

COVID-19

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

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

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

Guidance posted **January 29, 2021**;
Updated **June 10, 2021**

Summary of changes **August 13, 2021**

- Update to reflect the July 27, 2021 Centers for Disease Control and Prevention (CDC) mask and testing recommendations for fully vaccinated people
- Reorganize Appendix recommendations for Manufacturing, Meat and Poultry Processing, Seafood Processing, and Agricultural Processing Industries
- Add links to guidance with the most up-to-date content

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Purpose

This guidance is designed to help employers protect workers who are unvaccinated (including people who are not fully vaccinated) or otherwise at-risk (as defined in the text box below), including if they are immunocompromised, and also implement new guidance involving workers who are fully vaccinated but located in areas of substantial or high community transmission.

This guidance contains recommendations as well as descriptions of the Occupational Safety and Health Administration's (OSHA's) mandatory safety and health standards, the latter of which are clearly labeled throughout as "**mandatory OSHA standards**." The recommendations are advisory in nature and informational in content and are intended to assist employers in providing a safe and healthful workplace free from recognized hazards that are causing or likely to cause death or serious physical harm.

OSHA emphasizes that vaccination is the most effective way to protect against severe illness or death from COVID-19. OSHA strongly encourages employers to provide paid time off to workers for the time it takes for them to get vaccinated and recover from any side effects. Employers should also consider working with local public health authorities to provide vaccinations for unvaccinated workers in the workplace. Finally, OSHA suggests that employers consider adopting policies that require workers to get vaccinated or to undergo regular

COVID-19 testing – in addition to mask wearing and physical distancing – if they remain unvaccinated. People are considered fully vaccinated for COVID-19 two weeks or more after they have completed their final dose of a COVID-19 vaccine authorized for Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration in the United States.

Executive Summary

This guidance is intended to help employers and workers not covered by the OSHA's COVID-19 Emergency Temporary Standard (ETS) for Healthcare, helping them identify COVID-19 exposure risks to workers who are unvaccinated or otherwise at risk even if they are fully vaccinated (e.g., if they are immunocompromised). See Text Box: Who Are "At-Risk" Workers?

This guidance is also intended to help employers and workers who are located in areas of substantial or high community transmission, who should take appropriate steps to prevent exposure and infection regardless of vaccination status. The U.S. Centers for Disease Control and Prevention (CDC) reports in its latest Interim Public Health Recommendations for Fully Vaccinated People that infections in fully vaccinated people (breakthrough infections) happen in only a small proportion of people who are fully vaccinated, even with the Delta variant. Moreover, when these infections occur among vaccinated people, they tend to be mild, reinforcing that vaccines are an effective and critical tool for bringing the pandemic under control.

However, preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can be infectious and can spread the virus to others.

This evidence has led CDC to update recommendations for fully vaccinated people to reduce their risk of becoming infected with the Delta variant and potentially spreading it to others, including by:

- wearing a mask¹ in public indoor settings in areas of substantial or high transmission;
- choosing to wear a mask regardless of level of transmission, particularly if individuals are at risk or have someone in their household who is at increased risk of severe disease or not fully vaccinated; and
- getting tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wearing a mask in public indoor settings for 14 days after exposure or until a negative test result.²

In this guidance, OSHA adopts analogous recommendations.

CDC has also updated its guidance for COVID-19 prevention in K-12 schools to recommend universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.³ CDC's Face Mask Order requiring masks on public transportation conveyances and inside transportation hubs has not changed, but CDC has announced that it will be amending its Face Masks Order to not require people to wear a mask in outdoor areas of conveyances (if such outdoor areas exist on the conveyance) or while outdoors at transportation hubs, and that it will exercise its enforcement discretion in the meantime.

Who Are "At-Risk Workers"?

Some conditions, such as a prior transplant, as well as prolonged use of corticosteroids or other immune-weakening medications, may affect workers' ability to have a full immune response to vaccination. To understand more about these conditions, see the CDC's page describing Vaccines for People with Underlying Medical Conditions and further definition of People with Certain Medical Conditions. Under the Americans with Disabilities Act (ADA), workers with disabilities may be legally entitled to reasonable accommodations that protect them from the risk of contracting COVID-19 if, for example, they cannot be protected through vaccination, cannot be vaccinated, or cannot use face coverings. Employers should consider taking steps to protect these at-risk workers as they would unvaccinated workers, regardless of

their vaccination status.

