OSHA

OSHA ♥ STANDARDS ♥ TOPICS ♥ HELP AND RESOURCES ♥ Conta

Contact Us

FAQ

A to Z Index

English

Español

Safety and Health Topics / COVID-19

COVID-19

COVID-19 Menu

Workers' Rights

Standards

This section highlights OSHA standards and directives (instructions for compliance officers) and other related information that may apply to worker exposure to the novel coronavirus, SARS-CoV-2, that causes Coronavirus Disease 2019 (COVID-19).

OSHA requirements apply to preventing occupational exposure to SARS-CoV-2. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection when job hazards warrant it.
 - When respirators are necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134).
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm."

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may contain SARS-CoV-2 (unless visible blood is present). However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard.

State Standards

There are twenty-eight OSHA-approved State Plans, operating state-wide occupational safety and health programs. State Plans are required to have standards and enforcement programs that are at least as effective as OSHA's and may have different or more stringent requirements.

The California Division of Occupational Safety and Health (Cal/OSHA) Aerosol Transmissible Diseases (ATD) standard is aimed at preventing worker illness from infectious diseases that can be transmitted by inhaling air that contains viruses (including SARS-CoV-2), bacteria or other disease-causing organisms. While the Cal/OSHA ATD standard is only mandatory for certain healthcare employers in California, it may provide useful guidance for protecting other workers exposed to SARS-CoV-2.

Employers must also protect their workers from exposure to hazardous chemicals used for cleaning and disinfection. Employers should be aware that common sanitizers and sterilizers could contain hazardous chemicals. Where workers are exposed to hazardous chemicals, employers must comply with OSHA's Hazard Communication standard (in general industry, 29 CFR 1910.1200), Personal Protective Equipment standards (in general industry, 29

Recording workplace exposures to COVID-19

OSHA recordkeeping requirements at 29 CFR Part 1904 mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log.

COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all of the following are true:

- The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
- 2. The case is work-related (as defined by 29 CFR 1904.5); and
- The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g., medical treatment beyond first aid, days away from work).

Employers should also consult OSHA's Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19). CFR 1910 Subpart I) and other applicable OSHA chemical standards. OSHA provides information about hazardous chemicals used in hospitals in the Housekeeping section of its Hospital eTool.

Other relevant OSHA standards

Depending on the specific work task, setting, and exposure to other biological or chemical agents, additional OSHA requirements that may apply include:

Recordkeeping and Reporting Occupational Injuries and Illness (29 CFR 1904)		Related Information	
29 CFR 1904 – Recording and Reporting Occupational Injuries and Illness		 Topic Page 	

General Industry (29 CFR 1910)		Related Information		
1910 Subpart I – Personal Protective		Topic page		
Equipment	1910.132, General requirements	 Directives Federal Register notices Letters of interpretation Settlement agreements 		
	1910.133, Eye and face protection	Topic PageDirectivesFederal Register noticesLetters of interpretation		
	1910.134, Respiratory protection	 Topic Page Directives COVID-19 enforcement memoranda Federal Register notices Letters of interpretation Settlement agreements 		
	1910.138, Hand protection	DirectivesFederal Register noticesLetters of interpretation		
Subpart J – General Environmental Controls	1910.141, Sanitation	Federal Register noticesLetters of interpretation		
Subpart Z – Toxic and Hazardous Substances		Topic page		
	1910.1020, Access to employee exposure and medical records	DirectivesFederal Register noticesLetters of interpretation		
	1910.1030, Bloodborne pathogens	Topic PageDirectivesFederal Register noticesLetters of interpretation		

General Industry (29	9 CFR 1910)	Related Information
	1910.1200, Hazard communication	 Topic Page Congressional testimonies Directives Federal Register notices Letters of interpretation Memorandums of understanding Settlement agreements
	1910.1450, Occupational exposure to hazardous chemicals in laboratories	DirectivesFederal Register noticesLetters of interpretation

Federal Agencies (29 CFR 1960)	Related Information
29 CFR 1960 – Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters	 Office of Federal Agency Programs Executive Order 12196

Enforcement Memoranda

Interim Enforcement Response Plan

OSHA's Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19) provides instructions and guidance to Area Offices and compliance safety and health officers (CSHOs) for handling COVID-19-related complaints.

Enforcement Discretion

OSHA recognizes that employers in many sectors may experience challenges in complying with certain provisions of the agency's standards as a result of the COVID-19 pandemic, including where those standards require the use of certain types of PPE (e.g., respirators) or provision of medical surveillance and training to workers. Accordingly, OSHA is providing enforcement flexibilities for specific provisions of certain standards and requirements to address these challenges and help ensure the continued protection of worker safety and health.

