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COVID-19

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COVID-19 Frequently Asked Questions

This page includes frequently asked questions (FAQs) and answers related to the coronavirus disease 2019 (COVID-19) pandemic.

Questions are grouped by topic, and cover:

- General Information
- Cleaning and Disinfection
- Cloth Face Coverings
- Construction
- Employer Requirements
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General Information

Where can workers find general information about protecting themselves at work during the COVID-19 pandemic?

OSHA's COVID-19 Safety and Health Topics page provides a variety of resources to help workers protect themselves during the COVID-19 pandemic, including:

- [Guidance on Preparing Workplaces for COVID-19 \(Spanish\)](#)
- [Worker Exposure Risk to COVID-19 \(Spanish\)](#)
- [Information on workers' rights](#)
- [Posters](#)
- [OSHA Alerts](#)

The Centers for Disease Control and Prevention (CDC) also provides information for businesses, workplaces, and workers, including health and safety steps for specific occupations..

Where can employers find general information about, and requirements for, protecting workers during the COVID-19 pandemic?

OSHA's COVID-19 Safety and Health Topics page provides the most recent guidance to help employers protect their workers and comply with OSHA requirements during the COVID-19 pandemic. Resources include:

- [Guidance on Preparing Workplaces for COVID-19 \(Spanish\)](#)
- [Worker Exposure Risk to COVID-19 \(Spanish\)](#)
- [Alert: Prevent Worker Exposure to Coronavirus \(COVID-19\) \(Spanish\)](#)

- Alert: COVID-19 Guidance for Retail Workers (Spanish)
- List of relevant OSHA standards for COVID-19
- Temporary enforcement guidance in effect during the COVID-19 pandemic

The Centers for Disease Control and Prevention (CDC) also provides information for businesses, workplaces, and workers, including health and safety steps for specific occupations.

What precautions should employers in non-healthcare workplaces take to protect workers from COVID-19?

Occupational Safety and Health Administration (OSHA) (Alert, 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 promoting frequent and thorough handwashing or sanitizing with at least 60% alcohol hand sanitizer; encouraging workers to stay at home if sick; encouraging use of cloth face coverings; and training them on proper respiratory etiquette, social 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 social 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.

The U.S. Department of Labor and U.S. Department of Health and Human Services' Guidance on Preparing Workplaces for COVID-19 (Spanish) and OSHA's Prevent Worker Exposure to COVID-19 alert (Spanish) provide 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

How should I clean and disinfect my workplace?

The Centers for Disease Control and Prevention provides updated information about cleaning and disinfecting public spaces, workplaces, businesses, schools, and homes.

Is OSHA providing any guidance for companies performing remediation and clean-up efforts in high-risk situations, such as disassembly or clean-up of triage or temporary hospitals?

OSHA's COVID-19 Safety and Health Topics page provides information for workers performing environmental cleaning and disinfection activities, including in healthcare settings and generally.

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

What are the key differences between cloth face coverings, surgical masks, and respirators?

Cloth face coverings:

- May be commercially produced or improvised (i.e., homemade) garments, scarves, bandanas, or items made from t-shirts or other fabrics.
- Are worn in public over the nose and mouth to contain the wearer's potentially infectious respiratory droplets 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).
- Will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration.
- 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 droplets (e.g., healthcare workers, such as surgeons, wear them to avoid contaminating surgical sites, and dentists and dental hygienists wear them to protect patients).
- Should be placed on sick individuals to prevent the transmission of respiratory infections that spread by large droplets.
- Will not protect the wearer against airborne transmissible infectious agents due to loose fit and lack of seal or inadequate filtration.
- 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 PPE standards do not require employers to provide them to workers. However, the General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health Act, requires each employer to furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm. Control measures may include a combination of engineering and administrative controls, including safe work practices like social distancing. Choosing to ensure use of surgical masks for source control may constitute a feasible means of abatement as part of a control plan designed to address hazards from SARS-CoV-2, the virus that causes COVID-19. [Back to Text](#)

Are employers required to provide cloth face coverings to workers?

Cloth face coverings are not considered personal protective equipment (PPE) and are not intended to be used when workers need PPE for protection against exposure to occupational hazards. As such, OSHA's PPE standards do not require employers to provide them.

- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health Act, requires each employer to furnish to each of his employees employment and a place of employment which are free from

recognized hazards that are causing or are likely to cause death or serious physical harm. Control measures may include a combination of engineering and administrative controls, safe work practices like social distancing, and PPE.

- However, employers may choose to ensure that cloth face coverings are worn as a feasible means of abatement in a control plan designed to address hazards from SARS-CoV-2, the virus that causes COVID-19. Employers may choose to use cloth face coverings as a means of source control, such as because of transmission risk that cannot be controlled through engineering or administrative controls, including social distancing.

