Question	Answer
The (---) is in a building with medical clinics in it. The pharmacy entrance is just inside the building entrance and patrons coming in from the outside do not enter the clinic area if they are just going to the pharmacy. Everyone entering the building is screened with questions. Does the Pharmacy need a Plan in place?	§1910.502(a)(3)(i) specifies that where a healthcare setting is embedded within a non-healthcare setting (e.g., a 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. If other healthcare services, such as vaccine administration, are performed in the same well-defined area as the pharmacy area where prescriptions are dispensed, then the ETS would apply to the pharmacy area. If vaccine administration is performed in a well-defined walk-in clinic portion of the facility or in a closed room adjacent to the pharmacy area, and patients report directly to the walk-in clinic or to the closed room, then the ETS would apply only in the well-defined area (e.g., the walk-in clinic or closed room where vaccine administration occurs). However, if the vaccine is administered to patients in a general area of the facility, such as the pharmacy dispensary waiting area, inside the pharmacy dispensary area, or in an open area in the facility, the ETS would apply to those areas. If the patient must report to the pharmacy area or other open area to register, then the ETS would apply to those check-in areas as well. However, if all non-employees (e.g., visitors, patients) are screened prior to entering the facility, and people with suspected or confirmed COVID-19 are not permitted to enter, then the ETS would not apply (see §1910.502(a)(2)(iii)). To qualify for this exemption, employers must establish policies and procedures to screen non-employees prior to entering the facility (e.g., asking questions to determine if the non-employee is COVID-19 positive or has symptoms of COVID-19).
it doesn't say how often you need to fit test does it?	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.
The new guidance states that N95s may not be worn from one patient to another. Does this mean that the mask must not be used again? Or can it be disinfected and reused later?	1910.504(d)(3) explains the stipulations for the reuse of respirators.

Question	Answer
What does OSHA use as a definition of AGP? Is there a definitive description or list of procedures that are classified as AGP?	AGPs are defined as medical procedures that generate aerosols that can be infectious and are of respirable size. Under the ETS, only the following procedures are considered AGPs: Open suctioning of airways; Sputum induction; Cardiopulmonary resuscitation; 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 hand pieces, Air/water syringes, Air polishing, and Air abrasion.
Are physical barriers going to be required at each nurses station within a nursing home? During covid positive outbreak we didn't have to have barriers outside a covid positive unit.	As part of the hazard assessment under paragraph (c), employers need to determine which job activities and fixed work locations require physical barriers. Paragraph (i) requires physical barriers for fixed work locations outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) when an employee is not separated from all other people by at least six feet of distance. A fixed work location is a workstation where an employee is assigned to work for significant periods of time, or at which the employee spends much of their workday or shift, even if they leave that workstation intermittently as part of their work. Physical barriers are not required in direct patient care areas or resident rooms. The installation of physical barriers in the workplace, including how many are needed, where they are needed, and how they should be installed, may vary with the size and type of the workplace, along with the work activities performed there.

Question	Answer
In longterm care will it be required to put up barriers at all nurses stations and the end of each wing	As part of the hazard assessment under paragraph (c), employers need to determine which job activities and fixed work locations require physical barriers. Paragraph (i) requires physical barriers for fixed work locations outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment) when an employee is not separated from all other people by at least six feet of distance. A fixed work location is a workstation where an employee is assigned to work for significant periods of time, or at which the employee spends much of their workday or shift, even if they leave that workstation intermittently as part of their work. Physical barriers are not required in direct patient care areas or resident rooms. The installation of physical barriers in the workplace, including how many are needed, where they are needed, and how they should be installed, may vary with the size and type of the workplace, along with the work activities performed there.
For employee screening, if you had all employees sign an attestation stating that when they clock-in for work they are attesting that they are free of all covid symptoms, could you then use the daily clock in as attestation of self-screening or would something specific need to be documented for the screening each day?	Employers have discretion in choosing whether to implement self-monitoring or in-person screening; an employer can also choose to utilize both methods. Employers who choose to have employees self-monitor for COVID-19 symptoms can assist employees in that effort by providing them with a short fact sheet to remind them of the symptoms of concern. Employers may also consider posting a sign stating that any employee entering the workplace certifies that they do not have symptoms of COVID-19, to reinforce the obligation to self-screen before entering the workplace. Employers who choose to conduct in-person employee screening for COVID-19 symptoms may use methods such as temperature checks and asking the employee if they are experiencing symptoms consistent with COVID-19. Employers should conduct this screening before employees come into contact with others in the workplace, such as co-workers, patients, or visitors.
If my county positivity rate is Green. My workplace vaccination rate is above 90%-do I need to have all of the interventions in place now or just have a plan in place to implement should our county positivity rate increase and we need to increase our measures to help protect our staff from getting COVID-19 (such as: wearing faceshields at all times, N95/gown and gloves when we have suspected or unknown COVID 19 status)	Forwarded to National Office
Is cloth face coverings ok for visitors?	Forwarded to National Office

