U.S. Department of Labor

January 29, 2021

WORKPLACE COVID-19 PREVENTION PROGRAM

- ✔ Conduct a hazard assessment
- ✔ Take multiple steps to limit the spread
- ✔ Keep infected or potentially infected workers away
- ✔ Protect workers against retaliation
- ✔ Inform workers of policies in a language they understand

Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

1. ***Other applicable OSHA Standards:*** All of OSHA's standards that apply to protecting workers from infection remain in place. These standards include: requirements for PPE (29 CFR 1910, Subpart I (e.g., 1910.132 and 133)), respiratory protection (29 CFR 1910.134), sanitation (29 CFR 1910.141), protection from bloodborne pathogens: (29 CFR 1910.1030), and OSHA's requirements for employee access to medical and exposure records (29 CFR 1910.1020). There is no OSHA standard specific to COVID-19; however, employers still are required under the General Duty Clause, Section 5(a)(1) of the OSH Act, to provide a safe and healthful workplace that is free from recognized hazards that can cause serious physical harm or death.

OSHA will update this guidance over time to reflect developments in science, best practices, and standards.

Guidance posted **January 29, 2021**

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Executive Summary

This guidance is intended to inform employers and workers in most workplace settings outside of healthcare to help them identify risks of being exposed to and/or contracting COVID-19 at work and to help them determine appropriate control measures to implement. Separate guidance is applicable to healthcare (CDC guidance) and emergency response (CDC guidance) settings. OSHA has additional industry-specific guidance. This guidance 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.

COVID-19 is a highly infectious disease that is spread most commonly through respiratory droplets and particles produced when an infected person exhales, talks, vocalizes, sneezes, or coughs. COVID-19 is highly transmissible and can be spread by people who have no symptoms. Particles containing the virus can travel more than 6 feet, especially indoors, and can be spread by individuals who do not know they are infected.

Face Coverings, either cloth face coverings or surgical masks, are simple barriers that help prevent respiratory droplets from your nose and mouth from reaching others. Face coverings protect those around you, in case you are infected but do not know it, and can also reduce your own exposure to infection in certain circumstances. Wearing a face covering is complementary to and not a replacement for physical distancing.

Employers should implement COVID-19 Prevention Programs in the workplace. The most effective programs engage workers and their union or other representatives in the program's development, and include the following key elements: conducting a hazard assessment; identifying a combination of measures that limit the spread of COVID-19 in the workplace; adopting measures to ensure that workers who are infected or potentially infected are separated and sent home from the workplace; and implementing protections from retaliation for workers who raise COVID-19 related concerns.

The guidance below provides additional detail on key measures for limiting the spread of COVID-19, starting with separating and sending home infected or potentially infected people from the workplace, implementing physical distancing, installing barriers where physical distancing cannot

[be maintained](#), and [suppressing the spread by using face coverings](#). It also provides guidance on [use of personal protective equipment (PPE)](#), when necessary, [improving ventilation](#), [providing supplies for good hygiene](#), and [routine cleaning and disinfection](#).

OSHA will continue to update this guidance over time to reflect developments in science, best practices, and standards, and will keep track of changes for the sake of transparency. In addition, OSHA expects to continue to update guidance relevant to particular industries or workplace situations over time.

Purpose

The Occupational Safety and Health Administration (OSHA) has prepared this guidance for planning purposes. Employers and workers should use this guidance to help identify risks of being exposed to and of contracting COVID-19 in workplace settings and to determine any appropriate control measures to implement.

This guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of existing mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in recognizing and abating hazards likely to cause death or serious physical harm as part of their obligation to provide a safe and healthful workplace.

Pursuant to the Occupational Safety and Health Act ("the OSH Act" or "the Act"), employers must comply with safety and health standards and regulations issued and enforced either by OSHA or by an OSHA-approved state plan. In addition, the Act's General Duty Clause, Section 5(a)(1), requires employers to provide their workers with a workplace free from recognized hazards that are causing or likely to cause death or serious physical harm.

About COVID-19

COVID-19 is a highly infectious disease that is spread from person to person through particles produced when an infected person exhales, talks, vocalizes, sneezes, or coughs. COVID-19 may also be transmitted when people touch a contaminated object and then touch their eyes, nose or mouth, although that is less common. COVID-19 is highly transmissible and can be spread by people who have no symptoms and who do not know they are infected. Particles containing the virus can travel more than 6 feet, especially indoors. The [CDC estimates](#) that over fifty percent of the recent spread of the virus is from individuals with no symptoms at the time of spread.