Should workers wear a cloth face covering while at work, in accordance with the Centers for Disease Control and Prevention recommendation for all people to do so when in public?

OSHA generally recommends that employers encourage workers to wear face coverings at work. Face coverings are intended to prevent wearers who have Coronavirus Disease 2019 (COVID-19) without knowing it (i.e., those who are asymptomatic or pre-symptomatic) from spreading potentially infectious respiratory droplets to others. This is known as source control.

Consistent with the Centers for Disease Control and Prevention (CDC) recommendation for all people to wear cloth face coverings when in public and around other people, wearing cloth face coverings, if appropriate for the work environment and job tasks, conserves other types of personal protective equipment (PPE), such as surgical masks, for healthcare settings where such equipment is needed most.

Employers have the discretion to determine whether to allow employees to wear cloth face coverings in the workplace based on the specific circumstances present at the work site. For some workers, employers may determine that wearing cloth face coverings presents or exacerbates a hazard. For example, cloth face coverings could become contaminated with chemicals used in the work environment, causing workers to inhale the chemicals that collect on the face covering. Over the duration of a work shift, cloth face coverings might also become damp (from workers breathing) or collect infectious material from the work environment (e.g., droplets of other peoples' infectious respiratory secretions). Workers may also need to use PPE that is incompatible with the use of a cloth face covering (e.g., an N95 filtering facepiece respirator).

Where cloth face coverings are not appropriate in the work environment or during certain job tasks (e.g., because they could become contaminated or exacerbate heat illness), employers can provide PPE, such as face shields and/or surgical masks, instead of encouraging workers to wear cloth face coverings. Like cloth face coverings, surgical masks and face shields can help contain the wearer's potentially infectious respiratory droplets and can help limit spread of COVID-19 to others.

Note that cloth face coverings are not considered PPE and cannot be used in place of respirators when respirators are otherwise required.

Learn more about cloth face coverings on the CDC website.

Employers should consider evaluating their accessible communication policies and procedures to factor in potentially providing masks with clear windows to facilitate interaction between employees and members of the public who need to lip-read to communicate.

If workers wear cloth face coverings, do employers still need to ensure social distancing measures in the workplace?

Yes. Cloth face coverings are not a substitute for social distancing measures.

If I wear a reusable cloth face covering, how should I keep it clean?

CDC provides guidance on washing face coverings. OSHA suggests following those recommendations, and always washing or discarding cloth face coverings that are visibly soiled.

Are surgical masks or cloth face coverings acceptable respiratory protection in the construction industry, when respirators would be needed but are not available because of the COVID-19 pandemic?

No. Employers must not use surgical masks or cloth face coverings when respirators are needed.

In general, employers should always rely on a hierarchy of controls that first includes efforts to eliminate or substitute out workplace hazards and then uses engineering controls (e.g., ventilation, wet methods), administrative controls (e.g., written procedures, modification of task duration), and safe work practices to prevent worker exposures to respiratory hazards, before relying on personal protective equipment, such as respirators. When respirators are needed, OSHA's guidance describes enforcement discretion around use of respirators, including in situations in which it may be necessary to extend the use of or reuse certain respirators, use respirators beyond their manufacturer's recommended shelf life, and/or use respirators certified under the standards of other countries or jurisdictions.

The Centers for Disease Control and Prevention and OSHA have described crisis strategies intended for use in healthcare in which surgical masks or cloth face coverings may offer more protection than no mask at all when respirators are needed but are not available. Such information is not intended to suggest that surgical masks or cloth face coverings provide adequate protection against exposure to airborne contaminants for which respirators would ordinarily be needed. Although OSHA's enforcement guidance describes equipment prioritization that includes surgical masks, employers must still comply with the provisions of any standards that apply to the types of exposures their workers may face. For example, the permissible exposure limits of all substance-specific standards, such as asbestos and silica, remain in place, and surgical masks are not an acceptable means of protection when respirators would otherwise be required (e.g., when engineering, administrative, and work practice controls do not sufficiently control exposures).

If respirators are needed but not available (including as described in the OSHA enforcement guidance noted above), and hazards cannot otherwise be adequately controlled through other elements of the hierarchy of controls (i.e., elimination, substitution, engineering controls, administrative controls, and/or safe work practices), avoid worker exposure to the hazard. Whenever a hazard presents an imminent danger, and in additional situations whenever feasible, the task should be delayed until feasible control measures are available to prevent exposures or reduce them to acceptable levels (i.e., at or below applicable OSHA permissible exposure limits).

Does wearing a medical/surgical mask or cloth face covering cause unsafe oxygen levels or harmful carbon dioxide levels to the wearer?

