

Guidance on Returning to Work



Occupational Safety and Health Act of 1970

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health.”

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act’s General Duty Clause, Section 5(a) (1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

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Guidance on Returning to Work

U.S. Department of Labor
Occupational Safety and Health Administration

OSHA 4045-06 2020



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Overview

The Occupational Safety and Health Administration (OSHA) has developed the following guidance to assist employers and workers in safely returning to work and reopening businesses deemed by local authorities as “non-essential businesses” during the evolving Coronavirus Disease 2019 (COVID-19) pandemic. Employers can use this guidance to develop policies and procedures to ensure the safety and health of their employees.

This guidance is intended to supplement the U.S. Department of Labor and U.S. Department of Health and Human Services’ previously developed [Guidance on Preparing Workplaces for COVID-19](#) and the White House’s [Guidelines for Opening up America Again](#). It focuses on the need for employers to develop and implement strategies for basic hygiene (e.g., hand hygiene, cleaning and disinfection), social distancing, identification and isolation of sick employees, workplace controls and flexibilities, and employee training. This guidance is based on the application of traditional infection prevention and industrial hygiene practices to a phased approach for reopening, as the White House guidelines describe.

Reopening should align with the lifting of stay-at-home or shelter-in-place orders and other specific requirements of the Federal Government and state, local, tribal, and/or territorial (SLTT) governments across the United States, as well as with public health recommendations from the Centers for Disease Control and Prevention (CDC) and other federal requirements or guidelines. Employers should continually monitor federal, State, territorial, tribal, and local government guidelines for updated information about ongoing community transmission and mitigation measures, as well as for evolving guidance on disinfection and other best practices for worker protection. Where applicable, these guidelines may supplement state- or locality-specific information and re-opening requirements.

The CDC provides the latest information about the COVID-19 pandemic at: www.cdc.gov/coronavirus/2019-ncov.

OSHA provides specific information for workers and employers about the COVID-19 pandemic at: www.osha.gov/coronavirus.

The National Governors Association provides a state-by-state summary of public health criteria in reopening plans at: www.nga.org/coronavirus-reopening-plans.

Planning for Reopening

All employers should monitor SLTT health department communications to understand how the communities in which their workplaces are located are progressing through the reopening phases identified in the [Guidelines for Opening up America Again](#). The guidelines provide general principles for relaxing restrictions that were put in place to slow the spread of COVID-19. Employers should continue to consider ways to utilize workplace flexibilities, such as remote work (i.e., telework), and alternative business operations to provide goods (e.g., curbside pickup) and services to customers.

During all phases of reopening, employers should implement strategies for basic hygiene (e.g., hand hygiene; cleaning and disinfection), social distancing, identification and isolation of sick employees, workplace controls and flexibilities, and employee training that are appropriate for the particular phase.

In general, during:

- **Phase 1:** Businesses should consider making telework available, when possible and feasible with business operations. For employees who return to the workplace, consider limiting the number of people in the workplace in order to maintain strict social distancing practices. Where feasible, accommodations (i.e., flexibilities based on individual needs) should be considered for [workers at higher risk of severe illness](#), including elderly individuals

and those with serious underlying health conditions. Businesses should also consider extending special accommodations to workers with household members at higher risk of severe illness. Non-essential business travel should be limited.

- **Phase 2:** Businesses continue to make telework available where possible, but non-essential business travel can resume. Limitations on the number of people in the workplace can be eased, but continue to maintain moderate to strict social distancing practices, depending on the type of business. Continue to accommodate vulnerable workers as identified above in Phase 1.
- **Phase 3:** Businesses resume unrestricted staffing of work sites.

Changing outbreak conditions in each community will directly affect workers' **exposure risks** to SARS-CoV-2, the virus that causes COVID-19. For all phases of reopening, employers should develop and implement policies and procedures that address preventing, monitoring for, and responding to any emergence or resurgence of COVID-19 in the workplace or community. Employers should continue these practices to the extent possible to help prevent COVID-19 from emerging or resurging in their workplace. Such a resurgence could lead to increases in infected and sick employees, the increased need for contact tracing of individuals who visited a workplace, enhanced cleaning and disinfection practices, or even a temporary closure of the business.

