



ARGENTUM
EXPANDING SENIOR LIVING

Workplace Safety for Assisted Living

Pre-Planning Guidance for OSHA Regulatory Compliance

May 2021

ABOUT ARGENTUM

Argentum is the leading national association exclusively dedicated to supporting companies operating professionally managed, resident-centered senior living communities and the older adults and families they serve. Since 1990, Argentum has advocated for choice, independence, dignity, and quality of life for all older adults. Argentum member companies operate senior living communities offering assisted living, independent living, continuing care, and memory care services. Along with its state partners, Argentum's membership represents approximately 75 percent of the senior living industry—an industry with a national economic impact of nearly a quarter of a trillion dollars and responsible for providing over 1.6 million jobs. These numbers will continue to grow as the U.S. population ages. Argentum's programs and initiatives are driven by its membership. For more information about joining Argentum, please visit [argentum.org/membership](https://www.argentum.org/membership). Learn more at [argentum.org](https://www.argentum.org).

DISCLAIMER

The information provided herein has been compiled to assist with decision making on issues related to workplace safety in assisted living communities. Argentum, its executive staff, and consultants, have attempted to provide information as a service to the association's membership in a situation that is quickly evolving and about which so much is unknown. Therefore, Argentum can provide no assurances nor even make any representations about the reliability or accuracy of this information. Each assisted living company and each community must make decisions that each regards as in the best interests of the health and safety of residents and staff. Argentum specifically disclaims responsibility or liability for the information it is providing from any legal, regulatory, medical, or compliance point of view.

INTRODUCTION

Since the COVID-19 outbreak began, the assisted living industry has continually strived to meet or exceed the standards determined by the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA).

However, this effort has been complicated by shortages of supplies, including but not limited to personal protective equipment. Adding to this complication are two factors: the limited understanding of the emerging SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) pathogen, the cause of coronavirus disease 2019 (COVID-19); and the rapidly evolving and often conflicting guidance from various jurisdictional authorities including federal agencies, governors, state and local health departments, and others.

Argentum formed the OSHA Workgroup to improve awareness of workplace safety issues. The workgroup then compiled tools and resources to support workplace safety and regulatory compliance.

This work was prioritized in response to two OSHA actions taken at the start of 2021:

- [Directive Number DIR 2021-01 \(CPL-03\): National Emphasis Program – Coronavirus Disease 2019 \(COVID-19\)](#) (March 12, 2021)
- [Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](#) (OSHA, January 29, 2021)

HOW TO USE THIS GUIDE

This guidance starts with content to help orient users to OSHA's COVID-19 workplace mitigation guidance. Section II focuses on regulations that are highlighted in OSHA's National Emphasis Program. Section III provides a series of steps that may help assisted living operators with pre-planning for an OSHA inspection.

Consider using the guidance in this document to highlight workplace safety efforts in the event of an OSHA visit.

Links provide full, original text of standards and other information. Descriptions here are excerpts or condensed highlights meant to provide understanding and point out how to learn more. Two downloadable checklists are also linked in the relevant part of the text.

OSHA WORKGROUP

Thanks to the members of Argentum's OSHA Workgroup for their contributions to the development of this guidance and support for the assisted living industry.

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I. PROTECTING WORKERS: HIGHLIGHTS

[Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](#) was published by OSHA January 29, 2021. Below are some highlights for which the document provides more detailed information. Consider using this information as an outline for a binder to organize information on this topic.

OVERVIEW

The best way to protect yourself is to stay far enough away from other people so that you are not breathing in particles produced by an infected person—generally at least six feet (about two arm-lengths), although this is not a guarantee of protection, especially indoors in enclosed spaces or where there is poor ventilation.

Practice good personal hygiene and wash your hands often. Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow, and do not spit. Monitor your health daily and be alert for COVID-19 symptoms (e.g., fever, cough, shortness of breath, or other symptoms).

Face coverings are simple barriers to help prevent your respiratory droplets or aerosols from reaching others. Not all face coverings are the same. The CDC recommends that face coverings be made of at least two layers of a tightly woven breathable fabric, such as cotton, and that they should not have exhalation valves or vents.

The main function of wearing a face covering is to protect those around you, in case you are infected but not showing symptoms. Studies show that face coverings reduce the spray of droplets when worn over the nose and mouth.

Although this is not their primary value, face coverings can reduce wearers' risk of infection in certain circumstances depending upon the face covering, studies show.

You should wear a face covering even if you do not feel sick. This is because people with COVID-19 who never develop symptoms (asymptomatic) and those who are not yet showing symptoms (pre-symptomatic) can still spread the virus to other people.

It is especially important to wear a face covering when you are unable to stay at least six feet apart from others, because COVID-19 spreads mainly among people who are in close contact with one another. But wearing a face covering does not eliminate the need for physical distancing or other control measures (e.g., handwashing).