COVID-19 and Prevention

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the virus that causes **COVID-19**, is highly infectious and can spread from person to person, including through aerosol transmission of particles produced when an infected person exhales, talks, vocalizes, sneezes, or coughs. The virus that causes 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 in dry conditions (relative humidity below 40%), and can be spread by individuals who do not know they are infected.

Vaccines authorized by the U.S. Food and Drug Administration in the United States are highly effective at protecting most fully vaccinated people against symptomatic and severe COVID-19. OSHA encourages employers to take steps to make it easier for workers to get vaccinated and encourages workers to take advantage of those opportunities. However, CDC recognizes that even some fully vaccinated people who are largely protected against severe illness and death may still be capable of transmitting the virus to others. Therefore, this guidance mirrors CDC's in recommending masking and testing even for fully vaccinated people in certain circumstances.

OSHA also continues to recommend implementing multiple layers of controls (e.g. mask wearing, distancing, and increased ventilation). Along with vaccination, key controls to help protect unvaccinated and other at-risk workers include removing from the workplace all infected people, all people experiencing COVID symptoms, and any people who are not fully vaccinated who have had close contact with someone with COVID-19 and have not tested negative for COVID-19 immediately if symptoms develop and again at least 5 days after the contact (in which case they may return 7 days after contact). Fully vaccinated people who have had close contact should get tested for COVID-19 3-5 days after exposure and be required to wear face coverings for 14 days after their contact unless they test negative for COVID-19. Additional fundamental controls that protect unvaccinated and other at-risk workers include maintaining ventilation systems, implementing physical distancing, and properly using face coverings (or other Personal Protective Equipment (PPE) and respiratory protection such as N95 respirators when appropriate), and proper cleaning. Fully vaccinated people in areas of substantial or high transmission should be required to wear face coverings inside (or other appropriate PPE and respiratory protection) as well. Employees may request reasonable accommodations, absent an undue hardship, if they are unable to comply with safety requirements due to a disability. For more information, see the Equal Employment Opportunity Commission's (EEOC's) *What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws*.

Finally, OSHA provides employers with specific guidance for environments at a higher risk for exposure to or spread of COVID-19, primarily workplaces where unvaccinated or otherwise at-risk workers are more likely to be in prolonged, close contact with other workers or the public, or in closed spaces without adequate ventilation.

Scope

OSHA provides this guidance for employers as recommendations to use in protecting unvaccinated workers and otherwise at-risk workers, and to help those workers protect themselves. This guidance also incorporates CDC's recommendations for fully vaccinated workers in areas of substantial or high transmission. Employers and workers should use this guidance to determine any appropriate control measures to implement.

While this guidance addresses most workplaces, many healthcare workplace settings will be covered by the

mandatory OSHA COVID-19 Emergency Temporary Standard. Pursuant to the Occupational Safety and Health Act (the OSH Act or the Act), employers in those settings must comply with that standard. All employers must comply with any **other applicable mandatory 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 safe and healthful workplace free from recognized hazards that are causing or likely to cause death or serious physical harm. Employers who are not covered by the OSH Act (like public sector employers in some states) will also find useful control measures in this guidance to help reduce the risk of COVID-19 in their workplaces.

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 OSHA standards**, the latter of which are clearly labeled throughout. The recommendations are advisory in nature and 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.

About COVID-19

SARS-CoV-2, the virus that causes **COVID-19**, is highly infectious and spreads from person to person, including through aerosol transmission of particles produced when an infected person exhales, talks, vocalizes, sneezes, or coughs. COVID-19 is less commonly transmitted when people touch a contaminated object and then touch their eyes, nose, or mouth. The virus that causes 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 and in dry conditions with relative humidity below 40%. The CDC estimates that over fifty percent of the 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

SARS-CoV-2, the virus that causes COVID-19, spreads mainly among unvaccinated people who are in close contact with one another - particularly indoors and especially in poorly ventilated spaces.