Based on evolving conditions, employers' reopening plans should address:

Guiding Principle

Examples of How to Implement

Hazard assessment, including practices to determine when, where, how, and to what sources of SARS-CoV-2 workers are likely to be exposed in the course of their job duties.

- Assess all job tasks performed by or job categories held by employees to determine which job tasks or job categories involve occupational exposure. This can be a desktop assessment to maintain social distancing practices.
- Consider, among other things, exposures from members of the public (e.g., customers, visitors) with whom workers interact, as well as exposures from close contact with coworkers in the workplace.
- Consider current outbreak conditions in the community.

Hygiene, including practices for hand hygiene, respiratory etiquette, and cleaning and disinfection.

- Provide soap, water, and paper towels for workers, customers, and visitors to wash their hands, and encourage frequent and **proper** (for at least 20 seconds) handwashing.
 - Provide hand sanitizer with at least 60% alcohol and encourage workers to use it frequently when they cannot readily wash their hands.
 - Identify high-traffic areas, as well as surfaces or items that are shared or frequently touched, that could become contaminated. Target them for enhanced **cleaning and disinfection** using **EPA-registered disinfectants** and adherence to CDC guidance for controlling the spread of COVID-19.
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Guiding Principle

Examples of How to Implement

Social distancing, including practices for maximizing to the extent feasible and maintaining distance between all people, including workers, customers, and visitors. Six feet of distance is a general rule of thumb, though social distancing practices may change as changes in community transmission of SARS-CoV-2 and other **criteria** prompt communities to move through the reopening phases.

- Limit business occupancy to a number of workers/customers that can safely be accommodated to allow for **social distancing**.
- Demarcate flooring in six-foot zones in key areas where workers, customers, or visitors would ordinarily congregate (i.e., restrooms, check-out lines, areas with time clocks) to encourage people to keep appropriate social distance between themselves and others.
- Post signage reminding workers, customers, and visitors to maintain at least six feet between one another.
- Post directional signs in hallways/corridors where the width restricts movement and limits social distancing.

Identification and isolation of sick employees, including practices for worker self-monitoring or screening, and isolating and excluding from the workplace any employees with signs or symptoms of COVID-19.

- Ask employees to evaluate themselves for **signs/symptoms** of COVID-19 before coming to work, and to stay home if they are not well. (See the “**Employer Frequently Asked Questions**” on page 11.)
- Establish a protocol for managing people who become ill in the workplace, including details about how and where a sick person will be isolated (in the event they are unable to leave immediately) while awaiting transportation from the workplace, to their home or to a health care facility, and cleaning and disinfecting spaces the ill person has occupied to prevent exposure to other workers, customers, or visitors. Employers may need to collaborate with SLTT health officials to facilitate contact tracing and notification related to COVID-19 cases or possible exposures.

Guiding Principle

Examples of How to Implement

Return to work after illness or exposure,

including after workers recover from COVID-19 or complete recommended self-quarantine after exposure to a person with COVID-19.

- Follow CDC guidance for [discontinuing self-isolation](#) and returning to work after illness, or [discontinuing self-quarantine](#) and monitoring after exposure, as appropriate for the workplace.
- Ensure workers who have been exposed to someone with COVID-19 routinely monitor themselves or receive monitoring, including for signs and/or symptoms of potential illness, at work, in accordance with [CDC guidance](#).

Controls, including engineering and administrative controls, safe work practices, and personal protective equipment (PPE) selected as a result of an employer's hazard assessment.

- Select and implement appropriate engineering controls (e.g., physical barriers/shields to separate workers, enhanced ventilation), and administrative controls (e.g., staggering work shifts, limiting breakroom capacity, practicing social distancing, replacing in-person meetings with video-conference calls, ensuring workers wear appropriate face coverings, such as cloth face masks, to contain respiratory secretions), and providing and ensuring workers use appropriate PPE, identified through hazard assessments and in accordance with OSHA's standards at 29 CFR 1910, Subpart I, and [OSHA](#) and [CDC](#) guidance on use of PPE. (Note: [cloth face coverings are not PPE](#), because they protect other people from the wearer's respiratory secretions, rather than protecting the wearer).

Guiding Principle

Examples of How to Implement

Workplace flexibilities, including those concerning remote work (i.e., telework) and sick leave.

