



OSHA's National Emphasis Program – Coronavirus Disease 2019 (COVID-19)

AHCA/NCAL

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Presented by



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Agenda



- COVID-19 Enforcement under the Trump Administration
- OSHA's National Emphasis Program for COVID-19
- Inspection Scope and Procedures
- How to Prepare!

COVID-19 Enforcement under the Trump Administration

- OSHA conducted numerous inspections, some in-person and some virtual.
- Citations were issued largely for recordkeeping violations and violations of OSHA's respiratory protection standard.
- OSHA issued General Duty Clause citations in a few instances.
- OSHA aggressively publicized enforcement activity, including listing employers cited for COVID-19 concerns.

OSHA's National Emphasis Program

OSHA's National Emphasis Program

- “This Direction describes policies and procedures for implementing a National Emphasis Program (NEP) to ensure that employees in high-hazard industries or work tasks are protected from the hazard of contracting SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), the cause of Coronavirus Disease 2019 (COVID-19). The NEP augments OSHA’s efforts addressing unprogrammed COVID-19-related activities, e.g., complaints, referrals, and severe incident reports, by adding a component to target specific high-hazard industries or activities where this hazard is prevalent. The NEP targets establishments that have workers with increased potential exposure to this hazard, and that puts the largest number of workers at serious risk.”



OSHA's National Emphasis Program (cont'd)

State Plan Adoption

Describes a federal program change that establishes an NEP to identify and reduce or eliminate exposures to SARS-CoV-2 (the virus), the cause of COVID-19, through inspection targeting, outreach, and compliance assistance.

OSHA strongly encourages State Plans to adopt the NEP, but does not require identical adoption.

“Within 60 days of the effective date of this Direction, a State Plan must submit a notice of intent indicating whether they already have a substantially similar policy in place, intend to adopt new policies and procedures, or do not intend to adopt this Direction.”



OSHA's National Emphasis Program (cont'd)

Regional Goal

- Goal of the NEP is to continue performing a high percentage of COVID-19 inspections (at least 5 percent) of the Region's total assigned inspection goal (which is approximately 1,600 inspections OSHA-wide), focusing Agency resources on workplace exposures to SARS-CoV-2 in certain critical industries until further notice.



OSHA's National Emphasis Program (cont'd)

Unprogrammed Inspections

- Unprogrammed COVID-19-related inspections will continue to be conducted at worksites where employees have a high frequency of close contact exposures.
- OSHA anticipates majority of the inspections will continue to occur in general industry, particularly in healthcare, based on current OSHA enforcement data showing higher COVID-19-related complaints, referrals and severe incident reports at healthcare worksites.

OSHA's National Emphasis Program (cont'd)

Table 1. Targeted Industries in Healthcare by 2017 NAICS

NAICS Code	Industry
621111	Offices of Physicians (except Mental Health Specialists)
621210	Offices of Dentists
621610	Home Health Care Services
621910	Ambulance Services
622110	General Medical and Surgical Hospitals
622210	Psychiatric and Substance Abuse Hospitals
622310	Specialty (except Psychiatric and Substance Abuse) Hospitals
623110	Nursing Care Facilities (Skilled Nursing Facilities)
623210	Residential Intellectual and Developmental Disability Facilities
623311	Continuing Care Retirement Communities
623312	Assisted Living Facilities for the Elderly

OSHA's National Emphasis Program (cont'd)

- Area Offices may add establishments to the generated master lists based on information from appropriate sources (e.g., local knowledge of establishments, commercial directories, referrals from the local health department, or from other federal agencies with joint jurisdictions, such as the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Agriculture (USDA), media referrals or previous OSHA inspection history).
- Area Offices may delete from their target list any establishment that has had a comprehensive or partial health inspection that addressed COVID-19 hazards with an Opening Conference date occurring within the twelve (12) previous months and resulted in one of the following outcomes:
 - Serious citations related to COVID-19 hazards which are under contest or for which the abatement period has not yet expired; or
 - No serious citations were issued for hazards related to exposure to SARS-CoV-2; or
 - Serious citation(s) were issued for hazards related to exposure to SARS-CoV-2 but a follow-up inspection documented appropriate and effective efforts by the employer to abate the serious hazards cited.