Question	Answer
Why is OSHA requiring a surgical grade facemask if cloth face masks are not appropriate for NON-direct patient care staff? The pre-amble is not fact based for staff in NON-direct patient care areas.	Forwarded to National Office
What if the employee is alergic to healtcare mask, what options can we provide to the Employee	Forwarded to National Office
Is it permissible for a speaker to remove their mask during a presentation if they are symptom free, and maintain 6 feet separation from the participants who are all remain masked.	Forwarded to National Office
So we are never getting rid of masks in healthcare until CDC changes their guidelines, regardless of what OSHA says? Or if we choose to unmask in healthcare we are going against CDC? How is this appropriate when each state has different transmission and vaccination rates?!	Forwarded to National Office
The Medical Removal from the Workplace section specifies that a PCR test must be used. Why are antigen tests not allowed? Those tests are in the market and utilized for patient testing.	Forwarded to National Office
Who is responsible to fit test and complete medical evaluations for N95 for traveling agency staff? The agency or the facility	Forwarded to National Office
How does the fit testing per company affect travelers. Do the travelers need to be fit tested at each hospital they work at?	Forwarded to National Office
Why do all staff need to be 100% vaccinated in a well-defined area if CDC has not identified evidence or a substantial risk for transmission from vaccinated staff even in healthcare settings and OSHA states the risk of transmission from vaccinated to unvaccinated workers does not appear high enough to warrant OSHA to protect unvaccinated workers from vaccinated workers?	Forwarded to National Office
Why isn't a fully recovered person considered safe with a mask?	Forwarded to National Office
Are there concerns with creating an intimidating or hostile work environment by keeping non-vaccinated people 6 feet apart and masked when vaccinated people don't have to in well-defined areas?	Forwarded to National Office
Should patients and visitors be offered facemasks instead of cloth face coverings?	Forwarded to National Office

Question	Answer
In discussing the ETS and the mini-RPP, my employee health nurse have come to a difference of opinion of the item "1910.502(f)(4) – in place of facemask when respirator is not required". Specifically, we have environmental services staff that prefer to wear an N95 when cleaning a Covid-19 discharge room regardless of other abatement activities we've put in place. Does this item read that we need to provide a respirator for them? If that is the case, do we need to fit test them? We certainly want to do the right thing here.	Forwarded to National Office
Our (---) has Health aids (---) that can provide minor first aid to students. In addition, they may refer students to (---) clinics across the street for items such as Covid testing. Do we need a plan that covers these students?	Forwarded to National Office
Our (---) is strictly a mental Health counseling clinic. All other medical needs are referred to a clinic (---). Does the counseling center need a plan in place?	Forwarded to National Office
(Are County owned hospitals) required to follow the ETS?	Generally speaking, hospitals or other entities operated by a state, county, or city do not fall under the jurisdiction of OSHA. The state in which they are located would have responsibility for enforcing any workplace safety regulations or rules. However, in the interest of ensuring a safe and healthful workplace, all workplaces should follow the guidelines and provisions of the ETS as applicable.
(county facility) do not fall under this requirement to follow these standards. Can you expand on this?	Generally speaking, hospitals or other entities operated by a state, county, or city do not fall under the jurisdiction of OSHA. The state in which they are located would have responsibility for enforcing any workplace safety regulations or rules. However, in the interest of ensuring a safe and healthful workplace, all workplaces should follow the guidelines and provisions of the ETS as applicable.
If you are a County facility are we required to comply with this OSHA ETS?	Generally speaking, hospitals or other entities operated by a state, county, or city do not fall under the jurisdiction of OSHA. The state in which they are located would have responsibility for enforcing any workplace safety regulations or rules. However, in the interest of ensuring a safe and healthful workplace, all workplaces should follow the guidelines and provisions of the ETS as applicable.