- Evaluate existing policies and, if needed, consider new ones that facilitate appropriate use of telework, sick or other types of leave, and other options that help minimize workers' exposure risks.
- Communicate about workplace flexibilities, and ensure workers understand how to make use of available options (e.g., [fatigue management](#)).

Training, including practices for ensuring employees receive training on the signs, symptoms, and risk factors associated with COVID-19; where, how, and to what sources of SARS-CoV-2 employees might be exposed in the workplace; and how to prevent the spread of SARS-CoV-2 at work.

- Train workers in the appropriate language and literacy level about their risks of exposure to SARS-CoV-2, what the employer is doing to protect them, including site-specific measures, and how they can protect themselves.
- Train workers about wearing [cloth face coverings in the workplace](#), including any employer policies related to their use and considerations for when cloth face coverings could cause or contribute to a workplace safety and health hazard.
- As required by OSHA standards for [PPE](#), including [respiratory protection](#), and consistent with [OSHA](#) and [CDC](#) guidance, train workers how to put on, use, and take off PPE; how to clean, maintain, store, and dispose of PPE; and what the limitations of the PPE are. (Note: As described above, [cloth face coverings are not PPE](#), because they protect other people from the wearer's respiratory secretions, rather than protecting the wearer).

Guiding Principle

Examples of How to Implement

| | |
|---|---|
| <p>Anti-retaliation, including practices for ensuring that no adverse or retaliatory action is taken against an employee who adheres to these guidelines or raises workplace safety and health concerns.</p> | <ul style="list-style-type: none">▪ Ensure workers understand their rights to a safe and healthful work environment, who to contact with questions or concerns about workplace safety and health, and prohibitions against retaliation for raising workplace safety and health concerns.▪ Ensure workers understand their right to raise workplace safety and health concerns and seek an OSHA inspection under the Occupational Safety and Health Act.▪ Ensure supervisors are familiar with workplace flexibilities and other human resources policies and procedures, as well as with workers' rights in general. |
|---|---|

The examples presented in the table are intended to help employers understand each of the guiding principles that should go into their plans for resuming operations and reopening facilities. However, these examples are not an exhaustive list of controls that may be appropriate, necessary, or feasible, nor do all examples apply to every employer. The interagency [Guidance on Preparing Workplaces for COVID-19](#) and the OSHA [COVID-19 webpage](#) provide additional recommendations for addressing and implementing these guiding principles within the workplace, including how the implementation of the principles varies by workers' exposure risk levels. Regardless of the types of infection prevention and control measures employers incorporate into their reopening plans, they should consider ways to communicate about those measures to workers, including through training (as described above) and providing a point of contact for any worker questions or concerns.

Applicable OSHA Standards and Required Protections in the Workplace

All of OSHA's standards that apply to protecting workers from infection remain in place as employers and workers return to work.

While covered employers are always responsible for complying with all applicable OSHA requirements, the agency's standards for PPE ([29 CFR 1910.132](#)), respiratory protection ([29 CFR 1910.134](#)), and sanitation ([29 CFR 1910.141](#)) may be especially relevant for preventing the spread of COVID-19. Where there is no OSHA standard specific to SARS-CoV-2, employers have the responsibility to provide a safe and healthful workplace that is free from serious recognized hazards under the General Duty Clause, [Section 5\(a\)\(1\)](#) of the Occupational Safety and Health (OSH) Act of 1970.

[Appendix A](#) of this booklet outlines some of OSHA's general industry rules for hazard and exposure assessment, implementation programs, workplace controls, training, and recordkeeping, as well as prohibitions on retaliation, applicable to protecting workers from occupational exposure to SARS-CoV-2. Consult OSHA resources for other sectors not covered by the appendix, including [construction](#), [shipyard employment](#), and [longshoring and marine terminals](#).

Employer Frequently Asked Questions¹

Can employers conduct work site SARS-CoV-2 testing?

Yes. Employers may consider implementing strategies to reduce risks to the safety and health of workers and workplaces from COVID-19 that include conducting SARS-CoV-2 testing. Neither the OSH Act nor OSHA standards prohibit employer [testing for SARS-CoV-2](#), if applied in a transparent manner applicable to all employees (i.e., non-retaliatory).