It is important to wear a face covering and remain physically distant from co-workers and customers even if you have been vaccinated, because it is not known at this time how vaccination affects transmissibility.

Many employers have established COVID-19 prevention programs that include a number of important steps to keep workers safe, such as telework, flexible schedules, and use of PPE and face coverings. Ask your employer about plans in your workplace.

DETAILS AND EXAMPLES

Under the OSHA Act, employers are responsible for providing a safe and healthy workplace free from recognized hazards likely to cause death or serious physical harm. Implementing a workplace COVID-19 prevention program is the most effective way to mitigate the spread of COVID-19 at work.

GLOSSARY OF ABBREVIATIONS

ADA: Americans with Disabilities Act

C-SHO: Compliance safety and health officer, with OSHA.

HEPA: High-efficiency particulate air; a type of filter for heating, ventilation, and air conditioning systems.

MSDS: Material safety data sheets; these information guides accompany any chemicals such as cleaning solutions.

NAICS code: North American Industry Classification System codes, used to group types of industries

and workplaces. There are not yet NAICS codes for independent living or memory care as these are understood in the senior living industry.

NEP, LEP: National Emphasis Program, Local Emphasis Program; temporary programs that focus OSHA's resources on particular hazards and high-hazard industries.

PPE: Personal protective equipment, such as masks, gloves, and gowns.

UVGI: Ultraviolet germicidal irradiation, sometimes used to disinfect surfaces and ventilation systems.

The most effective COVID-19 prevention programs engage employees and their representatives in the program's development and implementation at every step, and include the following elements:

- An executive director who is the community coordinator who will be responsible for COVID-19 issues on the company's behalf.
- Identification of where and how employees might be exposed to COVID-19 at work. This includes a thorough hazard assessment to identify potential workplace hazards related to COVID-19. This assessment will be most effective if it involves employees, because they are often the people most familiar with the conditions they face.
- Identification of a combination of measures that will limit the spread of COVID-19 in the workplace, in line with the principles of the hierarchy of controls. This should include a combination of eliminating the hazard, engineering controls, workplace administrative policies, PPE, and other measures, prioritizing controls from most to least effective. Key examples include:
 - » Eliminating the hazard by separating and sending home infected or potentially infected employees from the workplace
 - » Implementing physical distancing in all communal work areas
 - » Installing barriers where physical distancing cannot be maintained
 - » Suppressing the spread of the hazard using face coverings
 - » Improving ventilation
 - » Using applicable PPE to protect employees from exposure
 - » Donning and doffing protocols
 - » Fit-testing
 - » Providing the supplies necessary for good hygiene practices
 - » Performing routine cleaning and disinfection

PROTECTIONS FOR EMPLOYEES AT HIGHER RISK

Consider supportive policies and practices that protect employees at higher risk for severe illness.

- Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.

- Employees with disabilities may be legally entitled to “reasonable accommodations” that protect them from the risk of contracting COVID-19.
- Where feasible, employers should consider reasonable modifications for employees identified as high-risk who can do some or all of their work at home (part or full-time), or in less densely occupied, better-ventilated alternate facilities or offices.

COMMUNICATING EFFECTIVELY

- Establish a system for communicating effectively with employees in a language and format they understand, including non-English languages; American Sign Language or other accessible communication methods, if applicable; in a manner accessible to individuals with disabilities; and in multiple methods.
- Ask employees to report to the employer, without fear of reprisal, COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace.
- Communicate to workers all policies and procedures implemented for responding to sick and exposed workers in the workplace.
- A best practice is to create and test two-way communication systems that employees can use to self-report if they are sick or have been exposed, and that employers can use to notify workers of exposures and closures, respectively.
- Communicate supportive workplace policies clearly and frequently.
- Communicate to other individuals on-site, such as contractors, as appropriate, to promote a safe and healthy workplace.
- Communications should include:
 - » Basic facts about COVID-19, including how it is spread and the importance of physical distancing, use of face coverings, and hand hygiene
 - » Workplace policies and procedures implemented to protect workers from COVID-19 hazards (the employer's COVID-19 prevention program)
 - » Some means of tracking which employees have been informed and when.
- In addition, ensure that employees understand their rights to a safe and healthful work environment, whom to contact with questions or concerns about workplace safety and health, and their right to raise workplace safety and health concerns free of retaliation. Ensure supervisors are familiar with workplace flexibilities and other human resources policies and procedures.