Question	Answer
Can a facility do a risk assessment and not implement all mitigation measures if they feel they have lowered risk?	If an employer identifies a COVID-19-related exposure hazard during the hazard assessment, then the employer must implement controls to eliminate or mitigate the hazard, such as physical distancing, physical barriers where appropriate and when distancing is infeasible, PPE, and cleaning and disinfection protocols. These hazard controls must be consistent with the relevant requirements in this ETS. The employer must develop a reasonable plan to abate identified COVID-19 hazards.
CDC allows for discretion in contact tracing as resources allow. OSHA states, subject to a limited exception that the notification obligation is triggered by any COVID-19-positive person at the workplace, including employees, clients, patients, residents, vendors, contractors, customers, delivery people, visitors, or other non-employees. This is a large amount of resources in a healthcare setting where CDC indicates they would not have work restrictions if wearing a facemask and eye protection even if unvaccinated while OSHA states that for anyone not wearing a respirator, unvaccinated staff even without symptoms need to be removed from work. Which should healthcare facilities follow?	If it is truly a non-hospital ambulatory care setting then they would be exempt under (a)(2)(iii).
Does the social distancing rule apply in a meeting room/breakroom?	If the employer has implemented physical distancing as part of the COVID-19 control procedures then those rules are to be followed.
If we were following CDC guidance, what does this OSHA ETS change? What do we have to start doing now? What don't we have to do now?	If you were following the CDC guidance then you are probably in compliance with most of the OSHA ETS. The ETS was written with the CDC guidance document in mind; however, it is up to each employer to make sure that they have read through the ETS and are in compliance with the applicable requirements. In addition, there are fact sheets located on OSHA's COVID-19 Healthcare ETS website that highlights the specific requirements of the ETS.
So if staff had covid, and have recovered, does that count as a vaccination?	In 1910.502 OSHA defines a vaccination as a biological product authorized or licensed by the FDA to prevent or provide protection against COVID–19, whether the substance is administered through a single dose or a series of doses.
Do Physical therapy/Occupational therapy clinics located in medical office buildings not attached to a hospital need a plan in place.	It depends on several factors such as screening, vaccinations, and well-defined areas, to name a few. You can refer to paragraph 1910.502(a) to determine which settings are exempt. There is also a document titled, "*Is Your Workplace Covered by the ETS?*" that can be found by visiting our ETS website at https://www.osha.gov/coronavirus/ets.

Question	Answer
Can you tell us if the air filters Merv13 are now required for long term care or are they optional?	live answered
section 1910.502(a)(4) says well-defined areas with no reasonable expectation of covid pt. then fully vaccinated the PPE, distancing and barriers sections do not apply. Does that mean I can unmask my vaccinated hospital staff in well-defined areas? Or do all staff in those well defined areas have to be vaccinated before all staff can unmask?	live answered
Are there more specific criteria for screening at entrances? Can we just have a sign that has the screening questions on them or do we need to have a person stationed there asking the questions verbally?	live answered
On one of my distro lists shared a letter this morning from the American Hospital Association requesting that enforcement be delayed for 6 months to allow time for HCFs to adjust policy and procedure for compliance. Any comment on this?	live answered
New guidance states that masks must be FDA approved. Does this mean that all visitors and staff, in non-clinical settings, are not allowed to wear cloth masks?	live answered
Why did this come out so late? Like a year late.	live answered
Are healthcare facilities required to keep a log of employees who have had covid (regardless if it was a work exposure or a community exposure)?	live answered
Over the past 3 months, does your data on complaints by occupation still sway heavily toward healthcare workers or is this based on data that still includes the 1st few months of the pandemic when supplies did not exist?	live answered
CDC indicates that it is not cosidered "close contact" and no quaranite is required if both the employee and the Covid positive person they encounter are both wearing facemasks (i.e. coworker). However, The OSHA guidelines indicate the employeer would need to notify anyone who worked with a Covid positive person who was not wearing a respirator. There is no consideration for both people being masked, is that accurate? In non-clinical areas it is unlikely anyone would be wearing a respirator?	live answered