More information on COVID-19 is available from the [Centers for Disease Control and Prevention](#).

What Workers Need To Know about COVID-19 Protections in the Workplace

- The best way to protect yourself is to stay far enough away from other people so that you are not breathing in particles produced by an infected person – generally at least 6 feet (about 2 arm lengths), although this is not a guarantee, especially in enclosed spaces or those with poor ventilation.
- Practice good personal hygiene and wash your hands often. Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit. Monitor your health daily and be alert for COVID-19 symptoms (e.g., fever, cough, shortness of breath, or other symptoms of COVID-19).
- [Face coverings](#) are simple barriers to help prevent your respiratory droplets or aerosols from reaching others. Not all face coverings are the same; the CDC recommends that face coverings be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents.
- The main [function of wearing a face covering](#) is to protect those around you, in case you are infected but not showing symptoms. Studies show that face coverings reduce the spray of droplets when worn over the nose and mouth.
- Although not their primary value, [studies also show](#) that face coverings can reduce wearers' risk of infection in certain circumstances, depending upon the face covering.

- You should wear a face covering even if you do not feel sick. This is because people with COVID-19 who never develop symptoms (asymptomatic) and those who are not yet showing symptoms (pre-symptomatic) can still spread the virus to other people.
- It is especially important to wear a face covering when you are unable to stay at least 6 feet apart from others since COVID-19 spreads mainly among people who are in close contact with one another. But wearing a face covering does not eliminate the need for physical distancing or other control measures (e.g., handwashing).
- It is important to wear a face covering and remain physically distant from co-workers and customers even if you have been vaccinated because it is not known at this time how vaccination affects transmissibility.
- Many employers have established COVID-19 prevention programs that include a number of important steps to keep workers safe – including steps from telework to flexible schedules to personal protective equipment (PPE) and face coverings. Ask your employer about plans in your workplace.

The Roles of Employers and Workers in Responding to COVID-19

Under the OSH Act, employers are responsible for providing a safe and healthy workplace free from recognized hazards likely to cause death or serious physical harm.

Implementing a workplace **COVID-19 prevention program** is the most effective way to mitigate the spread of COVID-19 at work.

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

2. *Assignment of a workplace coordinator* who will be responsible for COVID-19 issues on the employer's behalf.

3. *Identification of where and how workers might be exposed to COVID-19 at work.* This includes a thorough hazard assessment to identify potential workplace hazards related to COVID-19. This assessment will be most effective if it involves workers (and their representatives) because they are often the people most familiar with the conditions they face.

4. *Identification of a combination of measures that will limit the spread of COVID-19 in the workplace, in line with the principles of the hierarchy of controls.* This should include a combination of eliminating the hazard, engineering controls, workplace administrative policies, personal protective equipment (PPE), and other measures, prioritizing controls from most to least effective, to protect workers from COVID-19 hazards. Key examples (discussed in additional detail below) include:

   In addition to these general guidelines, more specific guidance is available for certain industries.

   A. eliminating the hazard by separating and sending home infected or potentially infected people from the workplace;
   B. implementing physical distancing in all communal work areas [includes remote work and telework];
   C. installing barriers where physical distancing cannot be maintained;
   D. suppressing the spread of the hazard using face coverings;
   E. improving ventilation;
   F. using applicable PPE to protect workers from exposure;
   G. providing the supplies necessary for good hygiene practices; and
   H. performing routine cleaning and disinfection.

5. ***Consideration of protections for workers at [higher risk for severe illness](#) through supportive policies and practices.*** [Older adults](#) and people of any age who have [serious underlying medical conditions](#) are at higher risk for severe illness from COVID-19. Workers with disabilities may be [legally entitled](#) to "reasonable accommodations" that protect them from the risk of contracting COVID-19. Where feasible, employers should consider reasonable modifications for workers identified as high-risk who can do some or all of their work at home (part or full-time), or in less densely-occupied, better-ventilated alternate facilities or offices.

6. ***Establishment of a system for communicating effectively with workers and in a language they understand.*** Ask workers to report to the employer, without fear of reprisal (see 12 below), COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace. Communicate to workers, in a language they can understand and in a manner accessible to individuals with disabilities, all policies and procedures implemented for responding to sick and exposed workers in the workplace. See below for additional elements involving [educating and training workers of COVID-19 procedures](#).

