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

***Updated 10/24/23***

# What Health Centers Need to Know

**OSHA COVID-19 Healthcare ETS *(Updated)***

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](https://www.osha.gov/coronavirus/ETS)), and MIOSHA (Michigan Occupational Safety and Health Administration) aligned state-based COVID-19 workplace safety standards ([Part 505, Coronavirus Disease 2019 in](https://www.michigan.gov/leo/-/media/Project/Websites/leo/Documents/MIOSHA/Standards/General_Industry/leo_miosha_GI_CS_Part505.pdf?rev=243ecb3241d14ccaa8d213269d83191e&hash=D13353FD7BDF2980F3C434B1A00DEF62)  [Healthcare Standard](https://www.michigan.gov/leo/-/media/Project/Websites/leo/Documents/MIOSHA/Standards/General_Industry/leo_miosha_GI_CS_Part505.pdf?rev=243ecb3241d14ccaa8d213269d83191e&hash=D13353FD7BDF2980F3C434B1A00DEF62)). Since then, OSHA has withdrawn the non-record-keeping provisions of the Healthcare ETS, but the COVID-19 case log and reporting provisions remained in effect. At this time, no further guidance has been released regarding the continued enforcement of the record keeping components. Although there is a pending review of final guidance, no updated standards have been released.

We do know that the Department of Health and Human Services has proposed OSHA standard language regarding protections from infectious disease, including COVID-19. This language is still under review, and has not been implemented as of 10/24/2023.

***Per the standing rules, it is assumed that OSHA and MIOSHA are continuing to enforce the log and reporting (record-keeping) provisions***[***i:***](#_bookmark0)

* OSHA ETS Log and Reporting Provisions (Presumed 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.

Note: OSHA and MIOSHA continue to vigorously enforce [general industry standards applicable](https://www.osha.gov/healthcare/standards) [to](https://www.osha.gov/healthcare/standards)  [healthcare settings](https://www.osha.gov/healthcare/standards) under its General Duty Clause[ii](#_bookmark0), 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 *(Updated)*

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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) [healthcare settings](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)[iii](#_bookmark1), 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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) [exposure](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html))

#### Perform SARS-CoV-2 Viral Testing:

* + Anyone with even mild symptoms of COVID-19, **regardless of vaccination status**, should receive a viral test for SARS-CoV-2 as soon as possible. Asymptomatic patients with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection.

#### Create a Process to Respond to SARS-CoV-2 Exposures Among HCP and Others

* + Healthcare facilities should have a plan for how SARS-CoV-2 exposures in a healthcare facility will be investigated and managed and how contact tracing will be performed.
* **Source Control (Masks) *(Updated)***
* The Community Transmission metric, which the CDC relied upon to determine healthcare facilities source control guidance, will no longer be published after the end of the PHE for COVID-19 on May 11th. Therefore, the CDC recommends healthcare facilities identify a local metric to reflect increasing community respiratory viral activity and if broader use of source control is warranted.
	+ **Local Metric**: For Michigan, the [MI Start Map](https://www.mistartmap.info/cdc-community-levels-indicators) will introduce a new view that provides the actively reported COVID-19 metrics. Data is updated with a lag time.

#### Source control remains recommended for individuals in healthcare settings who:

* + Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
	+ Had [close contact](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#closecontact) (patients and visitors) or a [higher-risk exposure](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure
* The CDC maintains that source control remains an important intervention during periods of higher respiratory virus transmission.
* The CDC defers to its broad [Core IPC (Infection Prevention and Control) Practices](https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhicpac%2Frecommendations%2Fcore-practices.html), where s**ource control is recommended in the following circumstances:**
	+ By those residing or working on a unit or area of the facility experiencing a SARS- CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation measure once the outbreak is over (e.g., no new cases of SARS-CoV-2 infection have been identified for 14 days); or
	+ Facility-wide or, based on a facility risk assessment, targeted toward higher risk areas (e.g., emergency departments, urgent care) or patient populations (e.g., when caring for patients with moderate to severe immunocompromise) during periods of higher levels of community SARS-CoV-2 or other respiratory virus

transmission (See Appendix)

* + Have otherwise had source control recommended by public health authorities (e.g., in guidance for the community when [COVID-19 hospital admission levels](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html) are high)
	+ Health Centers must allow patients and visitors who chose to wear a respirator or source control but is not required to provide masks or respirators to patients and visitors.

### CMS COVID-19 Vaccination Requirements *(Updated)*

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. On 5/1/23 the [Biden Administration](https://www.whitehouse.gov/briefing-room/statements-releases/2023/05/01/the-biden-administration-will-end-covid-19-vaccination-requirements-for-federal-employees-contractors-international-travelers-head-start-educators-and-cms-certified-facilities/) issued a statement that it would be ending vaccine requirements, including CMS-Certified Facilities with the end of the PHE (May 11, 2023). CMS has now issued a [final policy and language chan](https://www.federalregister.gov/documents/2023/06/05/2023-11449/medicare-and-medicaid-programs-policy-and-regulatory-changes-to-the-omnibus-covid-19-health-care)ge to the Omnibus COVID-19 Health Care Staff Vaccination on the Vaccine Mandate which was enacted on **6/5/2023** lifting the Vaccine Mandate requirements. Affected healthcare organizations should now have updated all policies and be in compliance.