Question	Answer
We have a mixed-use facility. Services there include an Urgent Care, Health club, Spa licensed under the NE Cosmetology regulation, Health classes, hospital-based services of cardiac rehab, pulmonary rehab, physical therapy, diabetes clinic, and coagulation clinic. Some of these areas are separated, but many are open spaces and any customer may be entering or interacting with any staff or other clients/patients. Does the entire facility fall under the OSHA ETS? If not would there need to be some sort of spatial separation?	live answered
For any staff, including those without direct patient care, should cloth face coverings be banned and only facemasks used when needed? If yes, why?	live answered
If a facility has multiple permanent AIIRs, multiple temporary AIIRs and is placing non –COVID-19 patients / non-airborne isolation patients into the designated/known AIIR, while placing confirmed COVID-19 positive patients into regular rooms (e.g. neutral to slightly positive) with no HEPA filtration present and on a high risk ward, will this violate OSHA ETS?	live answered
Forward looking, how will the current EUAs be withdrawn for NIOSH approved respirators that are being allowed for COVID care right now? Will there be a 'warning' period? This is helpful to us as we whittle down our student stockpiles too. We also need to think about backing off from so much limited reuse with students. Same reason.	live answered
In healthcare, facilities have always used NIOSH and FDA approved N95 respirators. Since there are very limited NIOSH approved respirators that are also FDA approved, what are healthcare facilities to do when the N95 masks they have in stock and the N95 masks which are available to them specifically state not for healthcare use?	live answered
Fit testing takes a large amount of resources in terms of money, time, expertise, and makes an environmental impact when having to test other masks due to supply chain issues. What N95 masks are strategically planned to be available across Nebraska in the next few years? We only want to fit test to a few types that are anticipated to be manufactured and available in the future.	live answered

Question	Answer
If one facility performs a medical clearance and fit test for a N95, if they change jobs or get a 2nd similar job, can the new facility use the prior documentation that they were medically cleared and fit tested for a specific type and use that instead of having to do it all again?	live answered
Per the ETS, FDA EUA facemasks are required. As of June 30, 2021 there are only 36 manufacturers listed on FDA's site under the EUA umbrella. When searching for the approved products online, some did not result in active websites or means to purchase. Any recommendations/alternatives on "approved" facemasks if the facility is unable to source the product? 36 manufacturers seems limited considering how many facilities fall under the ETS.	live answered
If a facility screens everyone for s/s of COVID-19 and has designated areas for treating them (ER, dedicated COVID-19 unit etc.) then in other hospital floors where they don't care for COVID-19 patients, is it correct that fully vaccinated staff do not need to wear masks, distance, or have barriers if all workers are vaccinated? What makes a well-defined place, does it have to be enclosed?	live answered
Does the ETS mandate the covid19 vaccination for healthcare workers?	No. Under various anti-discrimination laws there are workers who cannot be vaccinated.
What authority does OSHA have when indicating who to pay and how much to pay?	None, contact Wage & Hour at 402-471-2239 or visit their website at https://dol.nebraska.gov/laborstandards

Question	Answer
Do we need to continue to pay for employee leave when they are instructed not to come to work due to exposures?	Obligations to pay the removed employee depend on the size of the employer: 1) Employers with 10 or fewer employees on the date that the ETS becomes effective are not required to maintain pay for removed employees. 2) Employers with fewer than 500 employees must pay the employee's regular pay, up to $1400 per week, for the first two weeks that the employee is removed. Beginning in the third week, if the employee's removal continues that long, the employer must pay two thirds of the same regular pay the employee would have received if working, up to $200 a day (equivalent to $1000 per week in most cases). 3) Employers with 500 or more employees must pay the employee's salary up to $1400 per week during the entire period of removal, until the employee meets the return to work criteria described below. 4) Employers with more than 10 employees must also continue to provide the benefits to which the employee is normally entitled (e.g., employer-sponsored health insurance) during the removal period. In each scenario, the employer is not required to provide overtime pay, even if the employee had regularly worked overtime hours in recent weeks. In addition, if the employee receives compensation for lost earnings from any other source, such as employer-paid sick leave, administrative leave, or a publicly funded compensation program, then the employer may reduce the amount paid to the removed employee by however much the employee receives from the outside source. Note: Businesses with fewer than 500 employees may be eligible for refundable tax credits under the American Rescue Plan if they provide paid time off for sick and family leave to their employees due to COVID-19 related reasons. The ARP tax credits are available to eligible employers that pay sick and family leave for qualified leave from April 1, 2021, through September 30, 2021. More information is available from the IRS.
Can you please discuss the OSHA mock surveys? DoesOSHA conduct them? Is there a template to complete a self-survey and does that suffice?	OSHA does have a consultation program that is ran by the Nebraska Department of Labor OSHA office. They can be reached by calling 402-471-4717 or by visiting their website at https://dol.nebraska.gov/Safety/OnsiteConsultationProgram/Overview.
Is there a standardized OSHA approved infection control risk assessment? If so, where would it be located?	OSHA has a template COVID-19 plan that can be obtained by visiting OSHA's ETS webpage at https://www.osha.gov/coronavirus/ets.