   In addition, a best practice is to create and test two-way communication systems that workers can use to self-report if they are sick or have been exposed, and that employers can use to notify workers of exposures and closures, respectively.

7. ***Educate and train workers on your COVID-19 policies and procedures using accessible formats and in a [language](#) they understand.*** Communicate supportive workplace policies clearly, frequently, in plain language that workers understand (including non-English languages, and American Sign Language or other accessible communication methods, if applicable), and in a manner accessible to individuals with disabilities, and via multiple methods to employees, contractors, and any other individuals on site, as appropriate, to promote a safe and healthy workplace. Communications should include:
   - Basic facts about COVID-19, including how it is spread and the importance of physical distancing, use of face coverings, and hand hygiene. See [About COVID-19](#) and [What Workers Need to Know About COVID-19](#), above and see more on [physical distancing](#), [PPE](#), [face coverings](#), and [hygiene](#), respectively, below;
   - Workplace policies and procedures implemented to protect workers from COVID-19 hazards (the employer's COVID-19 prevention program); and
   - Some means of tracking which workers have been informed and when.

   In addition, ensure that workers understand their rights to a safe and healthful work environment, whom to contact with questions or concerns about workplace safety and health, and their right to raise workplace safety and health concerns free of retaliation. This information should also be provided in a language that workers understand. (See [Implementing Protections from Retaliation](#), below.) Ensure supervisors are familiar with workplace flexibilities and other human resources policies and procedures.

8. ***Instruct workers who are infected or potentially infected to stay home and isolate or quarantine*** to prevent or reduce the risk of transmission of COVID-19. Ensure that absence policies are non-punitive. Policies that encourage workers to come to work sick or when they have been exposed to COVID-19 are disfavored. See below for additional guidance involving [eliminating the hazard](#).

9. ***Minimize the negative impact of quarantine and isolation on workers.*** When possible, allow them to telework, or work in an area isolated from others. If those are not possible, allow workers to use paid sick leave, if available, or consider implementing paid leave policies to reduce risk for everyone at the workplace. The [Families First Coronavirus Response Act](#) provides certain employers 100% reimbursement through tax credits to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19 through March 31, 2021.

10. ***Isolating workers who show symptoms at work.*** Workers who appear to have [symptoms](#) upon arrival at work or who develop symptoms during their work shift should immediately be separated from other workers, customers, and visitors, sent home, and encouraged to seek medical attention. See below for additional elements involving [screening and testing](#).

11. ***Performing enhanced cleaning and disinfection after people with suspected or confirmed COVID-19 have been in the facility***. If someone who has been in the facility is [suspected or confirmed to have COVID-19](#), follow the [CDC cleaning and disinfection recommendations](#). This includes:
    - **Closing areas** used by the potentially infected person for enhanced cleaning.
    a. **Opening outside doors and windows** to increase air circulation in the area.
    b. **Waiting as long as practical** before cleaning or disinfecting (24 hours is optimal).
    c. Cleaning and disinfecting **all immediate work areas and equipment used by the potentially infected person**, such as offices, bathrooms, shared tools and workplace items, tables or work surfaces, and shared electronic equipment like tablets, touch screens, keyboards, and remote controls.
    d. **Vacuuming the space if needed**. Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available. Wait until the room or space is unoccupied to vacuum.
    e. **Providing cleaning workers with disposable gloves**. Additional PPE (e.g., safety glasses, goggles, aprons) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
    f. After cleaning, **disinfecting the surface with an appropriate EPA-registered disinfectant on List N: Disinfectants for use against SARS-CoV-2**.
    g. **Following requirements** in OSHA standards [29 CFR 1910.1200](#) and [1910.132](#), [133](#), and [138](#) for hazard communication and PPE appropriate for exposure to cleaning chemicals.

    Once the area has been **appropriately disinfected**, it **can be opened for use**. **Workers without close contact** with the potentially infected person can return to the area immediately after disinfection.

    If it is **more than 7 days** since the infected person visited or used the facility, additional cleaning and disinfection is not necessary. Continue [routine cleaning and disinfection](#), described below.

12. ***Providing guidance on screening and testing:*** Follow state or local guidance and priorities for screening and viral testing in workplaces. Testing in the workplace may be arranged through a company's occupational health provider or in consultation with the local or state health department. Employers should inform workers of employer testing requirements, if any, and availability of testing options. CDC has published [strategies](#) for consideration of incorporating viral testing for SARS-CoV-2, the virus that causes COVID-19, into workplace COVID-19 preparedness, response, and control plans. ([See below for more on the use of testing to determine when a worker may return to work after illness or exposure](#).)