1. Note that these FAQs speak to Federal OSHA standards. Other federal and SLTT laws may apply.

Because of the limitations of current testing capabilities, employers should act cautiously on negative SARS-CoV-2 test results. Employers should not presume that individuals who test negative for SARS-CoV-2 infection (i.e., the virus that causes COVID-19) present no hazard to others in the workplace. Employers should continue to implement the basic hygiene, social distancing, workplace controls and flexibilities, and employee training described in this guidance in ways that reduce the risk of workplace spread of SARS-CoV-2, including by asymptomatic and pre-symptomatic individuals.

Can employers conduct work site temperature checks or other health screening?

Yes. Neither the OSH Act nor OSHA standards prohibits employer screening for COVID-19, if applied in a transparent manner applicable to all employees (i.e., non-retaliatory). Employers may consider implementing strategies to reduce risks to the safety and health of workers and workplaces from COVID-19 that include conducting daily in-person or virtual health checks (e.g., symptom and/or temperature screening, questionnaires, self-checks and self-questionnaires). Any such screening should consider ways to maintain confidentiality, as required by the [Americans with Disabilities Act](#).

Because people infected with SARS-CoV-2 can spread the virus even if they do not have signs or symptoms of infection, temperature screening may play a part in a comprehensive program to monitor worker health during the pandemic, but may have limited utility on its own. In many workplaces, temperature screening efforts are likely to be most beneficial when conducted at home by individual workers, with employers' temperature screening plans relying on workers' self-monitoring and staying home if they have a fever or other signs or symptoms of illness, rather than employers directly measuring temperatures after workers arrive at the work site. Consider implementing such programs in conjunction with sick leave policies that encourage sick workers, including those whose self-monitoring efforts reveal a fever or other signs or symptoms of illness, to stay at home.

Regardless of whether or how employers ultimately decide to implement temperature checks or other health screening measures, they should act cautiously on results. Employers should not presume that individuals who do not have a fever or report experiencing other symptoms of COVID-19 do not have SARS-CoV-2, the virus that causes COVID-19. Employers should continue to implement the basic hygiene, social distancing, workplace controls and flexibilities, and employee training described in this guidance in ways that reflect the risk of community spread of COVID-19, including from asymptomatic and pre-symptomatic individuals, in the geographical area where the workplace is located.

What OSHA requirements must an employer follow when conducting health screening, temperature checking, or COVID-19 testing?

If an employer implements health screening or temperature checks and chooses to create records of this information, those records might qualify as medical records under the Access to Employee Exposure and Medical Records standard ([29 CFR 1910.1020](#)). The employer would then be required to retain these records for the duration of each worker's employment plus 30 years and follow confidentiality requirements. As explained above, employers need not make a record of temperatures when they screen workers, but instead may acknowledge a temperature reading in real-time. In addition, temperature records do not qualify as medical records under the Access to Employee Exposure and Medical Records standard unless they are made or maintained by a physician, nurse, or other health care personnel, or technician.

Additionally, personnel administering COVID-19 tests, in-person temperature checks, or other in-person health screening must be protected from exposure to sources of SARS-CoV-2, including asymptomatic and pre-symptomatic workers who might be infected but not know it. Protection of screening and testing workers should incorporate standard and appropriate transmission-based precautions and should follow the hierarchy of controls, including appropriate

engineering and administrative controls, safe work practices, and PPE. See the CDC's [General Business Frequently Asked Questions](#) for more information about protecting screening workers. While diagnostic testing that involves saliva or nasal/oral cavity swabbing would not typically fall under the scope of the Bloodborne Pathogens standard ([29 CFR 1910.1030](#)), any testing that involves drawing blood would.

Is there guidance on how to address the various health screening and medical issues associated with COVID-19 to avoid violating other labor, disability, and employment laws?

The U.S. Equal Employment Opportunity Commission (EEOC) has established guidance regarding [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#). Employers are encouraged to review this guidance as they develop the health screening, workplace policies, return to work plans, and consider other issues that may arise as they reopen their workplaces and plan to continue operations during the COVID 19 public health emergency. Additional information about labor, disability, and employment laws is available on the [Summary of the Major Laws of the Department of Labor webpage](#).