No. Medical masks, including surgical masks, are routinely worn by healthcare workers throughout the day as part of their personal protective equipment (PPE) ensembles and do not compromise their oxygen levels or cause carbon dioxide buildup. They are designed to be breathed through and can protect against respiratory droplets, which are typically much larger than tiny carbon dioxide particles. Consequently, most carbon dioxide particles will either go through the mask or escape along the mask's loose-fitting perimeter. Some carbon dioxide might collect between the mask and the wearer's face, but not at unsafe levels.

Like medical masks, cloth face coverings are loose-fitting with no seal and are designed to be breathed through. In addition, workers may easily remove their medical masks or cloth face coverings periodically (and when not in close proximity with others) to eliminate any negligible build-up of carbon dioxide that might occur. Cloth face coverings and medical masks can help prevent the spread of potentially infectious respiratory droplets from the wearer to their co-workers, including when the wearer has COVID-19 and does not know it.

Some people have mistakenly claimed that OSHA standards (e.g., the Respiratory Protection standard, 29 CFR 1910.134; the Permit-Required Confined Space standard 29 CFR 1910.146; and the Air Contaminants standard, 29 CFR 1910.1000) apply to the issue of oxygen or carbon dioxide levels resulting from the use of medical masks or cloth face coverings in work settings with normal ambient air (e.g. healthcare settings, offices, retail settings, construction). These standards do not apply to the wearing of medical masks or cloth face coverings in work settings with normal ambient air. These standards would only apply to work settings where there are known or suspected sources of chemicals (e.g., manufacturing facilities) or workers are required to enter a potentially dangerous location (e.g., a large tank or vessel).

Construction

Does OSHA have any COVID-19 guidance for the construction industry?

Yes. OSHA has released guidance specific to the construction industry. You can also find information for all employers and workers on its COVID-19 Safety and Health Topics page, as well as in the U.S. Department of Labor-U.S. Department of Health and Human Services booklet *Guidance on Preparing Workplaces for COVID-19* (Spanish).

Has OSHA changed its respiratory protection requirements for the construction industry?

No. All OSHA requirements for respiratory protection in construction that were in place before the COVID-19 pandemic remain in place. Under OSHA's Respiratory Protection standard for construction (29 CFR 1926.103), employers must follow 29 CFR 1910.134 the general industry respiratory protection standard. Similarly, employers must continue to follow requirements in other OSHA standards, including those that require respiratory protection to protect workers from exposures to certain chemicals and other hazardous substances.

OSHA recognizes that employers and workers in construction may not always be able to get the personal protective equipment they need because of shortages during the COVID-19 pandemic. OSHA is providing temporary enforcement discretion around the requirements of certain standards, including the Respiratory Protection standard (29 CFR 1910.134). The enforcement guidance describes criteria for enforcement discretion when employers make good-faith efforts to get National Institute for Occupational Safety and Health (NIOSH)-certified N95 filtering facepiece respirators or other appropriate NIOSH-certified respirators and are unable to do so.

NIOSH guidance describes options for extended use and reuse of respirators, using expired respirators or respirators certified under the standards of other countries or jurisdictions, and other options for protecting workers who need respirators on the job. More information is available in the COVID-19 enforcement guidance on the Enforcement Memos page. Employers should regularly check the Standards page of OSHA's COVID-19 Safety and Health Topics page for updates on the status of these memoranda.

See the FAQs on cloth face coverings for more information about the difference between cloth face coverings and respirators.

Employer Requirements

Which OSHA standards apply to employer protection of workers during the COVID-19 pandemic?

The Standards page of OSHA's COVID-19 Safety and Health Topics page explains how OSHA standards apply to employer protection of workers from exposure to SARS-CoV-2, the virus that causes COVID-19, during the pandemic.

What should an employer do to assess the risk of employees being exposed to SARS-CoV-2, the virus that causes COVID-19, in the workplace?

All employers should conduct risk and hazard assessments for all types of workers and then create plans to address identified hazards. Employers can use OSHA's tools for hazard identification and assessment.

Has OSHA waived any requirements of its standards in response to the COVID-19 pandemic?

All OSHA standards remain in effect. However, OSHA understands employers are concerned about their ability to comply with certain requirements during the pandemic and is exercising temporary enforcement discretion for certain provisions of OSHA standards, such as those for initial or recurring training, audits, reviews, testing, and assessments.

For the most current information, visit the Standards page of the COVID-19 Safety and Health Topics page, which lists all enforcement discretion memoranda related to the pandemic. These memoranda also appear on OSHA's Enforcement Memos page.

In light of some professional organizations' recommendations to suspend certain types of testing required under OSHA standards, what should employers do to remain in compliance?

Some industry-specific professional organizations have recommended suspending certain types of testing while there is ongoing community spread of SARS-CoV-2, the virus that causes COVID-19. For example, the American College of Occupational and Environmental Medicine recently recommended that occupational pulmonary function tests be suspended because of concerns about spreading droplets containing SARS-CoV-2 during spirometry testing. Additionally, the Council for Accreditation in Occupational Hearing Conservation recommended that audiometric evaluations be suspended indefinitely.