The final rule also withdrawals the Medicare and Medicaid Programs, CLIA and Patient Protection and Affordable Care act IFC issued on 9/2/20, which enabled coordination with local certified labs testing supplies, test processing and results.

**What Health Centers Can Do *(Updated)***

## Right Now:

**Plans, Policies and Procedures**

* 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.
* Determine Health Center policy regarding COVID-19 vaccine requirements for employees and contractors. Some employers will opt to continue to require COVID-19 vaccination much like they require other immunizations, such as influenza (flu). Best practice suggestions include matching COVD-19 to the health center’s current influenza and other respiratory illness policies.
* Review and update policies, particularly COVID-19 specific policies and plans, to make updates accordingly. *Where possible, transition COVID-19 related infection control practices, vaccine requirements (if keeping), and workplace safety standards into general Health Center policies and procedures*.
* Ensure that OSHA & MIOSHA general workplace safety standards are rigorously maintained, including PPE and respiratory protection requirements.

## Record Keeping

* Until further clarification is issued from OHSA, 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).

## Prepare For:

* *Updated guidance from OSHA or DHHS on COVID-19 related workplace safety standards and enforcement.*

***Where does the standard come from?***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COVID-19 Health & Safety Standard** | **CMS COVID- 19****Vaccine Mandate** | **OSHA****General Duty Clause (*general workplace******safety standards*)** | **OSHA****Healthcare ETS & MISOHA****Part 505** | **CDC COVID-19****Infection Control Guidance** |
| **Enforcement Status** | **Ended 04 AUG 2023** | **In Effect and Enforced** | **Enforcement of Record- Keeping Provisions Ongoing (Updates****Pending)** | **Recommended** |
| **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 ControlGuidelines) |  | **\*\*** | **X**(Not Enforced) | **X** |
| **COVID-19 Specific Plan and associated policies and****procedures** | **~~X~~** |  | **X****(Still Enforced)** |  |
| Established process for communicating infection control practices and identifying and managing personnel with confirmed orsuspected 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 HealthCenters *(updated)* |  |  |  | **X** |

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| --- | --- | --- | --- | --- |
| **Maintaining records of COVID- 19-positive cases among personnel, including the return-to-work dates, or fatalities** |  |  | **X****(Enforced)** |  |
| Return to work standards for personnel 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](https://www.osha.gov/coronavirus/control-prevention/healthcare-workers)

* [OSHA COVID-19 Guidance for Healthcare Workers and Employers](https://www.osha.gov/coronavirus/control-prevention/healthcare-workers)
* [MIOSHA guidance for COVID-19](https://www.michigan.gov/leo/initiatives/covid-19-workplace-safety)

### CDC Guidance for COVID-19

* [Interim Infection Prevention and Control Recommendations for Healthcare Personnel](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) [During the Coronavirus Disease 2019 (COVID-19) Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)
* [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)  [Exposure to SARS-CoV-2](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

### CMS COVID-19 Vaccine Requirement

* [CMS Omnibus COVID-19 Health Care Staff Vaccination Rule FAQ](https://www.cms.gov/files/document/cms-omnibus-covid-19-health-care-staff-vaccination-requirements-2021.pdf)
* [CMS Changes to the Omnibus COVID-19Heakth Care Staff Vaccination Rule on **6/5/2023**](https://www.federalregister.gov/documents/2023/06/05/2023-11449/medicare-and-medicaid-programs-policy-and-regulatory-changes-to-the-omnibus-covid-19-health-care)
* [CMS Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)](https://www.cms.gov/files/document/qso-23-13-all.pdf)

### Michigan COVID Metrics and Data

* + Michigan Coronavirus Data <https://www.michigan.gov/coronavirus/stats>
	+ [MI Safe Start Map](https://www.mistartmap.info/cdc-community-levels-indicators) (State COVID-19 county level data)

i OSHA [Healthcare ETS](https://www.osha.gov/coronavirus/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](https://www.michigan.gov/leo/-/media/Project/Websites/leo/Documents/MIOSHA/Standards/General_Industry/leo_miosha_GI_CS_Part505.pdf?rev=243ecb3241d14ccaa8d213269d83191e&hash=D13353FD7BDF2980F3C434B1A00DEF62) [Disease 2019 in Healthcare Standard](https://www.michigan.gov/leo/-/media/Project/Websites/leo/Documents/MIOSHA/Standards/General_Industry/leo_miosha_GI_CS_Part505.pdf?rev=243ecb3241d14ccaa8d213269d83191e&hash=D13353FD7BDF2980F3C434B1A00DEF62) provisions currently enforced include paragraphs: 502(q)(2)(ii) and (q)(3)(ii)

-(iv) and 502(r).

ii The [General Duty Clause](https://www.osha.gov/laws-regs/oshact/section5-duties) 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”.

iii [CDC Interim Guidance Interim Infection Prevention and Control Recommendations for Healthcare Personnel](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) [During the Coronavirus Disease 2019 (COVID-19 Pandemic)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)

iv [COVID-19 Transmission Levels](https://mistartmap.info/cdc-indicators) 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.

v [COVID-19 Community Levels](https://mistartmap.info/cdc-community-levels-indicators) 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.

[Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap | HHS.gov](https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html)