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Coronavirus pandemic: Nurses union calls on OSHA to issue emergency standard

In response to the outbreak of the coronavirus (COVID-19), the nation's largest union and professional association of direct care registered nurses on March 4 petitioned OSHA to issue an emergency temporary standard to protect frontline workers, patients and the public from the potentially deadly respiratory illness.

COVID-19 reportedly is linked to a large seafood and animal market in Wuhan, China, according to the Centers for Disease Control and Prevention.

In a letter sent to Secretary of Labor Eugene Scalia and acting OSHA administrator Loren Sweatt, Silver Spring, MD-based National Nurses United, which represents more than 150,000 registered nurses nationwide, urged "immediate action to ensure nurses and all health care workers are protected during the COVID-19 outbreak."

The agency notes on its infectious diseases webpage that several standards and directives – including the Bloodborne

should be available when a new virus, such as the new coronavirus, emerges globally.

"Nurses are confident that we can contain this disease and prevent unnecessary deaths and suffering," Cathy Kennedy, vice president of NNU's executive council, said in a March 4 press release. "But our employers and the government need to provide us with the right guidelines, staffing, equipment and supplies in order for us to do this work safely. We, our patients and the public deserve nothing less."

New legislation

House Education and Labor Committee Chair Rep. Bobby Scott (D-VA) and 20 other representatives are sponsoring a partisan bill that would require OSHA to issue an emergency temporary standard for health care facilities to implement comprehensive infectious disease exposure control plans.

The COVID-19 Health Care Worker Protection Act of 2020 (H.R. 6139) would direct OSHA to publish the temporary standard within 30 days.

"Although the Centers for Disease Control and Prevention issues guidance to protect health care workers, the guidance is not binding and OSHA currently has



Symptoms of the illness include fever, cough and shortness of breath. As of March 18, 7,038 people in 50 states, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands had been diagnosed with the illness and 97 had died, the agency states.

Pathogens (1910.1030), Personal Protective Equipment (1910.132) and Respiratory Protection (1910.134) standards – "are directly applicable to protecting workers against transmission of infectious agents."

NNU argued, however, that OSHA guidance for health care workers also

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COVID-19 pandemic: OSHA publishes employer guidance

In response to the COVID-19 pandemic, OSHA has published a guidance document intended to help employers protect workers from exposure to the potentially deadly illness and prevent it from spreading.

The illness reportedly is linked to a large seafood and animal market in Wuhan, China, according to the Centers for Disease Control and Prevention. Symptoms include fever, cough and shortness of breath. As of March 18, 7,038 people in 50 states, the District of Columbia,

Puerto Rico, Guam and the U.S. Virgin Islands had been diagnosed with the illness and 97 had died, the agency states.

The document – published March 9 and developed in collaboration with the Department of Health and Human Services – includes information on reducing workers' potential exposure to the coronavirus that causes the illness, basic prevention measures and workplace controls. It also classifies possible levels of exposure for certain groups of employees, and gives recommendations for protecting workers in those situations.

“Protecting the health and safety of America’s workforce is a key component of this administration’s comprehensive approach to combating the coronavirus,” acting OSHA administrator Loren Sweatt said in a March 9 press release. “This guidance outlines practical ways that employers and workers can address potential health risks from the coronavirus in their workplaces.”

Download the guidance document from OSHA at osha.gov/Publications/OSHA3990.pdf.

OSHA ALLIANCES

The OSHA Alliance Program fosters collaborative relationships with groups committed to worker safety and health. Alliance partners help OSHA reach targeted audiences and give them better access to workplace safety and health tools and information. For more on OSHA alliances, go to osha.gov/dcsp/alliances/index.html.

Connecticut Roofing Association

Date of alliance: Feb. 20, 2020

OSHA and the Connecticut Roofing Association hereby form an alliance to provide CRA members and the public with information, guidance and access to training resources that will help them protect workers by reducing and preventing exposure to fall, caught-in-between, struck-by and electrical hazards, and understand the rights of workers and the responsibilities of employers under the Occupational Safety and Health Act of 1970. Through the alliance, the organizations will use available injury, illness and hazard exposure data, when appropriate, to help identify areas of emphasis for alliance awareness, outreach and communication activities.

Raising awareness: Outreach and communication

- Encourage worker participation in workplace safety and health by promoting safety committees.
- Share information on OSHA’s national/regional/local initiatives (emphasis programs, regulatory agenda, outreach),

and opportunities to participate in initiatives and the rulemaking process.

- Share information on occupational safety and health laws and standards, including the rights and responsibilities of workers and employers.
- Develop information on the recognition and prevention of workplace hazards, and communicate such information to employers and workers in the industry.
- Convene or participate in forums, roundtable discussions or stakeholder meetings on falls, struck-by, caught-in-between and electrical hazards to help forge innovative solutions in the workplace or to provide input on safety and health issues.
- Share information among OSHA personnel and industry safety and health professionals regarding CRA best practices or effective approaches through training programs, workshops, seminars, and lectures (or any other applicable forum).
- Collaborate with other alliance participants on specific issues and projects in the roofing industry.



- Encourage CRA to build relationships with OSHA’s regional and area offices to address health and safety issues, including falls.

Training and education:

- Develop effective training and education programs for CRA members regarding fall, struck-by, caught-in-between and electrical hazards, and communicate such information to constituent employers and workers.
- Develop effective training and education programs for CRA members to promote understanding of workers’ rights – including the use of the OSHA complaint process – and the responsibilities of employers, and to communicate such information to workers and employers.
- Deliver or arrange for the delivery of OSHA 10 courses.