Inspection Scope and Procedures

Inspection Scope and Procedures

Program and Document Review

- Prior to conducting a walkaround inspection, determine whether the employer has a written safety and health plan that includes contingency planning for emergencies and natural disasters, such as the current pandemic.
- Review the facility's procedures for hazard assessment and protocols for PPE use.
- Determine whether the employer has implemented measures to facilitate physical distancing (e.g., barriers or administrative measures to encourage 6-foot distancing) and to ensure the use of face coverings by employees, customers and the public.
- Review relevant information, such as medical records related to worker exposure incident(s), OSHA-required recordkeeping, and any other pertinent information or documentation deemed appropriate by the CSHO.

Inspection Scope and Procedures (cont'd)

- Review the respiratory protection program and any modified respirator policies related to COVID-19, e.g., policies modified during anticipated shortages of respirators, such as recommended by the CDC or the U.S. Food and Drug Administration (FDA) for healthcare employers, and assess compliance where 29 CFR § 1910.134 applies.
- Also, if shortages are anticipated or experienced, document the employer's efforts to address these.
- Review employee training records, including any records of training related to COVID-19 exposure prevention or in preparation for a pandemic, if available.

Inspection Scope and Procedures (cont'd)

- Determine if facility has airborne infection isolation rooms/areas and gather information about the employer's use of air pressure monitoring systems and any periodic testing procedures.
- Review any procedures for assigning patients to those rooms/areas and procedures used to limit access to those rooms/areas to employees who are trained and adequately outfitted with PPE.
- Review procedures in place for transferring patients to other facilities in healthcare settings where appropriate isolation rooms/areas are unavailable or inoperable. Also, review procedures for accepting COVID-19 patients transferring from other facilities.

Applicable OSHA Standards

- 29 CFR Part 1904, Recording and Reporting Occupational Injuries and Illness.
- 29 CFR § 1910.132, General Requirements-Personal Protective Equipment.
- 29 CFR § 1910.134, Respiratory Protection.
- 29 CFR § 1910.141, Sanitation.
- 29 CFR § 1910.145, Specification for Accident Prevention Signs and Tags.
- 29 CFR § 1910.1020, Access to Employee Exposure and Medical Records.



Section 5(a)(1), General Duty Clause of the OSH Act

Use of CDC recommendations

- The current CDC guidance should be consulted in assessing potential workplace hazards and to evaluate the adequacy of an employer's protective measures for workers.
- Where the protective measures implemented by an employer are not as protective as those recommended by the CDC, the CSHO should consider whether employees are exposed to a recognized hazard and whether there are feasible means to abate that hazard.



COVID-19 Recordkeeping

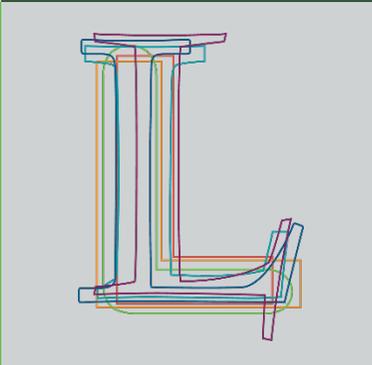
COVID-19 Recordkeeping

- CSHOs should review the employer's injury and illness records to identify any workers with recorded illnesses or symptoms associated with exposure(s) to persons with suspected or confirmed COVID-19 or other sources of SARS-CoV-2.
- Employers are responsible for recording cases of COVID-19 if all the following requirements are met:
 - The case is a confirmed case of COVID-19, as defined by the CDC;
 - The case is work-related, as defined by 29 CFR § 1904.5; and
 - The case involves one or more of the recording criteria set forth in 29 CFR § 1904.7 (e.g., medical treatment, days away from work).
- Six-month statute of limitation.

How to Prepare!