Vaccination is the key element in a multi-layered approach to protect workers. Learn about and take advantage of opportunities that your employer may provide to take time off to get vaccinated. Vaccines authorized by the U.S. Food and Drug Administration are highly effective at protecting vaccinated people against symptomatic and severe COVID-19 illness and death. According to the CDC, a growing body of evidence suggests that fully vaccinated people are less likely to have symptomatic infection or transmit the virus to others. See CDC's [Guidance for Fully Vaccinated People](#); and [Science Brief](#).

You should follow recommended precautions and policies at your workplace. Multi-layered controls tailored to your workplace are especially important for those workers who are unvaccinated or otherwise at-risk. Many employers have established COVID-19 prevention programs that include a number of important steps to keep unvaccinated and otherwise at-risk workers safe. These COVID-19 prevention programs include measures such as telework and flexible schedules, engineering controls (especially ventilation), administrative policies (e.g., vaccination policies), PPE, face coverings, physical distancing, and enhanced cleaning programs with a focus on high-touch surfaces.

In addition, the CDC recommends that fully vaccinated people wear a mask in public indoor settings if they are in an area of substantial or high transmission. Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at increased

risk for severe disease, or if someone in their household is unvaccinated. Ask your employer about plans in your workplace. In addition, employees with disabilities who are at-risk may request reasonable accommodation under the ADA.

Even if your employer does not have a COVID-19 prevention program, if you are unvaccinated or otherwise at risk, you can help protect yourself by following the steps listed below:

- You should get a COVID-19 vaccine as soon as you can. Ask your employer about opportunities for paid leave, if necessary, to get vaccinated and recover from any side effects.
- Properly wear a face covering over your nose and mouth. Face coverings are simple barriers worn over the face, nose and chin. They work to help prevent your respiratory droplets or large particles from reaching others. Individuals are encouraged to choose higher quality masks so that they are providing a greater measure of protection to themselves as well as those around them. CDC provides general guidance on masks, including face coverings.
- If you are working outdoors, you may opt not to wear face coverings in many circumstances; however, your employer should support you in safely continuing to wear a face covering if you choose, especially if you work closely with other people.
- Unless you are fully vaccinated and not otherwise at-risk, stay far enough away from other people so that you are not breathing in particles produced by them – generally at least 6 feet (about 2 arm lengths), although this approach by itself is not a guarantee that you will avoid infection, especially in enclosed or poorly ventilated spaces. Ask your employer about possible telework and flexible schedule options at your workplace, and take advantage of such policies if possible. Perform work tasks, hold meetings, and take breaks outdoors when possible.
- Participate in any training offered by your employer/building manager to learn how rooms are ventilated effectively, encourage your employer to provide such training if it does not already exist, and notify the building manager if you see vents that are clogged, dirty, or blocked by furniture or equipment.
- Practice good personal hygiene and wash your hands often. Always cover your mouth and nose with a tissue, or the inside of your elbow, when you cough or sneeze, and do not spit. Monitor your health daily and be alert for COVID-19 symptoms (e.g., fever, cough, or shortness of breath). See CDC's Daily Activities and Going Out and CDC's Interim Public Health Recommendations for Fully Vaccinated People.
- Get tested regularly, especially in areas of substantial or high community transmission.

COVID-19 vaccines are highly effective at keeping you from getting COVID-19. If you are not yet fully vaccinated or are otherwise at risk, optimum protection is provided by using multiple layers of interventions that prevent exposure and infection.

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.

CDC's Interim Public Health Recommendations for Fully Vaccinated People explains that under some circumstances, fully vaccinated people need not take all the precautions that unvaccinated people should take, except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance. However, in light of evidence related to the Delta variant of the SARS-CoV-2 virus, the CDC updated its guidance to recommend that even people who are fully vaccinated wear a mask in public indoor settings in areas of substantial or high transmission, or if they have had a known exposure to someone with COVID-19 and have not had a subsequent negative test 3-5 days after the last date of that exposure. Schools should continue to follow applicable CDC guidance, which recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.

