



OSHA Emergency Temporary Standard (ETS) for COVID-19 Frequently Asked Questions

What does the phrase “worn for encounters with all suspected and/or confirmed persons with COVID-19” mean in relation to determining whether or not our staff needs to wear N95 masks?

Providers and healthcare workers will need to wear an N95 mask anytime they are within six feet of a patient who is either confirmed or potentially infected with COVID-19.

How does the OSHA ETS compare with the VA Permanent Standard that was finalized January 2021?

Our team will conduct more research on this topic and follow up. If you have already complied with the VA standard, we advise you to read over the ETS and determine where differences occur. Since all states must respond to the OSHA regulation, the state of VA will have to determine if they have at least matched the OSHA ETS. States have 15 days to notify OSHA what their plans are and 30 days to submit their plan. All practices must comply at a minimum with the OSHA ETS and monitor their state plan for any additional requirements.

When the new ETS requirements mention the importance of screening patients, does that include electronic screening?

Yes. As long as you capture the necessary data to determine if someone is potentially infected or diagnosed with COVID-19.

You can find CDC screening criteria here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19

Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented.

- Limit and monitor points of entry to the facility.
- Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19, or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control.



- Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days.

Fever can be either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. People might not notice symptoms of fever at the lower temperature threshold that is used for those entering a healthcare setting, so they should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.

And FAQs # 49 – 54 address screening of employees:
<https://www.osha.gov/coronavirus/ets/faqs>

What types of facilities and services are exempt from the OSHA ETS rules?

Non-hospital based facilities are exempt if: All non-employees are screened prior to entry, and

- Individuals with suspected or confirmed COVID-19 are not allowed to enter those settings.

Well-defined hospital owned facilities (i.e., outpatient surgical centers) are exempt if if:

- All employees are fully vaccinated, and
- All non-employees are screened prior to entry, and
- Individuals with suspected or confirmed COVID are not allowed to enter those settings.

Healthcare support services are exempt if:

- All services are provided outside of a healthcare setting, (i.e., off site billing)

Telehealth services are exempt if:

- All services are performed outside of a setting where direct patient care occurs

Will the new OSHA ETS rules make vaccination a requirement?

No, OSHA rules do not require vaccination. The intent of the ETS is to use layers of protection: vaccination, physical distancing, barriers, PPE, etc., to lessen the potential spread of the virus to healthcare workers. While each of these elements is protective by themselves, together they provide enhanced protection from the grave danger of COVID-19.



To be exempt from the OSHA ETS rules, do all employees need to be fully vaccinated and all non-employees screened?

It depends. If the services are performed at an independent ambulatory health care setting outside of a hospital, then all employees do not need to be vaccinated. However, both non-hospital and hospital ambulatory facilities do have to screen all non-employees and prohibit individuals with potential or confirmed COVID-19 infection from entering the facility. The most important condition for exemption is whether providers can see patients with COVID-19 or suspected COVID-19 symptoms.

Our front desk personnel are never in contact with patients for more than 15 min and our clinical staff aren't typically in contact with patients who are potentially infected with COVID-19. Are these individuals required to wear N95 mask?

No. Only individuals who are entering a room with a potential or confirmed COVID-19 positive patient. If performing lab tests for COVID-19 due to symptoms, providers do have to wear an N95 mask and eye protection. However, when conducting lab screening testing with no known exposures or symptoms for travel purposes or surgery, providers may not have to wear an N95 mask but must wear a surgical mask and a full-face shield. More clarification on this will be coming from OSHA and CDC. The challenge is that patients being tested may sneeze or cough on the tester and may have asymptomatic COVID-19. Providers also cannot just wear a full-face shield without a mask.

Can an employer mandate COVID-19 vaccination?

Yes, practices can employ a mandatory vaccination policy, but it is not recommended. An employee can refuse to be vaccinated due to a disability, religious reasons, or sincerely held beliefs. It would be unlawful to terminate someone with those exemptions. If you choose to employ a mandatory vaccination policy under which you will terminate employees who do not comply, we recommend having an attorney assist you in writing a strong business case/plan as to why that is necessary in case of litigation.

Will a sign at the front entrance suffice as "screening" patients for symptoms?

No. Signs can be used to reinforce policies to call and not enter the facility if they have symptoms of COVID-19 or been exposed in the past 10 days to a confirmed COVID positive individual and mask must be worn by all entering your facility. Practices should follow CDC guidelines for screening:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

[Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19](#)

Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important



strategy to identify those who could have COVID-19 so appropriate precautions can be implemented.