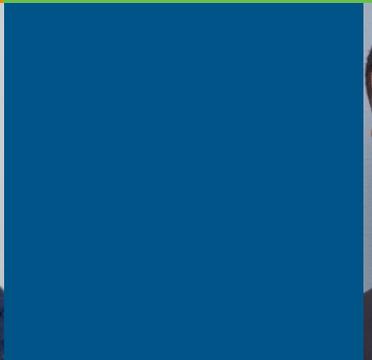
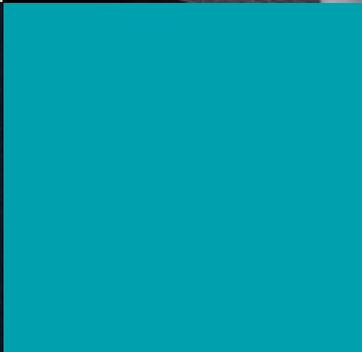
- Review, update COVID-19 preparedness plan.
- Implement or review a written respiratory protection program.
- Ensure sourcing of fit test kits, respiratory protection.
- Re-train on respiratory protection.
- Review injuries and illnesses, ensure documentation for recordability (or non-recordability).





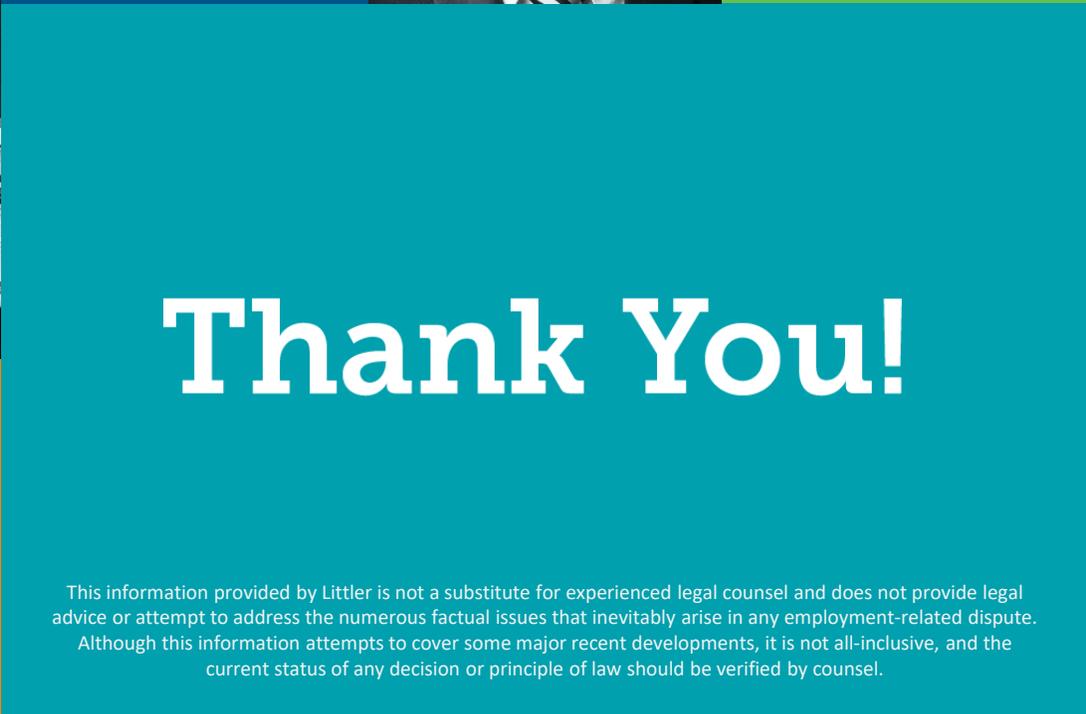
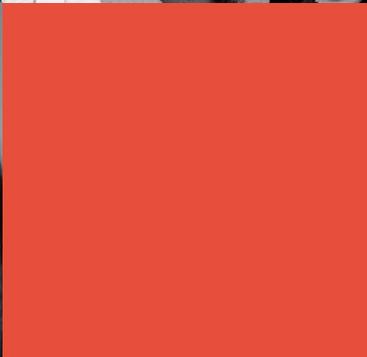
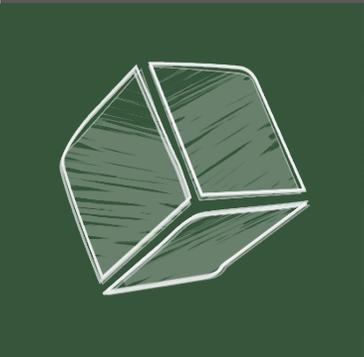
Questions?

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