Employers should engage with workers and their representatives to determine how to implement multi-layered interventions to protect unvaccinated and otherwise at-risk workers and mitigate the spread of COVID-19, including:

1. **Facilitate employees getting vaccinated.** Employers should grant paid time off for employees to get vaccinated and recover from any side effects. The Department of Labor and OSHA, as well as other federal agencies, are working diligently to ensure access to COVID-19 vaccinations. CDC provides information on the benefits and safety of vaccinations. Businesses with fewer than 500 employees may be eligible for tax credits under the American Rescue Plan Act if they provide paid time off from April 1, 2021, through September 30, 2021, for employees who decide to receive the vaccine or to accompany a family or household member to receive the vaccine and to recover from any potential side effects from the vaccine. Employers should also consider working with local public health authorities to provide vaccinations in the workplace for unvaccinated workers. Finally, OSHA suggests that employers consider adopting policies that require workers to get vaccinated or to undergo regular COVID-19 testing – in addition to mask wearing and physical distancing – if they remain unvaccinated.
2. **Instruct any workers who are infected, unvaccinated workers who have had close contact with someone who tested positive for SARS-CoV-2, and all workers with COVID-19 symptoms to stay home from work** to prevent or reduce the risk of transmission of the virus that causes COVID-19. As recommended by the CDC, fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 should get tested 3-5 days after exposure and should wear a mask in public indoor settings for 14 days or until they receive a negative test result. People who are not fully vaccinated should be tested immediately after being identified, and, if negative, tested again in 5–7 days after last exposure or immediately if symptoms develop during quarantine. Ensure that absence policies are non-punitive. Eliminate or revise policies that encourage workers to come to work sick or when unvaccinated workers have been exposed to COVID-19. Businesses with fewer than 500 employees may be eligible for refundable tax credits under the American Rescue Plan (ARP) Act if they provide paid time off for sick and family leave to their employees due to COVID-19-related reasons. The ARP tax credits are available to eligible employers that pay sick and family leave for qualified leave from April 1, 2021, through September 30, 2021. More information is available from the IRS.
3. **Implement physical distancing in all communal work areas for unvaccinated and otherwise at-risk workers.** A key way to protect such workers is to physically distance them from other such people (workers or customers) – generally at least 6 feet of distance is recommended, although this is not a guarantee of safety, especially in enclosed or poorly ventilated spaces. In a workplace, workers often are required to work in close proximity to each other and/or customers or clients for extended periods of time. Maintaining physical distancing at the workplace for such workers is an important control to limit the spread of COVID-19.

Employers could also limit the number of unvaccinated or otherwise at-risk workers in one place at any given time, for example by implementing flexible worksites (e.g., telework); implementing flexible work hours (e.g., rotate or stagger shifts to limit the number of such workers in the workplace at the same time); delivering services remotely (e.g., phone, video, or web); or implementing flexible meeting and travel options, for such workers.

At fixed workstations where unvaccinated or otherwise at-risk workers are not able to remain at least 6 feet away from other people, transparent shields or other solid barriers can separate these workers from other people. Barriers should block face-to-face pathways between individuals in order to prevent direct transmission of respiratory droplets, and any openings should be placed at the bottom and made as small as possible. The height and posture (sitting or standing) of affected workers, directional airflow, and fire

safety should be considered when designing and installing barriers, as should the need for enhanced ventilation.

- 4. Provide workers with face coverings or surgical masks,⁴ as appropriate, unless their work task requires a respirator or other PPE.** In addition to unvaccinated and otherwise at-risk workers, CDC recommends that even fully vaccinated people wear masks in public indoor settings in areas of substantial or high transmission and notes that fully vaccinated people may appropriately choose to wear masks in public indoor settings regardless of community level of transmission, particularly if they are at risk or have someone in their household who is at risk or not fully vaccinated.

Workers should wear a face covering that covers the nose and mouth to contain the wearer's respiratory droplets and to help protect others and potentially themselves. 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.

Employers should provide face coverings to workers who request them at no cost (and make replacements available to workers when they request them). Under federal anti-discrimination laws, employers may need to provide reasonable accommodations for any workers who are unable to wear or have difficulty wearing certain types of face coverings due to a disability or who need a religious accommodation under Title VII of the Civil Rights Act of 1964. In workplaces with employees who are deaf or hard of hearing, employers should consider acquiring masks with clear coverings over the mouth to facilitate lip-reading.