Question	Answer
I'm confused about the now defunct emergency use authorization for PPE. Are the patients in public areas of a hospital, that are not suspected of having COVID allowed to wear non-medical grade masks or cloth masks?	OSHA standards apply to employees and would not dictate patient mask use. I would recommend following CDC and CMS guidelines for patient mask use. Please contact ICAP with further questions.
If you have a eye clinic connected to a surgical center are you required to follow ETS for eye clinic?	Paragraphs (a)(2)(iii) and (a)(2)(iv) provide exemptions from the ETS for certain ambulatory care settings. As defined in paragraph (b), ambulatory care means healthcare services performed on an outpatient basis, without admission to a hospital or other facility. Paragraph (a)(2)(iii) provides that the ETS does not apply to non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings. Paragraph (a)(2)(iv) provides that the ETS does not apply to well-defined hospital ambulatory care settings where all employees are fully vaccinated, all non-employees are screened prior to entry, and people with suspected or confirmed COVID-19 are not permitted to enter those settings. The location of the ambulatory care facility is critical to which exemption might apply: if the facility is located within the four walls of a hospital, then it is a hospital ambulatory care facility; if the facility is not located within the four walls of a hospital, then it is a non-hospital ambulatory care facility. Once that determination is made, the facility can determine if the appropriate exemption (in either paragraph (a)(2)(iii) or (a)(2)(iv)) applies to the setting.

Question	Answer
Is plexiglass 6ft high the only acceptable type of barriare	Physical barriers must be solid and made from impermeable materials like plastic or acrylic that can be easily cleaned or replaced. In some situations, flexible, transparent plastic sheeting may qualify as a solid physical barrier, but only if it is installed so it remains in place and blocks face-to-face pathways of air between the users on either side. It is critical that barriers block face-to-face pathways and that they do not flap or otherwise move out of position when they are being used. Physical barriers constructed out of materials like cloth fabric or mesh would not be in compliance because these materials are not impermeable and would allow respiratory droplets to pass through them. Barriers with slotted speaking grates that allow respiratory droplets to pass through would also not be in compliance. The ETS requires the barriers to be sized (e.g., height, width) and located so that they block face-to-face pathways between the employee and other individuals, based on where each person would normally stand or sit. To ensure compliance with the size and location requirements, employers must account for where the breathing zones of the users on both sides of the barrier will likely be, as a barrier is only effective at reducing an employee's exposure to COVID-19 if it keeps respiratory droplets out of the employee's breathing zone. OSHA defines the breathing zone as the area from which a person draws air when they breathe; it extends 10 inches beyond a person's nose and mouth in all directions. Height: Employers must take into account the height of employees and other individuals, as it impacts where their breathing zones are located. In the vast majority of cases, the heights of employees and visitors will vary, and employers must construct their barriers to at least address average heights. The average height of adults in the US is 63.6 inches for women and 69 inches for men. Employers should consider the height of typical users and their breathing zones to design and install barriers in a way that ensures face-to-face pathways are effectively blocked.When the heights of the people who are likely to be separated by a barrier are unknown, OSHA will accept as compliant a barrier that extends to at least six and a half feet above the surface on which both people are standing. If the barrier is installed on a table, desk, countertop, or other surface above floor height, the height of those items would be included in the barrier height.If one user may be sitting and the other may be standing, barriers should be high enough to reflect the height of the standing user as well as the sitting user. The average sitting height of users will vary based on chair height and type, and employers should consider the workstation design when implementing physical barriers. Width: In addition to being sufficiently tall, barriers need to be wide enough to protect users on either side during the entire interaction. To ensure compliance, employers also need to consider predictable behaviors and movements of employees and non-employees when designing and installing barriers. For example, at a service counter, the barrier must be wide enough to block the face-to-face pathway between an employee and a visitor when the employee and visitor are positioned directly across from each other. In situations where the employee and the visitor are positioned diagonally across from each other but still within 6 feet, the barrier must still extend to block those diagonal face-to-face pathways. Employers should also consider visual reminders, like floor markings or signs, to remind employees and non-employees not to step around or move to the side of or above the barrier when interacting with an employee.
Directive: DIR 2021-02 (CPL 02) went into effect on June 28th so is the day most provisions are due by 7/12?	The ETS went into the Federal Registry on 21 June 2021; therefore, employers must comply with all provisions of the standard by 6 July 2020 with the exception of paragraphs (i), (k), and (n). These 3 paragraphs must be complied with by 21 July 2021.