CASES, QUARANTINE, AND ISOLATION

- Instruct employees who are infected or potentially infected to stay home and isolate or quarantine to prevent or reduce the risk of transmission of COVID-19. Ensure that absence policies are non-punitive. Policies that encourage workers to come to work sick or when they have been exposed to COVID-19 are disfavored.
- Minimize the negative impact of quarantine and isolation on employees. When possible, allow them to telework, or work in an area isolated from others. If those are not possible, allow employees to use paid sick leave, if available, or consider implementing paid leave policies to reduce risk for everyone at the workplace.
- Employees who appear to have symptoms upon arrival at work or who develop symptoms during their work shift should immediately be separated from other employees, residents, and visitors, sent home, and encouraged to seek medical attention.
- If someone who has been in the community is suspected or confirmed to have COVID-19, follow the [CDC cleaning and disinfection recommendations](#). These include:
 - » Close areas used by the potentially infected person for enhanced cleaning.
 - » Open outside doors and windows to increase air circulation in the area.
 - » Wait as long as practical before cleaning or disinfecting (24 hours is optimal).
 - » Clean and disinfect all immediate work areas and equipment used by the potentially infected person, such as offices, bathrooms, shared tools and workplace items, tables or work surfaces, and shared electronic equipment like tablets, touch screens, keyboards, and remote controls.
 - » Vacuum the space if needed. Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available. Wait until the room or space is unoccupied to vacuum.
 - » Provide cleaning workers with disposable gloves. Additional PPE (e.g., safety glasses, goggles, aprons) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - » After cleaning, disinfect the surface with an appropriate EPA-registered disinfectant on [List N: Disinfectants for use against SARS-CoV-2](#).

- Follow requirements in OSHA standards [29 CFR 1910.1200](#) and [1910.132](#), [133](#), and [138](#) for hazard communication and PPE appropriate for exposure to cleaning chemicals.
- Once the area has been appropriately disinfected, it can be opened for use. Employees without close contact with the potentially infected person can return to the area immediately after disinfection.
- If it is more than seven days since the infected person visited or used the community, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection, described below.

PROVIDING GUIDANCE ON SCREENING AND TESTING

- Follow state or local guidance and priorities for screening and viral testing in workplaces. Testing in the workplace may be arranged through a company's occupational health provider or in consultation with the local or state health department. Employers should inform workers of employer testing requirements, if any, and availability of testing options.
- CDC has published strategies for consideration of incorporating viral testing for SARS-CoV-2, the virus that causes COVID-19, into workplace [COVID-19 preparedness, response, and control plans](#).

Note: Performing screening or health checks is not a replacement for other protective measures such as face coverings and physical distancing. Asymptomatic individuals or individuals with mild non-specific symptoms may not realize they are infected and may not be detected during through screening.

RECORDING AND REPORTING COVID-19 INFECTIONS AND DEATHS

- Employers are responsible for recording work-related cases of COVID-19 illness on the [Form 300 log](#) if the following requirements are met:
 - » The case is a confirmed case of COVID-19
 - » The case is work-related (as defined by [29 CFR 1904.5](#))
 - » The case involves one or more relevant recording criteria (set forth in [29 CFR 1904.7](#)) (e.g., medical treatment, days away from work).
- Employers must follow the requirements in [29 CFR 1904](#) when reporting COVID-19 fatalities and hospitalizations to OSHA. More information is available [on OSHA's website](#).
- Employers should also report outbreaks to health departments as required and support their contact tracing efforts.

PROTECTIONS FROM REPRISAL OR DISCRIMINATION

Employers should be aware that reprisal or discrimination against an employee for speaking out about unsafe working conditions or reporting an infection or exposure to COVID-19 to an employer or OSHA would constitute a violation of [Section 11\(c\)](#) of the Act. For example, employers may not discriminate against employees for raising a reasonable concern about infection control related to COVID-19 to the employer, the employer's agent, other employees, a government agency, or to the public, such as through print, online, social, or any other media; or against an employee for voluntarily providing and wearing their own personal protective equipment, such as a respirator, face shield, gloves, or surgical mask.

- In addition, [29 CFR 1904.35\(b\)](#) prohibits discrimination against an employee for reporting a work-related illness.
- As well as notifying employees of their rights to a safe and healthful work environment, ensure that employees know whom to contact with questions or concerns about workplace safety and health and that there are prohibitions against retaliation for raising workplace safety and health concerns or engaging in other protected occupational safety and health activities.
- Consider using a hotline or other method for workers to voice concerns anonymously.

VACCINATION AND PROTECTION

- Employers should make a COVID-19 vaccine or vaccination series available at no cost to all eligible employees and provide information and training on the benefits and safety of vaccinations.
- Employees who are vaccinated must continue to follow protective measures, such as wearing a face covering and remaining physically distant, because at this time, there is not evidence that COVID-19 vaccines prevent transmission of the virus from person-to-person.
- The CDC explains that experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19.

OTHER APPLICABLE OSHA STANDARDS

All OSHA standards that apply to protecting workers from infection remain in place. These include:

- Requirements for PPE ([29 CFR 1910, Subpart I](#) (e.g., 1910.132 and 133))
- Respiratory protection ([29 CFR 1910.134](#))

- Sanitation ([29 CFR 1910.141](#))
- Protection from bloodborne pathogens: ([29 CFR 1910.1030](#))
- OSHA's requirements for employee access to medical and exposure records ([29 CFR 1910.1020](#)).