OSHA is providing temporary enforcement discretion around the requirements of certain standards, including where OSHA standards require initial or recurring training, audits, reviews, testing, or assessments. More information is available in the COVID-19 enforcement guidance, provided on the Enforcement Memos page. Employers should regularly check the Standards page of OSHA's COVID-19 Safety and Health Topics page for updates on the status of these memoranda.

Healthcare

What should healthcare employers do to protect healthcare workers from exposure to SARS-CoV-2, the virus that causes COVID-19?

The Centers for Disease Control and Prevention (CDC) and OSHA are providing extensive guidance for infection prevention in healthcare settings. OSHA's guidance materials include:

- The Healthcare section of the COVID-19 Safety and Health Topics page
- The high and very high exposure risk sections of the Guidance for Preparing Workplaces for COVID-19 booklet (Spanish)

Both agencies' guidance materials describe how healthcare employers should develop and implement infection control and preparedness plans and communicate those plans to workers through effective training. Employers should assess the risks and follow the hierarchy of controls for worker protection:

- Engineering controls (e.g., airborne infection isolation rooms);
- Administrative controls (e.g., cohorting patients);
- Work practices (e.g., handwashing, disinfecting surfaces); and
- Appropriate personal protective equipment (e.g., gloves, respirators, face shields or other eye protection, and gowns).

For information on protecting healthcare workers from exposure to SARS-CoV-2, the virus that causes COVID-19, please see:

- OSHA's COVID-19 Safety and Health Topics page
- Enforcement guidance for COVID-19
- Guidance on Preparing Workplaces for COVID-19 (Spanish)
- Worker Exposure Risk to COVID-19 (Spanish)
- Alert: Prevent Worker Exposure to Coronavirus (COVID-19) (Spanish)
- CDC's COVID-19 website
- COVID-19 and the Health Insurance Portability and Accountability Act (HIPAA): Disclosures to law enforcement, paramedics, other first responders and public health authorities

I am a healthcare worker who previously provided direct patient care without a mask. Why do I need one now?

OSHA recommends that, during the ongoing pandemic and associated community spread of COVID-19, all workers wear face coverings to prevent the spread of their respiratory droplets. This is because people can spread SARS-CoV-2, the virus that causes COVID-19, by coughing, sneezing, or talking—even if they do not feel sick. Because of other exposures in healthcare settings, healthcare workers may need to wear surgical masks to prevent or reduce the risk of this transmission, while also protecting themselves from exposure to patients' potentially infectious respiratory droplets and other splashes or sprays of body fluids.

Healthcare workers and employers should also consult OSHA and CDC guidance to find out if they need additional types of personal protective equipment. OSHA recommends that healthcare workers with exposure to suspected or confirmed COVID-19 patients wear PPE ensembles that include N95 or better filtering facepiece respirators. For healthcare workers providing patient care to other patients (i.e., those who are known suspected of having or known to have COVID-19) in communities with ongoing community transmission, surgical masks can be used in conjunction with face shields or goggles to protect the wearer from exposure to others' respiratory droplets and splashes or sprays of other body fluids that can spread diseases. In these instances, the combination of surgical masks with face shields or goggles can reduce the risk of exposure to the virus when caring for people who may spread COVID-19 without knowing they have it. For some activities, including aerosol-generating procedures, healthcare workers likely need N95 or better filtering facepieces respirators. N95 or better respirators should be used in accordance with a respiratory protection program.

What can I do if I am a healthcare worker whose employer is not adhering to the relevant Centers for Disease Control and Prevention recommendations or OSHA guidelines and requirements to protect workers from exposure to SARS-CoV-2, the virus that causes COVID-19?

First, talk to your supervisor about your concerns.

Under federal law, your employer has the responsibility to provide a safe and healthful workplace that is free from serious recognized hazards. If you have concerns, you have the right to speak up about them without fear of retaliation.

If you feel you are being exposed to a serious health or safety hazard, you have the right to file a complaint. If you have suffered retaliation because you voiced concerns about a health or safety hazard, you have the right to file a whistleblower protection complaint.

Visit OSHA's Workers' rights page to learn more.

I am a lab technician, and I work with samples that contain (or may contain) SARS-CoV-2, the virus that causes COVID-19. What level of biosafety precautions should I follow?

The Centers for Disease Control and Prevention (CDC) describes the appropriate biosafety level (BSL) protection for various types of tasks in its Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19 and Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with COVID-19.