Question	Answer
If there are unvaccinated staff, exemption does not apply?	The exemptions from the full standard based on employee vaccination only apply to well-defined hospital ambulatory care settings or home healthcare settings where all employees are fully vaccinated, all non-employees are screened prior to entry, and people with suspected or confirmed COVID-19 are not permitted to enter the hospital ambulatory care center or are not present in the home healthcare setting (§1910.502(a)(2)(iv) and (v).) In these hospital ambulatory care settings or home healthcare settings, if any employees are not vaccinated, then the ETS applies in full. However, in a Note to paragraph (a)(2), OSHA clarifies that it 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 (v) of that section. Under various anti-discrimination laws, workers who cannot be vaccinated because of medical conditions, such as allergies to vaccine ingredients, or certain religious beliefs, may ask for a reasonable accommodation from their employer. If an employer reasonably accommodates an employee who is unable to be vaccinated, in a manner that does not expose the employee to COVID-19 hazards, the employer may still be eligible for the vaccinated employee exemptions in §1910.502(a)(2)(iv) and (v).
Please clarify. If one person in the well defined area is NOT vaccinated and the six are vaccinated, does only that non vaccinated person need to wear a mask or do all need to comply with masking and distance standards	The exemptions from the full standard based on employee vaccination only apply to well-defined hospital ambulatory care settings or home healthcare settings where all employees are fully vaccinated, all non-employees are screened prior to entry, and people with suspected or confirmed COVID-19 are not permitted to enter the hospital ambulatory care center or are not present in the home healthcare setting (§1910.502(a)(2)(iv) and (v).) In these hospital ambulatory care settings or home healthcare settings, if any employees are not vaccinated, then the ETS applies in full. However, in a Note to paragraph (a)(2), OSHA clarifies that it 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 (v) of that section. Under various anti-discrimination laws, workers who cannot be vaccinated because of medical conditions, such as allergies to vaccine ingredients, or certain religious beliefs, may ask for a reasonable accommodation from their employer. If an employer reasonably accommodates an employee who is unable to be vaccinated, in a manner that does not expose the employee to COVID-19 hazards, the employer may still be eligible for the vaccinated employee exemptions in §1910.502(a)(2)(iv) and (v).

Question	Answer
Are Merv13 filers required for health care facilities and what are they?	The Minimum Efficiency Reporting Value (MERV) scale indicates the filtering efficiency for capturing particles between 0.3 and 10 microns. MERV values range from 1 to 16 for most applications, with higher values indicating higher efficiency. Filters with MERV ratings of 13 or greater are at least 85% efficient at capturing particles similar in size to those carrying the virus that causes COVID-19. 1910.502(k)(1)(iii): All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s). If MERV–13 or higher filters are not compatible with the HVAC system(s), employers must use filters with the highest compatible filtering efficiency for the HVAC system(s).
As part of their training, our students see “Standardized Patient volunteers”. These are volunteers that allow the students practice on “patients” in an education setting. In effect these volunteers are acting as patients. We assume we do not need a plan in place for this work.	The Occupational Safety and Health Act of 1970 extends only to employees of an organization. Students volunteering and/or learning in a state or regional hospital or other healthcare institution are not covered by OSHA regulations. High school, college, or professional nursing students are also not considered employees of the hospital. OSHA coverage includes all employers and their employees either directly by federal OSHA or through an OSHA-approved state program. This continues to be OSHA's position, as is indicated in the December 1992 letter to which you refer. It is advisable to check with your local, municipal, and state authorities to learn of the provisions that may cover the students or volunteers in a healthcare setting.
For outpatient facilities (dental, doctor’s offices, ambulatory surgical care centers etc.) that don’t care for COVID-19 patients but would screen then turn them away if they didn’t pass screening, are they subject to this ETS?	The only locations that are exempt from the ETS are outlined in 1910.502(a)(1-4). There are other variables that would need to be considered such as vaccination status of staff, screening procedures, clearly distinguishable areas, etc.
For the General COVID-19 Dental Rule, it specifies that respirators should be worn for AGPs in areas with continued community transmission. What is “continued community transmission?” Is one case within the county considered continued? This seems like it conflicts with the ETS rule, allowing some of these facilities to be exempt from providing employees with respirators for those AGPs.	There are other variables that would need to be considered such as vaccination status of staff, screening procedures, clearly distinguishable areas, etc.