There is no OSHA standard specific to COVID-19; however, employers still are required under the General Duty Clause, [Section 5\(a\)\(1\)](#) of the OSH Act, to provide a safe and healthful workplace that is free from recognized hazards that can cause serious physical harm or death.

SENDING WORKERS HOME AND COMING BACK TO WORK

Part of eliminating hazard means isolating workers who are infected or potentially infected so they cannot infect other workers. Most employers will follow a symptom-based strategy for identifying and separating and sending home workers. However, there are certain circumstances where employers may consider a COVID-19 test-based strategy.

- Workers who have or likely have COVID-19 should be isolated until they meet [CDC guidelines for exiting isolation](#):
 - » At least 10 days since symptoms first appeared
 - » At least 24 hours with no fever without fever-reducing medication
 - » Improvement in other symptoms of COVID-19. Loss of taste and smell may persist for weeks or months and need not delay the end of isolation.
- Some workers might need to stay home and isolate longer than 10 days, as recommended by their healthcare providers. For instance, a healthcare provider may recommend that a worker who had severe illness from COVID-19 (admitted to a hospital and needed oxygen) stay in isolation for up to 20 days after symptoms first appeared.
 - » Workers who had COVID-19 or tested positive for COVID-19 and have a weakened immune system should consult with their healthcare providers for more information. Their doctors may work with infectious disease experts at the local health department to determine when they can be around others.

Note: Under the Americans with Disabilities Act, [employers are permitted to require a doctor's note](#) from workers to verify that they are healthy and able to return to work. But given potential delays in seeking treatment and demands on the healthcare system, requiring a COVID-19 test result or a healthcare provider's note for workers who are sick in order to validate their illness or return to work may cause significant delays affecting employers and workers alike.

- A worker who has recovered from symptoms after testing positive for COVID-19 may continue to test positive for three months or more without being contagious to others. For this reason, these workers should be tested only if they develop new symptoms of possible COVID-19. If they have new symptoms, they should discuss getting tested again with their healthcare provider, especially if they have been in close contact with another person who has tested positive for COVID-19 in the last 14 days. The CDC reports that instances of reinfection have so far been infrequent.
- The CDC recommends that employers **not use antibody tests to determine which workers can work**. Antibody tests check a blood sample for past infection with SARS-CoV-2 and are not very reliable. Viral tests check a respiratory sample (such as swabs of the inside of the nose) for current infection with SARS-CoV-2.
- Workers should quarantine if they have been exposed to COVID-19. “Exposure” includes:
 - » They were within six feet of someone who has COVID-19 for a total of 15 minutes or more within a 24-hour period, starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the time the patient is isolated.
 - » They provided care at home to someone who is sick with COVID-19.
 - » They had direct physical contact with a person who has COVID-19 (hugged or kissed them).
 - » They shared eating or drinking utensils with a person who has COVID-19.
 - » Someone who has COVID-19 sneezed, coughed, or somehow got respiratory droplets on them.
- Local public health authorities determine and establish the quarantine options for their jurisdictions. CDC guidance recommends that individuals who have been exposed should:
 - » Stay home for 14 days after last contact with a person who has COVID-19.
 - » Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19.
 - » To the extent possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.
- Employers may consider permitting critical infrastructure workers to continue to work in limited instances when it is necessary to preserve the function of critical infrastructure workplaces.
- The CDC also recognizes that local public health departments may consider other options for ending quarantine; for example, end quarantine after day 10 without testing, or after day seven after receiving a negative test result (test must occur on day five or later). [The CDC continues to endorse quarantining for 14 days](#) and recognizes that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. After stopping a quarantine of less than 14 days, these individuals should:
 - » Watch for symptoms until 14 days after exposure.
 - » Immediately self-isolate and contact the local public health authority or their healthcare providers if symptoms appear.
 - » Wear a face covering, stay at least six feet from others, wash hands, avoid crowds, and take other steps to prevent the spread of COVID-19.

IMPLEMENTING PHYSICAL DISTANCING

The best way to protect individuals is to stay far enough away so as not to breathe in particles produced by an infected person—generally at least six feet, although this is not a guarantee of safety, especially in enclosed spaces or those with poor ventilation.

- Limit the number of people in one place at any given time.
 - » Implement flexible worksites (e.g., telework).
 - » Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of workers in the workplace at the same time).
 - » Deliver services remotely (e.g., phone, video, or web).
 - » Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events, in accordance with state and local regulations and guidance on size limits for meetings).
- Increase physical space in several ways.
 - » Allow at least six feet between workers at the worksite. This may require modifying the workspace or slowing production lines.