- Limit and monitor points of entry to the facility.
- Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19, or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control.
 - Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days.

Fever can be either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. People might not notice symptoms of fever at the lower temperature threshold that is used for those entering a healthcare setting, so they should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.

If we are a non-hospital practice with an ASC (no intubation) Do we have to have all employees vaccinated to be exempt?

No, but CDC still requires all healthcare personnel to wear a surgical mask, (CDC 5/21 <https://www.aha.org/news/headline/2021-05-17-cdc-masks-still-required-health-care-settings>) and use social distancing, PPE, physical barriers.

Do COVID-19 workplace hazard assessments for a clinical setting need to be as lengthy and involved as those of hospitals and ambulatory surgical centers?

Not necessarily. The most important consideration for workplace hazard assessments is how and when providers may see patients with COVID-19 or symptoms of COVID-19. To ensure that the plan meets all of the required ETS elements, practice leaders might consider this hazard assessment provided with the ETS link. https://www.osha.gov/sites/default/files/COVID-19_Healthcare_ETS_Worksite_Checklist_Employee_Job_Hazard_Analysis.pdf.

All non-compliant answers to these questions would be opportunities for improved compliance and work safety and we recommend that practices perform a gap analysis.

When does the record-keeping COVID-19 log outlined in the new OSHA ETS rules start?

It started with the ETS posting to the Federal Register on Monday 6/21/21



According to the OSHA ETS, are practices required to report a death from COVID-19 if the employee contracted the virus from community exposure and not from workplace exposure?

No. Deaths only need to be reported if the employee contracted the virus from the workplace

Will the OSHA ETS give healthcare practices legal "cover" to now require their employees to be vaccinated?

No.

Where can we find the OSHA ETS document?

<https://www.osha.gov/coronavirus/ets>
[ETS Regulatory Text \(29 CFR 1910, Subpart U\)](#)

If a person is vaccinated but working with someone who is not vaccinated, do they have to wear a mask?

Yes. All employees should be wearing masks when working in a healthcare setting with patients and coworkers. If outside the patient care area, such as a break room, where **everyone** is vaccinated and it is very unlikely a suspected or confirmed COVID-positive individual would be present, employees do not need to wear masks.

According to the OSHA ETS, when are barriers required?

COVID-19 is most commonly spread from person-to-person through inhalation of respiratory droplets from infected individuals in close physical proximity or, less commonly, through airborne transmission over longer distances (particularly in enclosed spaces with inadequate ventilation). Adequate physical distancing to prevent droplet transmission is generally considered to be at least 6 feet. Barriers work by preventing respiratory droplets, which can contain COVID-19, from traveling directly from the source (i.e., an infected person) to an employee.

Paragraph (i) of the OSHA ETS requires barriers to be installed at each fixed work location outside of direct patient care areas (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy window, and bill payment desks) where each employee is not separated from all other people by at least 6 feet of distance—except where the employer can demonstrate it is not feasible to install the barrier. Barriers are not required in direct patient care areas or resident rooms.

The physical barrier requirements in paragraph (i) 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.



See also *Physical barriers (29 C.F.R. § 1910.502(i)) FAQs #29-37.*
<https://www.osha.gov/coronavirus/ets/faqs>

Do you have a good example of a COVID-19 written plan that we need to create?

COVID-19 Plan Template

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

Are physical barriers required for employees who cannot be six feet apart if they are vaccinated?

Yes, except 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.

See also *Physical barriers (29 C.F.R. § 1910.502(i)) FAQs #29-37.*
<https://www.osha.gov/coronavirus/ets/faqs>

Will the KN95 masks be acceptable as a replacement for N95 masks?

No. The FDA only approved that KN95 masks were an acceptable replacement when there was an inadequate supply of N95 masks available. Given current availability of N95 masks, KN95 masks should be used only for non-aerosolizing procedures. They are as protective as a medical or surgical mask.

When are we able to ask if an employee is vaccinated?

HR representatives can ask if an employee has been vaccinated at any time and request to see their vaccination card. A copy of this card should be kept in the employee's personnel medical file section.

Do employers need to keep record of employees' screening before shift?

The practice's HR should keep confidential records of employee screenings regardless of when the screening is done, and it should be kept in the personnel medical file section.

How should we approach the OSHA ETS regulations if it is difficult or impossible to screen and deny entry to all patients exhibiting symptoms?

The safest solution, if you are unsure that you can meet the exemption status, is to consider yourself nonexempt and meet the ETS requirements. If screening on premises proves to be too difficult, you may choose to screen patients prior to their visit through an online chart or phone call.



