

COVID-19 - Frequently Asked Questions

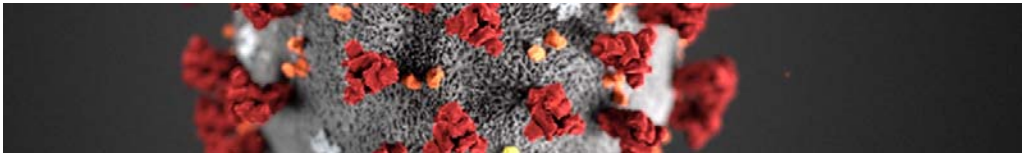
32-40 minutes

1. [COVID-19](#)
2. Frequently Asked Questions

Non-ETS Frequently Asked Questions

Given the evolving nature of the pandemic, OSHA is in the process of reviewing and updating this document. These materials may no longer represent current OSHA recommendations and guidance. For the most up-to-date information, consult [Protecting Workers Guidance](#).

OSHA will be updating these FAQs to reflect the requirements of OSHA's COVID-19 Emergency Temporary Standard (ETS) for Healthcare (29 CFR 1910.502). In the interim, employers with work settings covered by the ETS should consult the [text of the rule](#) and the [FAQs on the ETS](#) for information about the OSHA requirements applicable to those settings.



This page includes frequently asked questions (FAQs) and answers related to the coronavirus disease 2019 (COVID-19) pandemic. In States with OSHA-approved State Plans, additional guidance, provisions, or requirements may apply. Check here for a list of current State Plans and a link to their website for any additional information:

<https://www.osha.gov/stateplans>

Questions are grouped by topic, and cover:

- [General Information](#)
- [Cleaning and Disinfection](#)
- [Cloth Face Coverings](#)

- [Construction](#)
- [Employer Requirements](#)
- [Liability Waivers](#)
- [Posting the OSHA 300A or Equivalent Form](#)
- [Respirators and Particle Size](#)
- [Reporting](#)
- [Restrooms and Handwashing Facilities](#)
- [Retaliation](#)
- [Return to Work](#)
- [Testing for COVID-19](#)
- [Training](#)
- [Vaccine Related](#)
- [Worker Protection Concerns](#)

General Information

Conducting a workplace risk assessment for potential COVID-19 exposure, preparing a [response plan](#), and taking steps to [improve ventilation](#) are all activities consistent with CDC guidance to promote public health and workplace health.

Occupational Safety and Health Administration (OSHA) ([Guidance](#)) and the [Centers for Disease Control and Prevention \(CDC\)](#) have issued workplace guidance to guide employers during the COVID-19 outbreak. They describe how employers should develop preparedness plans and communicate those plans to protect workers through effective training. Employers should assess worker exposure to hazards and risks and implement infection prevention measures to reasonably address them consistent with [OSHA Standards](#). Such measures could include use of [cloth face coverings](#); training workers on proper respiratory etiquette, physical distancing, and other steps they can take to protect themselves.

Employers may need to consider using stanchions to help keep workers and others at the worksite at least 6 feet away from each other. Installing temporary barriers and shields and spacing out workstations can also help achieve physical distancing recommendations. Employers should clean and disinfect frequently touched surfaces (e.g., door handles, sink handles, workstations, restroom stalls) at least daily, or as much as possible. Employers subject to [OSHA's PPE standard](#) must also provide and require the use of

personal protective equipment (PPE) when needed. Job hazard assessments must be conducted to determine the appropriate type and level of PPE required.

[Mitigating and Preventing the Spread of COVID-19 in the Workplace](#) provides more information on steps all employers can take to reduce workers' risk of exposure to SARS-CoV-2.

Learn more about preventing the spread of COVID-19 from [OSHA](#) and [CDC](#).

Cleaning and Disinfection

The Centers for Disease Control and Prevention also provides information on [environmental infection control](#) related to cleaning and disinfecting healthcare facilities.

Companies providing specialized remediation or clean-up services need to have expertise in industrial hygiene and environmental remediation.

Cloth Face Coverings

[Cloth face coverings](#):

- May be commercially produced or improvised (i.e., homemade).
- Are worn in public over the nose and mouth to contain the wearer's potentially infectious respiratory particles produced when an infected person coughs, sneezes, or talks and to limit the spread of SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19), to others.
- Are not considered personal protective equipment (PPE).
- Are not appropriate substitutes for PPE such as respirators (e.g., N95 respirators) or medical face masks (e.g., surgical masks) in workplaces where respirators or face masks are recommended or required to protect the wearer.
- May be used by almost any worker, although those who have trouble breathing or are otherwise unable to put on or remove a mask without assistance should not wear one.
- May be disposable or reusable after [proper washing](#).

Surgical masks:

- Are typically cleared by the U.S. Food and Drug Administration as medical devices (though not all devices that look like surgical masks are actually medical-grade, cleared devices).
- Are used to protect workers against splashes and sprays (i.e., droplets) containing potentially infectious materials. In this capacity, surgical masks are considered PPE.

Under OSHA's PPE standard ([29 CFR 1910.132](#)), employers must provide any necessary PPE at no-cost to workers.¹

- May also be worn to contain the wearer's respiratory particles (e.g., healthcare workers, such as surgeons, wear them to avoid contaminating surgical sites, and dentists and dental hygienists wear them to protect patients).
- May be used by almost anyone.
- Should be properly disposed of after use.

Respirators (e.g., filtering facepieces):

- Are used to prevent workers from inhaling small particles, including airborne transmissible or aerosolized infectious agents.
- Must be provided and used in accordance with OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)).
- Must be certified by the National Institute for Occupational Safety and Health (NIOSH).
- OSHA has [temporarily exercised its enforcement discretion](#) concerning supply shortages of disposable filtering facepiece respirators (FFRs), including as it relates to their [extended use or reuse](#), [use beyond their manufacturer's recommended shelf life](#), [use of equipment from certain other countries and jurisdictions](#), and [decontamination](#).
- Need proper filter material (e.g., N95 or better) and, other than for loose-fitting powered, air purifying respirators (PAPRs), tight fit (to prevent air leaks).
- Require proper training, fit testing, availability of appropriate medical evaluations and monitoring, cleaning, and oversight by a knowledgeable staff member.
- OSHA has [temporarily exercised its enforcement discretion](#) concerning annual fit testing requirements in the Respiratory Protection standard ([29 CFR 1910.134](#)), as long as employers have made good-faith efforts to comply with the requirements of the standard and to follow the steps outlined in the [March 14, 2020](#), and [April 8, 2020](#), memoranda (as applicable to their industry).
- When necessary to protect workers, require a respiratory protection program that is compliant with OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)). OSHA consultation staff can assist with understanding respiratory protection requirements.
- FFRs may be used voluntarily, if permitted by the employer. If an employer permits voluntary use of FFRs, employees must receive the information contained in [Appendix D](#) of OSHA's Respiratory Protection standard ([29 CFR 1910.134](#)).

¹ If surgical masks are being used only as source control—not to protect workers against splashes and sprays (i.e., droplets) containing potentially infectious materials—OSHA's