- » Create space between workers and customers by adjusting business practices to reduce close contact. Some examples include: moving the electronic payment terminal/credit card reader farther away from the cashier; providing drive-through service; offering click-and-collect online shopping, shop-by-phone, curbside pickup, and delivery options.
- » Methods of physical distancing include signs, tape marks, decals, or other visual cues, placed six feet apart, to indicate where to stand.
- » Shift primary stocking activities to off-peak or after hours, to reduce contact with customers.
- » Offer vulnerable workers duties that minimize their contact with customers and other workers (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.
- Reduce close contact through other measures.
 - » Close or limit access to common areas where workers are likely to congregate and interact.
 - » Prohibit handshaking or other forms of physical contact.
 - » Ensure that all businesses and employers sharing the same workspace follow this guidance.
 - » When work tasks do not allow for adequate physical distancing, employers should check for additional industry-specific guidance.
- Where physical distancing cannot be maintained, install barriers.
 - » At fixed workstations where workers are not able to remain at least six feet away from other people, transparent shields or other solid barriers (e.g., plexiglass, flexible strip curtains) should be installed to separate workers from other people.
 - » The barriers should block face-to-face pathways between individuals in order to prevent direct transmission of respiratory droplets. The posture (sitting or standing) of users should be considered when designing and installing barriers.
 - » Where an opening in the barrier is necessary to permit the transfer of items, the opening should be as small as possible.
 - » Barriers do not replace the need for physical distancing. Six feet of separation should be maintained between individuals whenever possible.

USING FACE COVERINGS

- Provide all workers with face coverings (i.e., cloth face coverings, surgical masks), unless their work task requires a respirator. Employers should provide face coverings to the workers at no cost.
- Employers must discuss the possibility of “reasonable accommodation” for any workers who are unable to wear or have difficulty wearing certain types of face coverings due to a disability. In workplaces with employees who are deaf or have hearing deficits, employers should consider acquiring masks with clear coverings over the mouth for all workers to facilitate lip-reading.
- Face coverings should be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents. They should fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face.
- Require any other individuals at the workplace (e.g., visitors, customers, non-employees) to wear a face covering unless they are under the age of 2 or are actively consuming food or beverages on site.
- Wearing a face covering that covers the nose and mouth is a measure to contain the wearer’s respiratory droplets and helps protect others. It may also protect the wearer.
- Wearing a face covering does not eliminate the need for physical distancing of at least six feet apart.
- For operations where the face covering worn by workers can become wet and soiled, provide workers with replacements daily or more frequently. Face shields may be provided for use with face coverings to protect them from getting wet and soiled, but they do not provide protection by themselves.
- Workers in a setting where face coverings may increase the risk of heat-related illness indoors or outdoors, or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery), may consult with an occupational safety and health professional to determine the appropriate face covering/respirator for their setting.

IMPROVING VENTILATION

[The CDC has released important guidance about ways to improve ventilation](#) and prevent the spread of COVID-19 in buildings. Below are a number of strategies to do so. Some of these recommendations are based on [ASHRAE's "Guidance for Building Operations During the COVID-19 Pandemic."](#) Review ASHRAE guidelines for further information on ventilation recommendations.

- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase ventilation rates when possible.
- When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to occupants in the building.
- Use fans to increase the effectiveness of open windows. To safely achieve this, fan placement is important. Avoid placing fans in a way that could potentially cause contaminated air to flow directly from one person over another. One helpful strategy is to use a window fan, placed safely and securely in a window, to exhaust room air to the outdoors. This will help draw fresh air into the room via other open windows and doors without generating strong room air currents.
- Disable demand-controlled ventilation.
- Reduce or eliminate recirculation, for example by opening minimum outdoor air dampers. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
- Improve central air filtration to the [MERV-13](#) (the grade of filter recommended by ASHRAE) or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
- Ensure restroom exhaust fans are functional and operating at full capacity.
- Inspect and maintain local exhaust ventilation in areas such as kitchens and cooking areas.

- Use portable high-efficiency particulate air (HEPA) fan/ filtration systems to help enhance air cleaning (especially in higher-risk areas such as a nurse's office or areas frequently inhabited by persons with higher likelihood of COVID-19 and/or increased risk of getting COVID-19).
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher-risk areas).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited. Upper-room UVGI systems can be used to provide air cleaning within occupied spaces, and in-duct UVGI systems can help enhance air cleaning inside central ventilation systems.
- If ventilation cannot be increased, reduce occupancy level in the building. This increases the effective dilution ventilation per person.

USE PERSONAL PROTECTIVE EQUIPMENT WHEN NECESSARY

When the measures described above cannot be implemented or do not protect workers fully, OSHA standards require employers to provide PPE to supplement other controls.

