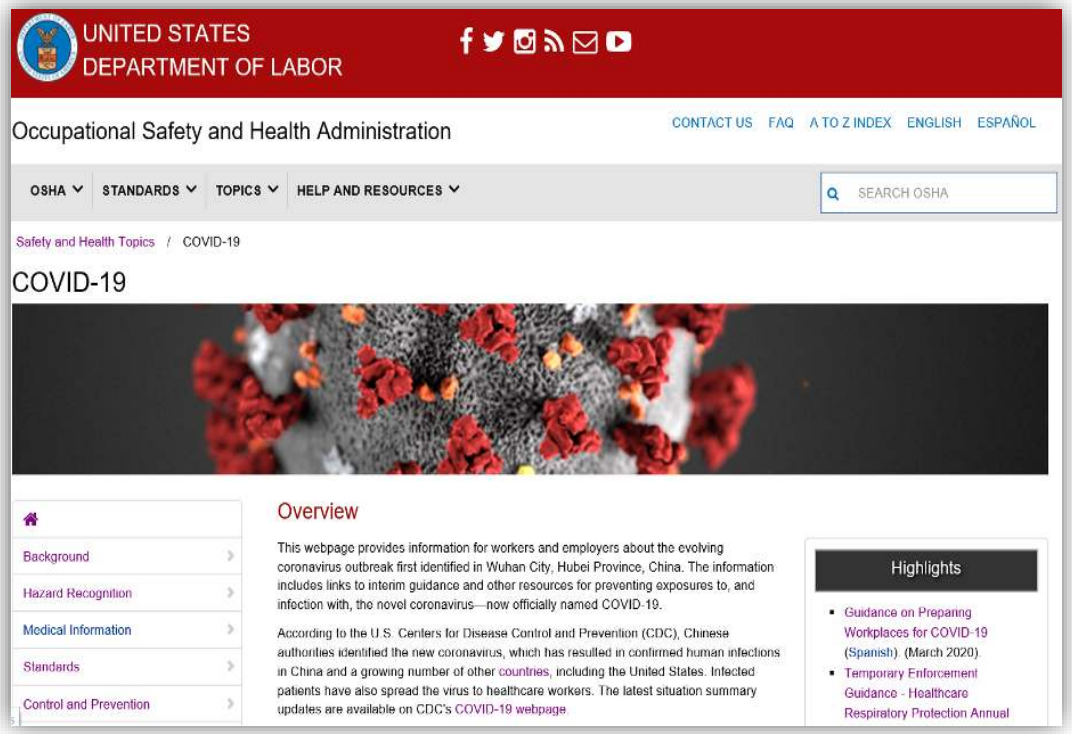
OSHA guidance

- **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 guidance helps employers comply with OSHA standards.**
- **Guidance is based on anticipated hazards and risks, and incorporates standard, contact, and airborne precautions, and use of face/eye protection.**
- **Guidance should be adapted based on employer's hazard assessment and workers' tasks.**

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

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OSHA guidance

For all workers, regardless of specific exposure risks:

- Practice good and frequent hand hygiene.
- Follow good cough/sneeze etiquette.
- Avoid touching the eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.

Photo: U.S. Department of Defense

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OSHA guidance

- Employers should implement protocols for regularly cleaning and disinfecting high-touch surfaces in the work environment.
  - Wipe down surfaces such as door push bars, shopping carts, points of sale, chairs in waiting areas, and other areas that customers, visitors, or workers frequently touch.
- Follow manufacturer's instructions for use of all EPA-approved cleaning and disinfection products.
- CDC provides detailed guidance for environmental cleaning and disinfection.

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OSHA guidance

- Train all workers about their risk of occupational exposure to COVID-19 as well as on what to do if they have traveled to high-risk areas or been exposed to possible cases.
- For workers at particular risk of exposure (e.g., in healthcare, others), discuss:
  - Sources of exposure to the virus and hazards associated with that exposure.
  - Appropriate ways to prevent or reduce the likelihood of exposure, including use of engineering and administrative controls, safe work practices, and PPE.
- Some OSHA standards (e.g., BBP, PPE) require worker training.