When can employees who have had COVID-19, or illness consistent with COVID-19, return to work?

The CDC provides [guidance](#) about the discontinuation of isolation for people with COVID-19 who are not in healthcare settings. This guidance may be adapted by state and local health departments to respond to rapidly changing local circumstances.

How do I know if employees need personal protective equipment (PPE)?

Employers must conduct a [hazard assessment](#) in accordance with OSHA's PPE standard ([29 CFR 1910.132](#)), if applicable, to determine the PPE requirements for their unique work site. Employers subject to this standard must determine if PPE (such as gloves, surgical masks, and face shields) is necessary for employees to work safely after considering whether engineering and administrative controls and safe work practices (such as social distancing or the use of cloth face coverings) can effectively mitigate identified hazards.

Employers should consider modifying worker interaction—both among coworkers and with customers, visitors, or other members of the general public—in order to reduce the need for PPE, especially in light of potential equipment shortages. If PPE is necessary to protect workers from exposure to SARS-CoV-2 during particular work tasks when other controls are insufficient or infeasible, or in the process of being implemented, employers should either consider delaying those work tasks until the risk of SARS-CoV-2 exposure subsides or utilize alternative means to accomplish business needs and provide goods and services to customers. If PPE is needed, but not available, and employers cannot identify alternative means to accomplish business needs safely, the work tasks must be discontinued. Consider [CDC guidance](#) for conserving and extending filtering facepiece respirator supplies in non-healthcare sectors.

Cloth face coverings are not PPE. However, they can be worn to reduce the spread of potentially infectious respiratory droplets from the wearer to others, including when the wearer has the virus but does not know it. This is known as source control. Employers may consider requiring cloth face coverings to be worn in the workplace as an administrative control. More information about cloth face coverings is available from OSHA's [COVID-19 Frequently Asked Questions webpage](#).

OSHA's PPE Safety and Health Topics page provides additional information about PPE selection, provision, use, and other related topics: www.osha.gov/SLTC/personalprotectiveequipment.

For More Information

Federal, State, territorial, tribal, and local government agencies are the best source of information in the event of an infectious disease outbreak, such as COVID-19. Staying informed about the latest developments and recommendations is critical, since specific guidance may change based upon evolving outbreak conditions in the geographic area where the business is located.

Below are several recommended websites to access the most current and accurate information:

- OSHA website: www.osha.gov
- Whistleblower Protection Program website: www.whistleblowers.gov
- U.S. Department of Labor COVID-19 webpage: www.dol.gov/coronavirus
- CDC website: www.cdc.gov/coronavirus
- National Institute for Occupational Safety and Health website: www.cdc.gov/niosh

OSHA Assistance, Services, and Programs

OSHA has a great deal of information to assist employers in complying with their responsibilities under OSHA law. Several OSHA programs and services can help employers identify and correct job hazards, as well as improve their safety and health program.

Establishing a Safety and Health Program

Safety and health programs are systems that can substantially reduce the number and severity of workplace injuries and illnesses, while reducing costs to employers.

Visit www.osha.gov/safetymanagement for more information.

Compliance Assistance Specialists

OSHA compliance assistance specialists can provide information to employers and workers about OSHA standards, short educational programs on specific hazards or OSHA rights and responsibilities, and information on additional compliance assistance resources.

Visit www.osha.gov/complianceassistance/cas or call 1-800-321-OSHA (6742) to contact your local OSHA office.

No-Cost On-Site Safety and Health Consultation Services for Small Business

OSHA's On-Site Consultation Program offers no-cost and confidential advice to small and medium-sized businesses in all states, with priority given to high-hazard worksites. On-Site consultation services are separate from enforcement and do not result in penalties or citations.

For more information or to find the local On-Site Consultation office in your state, visit www.osha.gov/consultation, or call 1-800-321-OSHA (6742).

Under the consultation program, certain exemplary employers may request participation in OSHA's **Safety and Health Achievement Recognition Program (SHARP)**. Worksites that receive SHARP recognition are exempt from programmed inspections during the period that the SHARP certification is valid.

Cooperative Programs

OSHA offers cooperative programs under which businesses, labor groups and other organizations can work cooperatively with OSHA. To find out more about any of the following programs, visit www.osha.gov/cooperativeprograms.