- Determine what PPE is necessary to protect workers.
- Provide all PPE, if necessary, including respirators (N95 filtering facepiece respirators or better, including elastomeric respirators, without exhalation valves or vents), face shields, protective gowns and gloves, to the workers at no cost.
- Make sure to provide PPE in accordance with [relevant OSHA standards](#) and other [industry-specific guidance](#).
 - » Respirators, if necessary, must be provided and used in compliance with [29 CFR 1910.134](#) (e.g., medical determination, fit testing, training on its correct use), including certain provisions for voluntary use when workers supply their own respirators.
 - » Other PPE must be provided and used in accordance with the applicable standards in (e.g., [1910.132](#) and [133](#)).
 - » See additional information on PPE flexibilities and prioritization in the Personal Protective Equipment Considerations section within the [Interim Guidance for U.S. Workers and Employers of Workers with Potential Occupational Exposures to SARS-CoV-2](#).

- There are times when PPE is not required under OSHA standards or other industry-specific guidance, but some workers may have a legal right to PPE as a “reasonable accommodation” under the Americans with Disabilities Act, or other workers may want to use it if they are still concerned about their personal safety (e.g., if a family member is at higher-risk for severe illness, wearing a face shield in addition to a face covering as an added layer of protection). Encourage and support voluntary use of PPE in these circumstances.

PROVIDE THE SUPPLIES NECESSARY FOR GOOD HYGIENE PRACTICES

- Ensure that workers, customers, and visitors have supplies to clean their hands frequently and cover their coughs and sneezes.
- Provide tissues and no-touch trash cans.
- Provide soap and warm or tepid water in the workplace in fixed worksites. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60 percent ethanol or 70 percent isopropanol. Ensure that adequate supplies are maintained and follow safe handling and storage requirements for sanitizer supplies and similar flammable liquids.
- Place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.
- Provide workers with time to wash their hands often with soap and water (for at least 20 seconds) or to use hand sanitizer. Inform workers that if their hands are visibly dirty, soap and water is preferable to hand sanitizer. Key times for workers to clean their hands include:
 - » Before and after work shifts
 - » Before and after work breaks
 - » After blowing their nose, coughing, or sneezing
 - » After using the restroom
 - » Before and after eating or preparing food
 - » After putting on, touching, or removing PPE or face coverings
 - » After coming into contact with surfaces touched by other people.
- Place [posters that encourage hand hygiene and physical distancing](#) to help stop the spread of COVID-19 at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.
- Promote personal health monitoring and good personal hygiene, including hand washing and good respiratory etiquette.
- Supplies necessary for good hygiene should be provided to the workers at no cost.

PERFORM ROUTINE CLEANING AND DISINFECTION

- Follow the [CDC Guidance for Cleaning and Disinfecting](#) to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to COVID-19.
- Routinely clean all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
- If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.
- For disinfection, most common, EPA-registered, household disinfectants should be effective. [A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website.](#) Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).
- Do not share objects or tools between workers, but if shared tools are required, ensure appropriate cleaning and disinfection is performed between uses.
- Provide disposable disinfecting wipes so that workers can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, electronic payment terminals, and other work tools and equipment) before each use.
- Store and use disinfectants in a responsible and appropriate manner according to the label.
- Do not mix bleach or other cleaning and disinfection products together. This can create toxic vapors.
- Advise workers always to wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

II. NATIONAL EMPHASIS PROGRAM: HIGHLIGHTS

[OSHA Directive DIR 2021-01 \(CPL-03\)](#), issued March 12, 2021, describes policies and procedures for implementing a National Emphasis Program (NEP) to ensure that employees in high-hazard industries and performing work tasks that may increase exposure risks are protected from the hazard of contracting 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 put the largest number of workers at serious risk.
- [Appendix A](#) of the NEP lists 11 "Targeted Industries in Healthcare by 2017 NAICS," meaning the North American Industry Classification System codes. Relevant industries targeted include:
 - » Assisted Living Facilities for the Elderly (NAICS Code 623312)
 - » Continuing Care Retirement Communities (Code 623311)
 - » Nursing Care Facilities (Skilled Nursing Facilities) (Code 623110)
 - » Home Health Care Services (621610)
- In addition, this NEP includes a focus to ensure that workers are protected from retaliation and that this is accomplished by preventing retaliation where possible, distributing anti-retaliation information during inspections, and outreach opportunities, as well as by promptly referring allegations of retaliation to the [Whistleblower Protection Program](#).

THE STANDARDS AND DESCRIPTIONS

The OSHA inspector(s) will be utilizing the standards listed below. Descriptions of each standard can be found underneath. Links have been added for access to the full text of each standard.

[29 CFR Part 1904, Recording and Reporting Occupational Injuries and Illness](#)

- OSHA 300 log: Log of worker related injuries and illnesses.