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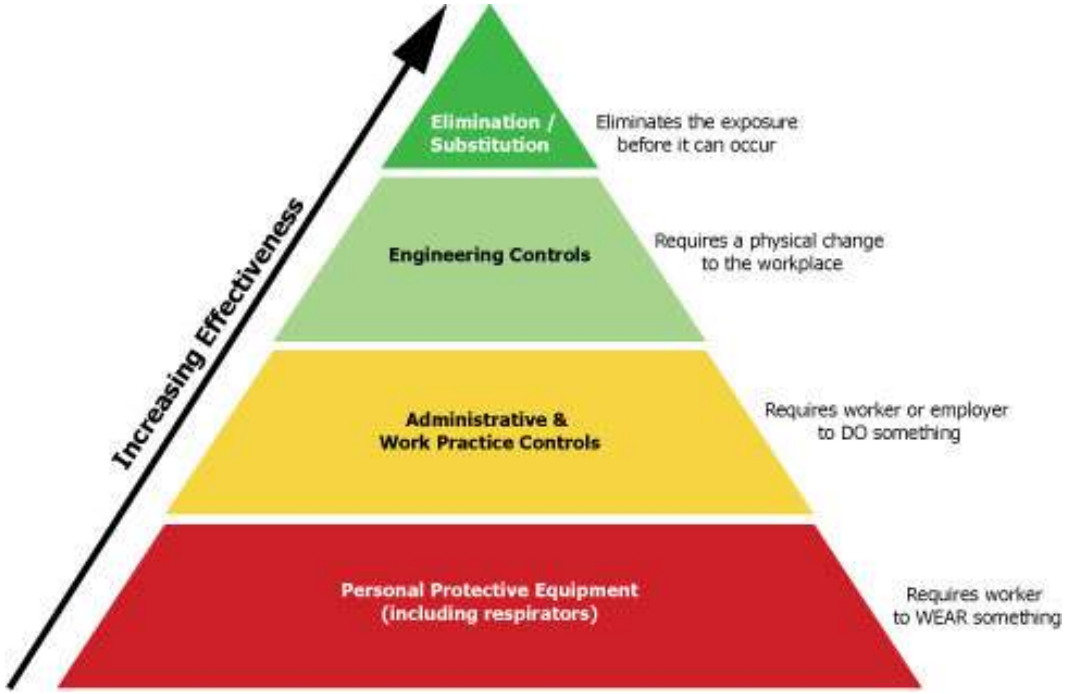
OSHA guidance

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.



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OSHA guidance

- **What should standard, contact, and airborne precautions consist of in workplaces where workers may be exposed to COVID-19?** OSHA guidance breaks this down by worker type.
  - Engineering controls, such as isolation rooms and other physical barriers, can limit most workers' exposures.
  - Administrative controls and safe work practices include measures such as limiting access to patient care areas, effective sharps management, and worker training.
  - PPE may include gloves, gowns, goggles or face shields, and N95 or better respirators.

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OSHA guidance – recordkeeping exposures to COVID-19

- **COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties**. However, employers are only 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 providing enforcement discretion around recordkeeping for most sectors.
- Visit OSHA's Injury and Illness Recordkeeping and Reporting Requirements page for more information.

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- **Visit OSHA's website to sign up to receive OSHA information:**
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  - **Tip of the Day**
  - **www.osha.gov/contactus**
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Questions?

- **[Speaker]**

  OSHA [Directorate/Region/Area]

  Email:

  Phone:

- **OSHA Directorate of Technical Support and Emergency Management**

  Phone: 202-693-2300

www.osha.gov

1-800-321-OSHA (6742)

Slides after this point are intended to help presenters answer additional questions from workers, employers, and other audiences. They are not included in the main slide deck, as the content is more complex or of narrower interest.

Additional Q&A

- **Q: Why does OSHA recommend goggles in addition to airborne precautions?**
- **A: Precautions for SARS-CoV-2 are based on evolving epidemiologic evidence of how the virus spreads, and what is known about transmission from SARS and MERS outbreaks.**

  Airborne precautions, including the use of NIOSH-certified N95 or better respirators, are appropriate because the virus may be spread through a range of respirable particle sizes.

  Since SARS-CoV-2 may infect people through mucous membranes of the eyes and face, face/eye protection is also needed.

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Additional Q&A

- **Q: Do OSHA and CDC guidelines for healthcare and other workers align?**
- **A: Both agencies' worker-focused guidance is intended to help protect workers from exposure to SARS-CoV-2 spread via respiratory sections, including as a result of exposure to infectious individuals or to exposure to contaminated surfaces.**

  CDC guidance for some sectors, such as healthcare, reflects the realities of ongoing PPE supply chain shortages. OSHA continues to recommend what it believes are the best methods to protect workers, but is providing enforcement discretion to address those supply chain concerns, as well.

Additional Q&A

- **Q: Clinical samples of sputum are not covered by the BBP standard's universal precautions. How should employers protect workers handling these samples?**
- **A: While universal precautions do not apply to sputum in the BBP standard, standard precautions that CDC introduced to protect healthcare workers from a wider range of pathogens, do. Follow standard and transmission-based (contact + airborne) precautions.**

  OSHA and CDC infection prevention recommendations are more protective than the minimum precautions the BBP standard requires.

Additional Q&A

- **Q: SARS-CoV-2 is not a bloodborne pathogen, so does the BBP standard apply?**
- **A: The BBP standard applies to occupational exposure to blood, certain body fluids, and other potentially infectious materials, as defined in the standard.**

  Even though SARS-CoV-2 is a respiratory virus, workers in healthcare and other sectors may still have occupational exposures covered by the standard.

  In those cases, employers must comply with the provisions of the standard.

Additional Q&A

- **Q: Do I have to record cases of COVID-19 on my entity's OSHA 300, 300A, & 301 forms?**
- **A: OSHA recordkeeping requirements at 29 CFR Part 1904 mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log.**

  While 29 CFR 1904.5(b)(2)(viii) exempts recording of the common cold and flu, COVID-19 is a recordable illness when a worker is infected on the job.

  Find additional injury and illness recordkeeping information at OSHA.gov.

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Additional Q&A

- **Q: How does the COVID-19 pandemic compare to previous coronavirus outbreaks, such as SARS in 2002-2003?**
- **A: The SARS outbreak was caused by a different coronavirus than the one causing the ongoing outbreak.**

  However, there are already more COVID-19 cases than there were SARS cases during its 2002-2003 outbreak.