Strategic Partnerships and Alliances

The OSHA Strategic Partnerships (OSP) provide the opportunity for OSHA to partner with employers, workers, professional or trade associations, labor organizations, and/or other interested

stakeholders. Through the Alliance Program, OSHA works with groups to develop compliance assistance tools and resources to share with workers and employers, and educate workers and employers about their rights and responsibilities.

Voluntary Protection Programs (VPP)

The VPP recognize employers and workers in the private sector and federal agencies who have implemented effective safety and health programs and maintain injury and illness rates below the national average for their respective industries.

Occupational Safety and Health Training

OSHA partners with 26 OSHA Training Institute Education Centers at 37 locations throughout the United States to deliver courses on OSHA standards and occupational safety and health topics to thousands of students a year. For more information on training courses, visit www.osha.gov/otiec.

OSHA Educational Materials

OSHA has many types of educational materials to assist employers and workers in finding and preventing workplace hazards.

All OSHA publications are free at www.osha.gov/publications and www.osha.gov/ebooks. You can also call 1-800-321-OSHA (6742) to order publications.

Employers and safety and health professionals can sign-up for *QuickTakes*, OSHA's free, twice-monthly online newsletter with the latest news about OSHA initiatives and products to assist in finding and preventing workplace hazards. To sign up, visit www.osha.gov/quicktakes.

OSHA Regional Offices

Region 1

Boston Regional Office
(CT*, ME*, MA, NH, RI, VT*)
JFK Federal Building
25 New Sudbury Street, Room E340
Boston, MA 02203
(617) 565-9860 (617) 565-9827 Fax

Region 2

New York Regional Office
(NJ*, NY*, PR*, VI*)
Federal Building
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378 (212) 337-2371 Fax

Region 3

Philadelphia Regional Office
(DE, DC, MD*, PA, VA*, WV)
The Curtis Center
170 S. Independence Mall West, Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900 (215) 861-4904 Fax

Region 4

Atlanta Regional Office
(AL, FL, GA, KY*, MS, NC*, SC*, TN*)
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Room 6T50
Atlanta, GA 30303
(678) 237-0400 (678) 237-0447 Fax

Region 5

Chicago Regional Office
(IL*, IN*, MI*, MN*, OH, WI)
John C. Kluczynski Federal Building
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220 (312) 353-7774 Fax

Region 6

Dallas Regional Office
(AR, LA, NM*, OK, TX)
A. Maceo Smith Federal Building
525 Griffin Street, Room 602
Dallas, TX 75202
(972) 850-4145 (972) 850-4149 Fax

Region 7

Kansas City Regional Office
(IA*, KS, MO, NE)
Two Pershing Square Building
2300 Main Street, Suite 1010
Kansas City, MO 64108-2416
(816) 283-8745 (816) 283-0547 Fax

Region 8

Denver Regional Office
(CO, MT, ND, SD, UT*, WY*)
Cesar Chavez Memorial Building
1244 Speer Boulevard, Suite 551
Denver, CO 80204
(720) 264-6550 (720) 264-6585 Fax

Region 9

San Francisco Regional Office
(AZ*, CA*, HI*, NV*, and American Samoa,
Guam and the Northern Mariana Islands)
San Francisco Federal Building
90 7th Street, Suite 2650
San Francisco, CA 94103
(415) 625-2547 (415) 625-2534 Fax

Region 10

Seattle Regional Office
(AK*, ID, OR*, WA*)
Fifth & Yesler Tower
300 Fifth Avenue, Suite 1280
Seattle, WA 98104
(206) 757-6700 (206) 757-6705 Fax

*These states and territories operate their own OSHA-approved job safety and health plans and cover state and local government employees as well as private sector employees. The Connecticut, Illinois, Maine, New Jersey, New York and Virgin Islands programs cover public employees only. (Private sector workers in these states are covered by Federal OSHA). States with approved programs must have standards that are identical to, or at least as effective as, the Federal OSHA standards.

Note: To get contact information for OSHA area offices, OSHA-approved state plans and OSHA consultation projects, please visit us online at www.osha.gov or call us at 1-800-321-OSHA (6742).

How to Contact OSHA

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov or call OSHA at 1-800-321-OSHA (6742), TTY 1-877-889-5627.