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

13. ***Recording and reporting COVID-19 infections and deaths:*** Employers are responsible for recording work-related cases of COVID-19 illness on their [Form 300 logs](#) if the following

requirements are met: (1) the case is a confirmed case of COVID-19; (2) the case is work-related (as defined by 29 CFR 1904.5); and (3) the case involves one or more relevant recording criteria (set forth in 29 CFR 1904.7) (e.g., medical treatment, days away from work). Employers must follow the requirements in 29 CFR 1904 when reporting COVID-19 fatalities and hospitalizations to OSHA. More information is available on OSHA's website. Employers should also report outbreaks to health departments as required and support their contact tracing efforts.

In addition, employers should be aware that reprisal or discrimination against an employee for speaking out about unsafe working conditions or reporting an infection or exposure to COVID-19 to an employer or OSHA would constitute a violation of Section 11(c) of the Act. In addition, 29 CFR 1904.35(b) also prohibits discrimination against an employee for reporting a work-related illness.

14. ***Implementing protections from retaliation and setting up an anonymous process for workers to voice concerns about COVID-19-related hazards:*** Section 11(c) of the OSH Act prohibits discharging or in any other way discriminating against an employee for engaging in various occupational safety and health activities. For example, employers may not discriminate against employees for raising a reasonable concern about infection control related to COVID-19 to the employer, the employer's agent, other employees, a government agency, or to the public, such as through print, online, social, or any other media; or against an employee for voluntarily providing and wearing their own personal protective equipment, such as a respirator, face shield, gloves, or surgical mask.

In addition to notifying workers of their rights to a safe and healthful work environment, ensure that workers know whom to contact with questions or concerns about workplace safety and health, and that there are prohibitions against retaliation for raising workplace safety and health concerns or engaging in other protected occupational safety and health activities (see educating and training workers about COVID-19 policies and procedures, above); also consider using a hotline or other method for workers to voice concerns anonymously.

15. ***Making a COVID-19 vaccine or vaccination series available at no cost to all eligible employees***. Provide information and training on the benefits and safety of vaccinations.

16. ***Not distinguishing between workers who are vaccinated and those who are not:*** Workers who are vaccinated must continue to follow protective measures, such as wearing a face covering and remaining physically distant, because at this time, there is not evidence that COVID-19 vaccines prevent transmission of the virus from person-to-person. The CDC explains that experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19.

17. ***Other applicable OSHA Standards:*** All of OSHA's standards that apply to protecting workers from infection remain in place. These standards include: requirements for PPE (29 CFR 1910, Subpart I (e.g., 1910.132 and 133)), respiratory protection (29 CFR 1910.134), sanitation (29 CFR 1910.141), protection from bloodborne pathogens: (29 CFR 1910.1030), and OSHA's requirements for employee access to medical and exposure records (29 CFR 1910.1020). There is no OSHA standard specific to COVID-19; however, employers still are required under the General Duty Clause, Section 5(a)(1) of the OSH Act, to provide a safe and healthful workplace that is free from recognized hazards that can cause serious physical harm or death.

Additional Detail on Key Measures for Limiting the Spread

Eliminating the Hazard by Separating and Sending Home Infected or Potentially Infected People from the Workplace

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

1. **Workers who have or likely have COVID-19 should be isolated until they meet CDC guidelines for exiting isolation:**
   a. If they think or know they had COVID-19 and had symptoms, they can return after:
      i. At least 10 days since symptoms first appeared **and**
      ii. At least 24 hours with no fever without fever-reducing medication **and**
      iii. Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).
   b. Some workers might need to stay home and isolate longer than 10 days, as recommended by their healthcare providers:

      i. A healthcare provider may recommend that a worker who had severe illness from COVID-19 (admitted to a hospital and needed oxygen) stay in isolation for up to 20 days after symptoms first appeared.
      ii. Workers who had COVID-19 or tested positive for COVID-19 **and** have a weakened immune system should consult with their healthcare providers for more information. Their doctors may work with infectious disease experts at the local health department to determine when they can be around others.