Unless otherwise provided by federal, state, or local requirements, workers who are outdoors may opt not to wear face coverings unless they are at risk, for example, if they are immunocompromised. Regardless, all workers should be supported in continuing to wear a face covering if they choose, especially in order to safely work closely with other people.

When an employer determines that PPE is necessary to protect unvaccinated and otherwise at-risk workers from exposure to COVID-19, the employer must provide PPE in accordance with **relevant mandatory OSHA standards** and should consider providing PPE in accordance with 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 part 1910, Subpart I (e.g., 1910.132 and 133). There are times when PPE is not called for by OSHA standards or other industry-specific guidance, but some workers may have a legal right to PPE as a reasonable accommodation under the ADA. Employers are encouraged to proactively inform employees who have a legal right to PPE as a reasonable accommodation for their disability about how to make such a request. Other workers may want to use PPE if they are still concerned about their personal safety (e.g., if a family member is at higher risk for severe illness, they may want to wear 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 and ensure the equipment is adequate to protect the worker.

For operations where the face covering can become wet and soiled, provide workers with replacements daily or more frequently, as needed. Face shields may be provided for use with face coverings to protect them from getting wet and soiled, but they do not provide adequate protection by themselves. See CDC's Guide to Masks.

Employers with 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 wish to consult with an occupational safety and health professional to help determine the appropriate face covering/respirator use for their setting.

5. **Educate and train workers on your COVID-19 policies and procedures using accessible formats and in languages they understand.** Train managers on how to implement COVID-19 policies. Communicate supportive workplace policies clearly, frequently, and via multiple methods to promote a safe and healthy workplace. Communications should be in plain language that unvaccinated and otherwise at-risk 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. Training should be directed at employees, contractors, and any other individuals on site, as appropriate, and should include:
- A. Basic facts about COVID-19, including how it is spread and the importance of physical distancing (including remote work), ventilation, vaccination, use of face coverings, and hand hygiene.
 - B. Workplace policies and procedures implemented to protect workers from COVID-19 hazards.

For basic facts, see About COVID-19 and What Workers Need to Know About COVID-19 above and see more on vaccinations, improving ventilation, physical distancing (including remote work), PPE, and face coverings, respectively, elsewhere in this document. Some means of tracking which workers have received this information, and when, could be utilized by the employer as appropriate.

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 from retaliation. (See Implementing Protections from Retaliation, below.) This information should also be provided in a language that workers understand. Ensure supervisors are familiar with workplace flexibilities and other human resources policies and procedures.

6. **Suggest or require that unvaccinated customers, visitors, or guests wear face coverings in public-facing workplaces such as retail establishments, and that all customers, visitors, or guests wear face coverings in public, indoor settings in areas of substantial or high transmission.** This could include posting a notice or otherwise suggesting or requiring that people wear face coverings, even if no longer required by your jurisdiction. Individuals who are under the age of 2 or are actively consuming food or beverages on site need not wear face coverings.
7. **Maintain Ventilation Systems.** The virus that causes COVID-19 spreads between people more readily indoors than outdoors. Improving ventilation is a key engineering control that can be used as part of a layered strategy to reduce the concentration of viral particles in indoor air and the risk of virus transmission to unvaccinated and otherwise at-risk workers in particular. A well-maintained ventilation system is particularly important in any indoor workplace setting and when working properly, ventilation is an important control measure to limit the spread of COVID-19. Some measures to improve ventilation are discussed in CDC's Ventilation in Buildings and in the OSHA Alert: COVID-19 Guidance on Ventilation in the Workplace. These recommendations are based on American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Guidance for Building Operations and Industrial Settings during the COVID-19 Pandemic. Adequate ventilation will protect all people in a closed space. Key measures include ensuring heating, ventilation, and air conditioning (HVAC) systems are operating in accordance with the manufacturer's instructions and design specifications, conducting all regularly scheduled inspections and maintenance procedures, maximizing the amount of outside air supplied, installing air filters with a Minimum Efficiency Reporting Value (MERV) 13 or higher where feasible, maximizing natural ventilation in buildings without HVAC systems by opening windows or doors, when conditions allow (if that does not pose a safety risk), and considering the use of portable air cleaners with High Efficiency Particulate Air (HEPA) filters in spaces with high occupancy or limited ventilation.
8. **Perform routine cleaning and disinfection.** If someone who has been in the facility within 24 hours is suspected of having or confirmed to have COVID-19, follow the CDC cleaning and disinfection

recommendations. Follow requirements in **mandatory OSHA standards** 29 CFR 1910.1200 and 1910.132, 133, and 138 for hazard communication and PPE appropriate for exposure to cleaning chemicals.