**For assistance, contact us.
We are OSHA. We can help.**



Appendix A — Applicable OSHA Standards and Requirements

Note: Specific paragraphs referenced in the table refer to the main provisions of the listed OSHA standards with which employers should be familiar. Other parts of these standards and additional standards not mentioned in the table may apply.

| | | Personal Protective Equipment General Requirements, 29 CFR 1910.132 | Respiratory Protection 29 CFR 1910.134 | Sanitation, 29 CFR 1910.141 | Hazard Communication 29 CFR 1910.1200 | Access to Employee Exposure & Medical Records 29 CFR 1910.1020 | Recording and Reporting Occupational Injuries & Illnesses, 29 CFR Part 1904 |
|---|--|--|---|------------------------------------|--|---|--|
| Applies generally to potential and actual exposure(s) to | SARS-CoV-2 virus | (a) | (a) | | | (b), (c)(13) | 29 CFR 1904.4(a)-(b) |
| | Chemical hazards (e.g., cleaning and disinfection) | (a) | (a) | | (b) | (b), (c)(13) | 29 CFR 1904.4(a)-(b) |
| Hazard/exposure assessment | Required, generally | (d)(1) | (d)(1)(i), (iii) | | (d) | | |
| | Written requirements | (d)(2) | | | (e) | | |
| Implementation program | Required, generally | (d)(1), (2) | (c) | | (e) | | |
| | Written requirements | (d)(2) | (c) | | (e) | | |
| | Worker involvement | | (l) | | | | 29 CFR 1904.35 |
| Controls | Engineering controls | | (a)(1) | | | | |

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|---------------------|--|--|---|------------------------------------|--|---|--|
| Controls | Administrative controls and safe work practices | | | | (f) | | |
| | PPE | (a) | (a), (d), (f), (g) | | | | |
| Housekeeping | General cleaning | | | (a)(3) | | | |
| | Handwashing facilities with soap and running water | | | (d) | | | |
| Training | Required, generally | (f)(1) | (c), (k) | | (h) | | |
| | Initial training | (f)(1) | (k)(3) | | (h)(1) | | |
| | Periodic training | (f)(3) | (k)(5) | | (h)(1) | | |
| | In a language and format worker(s) can understand | | (k)(2) | | | | |
| | Covers use of PPE (e.g., donning and doffing) | (f)(1)(iii) | (c) | | (h)(3)(iii) | | |

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|----------------------|--|--|---|------------------------------------|--|---|--|
| Training | Training must be effective (e.g., workers must demonstrate competency) | (f)(2) | (k) | | (h)(1) | | |
| Recordkeeping | Maintenance of medical records | | (m) | | | (b), (d)* | |
| | Respirator fit testing | | (m) | | | | |
| | Access by OSHA and/or NIOSH | | | | | (e)(3) | |
| Retaliation** | Prohibitions against employer retaliation | | | | | | 29 CFR 1904.36 |

* Note that 29 CFR 1910.1020 may apply to temperature records. Employers should evaluate the burdens and benefits of maintaining temperature records or asking workers to complete written questionnaires, as both will qualify as medical records if made or maintained by a physician, nurse, or other health care personnel, or technician. If employers do not record workers' temperatures, or if workers' temperatures are recorded but not made or maintained by a physician, nurse, or other health care personnel or technician, the mere taking of a temperature would not amount to a record that must be retained.

** Section 11(c) of the OSH Act states:

- (1) No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act.
- (2) Any employee who believes that he has been discharged or otherwise discriminated against by any person in violation of this subsection may, within thirty days after such violation occurs, file a complaint with the Secretary alleging such discrimination. Upon receipt of such complaint, the Secretary shall cause such investigation to be made as he deems appropriate. If upon such investigation, the Secretary determines that the provisions of this subsection have been violated, he shall bring an action in any appropriate United States district court against such person. In any such action the United States district courts shall have jurisdiction, for cause shown to restrain violations of paragraph (1) of this subsection and order all appropriate relief including rehiring or reinstatement of the employee to his former position with back pay.
 - (3) Within 90 days of the receipt of a complaint filed under this subsection the Secretary shall notify the complainant of his determination under paragraph 2 of this subsection.



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