Does COVID screening need to happen before people enter the building, or can screening be completed at the front desk?

Screening has to be performed before entering the practice, but if the front desk is situated so the individual who is being screened is not actually in the area where other employees are located or potentially exposed, and there is a barrier between the employee screening and the individual being screened the screening could take place there.

To protect other non-employees from exposure recommend posting a sign at the entrance to the facility to remind the individuals (patients, visitors, vendors) to call and not enter the facility if they have symptoms of COVID-19 or been exposed in the past 10 days to a confirmed COVID positive individual and mask must be worn by all entering your facility.

Can we perform screening calls the day before an appointment?

Yes. Screening can be performed over the phone the day before the appointment. Be sure to ask about anyone who may be attending the visit with the patient and confirm at the front desk that nothing has changed since the screen.

Are nebulizer treatments excluded from the policies regarding aerosol generating procedures?

Yes. According to the newest ETS FAQ #22, found at <https://www.osha.gov/coronavirus/ets/faqs>, nebulizing treatments were excluded from AGP. There is much debate surrounding this topic, but as far as the OSHA ETS is concerned, nebulizing treatments are excluded from the list.

Can employees screen themselves prior to work?

Yes. FAQ#51 in the OSHA FAQ answers this: <https://www.osha.gov/coronavirus/ets/faqs> 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.



We screen patients using a kiosk located in the patient waiting areas that alerts front desk if the patient answered yes to possible signs and symptoms of COVID-19, would that satisfy screening?

Yes as long as the kiosk is at the entrance so those individuals, who may have COVID-19, can be identified and managed before they enter the facility, and appropriate precautions can be taken to prevent transmission to others within the facility.

Do all employees have to be vaccinated in order to be exempt from the OSHA ETS rules?

No. As long as the practice is located in a non-hospital-based facility that screens all non-employees. Requirements include:

- All non-employees are screened prior to entry
- Individuals with suspected or confirmed COVID-19 are not allowed to enter the facility

Do the RN's and techs in my endoscopy center need to wear N95s? They had changed to KN95's. Can they wear those and a faceshield?

The faceshield with KN95s are ok for any non-aerosolizing procedures. Staff need to wear N95s if the procedures are considered aerosolizing. Here is a list of aerosolizing procedures:

- Open suctioning of airways,
- Sputum induction,
- CPR,
- Endotracheal intubation and extubating,
- 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

Can we require staff to notify management if they are not vaccinated?

The practice Human Resources (HR) department can ask staff to notify HR if they are unvaccinated. This needs to be clearly outlined in company policy. HR representatives can also ask if an employee has been vaccinated and ask to see the vaccination card. Again, this should be done by HR and if you receive a copy of the card, it should be kept in the employee's personnel medical file section.



Are cash pay medical practices that do not participate with Medicare covered by CMS Emergency Preparedness guidelines?

The OSHA ETS is not related to CMS and applies to all healthcare facilities unless you meet exempt status:

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- All non-employees are screened prior to entry, and
- Individuals with suspected or confirmed COVID-19 are not allowed to enter those settings.

Well-defined hospital owned facilities (i.e., outpatient surgical centers) are exempt if if:

- All employees are fully vaccinated, and
- All non-employees are screened prior to entry, and
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Healthcare support services are exempt if:

- All services are provided outside of a healthcare setting, (i.e., off site billing)

Telehealth services are exempt if:

- All services are performed outside of a setting where direct patient care occurs

If employees self-screen at home before coming to work, does this suffice?

Yes. See FAQ# 51 <https://www.osha.gov/coronavirus/ets/faqs>.

When does a practice need a written respiratory protection program?

A full written respiratory protection program is needed when employees wear N95 respirators during close contact (under 6 ft.) with patients who have confirmed or suspected COVID-19 for a cumulative total of 15 minutes over a 24-hour period.

Employees who wear an N95 mask for extra protection may be trained under the mini-respiratory protection program. The mini program applies only to specific circumstances specified under the ETS, generally when workers are not exposed to suspected or confirmed sources of COVID-19 but where respirator use could offer enhanced worker protection.

The mini respiratory protection program does not replace or substitute for OSHA's normal Respiratory Protection standard (29 CFR 1910.134), which applies to:

- Circumstances under the ETS when workers are exposed to suspected or confirmed sources of COVID-19.
- Any other workplace hazards that might require respiratory protection (e.g., silica, asbestos, airborne infectious agents such as Mycobacterium tuberculosis).

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