      Notes:

      ▪ Under the Americans with Disabilities Act, employers are permitted to require a doctor's note from workers to verify that they are healthy and able to return to work. But given potential delays in seeking treatment and demands on the healthcare system, requiring a COVID-19 test result or a healthcare provider's note for workers who are sick to validate their illness or return to work may cause significant delays affecting employers and workers alike.
      ▪ A worker who has recovered from symptoms after testing positive for COVID-19 may continue to test positive for three months or more without being contagious to others. For this reason, these workers should be tested only if they develop new symptoms of possible COVID-19. If they have new symptoms, they should discuss getting tested again with their healthcare provider, especially if they have been in close contact with another person who has tested positive for COVID-19 in the last 14 days. CDC reports that instances of reinfection have so far been infrequent.
      ▪ CDC does NOT recommend that employers use antibody tests to determine which workers can work. Antibody tests check a blood sample for **past infection** with SARS-CoV-2, and are not very reliable. Viral tests check a respiratory sample (such as swabs of the inside of the nose) for **current infection** with SARS-CoV-2.
2. **Workers should quarantine if they have been exposed to COVID-19, which means**:

   a. They were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more within a 24-hour period, starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated, or
   b. They provided care at home to someone who is sick with COVID-19, or

c. They had direct physical contact with a person who has COVID-19 (hugged or kissed them), or
d. They shared eating or drinking utensils with a person who has COVID-19, or
e. Someone who has COVID-19 sneezed, coughed, or somehow got respiratory droplets on them.

Local public health authorities determine and establish the quarantine options for their jurisdictions. CDC guidance provides that individuals who have been exposed should:

- Stay home for 14 days after last contact with a person who has COVID-19,
- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19, and
- To the extent possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.

CDC also recognizes that local public health departments may consider other options for ending quarantine; for example, end quarantine after day 10 without testing, or after day 7 after receiving a negative test result (test must occur on day 5 or later). CDC continues to endorsequarantining for 14 days and recognizes that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. Therefore, after stopping a quarantine of less than 14 days, these individuals should:

- Watch for symptoms until 14 days after exposure;
- Immediately self-isolate and contact the local public health authority or their healthcare providers if symptoms appear; and
- Wear a face covering, stay at least 6 feet from others, wash hands, avoid crowds, and take other steps to prevent the spread of COVID-19.

Employers may consider permitting critical infrastructure workers to continue to work in limited instances when it is necessary to preserve the function of critical infrastructure workplaces.

Implement Physical Distancing in All Communal Work Areas

The best way to protect individuals is to stay far enough away so as not to breathe in particles produced by an infected person – generally at least 6 feet, although this is not a guarantee of safety, especially in enclosed spaces or those with poor ventilation.

- Limit the number of people in one place at any given time:
  o Implement flexible worksites (e.g., telework).
  o Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of workers in the workplace at the same time).
  o Deliver services remotely (e.g., phone, video, or web).
  o Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events, in accordance with state and local regulations and guidance on size limits for meetings).
- Increase physical space:
  o **Between workers at the worksite** to at least 6 feet. This may require modifying the workspace or slowing production lines.
  o **Between workers and customers** by adjusting business practices to reduce close contact with customers — for example, by moving the electronic payment terminal/credit card reader farther away from the cashier, or by providing drive-through service, click-and-collect online shopping, shop-by-phone, curbside pickup, and delivery options.
- Alter workspaces to help workers and customers maintain physical distancing and physically separate workers by at least 6 feet from each other and from customers. Methods of physical distancing include signs, tape marks, decals, or other visual cues, placed 6 feet apart, to indicate where to stand.

- Shift primary stocking activities to off-peak or after hours, to reduce contact with customers.
- Offer vulnerable workers duties that minimize their contact with customers and other workers (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.
- Other measures that may reduce close contact:
  - Close or limit access to common areas where workers are likely to congregate and interact.
  - Prohibit handshaking or other forms of physical contact.
  - Ensure that all businesses and employers sharing the same workspace follow this guidance.
- When work tasks do not allow for adequate physical distancing, employers should check for additional industry-specific guidance.

Installing Barriers Where Physical Distancing Cannot Be Maintained

At fixed workstations where workers are not able to remain at least 6 feet away from other people, transparent shields or other solid barriers (e.g., plexiglass, flexible strip curtains) should be installed to separate workers from other people.

- The barriers should block face-to-face pathways between individuals in order to prevent direct transmission of respiratory droplets. The posture (sitting or standing) of users should be considered when designing and installing barriers.
- Where an opening in the barrier is necessary to permit the transfer of items, the opening should be as small as possible.
- Barriers do not replace the need for physical distancing – 6 feet of separation should be maintained between individuals whenever possible.