In general, CDC recommends that for:

- Routine diagnostic testing of clinical specimens (e.g., processing initial samples, applying stains to fixed smears, and pathologic examination of inactivated tissues), work should be performed at BSL-2;
- Environmental specimen testing that involves virus concentration procedures (e.g., sewage surveillance

testing), work should be performed at BSL-2 with BSL-3 precautions, including respiratory protection and a designated area for putting on and taking off personal protective equipment;

- Virus isolation in cell cultures, work should be performed at BSL-3;
- Environmental specimen testing that concentrates virus, work should be performed at BSL-2 with BSL-3 precautions.

For viral testing of specimens conducted outside of a BSL-2 laboratory, such as rapid respiratory testing performed at the point of care, use standard precautions to provide a barrier between the specimen and personnel during specimen manipulation. For more information on specimen collection, handling, and testing, refer to the CDC's Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19.

Aerosol-generating procedures and work with concentrated virus should always be performed in an appropriately maintained and certified biosafety cabinet.

OSHA also discusses laboratory biosafety on its COVID-19 Safety and Health Topics page. This guidance is generally consistent with CDC's Biosafety in Microbiological and Biomedical Laboratories (BMBL), 5th Edition.

Does OSHA's guidance for healthcare apply to healthcare provided outside of hospitals?

Yes, OSHA's guidance for healthcare applies to other types of healthcare and healthcare support services, including home healthcare, physical therapy, occupational therapy, and chiropractic care.

See the Healthcare section of OSHA's COVID-19 Safety and Health Topics page for more information.

Liability Waivers

My employer is requiring me to sign a liability waiver upon returning to work. Does this prevent me from filing a complaint about safety, health, or retaliation?

Nothing in a liability waiver prevents or precludes an employee's right to file a complaint under the Occupational Safety and Health Act. The worker continues to have the right to file a safety or health complaint under section 8(f) and/or a retaliation complaint under section 11(c), regardless of any language contained in the waiver.

Personal Protective Equipment

Can I bring my own personal protective equipment to use at work if I believe I am at risk of exposure to SARS-CoV-2, the virus that causes COVID-19, on the job?

OSHA requires covered employers to provide required personal protective equipment (PPE) necessary to protect you on the job. Your employer should follow the latest OSHA and CDC guidance, including on hazard assessment and PPE selection.

For PPE that is not determined to be required to protect workers, your employer may permit or prohibit the use of worker's personal equipment. CDC recommends universal use of cloth face coverings, which are not considered PPE. Growing evidence shows that cloth face coverings help prevent the spread of SARS-CoV-2.

Employers must train workers about how to put on, use, and take off PPE safely.

For more information, see OSHA's PPE Safety and Health Topics page and the PPE standards (29 CFR Part 1910, Subpart I).

My organization is experiencing a supply shortage of N95 filtering facepiece respirators. What alternatives are available if N95s are required to protect my employees?

In light of a Presidential Memorandum on making general-use respirators available for healthcare workers during the COVID-19 pandemic, OSHA has issued temporary enforcement guidance for the Respiratory Protection standard (29 CFR 1910.134) for:

- Required annual fit-testing.
- Supply shortages of disposable N95 filtering facepiece respirators.
- Use of respiratory protection equipment certified under standards of other countries.
- Decontamination of filtering facepiece respirators in healthcare.

OSHA enforcement guidance describes additional measures employers can take to ensure workers have appropriate respiratory protection during the COVID-19 pandemic.

Although OSHA's enforcement guidance describes equipment prioritization that includes surgical masks as

potential considerations in some circumstances when respirators are not available, employers must still comply with the provisions of any standards that apply to the types of exposures their workers may face. For example, the permissible exposure limits of all substance-specific standards, such as asbestos and silica, remain in place, and surgical masks are not an acceptable means of protection when respirators would otherwise be required (e.g., when engineering, administrative, and work practice controls do not sufficiently control exposures).

If respirators are needed but not available (including as described in the OSHA enforcement guidance noted above), and hazards cannot otherwise be adequately controlled through other elements of the hierarchy of controls (i.e., elimination, substitution, engineering controls, administrative controls, and/or safe work practices), avoid worker exposure to the hazard. Whenever a hazard presents an imminent danger, and in additional situations whenever feasible, the task should be delayed until feasible control measures are available to prevent exposures or reduce them to acceptable levels (i.e., at or below applicable OSHA permissible exposure limits).

The CDC/National Institute for Occupational Safety and Health, National Personal Protective Technology Laboratory (NPPTL), provides additional information on SARS-CoV-2, the virus that causes COVID-19, and PPE.

Reporting

How do I report the fatality or in-patient hospitalization of an employee with a confirmed, work-related case of COVID-19?

You may report a fatality or in-patient hospitalization using any one of the following:

- Call the nearest OSHA office;
- Call the OSHA 24-hour hotline at 1-800-321-OSHA (6742); or
- By electronic submission, report online.

Be prepared to supply: Business name; name(s) of employee(s) affected; location and time of the incident; brief description of the incident; and contact person and phone number so that OSHA may follow-up with you (unless you wish to make the report anonymously).