[29 CFR § 1910.132, General Requirements – Personal Protective Equipment](#)

- Employers must complete a hazard and personal protective equipment (PPE) selection. Click here for a sample [OSHA Self-Assessment form](#) and for a [PPE Hazard Assessment Form](#).
 - » The employer shall assess the workplace to determine if hazards are present, or are likely to be present, that necessitate the use of personal protective equipment. If such hazards are present, or likely to be present, the employer shall:
 - Select, and have each affected employee use, the types of PPE that will protect the affected employee from the hazards identified in the hazard assessment
 - Communicate selection decisions to each affected employee
 - Select PPE that properly fits each affected employee.
- The employer shall verify that the required workplace hazard assessment has been performed through a written certification that identifies:
 - » The workplace evaluated
 - » The person certifying that the evaluation has been performed
 - » The date(s) of the hazard assessment
 - » The document as a certification of hazard assessment.

Note: Although high vaccination rates may be found among residents and employees, being prepared with some supply of N95 masks and fit-testing kits may be a good idea in the event of employee changes.

29 CFR 1910.133 – Eye and Face Protection

- The employer shall ensure that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards (i.e., COVID-19 aerosol exposures).

29 CFR § 1910.134, Respiratory Protection

- In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions of this section, as applicable:
 - » Procedures for selecting respirators for use in the workplace
 - » Medical evaluations of employees required to use respirators
 - » Fit-testing procedures for tight-fitting respirators
 - » Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations
 - » Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators
 - » Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations
 - » Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance
 - » Procedures for regularly evaluating the effectiveness of the program.
- Where respirator use is not required:
 - » An employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard. If the employer determines that any voluntary respirator use is permissible, the employer shall provide the respirator users with the information contained in [Information for Employees Using Respirators When Not Required](#).

- » In addition, the employer must establish and implement those elements of a written respiratory protection program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. Exception: Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).

- The employer shall designate a program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.
- The employer shall provide respirators, training, and medical evaluations at no cost to the employee.

29 CFR § 1910.141, Sanitation

- Housekeeping: All places of employment shall be kept clean to the extent that the nature of the work allows.
- Waste disposal: All sweepings, solid or liquid wastes, refuse, and garbage shall be removed in such a manner as to avoid creating a menace to health and as often as necessary or appropriate to maintain the place of employment in a sanitary condition.
- Washing facilities: Washing facilities shall be maintained in a sanitary condition.
 - » Lavatories: Lavatories shall be made available in all places of employment and hand soap or similar cleansing agents shall be provided.

Notes: Be aware of the information found on Safety Data Sheets (also called Material Safety Data Sheets/MSDS) of chemicals used in the community. Know how the chemicals work and their germ-kill capacity. COVID-19 is an airborne virus, and the mitigation of its spread is at the core of all sanitization and disinfection efforts.

29 CFR § 1910.145, Specification for Accident Prevention Signs and Tags

- All new signs and replacements of old signs shall be in accordance with these specifications.

29 CFR § 1910.1020, Access to Employee Exposure and Medical Records

- All employee medical records from work-related exposures must be maintained for the period of employment, plus 30 years and must be accessible to employees and/or their representatives.

29 CFR §1910.1030, Bloodborne Pathogens

- Exposure Control Plan: Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure. The Exposure Control Plan shall contain at least the following elements:
 - » The exposure determination
 - » The schedule and method of implementation for Methods of Compliance, Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, Communication of Hazards to Employees, and Recordkeeping of this standard
 - » The procedure for the evaluation of circumstances surrounding exposure incidents as required by this standard.
- Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with OSHA regulations.
- The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:
 - » Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
 - » Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

- An employer required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.
- The Exposure Control Plan shall be made available to the assistant secretary and the director upon request for examination and copying.

29 CFR 1910.1200 - Hazard Communication

WRITTEN HAZARD COMMUNICATION PROGRAM

Employers shall develop, implement, and maintain at each workplace, a written hazard communication program that at least describes how the criteria specified in paragraphs (f), (g), and (h) of this section for labels and other forms of warning, safety data sheets, and employee information and training will be met, and which also includes the following:

- A *list* of the hazardous chemicals known to be present using a product identifier that is referenced on the appropriate safety data sheet (the list may be compiled for the workplace as a whole or for individual work areas)
- The methods the employer will use to inform employees of the hazards of non-routine tasks
- The employer shall make the written hazard communication program available, upon request, to employees, their designated representatives, the assistant secretary and the director, in accordance with the requirements of [29 CFR 1910.1020](#).

WORKPLACE LABELING

- Except as provided, the employer shall ensure that each container of hazardous chemicals in the workplace is labeled, tagged or marked with either:
 - » The information specified for labels on shipped containers; or,
 - » Product identifier and words, pictures, symbols, or combination thereof, which provide at least general information regarding the hazards of the chemicals, and which, in conjunction with the other information immediately available to employees under the hazard communication program, will provide employees with the specific information regarding the physical and health hazards of the hazardous chemical.

