



Risk Control Services

OSHA New Emergency Temporary Standard (ETS) for Covid-19 for Healthcare & Social Services

The Role of the Employers & Workers in Responding to Covid-19.

HEALTHCARE SERVICES – means services provided to individuals by professional healthcare practitioners (doctors, nurses, emergency medical personnel, oral health professions) for purpose of promoting, maintaining, monitoring, or restoring health.

Company's identified under this term:

- + Hospitals
- + Long-Term Care
- + Ambulatory Care
- + Home Health
- + Hospice
- + Emergency Medical Services
- + Patient Transport

Direct patient care means hands-on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.

HEALTHCARE SUPPORT SERVICES – services that facilitate the provision of healthcare services. Support services include patient intake/admission, patient food services, equipment & facility maintenance, housekeeping services, healthcare laundry services, medical waste handling services, medical equipment cleaning.

IMA recommends that this program is followed by all Healthcare and Social Service Agencies that fall into the categories above including the definition of “direct patient care”.



Your IMA Risk Control Team is available to review your current procedures prior to you creating all new policies/documents.

Please Contact Brenda Rice with any additional questions, concerns, or needed resources.

Your Contact



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Standard Requirements

1. EMPLOYER MUST DEVELOP AND IMPLEMENT A COVID-19 PLAN FOR EACH WORKPLACE.

- + Majority of IMA Clients already have this program in place as this was required back in March 2020. Combination of Infection Control/Quality Control, Bloodborne Pathogens, Aerosol Disease Focus and Covid can all be combined into this new requirement.

2. EMPLOYER MUST DESIGNATE ONE OR MORE WORKPLACE COVID-19 SAFETY COORDINATORS TO IMPLEMENT AND MONITOR THE COVID-19 PLAN DEVELOPED AND CONTINUE TO UPDATE IT.

- + The majority of our Clients already have this in place and is more than likely your Infection Control Nurse, Director of Nursing, Human Resources/Safety Coordinator, Administrator, etc.

3. EMPLOYER MUST SEEK THE INPUT AND INVOLVEMENT OF NON-MANAGERIAL EMPLOYEES AND THEIR REPRESENTATIVES IN THE HAZARD ASSESSMENT, DEVELOPMENT, AND IMPLEMENTATION OF THE COVID-19 PROGRAM.

- + Safety Committee is a great place to add the review and evaluation of Covid-19 protocol and implementation to get employee input on how the process is working and allow employees to ask questions, make recommendations, etc.
- + Recommend adding Covid-19 Review to the Safety Committee Agenda.

4. EMPLOYER MUST MONITOR EACH WORKPLACE TO ENSURE THE ONGOING EFFECTIVENESS OF THE COVID-19 PLAN AND UPDATE AS NEEDED

- + Quality Assurance Committee & Safety Committee are a great place to focus on this with routine safety inspections, review of cleaning procedures, discussion on all topics in this standard, etc.

5. THE COVID-19 PLAN MUST ADDRESS ALL HAZARDS IDENTIFIED BY THE INITIAL AND ON-GOING HAZARD ASSESSMENT(S) TOOL:

- + Minimize the risk of transmission.
- + Effectively communicate and coordinate with employees, vendors, guest, etc.
- + Patient screening & management procedures documented.
- + Standard & Transmission Based Precautions – follow CDC guidelines for isolation precautions.
- + Personal Protective Equipment section – explain when each specific PPE may be needed.
- + Respirator Policy for N-95 use – N-95 use on Covid Units or when exposed requires the Full Respirator Program.
- + Aerosol-generating procedures – if performed the detailed procedures and requirements need to be established in the plan.

- + Physical Distancing guidance – OSHA requiring 6 feet when possible along with barriers where feasible.
 - + Cleaning and Disinfecting procedures – follow current CDC guidance for cleaning and disinfecting and guidance to disinfect a Covid-19 Unit.
 - + Ventilation procedures – include the use of MERV Filters. Recommendation is MERV-13 which most facilities other than hospitals are not able to utilize due to the capacity of the HVAC system. MERV 8 is the next best option recommended, however a MERV 6 may be all your systems are capable of using to efficiently run.
 - + Health Screening & Medical Management Procedures – for employees, guest, vendors, Residents, Person Served, etc. This process and paperwork are currently in place for all Clients so no changes.
 - + Includes quarantine requirements and the requirement to continue full pay for the employee while out on quarantine.
 - + Vaccination – providing free vaccination to all employees. Provide paid leave after vaccines to assist any employee reactions to the vaccine.
 - + Training on the entire program and in all languages needed to be clearly understood.
 - + Anti – Retaliation – the program should include a section that states the employee's rights to speak freely of any safety concerns. OSHA states there should be NO distinguishing between workers who are and are not vaccinated. Vaccinated employees in Healthcare settings should continue to follow the same safety protocols as non-vaccinated.
 - + Recordkeeping – please see attached regarding the new OSHA Covid-19 log. This will be similar to what you currently maintain for the County, CMS, CDC, etc. This is not the OSHA 300 Log.
- ### 6. REPORTING COVID-19 FATALITIES AND HOSPITALIZATIONS TO OSHA.
- + Fatality – once designated “work related” OSHA must be contacted within 8 hours of employer learning of the fatality.
 - + Hospitalization – once designated “work related” OSHA must be contacted within 24 hours of employer learning of the fatality.

OSHA Website for all tools in both English and Spanish:
<https://www.osha.gov/coronavirus/ets>

Hazard Assessment Tool:
https://www.osha.gov/sites/default/files/COVID-19_Healthcare_ETS_Worksite_Checklist_Employee_Job_Hazard_Analysis.pdf

Mini Respirator Guide – No changes to the current N95 process for healthcare:
<https://www.osha.gov/sites/default/files/publications/OSHA4121.pdf>

OSHA Covid-19 Log Format:
<https://www.osha.gov/sites/default/files/publications/OSHA4130.pdf>