An employee has been hospitalized with a work-related, confirmed case of COVID-19. Do I need to report this in-patient hospitalization to OSHA?

Under 29 CFR 1904.39(b)(6), employers are only required to report in-patient hospitalizations to OSHA if the hospitalization "occurs within twenty-four (24) hours of the work-related incident." For cases of COVID-19, the term "incident" means an exposure to SARS-CoV-2 in the workplace. Therefore, in order to be reportable, an in-patient hospitalization due to COVID-19 must occur within 24 hours of an exposure to SARS-CoV-2 at work. The employer must report such hospitalization within 24 hours of knowing both that the employee has been in-patient hospitalized and that the reason for the hospitalization was a work-related case of COVID-19. Thus, if an employer learns that an employee was in-patient hospitalized within 24 hours of a work-related incident, and determines afterward that the cause of the in-patient hospitalization was a work-related case of COVID-19, the case must be reported within 24 hours of that determination. See 29 CFR 1904.39(a)(2), (b)(7)-(b)(8).

Employers should note that 29 CFR 1904.39(b)(6)'s limitation only applies to *reporting*; employers who are required to keep OSHA injury and illness records must still record work-related confirmed cases of COVID-19, as required by 29 CFR 1904.4(a). For more information on recording cases of COVID-19, see <https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>.

An employee has died of a work-related, confirmed case of COVID-19. Do I need to report this fatality to OSHA?

Under 29 CFR 1904.39(b)(6), an employer must "report a fatality to OSHA if the fatality occurs within thirty (30) days of the work-related incident." For cases of COVID-19, the term "incident" means an exposure to SARS-CoV-2 in the workplace. Therefore, in order to be reportable, a fatality due to COVID-19 must occur within 30 days of an exposure to SARS-CoV-2 at work. The employer must report the fatality within eight hours of knowing both that the employee has died, and that the cause of death was a work-related case of COVID-19.

Thus, if an employer learns that an employee died within 30 days of a work-related incident, and determines afterward that the cause of the death was a work-related case of COVID-19, the case must be reported within eight hours of that determination.

Employers should note that 29 CFR 1904.39(b)(6)'s limitation only applies to *reporting*; employers who are required to keep OSHA injury and illness records must still record work-related fatalities, as required by 29 CFR 1904.4(a). For more information on recording cases of COVID-19, see <https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>.

Restrooms and Handwashing Facilities

Does OSHA require employers to make restrooms and handwashing facilities available to workers?

Yes, OSHA's sanitation standards (29 CFR 1910.141, 29 CFR 1926.51, 29 CFR 1928.110, 29 CFR 1915.88, and 29 CFR 1917.127) cover these topics.

I work as a delivery driver. Many shippers/receivers have changed their policies regarding driver access to their facilities during the COVID-19 pandemic and have forbidden use of their restrooms. Is there an OSHA requirement that shippers/receivers provide restrooms for truck drivers?

You should talk to your supervisor about alternatives for restroom breaks along your driving route.

Your employer (not the shipper/receiver) is required to make sure you do not suffer adverse health effects that could result from lack of access to a toilet. OSHA has sanitation standards (29 CFR 1910.141, 29 CFR 1926.51, 29 CFR 1928.110, 29 CFR 1915.88, and 29 CFR 1917.127) intended to ensure that workers do not suffer adverse health effects that can result if toilets are not sanitary and/or are not available when needed. However, some of these standards may not apply to mobile crews, or normally unattended work locations, so long as those locations have transportation immediately available to nearby toilet and sanitation facilities.

Retaliation

What can I do if my employer fires me or takes other action against me for raising workplace safety and health concerns related to COVID-19?

Section 11(c) of the Occupational Safety and Health Act of 1970 (29 USC 660(c)) prohibits employers from retaliating against workers for exercising a variety of rights guaranteed under the law, such as filing a safety or health complaint with OSHA, raising a health and safety concern with their employers, participating in an OSHA inspection, or reporting a work-related injury or illness. Additionally, OSHA's Whistleblower Protection Program enforces the provisions of more than 20 industry-specific federal laws protecting employees from retaliation for raising or reporting concerns about hazards or violations of various airline, commercial motor carrier, consumer product, environmental, financial reform, food safety, health insurance reform, motor vehicle safety, nuclear, pipeline, public transportation agency, railroad, maritime, securities, and tax laws.

If you believe you have suffered such retaliation, submit a complaint to OSHA as soon as possible in order to ensure that you file the complaint within the legal time limits, some of which may be as short as 30 days from the date you learned of or experienced retaliation. An employee can file a complaint with OSHA by visiting or calling his or her local OSHA office; sending a written complaint via fax, mail, or email to the closest OSHA office; or filing a complaint online. No particular form is required and complaints may be submitted in any language.