Question	Answer
Can staff eat in the hospital cafeteria with public visitors spaced apart by 6ft?	To determine when and where physical distancing is necessary in the workplace, employers must rely on the results of the hazard assessment performed under paragraph (c)(4). The hazard assessment requires employers to evaluate their workplaces to determine potential workplace hazards related to COVID-19. This evaluation will involve determining when, where, and under what circumstances employees come within 6 feet of other people in the workplace. Places and times where people may congregate or come in contact with one another must be identified and addressed, regardless of whether employees are performing an assigned work task or not. For instance, employees may congregate during meetings or training sessions, as well as in and around entrances, bathrooms, hallways, aisles, walkways, elevators, breakrooms or eating areas, and waiting areas. All of these areas must be identified and addressed as part of the hazard assessment. After identifying potential workplace exposure under paragraph (c)(4), employers must develop and implement policies and procedures to comply with the physical distancing requirements in paragraph (h). Physical distancing requirements in paragraph (h) do not apply for employees who are fully vaccinated when those employees are in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.
did you say we had to provide paid time off for someone exposed to COVID or while they wait for test results?	When an employee is removed from the workplace due to having COVID-19, being suspected of having COVID-19, or having certain symptoms of COVID-19, the employer must pay medical removal protection benefits, if required by the standard, regardless of where the employee became infected. In some situations, employers must also pay medical removal protection benefits to employees who are removed because of close contact with a COVID-19 positive person in the workplace. However, the ETS does not require the removal of, or the payment of medical removal protection benefits to, employees who had close contact with a COVID-19 positive person in the community outside the workplace.
Does OSHA plan on performing more investigations and visits than in the past?	With the implementation of the COVID-19 National Emphasis Program, it has given Area Offices the ability to generate COVID-19 specific lists that by all accounts when looking at the Appendix tables indicates that Healthcare facilities will be a part of the lists. According to the NEP, these inspections will make up 5% of the annual inspections.

Question	Answer
Q&A from the OSHA website - is this accurate for Home Health Care? Employers with employees who, in the course of their employment, enter into private residences or other physical locations controlled by persons not covered by the OSH Act (e.g., homeowners, sole proprietors) must include policies and procedures in their COVID-19 plans to protect their employees entering those locations. These policies and procedures must address employee withdrawal from the residence in the event those protections are inadequate. Please note that the ETS also does not apply to home healthcare settings 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 present (paragraph (a)(2)(v)).	Yes, this is the answer that the National Office provided on their ETS frequently asked questions page for employers who have employees who work at a private residence (question #5 under
Does OSHA require the facility to conduct its own contact tracing when an employee and/or residents tests positive? If yes, does OSHA have a contact tracing form available for facility use?	Yes. You can get the resources by visiting OSHA's ETS webpage at https://www.osha.gov/coronavirus/ets.
Is the home healthcare setting the home the staff member is at which changes througout the day? Is there business office where admin duties are done considered exempt like a hospital off site business office?	Yes. The ETS applies to all settings where any employee provides healthcare services or healthcare support services except as otherwise provided in paragraph (a). One of the exceptions from the ETS in paragraph (a) is for staff who work in administrative offices (i.e., not clients' homes), provided that no healthcare services are performed in those offices (see paragraph (a)(2)(vi)). The ETS does not apply to home healthcare settings 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 present. You may find OSHA's "Is your workplace covered by the COVID-19 Healthcare ETS" flow chart to be a helpful resource (see in particular footnote 1).