- 9. Record and report COVID-19 infections and deaths:** Under **mandatory OSHA rules in 29 CFR part 1904**, employers are required to record work-related cases of COVID-19 illness on OSHA's 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 part 1904 when reporting COVID-19 fatalities and hospitalizations to OSHA. More information is available on OSHA's website. Employers should also report outbreaks to local health departments as required and support their contact tracing efforts.

In addition, employers should be aware that Section 11(c) of the Act prohibits 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. In addition, **mandatory OSHA standard** 29 CFR 1904.35(b) also prohibits discrimination against an employee for reporting a work-related illness.

Note on recording adverse reactions to vaccines: OSHA, like many other federal agencies, is working diligently to encourage COVID-19 vaccinations. OSHA does not want to give any suggestion of discouraging workers from receiving COVID-19 vaccination or to disincentivize employers' vaccination efforts. As a result, OSHA will not enforce 29 CFR part 1904's recording requirements to require any employers to record worker side effects from COVID-19 vaccination at least through May 2022. OSHA will reevaluate the agency's position at that time to determine the best course of action moving forward. Individuals may choose to submit adverse reactions to the federal Vaccine Adverse Event Reporting System.

- 10. Implement protections from retaliation and set 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. Examples of violations of Section 11(c) could include discriminating 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 safely wearing their own PPE, 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.

- 11. Follow other applicable mandatory OSHA standards:** All of OSHA's standards that apply to protecting workers from infection remain in place. These **mandatory OSHA standards** include: requirements for PPE (29 CFR part 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). Many healthcare workplaces will be covered by the **mandatory OSHA COVID-19 Emergency Temporary Standard**. More information on that standard is available on OSHA's website. Employers are also required by the General Duty Clause, Section 5(a)(1) of the OSH Act, to provide a safe and healthful workplace free from recognized hazards that are causing or likely to cause death or serious physical harm.

Appendix: Measures Appropriate for Higher-Risk Workplaces with Mixed-Vaccination Status Workers

Employers should take additional steps to mitigate the spread of COVID-19 among unvaccinated or otherwise at-risk workers due to the following types of workplace environmental factors, especially in locations of substantial or high transmission:

- **Close contact**— where unvaccinated and otherwise at-risk workers are working close to one another, for example, on production or assembly lines or in busy retail settings. Such workers may also be near one another at other times, such as when clocking in or out, during breaks, or in locker/changing rooms.
- **Duration of contact** – where unvaccinated and otherwise at-risk workers often have prolonged closeness to coworkers (e.g., for 6–12 hours per shift). Continued contact with potentially infectious individuals increases the risk of SARS-CoV-2 transmission.
- **Type of contact** – where unvaccinated and otherwise at-risk workers may be exposed to the infectious virus through respiratory particles in the air—for example, when infected workers in a manufacturing or factory setting cough or sneeze, especially in poorly ventilated spaces. Confined spaces without adequate ventilation increase the risk of viral exposure and transmission. It is also possible, although less likely, that exposure could occur from contact with contaminated surfaces or objects, such as tools, workstations, or break room tables. Shared closed spaces such as break rooms, locker rooms, and interior hallways in the facility may contribute to risk.
- **Other distinctive factors that may increase risk among unvaccinated or otherwise at-risk workers include:**
 - A common practice at some workplaces of sharing employer-provided transportation such as ride-share vans or shuttle vehicles;
 - Frequent contact with other individuals in community settings, especially in areas where there is substantial or high community transmission; and
 - Communal housing or living quarters onboard vessels with other unvaccinated or otherwise at-risk individuals.

In these types of higher-risk workplaces – which include manufacturing; meat, seafood, and poultry processing; high-volume retail and grocery; and agricultural processing settings – this Appendix provides best practices to protect unvaccinated and otherwise at-risk workers. Please note that these recommendations are *in addition to* those in the general precautions described above, including isolation of infected or possibly infected workers, and other precautions.

