

# COVID PHE (Public Health Emergency) Fact Sheet: Workplace Safety Requirements for Health Centers

*Updated 03/14/23*

## What Health Centers Need to Know

### OSHA COVID-19 Healthcare ETS

In June of 2021, the federal OSHA (Occupational Safety and Health Administration) issued an Emergency Temporary Standard, which set employer COVID-19 safety standards to protect healthcare workers ([Healthcare ETS](#)). Since then, OSHA has withdrawn the non-record-keeping provisions of the Healthcare ETS but the COVID-19 case log and reporting provisions remain in effect. MIOSHA (Michigan Occupational Safety and Health Administration) has aligned state-based COVID-19 workplace safety standards ([Part 505, Coronavirus Disease 2019 in Healthcare Standard](#)) with OSHA's Healthcare ETS.

*The only rules that federal OSHA and MIOSHA are currently enforcing are the log and reporting (record-keeping) provisions<sup>i</sup>.*

- OSHA ETS Log and Reporting Provisions (Enforced):
  - Retain all versions of the COVID-19 Plan implemented to comply with this section.
  - Establish and maintain a COVID-19 log recording each instance of COVID-19 positive cases for employees (regardless of whether the case is connected to a work exposure)
    - Logs must contain the employee's name, contact info, occupation, the location where the employee worked, the date of the employee's last day in the workplace, the date of the positive test/diagnosis, and the date of first onset of symptoms (if experienced).
    - Log must be maintained such that any new cases are recorded within 24 hours.
  - OSHA or authorized enforcement entity must be provided copies of de-identified logs within one business day of a request, including the version of the implemented COVID-19 Plan.
- OSHA strongly encourages all healthcare employers to continue to implement the Healthcare ETS's standards to protect employees (although not enforced), which includes following [CDC recommendations for Infection Control Guidance for Healthcare](#) professionals and settings.
- OSHA and MIOSHA continue to vigorously enforce their [general industry standards applicable to healthcare settings](#) under its General Duty Clause<sup>ii</sup>, which includes Personal Protective Equipment (PPE) and Respiratory Protection Standards. Although not COVID-19 specific, these standards do apply to protect the safety of workers from known threats and prevent risks associated with spreading viruses, such as coronavirus.

## CDC COVID-19 Infection Control Recommendations for Healthcare Settings

The CDC (Centers for Disease Control) is a recognized national science-based organization to protect public health. While the CDC is not an enforcement agency, it issues COVID-19 infection control

guidance that other enforcement agencies, such as OSHA or MIOSHA, have required healthcare facilities to follow. CDC has provided recommended [specific infection control practices for healthcare settings](#)<sup>iii</sup>, which include:

- **Vaccination:** Encouraging all personnel, patients, and visitors to remain up-to-date with recommended COVID-19 vaccine doses, and provide resources and counseling about the importance of receiving the vaccine.
- **Screening:** Establish a process for identifying and managing individuals with suspected or confirmed cases of COVID-19
  - Post visual alerts communicating your facility's COVID-19 infection control practices.
  - Establish a process (posting signs at entrances or providing instruction to patients at scheduling) to make everyone entering a facility is aware of recommended actions to prevent transmission if they meet any of these three criteria:
    - Are COVID-19 positive
    - Have symptoms of COVID-19
    - Have had recent close contact with someone who has COVID-19
  - Ensure personnel are informed of infection control practices and report to HR/occupational health if they meet any of the above criteria so they can be properly managed (see [CDC guidance managing healthcare personnel with COVID-19 infection or exposure](#))
- **Source Control (Masks)**
  - CDC has specific guidance for healthcare settings and personnel regarding source control (respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent the spread of COVID-19).
    - When county COVID-19 [Transmission](#)<sup>iv</sup> levels are high, source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients.
    - When county COVID-19 [Transmission](#) levels are **not** high, healthcare facilities could choose not to require universal source control.
    - When county COVID -19 [Community Levels](#)<sup>v</sup> are high, source control is recommended for everyone in all areas of the Health Center (patient and non-patient areas).
    - Even if source control is not universally required, it remains recommended for individuals in healthcare settings who have confirmed or suspected COVID-19 infection or a known or high-risk exposure to COVID-19 to wear a mask or respirator for source control for 10 days after their exposure/onset of symptoms.
    - Health Centers may offer to provide masks or respirators to patients and visitors but are not required to do so.

## CMS COVID-19 Vaccination Requirements

CMS (Center for Medicare and Medicaid) issued the [Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule](#), which requires all personnel of Medicaid and Medicare-

certified providers, including Health Centers, to be vaccinated for COVID-19. The CMS Vaccine Mandate requires Health Centers to:

- Have a plan (policy and procedures) for ensuring that all personnel be fully vaccinated for COVID-19, including new staff, before providing any care, treatment, or other services for the facility and/or its patients.
- Have a process for providing exemptions or accommodations for those who are exempt from the vaccine requirement for a religious or medical reason.
- Have a process for tracking and documenting staff vaccinations.