Suppressing the Spread of the Hazard Using Face Coverings

Provide all workers with face coverings (i.e., cloth face coverings, surgical masks), unless their work task requires a respirator. Employers should provide face coverings to the workers at no cost. Employers must discuss the possibility of "reasonable accommodation" for any workers who are unable to wear or have difficulty wearing certain types of face coverings due to a disability. In workplaces with employees who are deaf or have hearing deficits, employers should consider acquiring masks with clear coverings over the mouth for all workers to facilitate lip-reading.

Face coverings should be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents. They should fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face.

Require any other individuals at the workplace (e.g., visitors, customers, non-employees) to wear a face covering unless they are under the age of 2 or are actively consuming food or beverages on site.

- Wearing a face covering that covers the nose and mouth is a measure to contain the wearer's respiratory droplets and helps protect others. It may also protect the wearer.
- Wearing a face covering does not eliminate the need for physical distancing of at least 6 feet apart.
- For operations where the face covering worn by workers can become wet and soiled, provide workers with replacements daily or more frequently. Face shields may be provided for use with face coverings to protect them from getting wet and soiled, but they do not provide protection by themselves.
- Workers in a setting where face coverings may increase the risk of heat-related illness indoors or outdoors or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery) may consult with an occupational safety and health professional to determine the appropriate face covering/respirator for their setting.

Improving Ventilation

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

- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Increase ventilation rates when possible.
- When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to occupants in the building.
- Use fans to increase the effectiveness of open windows. To safely achieve this, fan placement is important. Avoid placing fans in a way that could potentially cause contaminated air to flow directly from one person over another. One helpful strategy is to use a window fan, placed safely and securely in a window, to exhaust room air to the outdoors. This will help draw fresh air into the room via other open windows and doors without generating strong room air currents.
- Disable demand-controlled ventilation (DCV).
- Reduce or eliminate recirculation, for example by opening minimum outdoor air dampers. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.
- Improve central air filtration to the MERV-13 (the grade of filter recommended by ASHRAE) or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
- Check filters to ensure they are within service life and appropriately installed.
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
- Ensure restroom exhaust fans are functional and operating at full capacity.
- Inspect and maintain local exhaust ventilation in areas such as kitchens and cooking areas.
- Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher-risk areas such as a nurse's office or areas frequently inhabited by persons with higher likelihood of COVID-19 and/or increased risk of getting COVID-19).
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher-risk areas).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited. Upper-room UVGI systems can be used to provide air cleaning within occupied spaces, and in-duct UVGI systems can help enhance air cleaning inside central ventilation systems.
- If ventilation cannot be increased, reduce occupancy level in the building. This increases the effective dilution ventilation per person.

Use Personal Protective Equipment When Necessary

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

- Determine what PPE is necessary to protect workers.
- Provide all PPE, if necessary, including respirators (N95 filtering facepiece respirators or better, including elastomeric respirators, without exhalation valves or vents), face shields, protective gowns and gloves, to the workers at no cost.
- Make sure to provide PPE in accordance with relevant OSHA standards and other industry-specific guidance. Respirators, if necessary, must be provided and used in compliance with 29 CFR 1910.134 (e.g., medical determination, fit testing, training on its correct use), including certain provisions for voluntary use when workers supply their own respirators,

and other PPE must be provided and used in accordance with the applicable standards in 29 CFR 1910, Subpart I (e.g., 1910.132 and 133). See additional information on PPE flexibilities and prioritization in the Personal Protective Equipment Considerations section within the Interim Guidance for U.S. Workers and Employers of Workers with Potential Occupational Exposures to SARS-CoV-2.

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

Provide the supplies necessary for good hygiene practices

Ensure that workers, customers, and visitors have supplies to clean their hands frequently and cover their coughs and sneezes:

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

Perform routine cleaning and disinfection

- Follow the Guidance for Cleaning and Disinfecting to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to COVID-19.
- Routinely clean all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
  - If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.
  - For disinfection, most common, EPA-registered, household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).
- Do not share objects or tools between workers, but if shared tools are required, ensure appropriate cleaning and disinfection is performed between uses.

- Provide disposable disinfecting wipes so that workers can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, electronic payment terminals, other work tools and equipment) before each use.
- Store and use disinfectants in a responsible and appropriate manner according to the label.
- Do not mix bleach or other cleaning and disinfection products together. This can create toxic vapors.
- Advise workers always to wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.