- » The employer may use signs, placards, process sheets, batch tickets, operating procedures, or other such written materials in lieu of affixing labels to individual stationary process containers, as long as the alternative method identifies the containers to which it is applicable and conveys the information required by paragraph (f)(6) of this section to be on a label. The employer shall ensure the written materials are readily accessible to the employees in their work area throughout each work shift.
- » The employer is not required to label portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the employee who performs the transfer. For purposes of this section, drugs which are dispensed by a pharmacy to a health care provider for direct administration to a patient are exempted from labeling.
- » The employer shall not remove or deface existing labels on incoming containers of hazardous chemicals, unless the container is immediately marked with the required information.
- » The employer shall ensure that workplace labels or other forms of warning are legible, in English, and prominently displayed on the container, or readily available in the work area throughout each work shift. Employers having employees who speak other languages may add the information in their language to the material presented, as long as the information is presented in English as well.
- The employer shall maintain in the workplace copies of the required safety data sheets for each hazardous chemical and shall ensure that they are readily accessible during each work shift to employees when they are in their work area(s). (Electronic access and other alternatives to maintaining paper copies of the safety data sheets are permitted as long as no barriers to immediate employee access in each workplace are created by such options.)
- Employers shall provide employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new chemical hazard the employees have not previously been trained about is introduced into their work area. Information and training may be designed to cover categories of hazards (e.g., flammability, carcinogenicity) or specific chemicals. Chemical-specific information must always be available through labels and safety data sheets. Employees shall be informed of:
 - » The requirements of this section;
 - » Any operations in their work area where hazardous chemicals are present; and,
 - » The location and availability of the written hazard communication program, including the required list(s) of hazardous chemicals and safety data sheets required by this section.

EMPLOYEE TRAINING

Employee training shall include at least:

- Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the employer, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);
- The physical, health, simple asphyxiation, combustible dust, and pyrophoric gas hazards, as well as hazards not otherwise classified, of the chemicals in the work area;
- The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,
- The details of the hazard communication program developed by the employer, including an explanation of the labels received on shipped containers and the workplace labeling system used by their employer; the safety data sheet, including the order of information and how employees can obtain and use the appropriate hazard information.

III. PRE-PLANNING FOR AN OSHA INSPECTION

The following are steps that can be taken to help manage an OSHA inspection.

ORGANIZE INFORMATION

- A corporate point person(s) may be assigned to organize an outline of information for all community executive directors to follow. This outline can be used to make a binder with tabs needed for each OSHA requirement. Completing the binder may be the task of each community with documentation.
- Executive directors can supervise and direct staff to complete the content of the binders.
- Binders should include documentation reflecting all COVID-19 efforts. It will aid in the organization of documents requested by the OSHA inspectors. Shepherding content so there is not a massive last-minute search for one document when requested by an OSHA inspector may be beneficial.

AT THE ENTRANCE

- Instruct employees to first contact the executive director upon announcement of an OSHA inspector(s) at the front desk or entrance of the community.
- Check the inspector's identification. Every Compliance Safety and Health Officer (C-SHO) will have a photo ID that confirms they are from the U.S. Department of Labor, OSHA. This check serves several purposes:
 - » On first impression, the C-SHO realizes that you have been trained for their visit and you know what you are doing.
 - » It is your first step in showing safety preparedness.
 - » It is a strong security measure, as it shows that you check the credentials of everyone who comes into your building.
- Obtain the C-SHO's contact information.
 - » Ask for a business card. Every C-SHO has one.
 - » If the inspector forgot the card, ask for the person's name, what regional office they are from, and the office phone number.
 - » Politely ask the C-SHO to have a seat in the lobby and call the regional office to confirm the legitimacy of the visit.

- Ask the reason for the visit. Much like a police officer, the C-SHO must have a cause or reason for the visit; OSHA inspectors cannot make random visits. Common reasons will be:
 - » Investigation of a reported illness, accident, or fatality
 - » The inspector(s) saw a hazard as they were driving by
 - » Enforcement of a National Emphasis Program (NEP) or a Local Emphasis Program (LEP)
 - » Statistics-based visit (used in high-risk industries), based on annual OSHA [Form 300](#) (injury or illness) log recordings.

PREPARING FOR THE ENTRANCE DISCUSSION

- Select a room: The executive director may show the OSHA inspector(s) to a room where they can get settled. Consider selecting a room that would allow minimum distraction should OSHA inspectors want to interview employees and review documents.
- Assemble the team: The executive director may gather community department directors, regional, corporate, and/or legal counsel per the company directives.
- Once the team is assembled the entrance discussion can begin.

DURING THE VISIT

- A walk-through of the building may occur. To be ready, practice a walk-through of the building, including HVAC system and cohorted resident areas.
- Have a note-taker present during the entirety of the inspection. The note-taker's job is to document the content of the discussions, areas inspected, etc. This may be useful in responses at a later date if deficiencies are found during inspection and if fines are issued.

EXIT CONFERENCE

- Prior to the exit conference, ask the OSHA inspector(s) when an estimated time/day for further action or contact is anticipated, so the executive director can assemble community department directors, regional, corporate, and/or legal counsel per company directives.



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