## What Health Centers Can Do

### Right Now:

#### Plans, Policies and Procedures

- Remain consistent by maintaining internal COVID-19 Plans, policies, and procedures. Ensure Plans and policies meet CMS, OSHA and MIOSHA requirements, and are up-to-date.
- Ensure that OSHA & MIOSHA general workplace safety standards are rigorously maintained, including PPE and respiratory protection requirements.
- Continue to follow recommendations from the CDC regarding infection control practices (identifying and managing potential cases, vaccination promotion and source control), and management of personnel who are confirmed or suspected to have COVID-19.

#### Record Keeping

- Continue to maintain records per OSHA/MIOSHA requirements, including all versions of your COVID-19 plans, logs of all staff positive tests (date of the test, and the date of symptom occurrence, and return to work).
- The COVID-19 log must be updated within 24 hours of a positive test, or diagnosis, and treated as protected health information. De-identified versions of logs must be made available to requesting authorities within 24 hours.
- Maintain staff and applicable contractor COVID-19 vaccination status records, documentation of exemptions, and approved accommodation plans for exempted staff.

### Prepare For:

- The OSHA Healthcare ETS Permanent Rule is expected to be issued in the Spring of 2023. Once issued, the full standard will be in effect and enforced. A public copy of the new final rule has not yet been released.
- Routinely check CDC guidance for updates or changes, and check the MI Safe Start Map dashboard weekly to adjust source control measures based on Transmission or Community Levels.
- Keep a close eye on the [CMS.gov/Current Emergencies](https://www.cms.gov/Current-Emergencies) page for updates on the PHE Unwind and guidance on changes.

*Where does the standard come from?*

COVID-19 Health & Safety Standard	CMS COVID-19 Vaccine Mandate	OSHA General Duty Clause ( <i>general workplace safety standards</i> )	OSHA Healthcare ETS & MISOHA Part 505	CDC COVID-19 Infection Control Guidance
<b>Enforcement Status</b>	<b>In Effect and Enforced</b>	<b>In Effect and Enforced</b>	<b>Only Record-Keeping Provisions Enforced</b>	<b>Recommended</b>
Ensuring all staff are vaccinated for COVID-19, except for those granted exemption or temporary delay	X			
Follow nationally recognized infection control guidelines to mitigate transmission of COVID-19 (CDC Infection Control Guidelines)		**	X (Not Enforced)	X
<b>COVID-19 Specific Plan and associated policies and procedures</b>	X (For Vaccination)		X (Enforced)	
Established process for communicating infection control practices and identifying and managing personell with confirmed or suspected COVID-19 cases			X (Not Enforced)	X
Established process for communicating infection control practices and managing patients or visitors with confirmed or suspected COVID-19			X (Not Enforced)	X
Masking (source control) for Staff & Patients in Health Centers				X

Maintaining records of COVID-19-positive cases among personnel, including the return to work dates, or fatalities			X (Enforced)	
Return to work standards for personell with COVID-19 or exposure			X Follow CDC Guidance	X

\*\* Although CDC Infection Control guidance for COVID-19 is not directly required, it is implied that employers will base workplace safety policies and procedures using recognized guidance sources, such as the CDC.

## Resources & Links

### OSHA & MIOSHA COVID-19 Safety

- [OSHA COVID-19 Guidance for Healthcare Workers and Employers](#)
- [MIOSHA guidance for COVID-19](#)

### CDC Guidance for COVID-19

- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
- [MI Safe Start Map](#) (Community Level and Transmission Level County Maps)

### CMS COVID-19 Vaccine Requirement

#### [CMS Omnibus COVID-19 Health Care Staff Vaccination Rule FAQ](#)

<sup>i</sup> OSHA [Healthcare ETS](#) record-keeping provisions currently enforced include 29 CFR 1910.502(q)(2)(ii), (q)(3)(ii)-(iv), and (r). MIOSHA General Industry And Construction Safety And Health Standard [Part 505, Coronavirus Disease 2019 in Healthcare Standard](#) provisions currently enforced include paragraphs: 502(q)(2)(ii) and (q)(3)(ii)-(iv) and 502(r).

<sup>ii</sup> The [General Duty Clause](#) from the OSHA Act of 1970 requires that in addition to compliance with hazard-specific standards, all employers provide a work environment “free from recognized hazards that are causing or are likely to cause death or serious physical harm”.

<sup>iii</sup> [CDC Interim Guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19 Pandemic\)](#)

<sup>iv</sup> [COVID-19 Transmission Levels](#) refers to measures of the presence and spread of SARS-CoV-2 (coronavirus). Transmission Levels are used specifically by public health and healthcare providers to allow for early intervention before there is a strain on the healthcare system and better protect people seeking care in those settings. Transmission levels are updated every seven days.

<sup>v</sup> [COVID-19 Community Levels](#) measures the impact of COVID-19 in terms of hospitalizations and healthcare system strain, as well as transmission in the community. The Community Levels measure is used to guide general public precautions. Community Levels are updated every seven days.