



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

Follow-up and Q and A

AHCA/NCAL

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Agenda



- OSHA's National Emphasis Program for COVID-19
- Key Inspection Procedures
- *Questions and Answers*

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)

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

Key Inspection 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.

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.

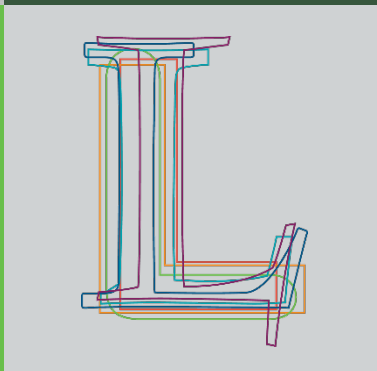
How to Prepare!

- 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).





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Questions?

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