Excerpted from osha.gov/alliances/regional/region1/agreement_20200220.

In Other News...

OSHA final rule corrects errors in 27 standards and regulations

OSHA has issued technical corrections and amendments to 27 standards and regulations to address “minor misprints, omissions, outdated references, and tabular and graphic inaccuracies.”

According to a final rule published in the Feb. 18 *Federal Register*, the corrections are to 29 CFR 1904 (recording and reporting occupational injuries and illnesses), 1910 (general industry), 1915 and 1918 (maritime), and 1926 (construction).

None of the revisions expands employer obligations or imposes new costs, a Feb. 14 press release from OSHA states. The changes are effective immediately.

OSHA updates ‘low-hazard’ industries list

OSHA has amended its list of “low-hazard” industries used to determine whether small-business employers are exempt from programmed safety inspections, acting administrator Loren Sweatt announced in a Jan. 21 memo.

For more than two decades, Congress has inserted language into its budget bills that exempts farming operators who employ 10 or fewer workers and do not maintain any temporary labor camps from certain OSHA inspections. Also exempt are employers who have 10 or fewer workers and have had 10 or fewer at all times during the previous 12 months, as well as employers who operate in the list of low-hazard industries as designated under the North American Industry Classification System.

These industries have a days away, restricted, or transferred injury and illness rate less than the national private-industry average of 1.6 per 100 full-time workers.

The list is available at [sb-m.ag/39aNZju](https://www.federalregister.gov/documents/2019/01/21/2019-01-21).

OSHA STANDARD INTERPRETATIONS

OSHA requirements are set by statute, standards and regulations. Interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. Enforcement guidance may be affected by changes to OSHA rules.

Shipping Labels for Blood Contaminated Medical Devices

Standards: 1910.1030(d)(2)(xiv)(A) and 1910.1030(g)(1)(i)(H)

Date of response: Sept. 6, 2019

You requested a clarification on the labeling requirements of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030). Specifically, you asked about labeling of packages used to ship medical devices that may be contaminated with blood or other potentially infectious materials. This letter constitutes OSHA’s interpretation only of the requirements discussed and may not be applicable to any questions not delineated within your original correspondence. Your specific question is paraphrased below, followed by OSHA’s response.

Question: *Are OSHA biohazard labels required on tertiary shipping packages containing potentially infectious medical devices when Department of Transportation labels are not?*

Response: The Bloodborne Pathogens Standard at paragraph 1910.1030(d)(2)(xiv) requires that equipment that may become contaminated with blood or other potentially infectious material shall be decontaminated before servicing or shipping unless decontamination is infeasible. If so, a readily observable label in accordance with (g)(1)(i)(H) shall be attached to the equipment and also state which portions of the equipment remain contaminated. 29 CFR 1910.1030(d)(2)(xiv)(A).

As stated in the preamble to the Bloodborne Pathogens Standard: “Labels required for contaminated equipment ... that is to be serviced or repaired shall contain the additional information stating which parts of the equipment are contaminated. This will assure that employees who repair, service or otherwise handle this equipment will be warned to take appropriate protective measures.”

In regard to DOT labeling requirements, as stated in OSHA Directive, CPL 02-02-069, *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens*, the labeling requirements do not preempt either the U.S. Postal Service labeling requirements or the DOT Hazardous Materials Regulations. However, DOT labeling is not required on all containers for which 29 CFR 1910.1030 requires the biohazard label. Where there is an overlap between the OSHA-mandated label and the DOT-required label, the DOT label will be considered acceptable on the outside of the container, provided that the OSHA label appears on any internal containers that may be present. Where DOT labels are not required, and where there is potential for exposure to blood or other potentially infectious materials from the contents, the labeling requirements of the Bloodborne Pathogens Standard must be followed on tertiary shipping packages.

Patrick Kapust, Acting Director

Directorate of Enforcement Programs

Excerpted from [osha.gov/laws-regs/standardinterpretations/2019-09-06](https://www.osha.gov/laws-regs/standardinterpretations/2019-09-06).

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no enforceable standard to protect workers from airborne infectious diseases,” a March 10 press release from Scott’s office states, “leaving the nation’s health care workers at an elevated risk of exposure to the coronavirus at a time when they are needed most.”

On March 5, Scott and Rep. Alma Adams (D-NC), chair of the House Workforce Protections Subcommittee, also sent a letter to Scalia and Sweatt. “If health care workers are quarantined in large numbers, or get ill or die, or fear coming to work due to the risks, it’s not just a personal or workplace problem, it’s a national public health disaster,” their letter states. “OSHA is the only agency in the federal government authorized to enforce safe working conditions for the nation’s workers – including those in health care facilities.

“As we enter into what is likely to be the greatest infectious disease crisis this country has faced in over a century, it is in the national interest that OSHA be on the forefront of protecting workers essential to the country’s health care system.”

OSHA published employer guidance on the coronavirus March 9 in collaboration with the Department of Health and Human Services. The agency also published its COVID-19 webpage in January, not long after the first documented case in the United States.

But it’s not enough, says one former OSHA official. “Here in the U.S., OSHA is sitting back and handing out fact sheets instead of [issuing a] standard to enforce safe working procedures,” Jordan Barab, deputy secretary for OSHA from 2009 to 2017, said in a Twitter post on March 16.

At press time, H.R. 6139 had not been voted on.

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