Visit OSHA's Whistleblower Protection Program website for more information.

Return to Work

Where can employers and workers find OSHA's information about returning to work (i.e., resuming operations, including in business that were previously closed due to the pandemic)?

See the [Guidance on Returning to Work](#), which was developed to help employers and workers return to work safely and reopen workplaces that were previously closed because of the COVID-19 pandemic. Employers can use the guidance to develop policies and procedures to ensure the safety and health of their employees.

OSHA's [COVID-19 Safety and Health Topics](#) page also provides information for workers and employers that can be adapted to better suit evolving risk levels and necessary control measures in workplaces as states or regions satisfy the gating criteria to progress through the phases of the [White House Guidelines for Opening up America Again](#).

When can employees who have had COVID-19, or may have had COVID-19, return to work?

The Centers for Disease Control and Prevention provides guidance about the discontinuation of home isolation for people with COVID-19. The [Medical Information](#) page of OSHA's [COVID-19 Safety and Health Topics](#) page also provides information about returning to work after having COVID-19. This guidance applies to workers with COVID-19 symptoms, even if they were not tested for COVID-19.

Testing for COVID-19

Where can I learn more about COVID-19 testing?

The Centers for Disease Control and Prevention provides information about testing for COVID-19, including who should be tested and what actions to take based on test results.

State, local, tribal, and territorial health departments and your healthcare provider can also help you learn about COVID-19 testing.

What should employers do when an employee tests positive for COVID-19?

Workers who test positive for COVID-19 will be notified of their results by their healthcare providers or public health department and will likely be advised to self-isolate or seek medical care. OSHA recommends that workers tell their supervisors if they have tested positive for COVID-19 so that employers can take steps, such as cleaning and disinfection, to protect other workers. Employers who become aware of a case among their workers should:

- Follow the Centers for Disease Control and Prevention (CDC) recommendations for community-related exposure to someone with known or suspected COVID-19.
- Follow CDC recommendations for when employees can return to work after having COVID-19.
- Follow CDC cleaning and disinfection recommendations to protect other employees.

Is an employer required to notify other employees if a worker gets COVID-19 or tests positive COVID-19?

OSHA does not require employers to notify other employees if one of their coworkers gets COVID-19. However, employers must take appropriate steps to protect other workers from exposure to SARS-CoV-2, the virus that causes COVID-19, in the workplace. These steps might include specific actions as a result of a confirmed case, such as cleaning and disinfecting the work environment, notifying other workers to monitor themselves for signs/symptoms of COVID-19, or implementing a screening program in the workplace (e.g., for signs/symptoms of COVID-19 among workers).

The CDC Guidance for Business and Employers recommends employers determine which employees may have been exposed to the virus and inform employees of their possible exposure to COVID-19 in the workplace. However, employers should maintain confidentiality as required by the Americans with Disabilities Act (ADA), and the information disclosed and method of disclosure must comply with applicable federal, state, and local laws.

Employers and workers can visit the U.S. Equal Employment Opportunity Commission's COVID-19 webpage and frequently asked questions to learn more about this topic.

Where can I learn more about what information employers can collect from workers about COVID-19?

Employers and workers can visit the U.S. Equal Employment Opportunity Commission's COVID-19 webpage and frequently asked questions to learn more about this topic.

The U.S. Department of Justice also provides information about COVID-19 and the Americans with Disabilities Act.

Training

What COVID-19 training resources are available for employers?

The National Institute of Environmental Health Sciences offers training resources for workers and employers.

The Centers for Disease Control and Prevention provides training resources specific to healthcare.

The training that is necessary can vary depending on a worker's job tasks, exposure risks, and the type of controls in place to protect workers. See OSHA's COVID-19 Safety and Health Topics page for more specific information.

What topics should employers cover in COVID-19 training for workers?

During the COVID-19 pandemic, employers should consider training workers about:

- The basics of how SARS-CoV-2, the virus that causes COVID-19, spreads;
- Their risk of exposure to SARS-CoV-2 on the job;

- Appropriate cleaning and disinfection in the workplace.
- Measures being taken to protect them from exposure and infection, including handwashing, covering coughs and sneezes, social distancing, and use of any necessary workplace controls and/or personal protective equipment (PPE);
- What employees should do if they are sick, including staying home and reporting any signs/symptoms of COVID-19 to their supervisor.

Some OSHA standards require employers to provide specific training to workers. For example, there are training requirements in OSHA's PPE standards (29 CFR Part 1910, Subpart I), including the Respiratory Protection standard (29 CFR 1910.134).

The training that is necessary can vary depending on a worker's job tasks, exposure risks, and the type of controls implemented to protect workers. See OSHA's COVID-19 Safety and Health Topics page for more specific information.

Can OSHA 10- or 30-hour trainers conduct virtual trainings (e.g., via web conference software)?