In all workplaces with heightened risk due to workplace environmental factors where there are unvaccinated or otherwise at-risk workers in the workplace:

- Stagger break times in these generally high-population workplaces, or provide temporary break areas and restrooms to avoid groups of unvaccinated or otherwise at-risk workers congregating during breaks. Such workers should maintain at least 6 feet of distance from others at all times, including on breaks.
- Stagger workers' arrival and departure times to avoid congregations of unvaccinated or otherwise at-risk workers in parking areas, locker rooms, and near time clocks.
- Provide visual cues (e.g., floor markings, signs) as a reminder to maintain physical distancing.
- Require unvaccinated or otherwise at-risk workers, and also fully vaccinated workers in areas of substantial

or high community transmission, to wear masks whenever possible, encourage and consider requiring customers and other visitors to do the same.

- Implement strategies (tailored to your workplace) to improve ventilation that protects workers as outlined in CDC's Ventilation in Buildings and in the OSHA Alert: COVID-19 Guidance on Ventilation in the Workplace, and ASHRAE Guidance for Building Operations and Industrial Settings During the COVID-19 Pandemic.

In high-volume retail workplaces (or well-defined work areas within retail workplaces) where there are unvaccinated or otherwise at-risk workers, customers, or other people:

- Ask customers and other visitors to wear masks—or consider requiring them—especially in areas of substantial or high transmission.
- Consider ways to promote physical distancing between unvaccinated or otherwise at-risk people and/or limiting occupancy to allow for physical distancing consistent with CDC guidance.
- Move the electronic payment terminal/credit card reader farther away from unvaccinated and otherwise at-risk workers in order to increase the distance between customers and such workers, if possible.
- Adjust stocking activities to limit contact between unvaccinated and otherwise at-risk workers and customers.

Unvaccinated or otherwise at-risk workers are also at risk when traveling to and from work in employer-provided buses and vans.

- Notify unvaccinated and otherwise at-risk workers of this risk and, to the extent feasible, help them limit the number of such workers in one vehicle.
- Make sure all unvaccinated and otherwise at-risk workers sharing a vehicle are wearing appropriate face coverings. Make sure all workers wear appropriate face coverings in areas of substantial or high community transmission.
- Where not prohibited by weather conditions, open vehicle windows.

In meat, poultry, and seafood processing settings; manufacturing facilities; and assembly line operations (including in agriculture) involving unvaccinated and otherwise at-risk workers:

- Ensure adequate ventilation in the facility, or if feasible, move work outdoors.
- Space such workers out, ideally at least 6 feet apart, and ensure that such workers are not working directly across from one another. Barriers are not a replacement for worker use of face coverings and physical distancing.
- If barriers are used where physical distancing cannot be maintained, they should be made of a solid, impermeable material, like plastic or acrylic, that can be easily cleaned or replaced. Barriers should block face-to-face pathways and should not flap or otherwise move out of position when they are being used.
- Barriers do not replace the need for physical distancing – at least six feet of separation should be maintained between unvaccinated and otherwise at-risk individuals whenever possible.

¹ CDC provides information about face coverings as one type of mask among other types of masks. OSHA differentiates face coverings from the term “mask” and from respirators that meet OSHA's Respiratory Protection Standard.

CDC's definition of masks includes those that are made of cloth, those that are disposable, and those that meet a standard. Cloth face coverings may be commercially produced or improvised (i.e., homemade) and are not considered personal protective equipment (PPE). Surgical masks are typically cleared by the U.S. Food and Drug Administration as medical devices and are used to protect workers against splashes and sprays (i.e., droplets) containing potentially infectious materials; in this capacity, surgical masks are considered PPE.

² People who are not fully vaccinated should be tested immediately after being identified (with known exposure to someone with suspect or confirmed COVID-19), and, if negative, tested again in 5–7 days after last exposure or immediately if symptoms develop during quarantine.

³ The CDC and the Department of Education have addressed situations where a student cannot wear a mask because of disability. See [Guidance for COVID-19 Prevention in K-12 Schools and COVID-19 Manual - Volume 1](#) (updated).

⁴ See footnote 1 for more on masking.

UNITED STATES DEPARTMENT OF LABOR

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