Enforcement Discretion for Respiratory Protection (29 CFR 1910.134)

In light of the Presidential Memorandum on making general use respirators available for healthcare workers during the COVID-19 pandemic, OSHA has issued temporary enforcement guidance for:

Memorandum	Applies to	Effective Date	Status	Related Information
Healthcare Respiratory Protection	Respiratory Protection (29 CFR 1910.134), Required annual fit-	March 14, 2020	Remains in effect	
Annual Fit-Testing for N95 Filtering	testing (paragraph (f)(2))			
Facepieces During the COVID-19 Outbreak				

Memorandum	Applies to	Effective Date	Status	Related Information
Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the 2019 Novel Coronavirus Disease (COVID-19) Pandemic	Respiratory Protection (29 CFR 1910.134), Selection of respirators (paragraph (d)); and/or the equivalent respiratory protection provisions of other health standards	April 3, 2020	Remains in effect	 Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer- Designated Shelf Life: Considerations for the COVID-19 Response Strategies for Optimizing the Supply of N95 Respirators
Enforcement Guidance for Use of Respiratory Protection Equipment Certified Under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 (COVID- 19) Pandemic	Respiratory Protection (29 CFR 1910.134), Selection of respirators (paragraph (d)); and/or the equivalent respiratory protection provisions of other health standards	April 3, 2020	Remains in effect	 Strategies for Optimizing the Supply of N95 Respirators
Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease (COVID-19) Pandemic	Respiratory Protection (29 CFR 1910.134), Required annual fit- testing (paragraph (f)(2))	April 8, 2020	Remains in effect	
Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the Coronavirus Disease 2019 (COVID-19) Pandemic	Respiratory Protection (29 CFR 1910.134)	April 24, 2020	Remains in effect	 Decontamination and Reuse of Filtering Facepiece Respirators

Enforcement Discretion for Other OSHA Standards and Requirements

Memorandum	Applies to	Effective Date	Status	Related Information
Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)	Recording and Reporting Occupational Injuries and Illness (29 CFR 1904)	April 10, 2020	Remains in effect	 Recordkeeping

Memorandum	Applies to	Effective Date	Status	Related Information
Discretion in Enforcement when Considering an Employer's Good Faith Efforts During the Coronavirus Disease 2019 (COVID-19) Pandemic	Various standards that require annual or recurring audits, reviews, training, or assessments; see memorandum for details.	April 16, 2020	Remains in effect	

Additional Directives

Note: The "Directives" bullets above link to directives related to each OSHA standard. The directives in this list provide additional information that is not necessarily connected to a specific OSHA standard highlighted on this Safety and Health Topics page.

 Rules of agency practice and procedure concerning OSHA access to employee medical records. CPL 02-02-072, (August 22, 2007). Provides guidance to OSHA personnel concerning rule application and agency practice and procedure set forth at 29 CFR 1913.10 when accessing personally identifiable worker medical records. The guidance also covers authorization by the Assistant Secretary to conduct a limited worker medical information review when: 1) OSHA standards require such information, and 2) there is a need to gain access to determine compliance.

Workers' Rights and Employers' Responsibilities

Section 11(c) of the Occupational Safety and Health Act of 1970, 29 USC 660(c), prohibits employers from retaliating against workers for raising concerns about safety and health conditions. Additionally, OSHA's Whistleblower Protection Program enforces the provisions of more than 20 industry-specific federal laws protecting employees from retaliation for raising or reporting concerns about hazards or violations of various airline, commercial motor carrier, consumer product, environmental, financial reform, food safety, health insurance reform, motor vehicle safety, nuclear, pipeline, public transportation agency, railroad, maritime, securities, and tax laws. OSHA encourages workers who suffer such retaliation to submit a complaint to OSHA as soon as possible in order to file their complaint within the legal time limits, some of which may be as short as 30 days from the date they learned of or experienced retaliation. An employee can file a complaint with OSHA by visiting or calling his or her local OSHA office; sending a written complaint via fax, mail, or email to the closest OSHA office; or filing a complaint online. No particular form is required and complaints may be submitted in any language.

OSHA provides recommendations intended to assist employers in creating workplaces that are free of retaliation and guidance to employers on how to properly respond to workers who may complain about workplace hazards or potential violations of federal laws. OSHA urges employers to review its publication: Recommended Practices for Anti-Retaliation Programs (OSHA 3905 - -01/2017).

UNITED STATES DEPARTMENT OF LABOR

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FEDERAL GOVERNMENT

White House Severe Storm and Flood Recovery Assistance Disaster Recovery Assistance DisasterAssistance.gov USA.gov No Fear Act Data U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

Frequently Asked Questions A - Z Index Freedom of Information Act Read the OSHA Newsletter Subscribe to the OSHA Newsletter OSHA Publications Office of Inspector General

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Freedom of Information Act Privacy & Security Statement Disclaimers Important Website Notices Plug-Ins Used by DOL Accessibility Statement