Yes. Outreach trainers should contact their OSHA Training Institute (OTI) Education Center to request an exception. The OSHA Outreach Training Program provides workers with basic (10-hr) and more advanced (30-hr) training about common safety and health hazards on the job.

Worker Protection Concerns

What can I do if I believe my employer is not protecting me from exposure to SARS-CoV-2, the virus that causes COVID-19, on the job?

Under federal law, you are entitled to a safe workplace. Your employer must provide a workplace free of known health and safety hazards. If you have concerns, you have the right to speak up about them without fear of retaliation.

If you believe you are being exposed to SARS-CoV-2, the virus that causes COVID-19, or that your employer is not taking appropriate steps to protect you from exposure to the virus at work, talk to your supervisor or employer about your concerns. OSHA provides recommendations for measures workers and employers can take to prevent exposures and infections.

You have the right to file a complaint if you feel you are being exposed to a serious health or safety hazard. If you have suffered retaliation because you voiced concerns about a health or safety hazard, you have the right to file a whistleblower protection complaint.

If you believe you have contracted COVID-19 on the job, OSHA recommends several steps you should take, including notifying your supervisor. Your employer can take actions that will keep others in your workplace healthy and may be able to offer you leave flexibilities while you are away from work.

Visit OSHA's Workers page to learn more.

Can my employer force me to work if I have concerns about COVID-19, including a coworker having tested positive, personal medical concerns, or a high-risk family member living at my home?

Generally, your employer may require you to come to work during the COVID-19 pandemic. However, some government emergency orders may affect which businesses can remain open during the pandemic.

Under federal law, you are entitled to a safe workplace. Your employer must provide a safe and healthful workplace. If you have concerns, you have the right to speak up about them without fear of retaliation.

Under section 11(c) of the Occupational Safety and Health Act, a worker who refused to work would be protected from retaliation if:

- The worker believes that they faced death or serious injury (and the situation is so clearly hazardous that any reasonable person would believe the same thing);
- The worker tried, where possible, to get his or her employer to correct the condition, was unable to obtain a correction, and there is no other way to do the job safely; or
- The situation is so urgent that the worker does not have time to eliminate the hazard through regulatory channels, such as calling OSHA.

See 29 CFR 1977.12(b) for more information.

Employers and workers can visit the U.S. Equal Employment Opportunity Commission's COVID-19 webpage and frequently asked questions to learn more about reasonable accommodations.

You have the right to file a complaint if you are required to work and believe you are being exposed to a

serious health or safety hazard. If you have suffered retaliation because you voiced concerns about a health or safety hazard, you have the right to file a whistleblower protection complaint. No particular form is required and complaints may be submitted in any language.

Visit OSHA's Workers page to learn more.

My employer does not qualify as an essential business and is staying open in violation of an order that all non-essential businesses should be closed. Can I file an OSHA complaint?

If you believe that your health and safety are in danger, you (or your representative) have the right to file a confidential safety and health complaint with OSHA.

In general, state or local governments issue orders that nonessential businesses remain closed (and when they may reopen) during the COVID-19 pandemic. You should contact your state Attorney General's office or health department if you are concerned that your employer is violating a state or local order.

My workplace is running out of hand soap, wipes, and other sanitation products for workers. What can I do to stay safe?

Employers should strive to maintain a sufficient supply of sanitation and hygiene products such as soap or hand sanitizer with at least 60% alcohol to use when soap and water are not available. Handwashing is an important measure for staying safe. If your workplace is running low, speak to your supervisor about ensuring more is provided.

If soap is not available, CDC recommends using a hand sanitizer with at least 60% alcohol. Wear gloves, if needed. Don't touch your nose, mouth, eyes, face, or food with unwashed hands or while wearing gloves. OSHA's sanitation standards (29 CFR 1910.141, 29 CFR 1926.51, 29 CFR 1928.110, 29 CFR 1915.88, and 29 CFR 1917.127) are intended to ensure that workers do not suffer adverse health effects that can result if handwashing facilities and supplies and toilets are not sanitary or available when needed.

My workplace does not typically use disinfectants to clean and disinfect our workplace but has implemented those practices in the wake of COVID-19. Are there any rules or guidance about using these types of chemicals (other than following the instructions on the product's label)?

Workers who clean the workplace must be protected from exposure to hazardous chemicals used in these tasks. Employers must conduct a hazard assessment and, based on the results, provide the appropriate protective equipment for using disinfectants and other chemicals. Employers may also need to implement a hazard communication program that provides safety data sheets, container labels, and training on the hazards of the chemicals in the workplace, in compliance with OSHA's Hazard Communication standard (29 CFR 1910.1200).

Additional information on disinfecting a building or facility during the COVID-19 pandemic and preparing your workplace for COVID-19 is available and will be updated as more information becomes available.

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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