

## COVID-19 Plan Template with TMA Enhancements

Version 2 – September 9, 2021

- OSHA’s COVID-19 Healthcare Emergency Temporary Standard (ETS) requires healthcare employers to develop and implement a COVID-19 plan for each workplace to protect workers from COVID-19. Pursuant to that federal rule, states must implement rules that are at least as strict as the federal ETS. Thus, Tennessee OSHA, called “TOSHA,” has promulgated emergency rules, effective until February 20, 2022. If an employer has more than 10 employees, the plan must be written. OSHA posted a template plan on its website and TMA has enhanced it in order to help its members comply. Employers may use this template to develop a COVID-19 plan for their workplace by September 7, 2021.
- If employers choose to use this template, there are 2 STEPS to complete:
  - STEP 1: Determine if OSHA’s COVID-19 Healthcare ETS applies to your workplace or portions of your workplace.
  - STEP 2: Customize this COVID-19 plan template for your workplace. TMA believes that adoption of a plan using this template should satisfy both the federal ETS and state Rules.

**DISCLAIMER:** This correspondence and discussion of this issue should not be construed as legal advice or representation by the TMA. It does not constitute an attorney-client relationship between you or any TMA employee. This unwarranted material is provided only for informational purposes. Should you require legal advice or representation, you should contact your personal attorney.

### STEP 1: Determine if the ETS applies to your workplace or portions of your workplace.

**TMA Note:** Here is a link to the Rules: [https://publications.tnsosfiles.com/rules\\_filings/08-23-21.pdf](https://publications.tnsosfiles.com/rules_filings/08-23-21.pdf)

You may use the [“Is your workplace covered by the COVID-19 Healthcare ETS?”](#) flow chart to determine whether and how OSHA’s COVID-19 Healthcare ETS applies to your workplace. Note that this determination must be made for each workplace where your employees work if an employer has multiple locations.

#### *TMA Comments:*

*A medical practice may have an administrative office separate from its medical office. The Rules may not apply to the administrative office location because its staff does not provide healthcare services while it would likely apply to the medical office (unless an exception applies). TMA recommends that your employer document this process, determining whether the ETS applies, took place. If a workplace determines it is not subject to the ETS, it should document why.*

*For medical practices, the most likely exception is found in Rule 0800-01-12-.01(2)(c). Workplaces that meet this exemption are out from under the requirements of the ETS altogether. Subsection (2)(c) exempts non-hospital*

ambulatory care settings where:

- 1) the setting is a non-hospital outpatient care setting;
- 2) all non-employees are screened prior to entry; and
- 3) people with suspected or confirmed COVID-19 are not permitted to enter those settings.

The terms “ambulatory care,” and “screen” are defined in Rule 0800-01-12-.02 – Definitions. The term “people” is not defined but TMA takes this to mean patients, non-patients, and employees. In order to claim the exemption, a workplace would need to meet all four criteria. Patient screening and management is discussed in Rule 0800-01-12-.04 and employee screening and management is discussed in Rule 0800-01-12-.12(1). All of these sections should be reviewed in making a decision on application of the ETS to your workplace. Remember, the ETS may apply to some portions of your workplace but not others.

Rule 0800-01-12-.01(4) is a limited exemption for “well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, Rules .06 (PPE), .08 (Physical Distancing) and .09 (Physical Barriers) do not apply to employees who are fully vaccinated.” “Fully vaccinated” is defined in Rule 0800-01-12-.02 as all doses plus two weeks. In making a determination as to whether this limited exemption applies, read and comply with Rule 0800-01-12-.03(4) – “Assessment.” In order to qualify for the exemption in paragraph (a)(4), the practice’s COVID-19 plan must include policies and procedures to determine employees’ vaccination status and that it stays that way. For example, hiring a new non-vaccinated employee in some areas might make the limited exemption go away. To be clear, a fully vaccinated workplace only exempts the practice from the PPE, physical distance and barrier rules; it still must have a COVID-19 plan and comply with the rest of the ETS.

Get this determination right. There are civil monetary penalties for non-compliance with the ETS and the Rules. It is also a potential minefield for trouble from disgruntled employees.

## STEP 2: Customize this COVID-19 plan template for your workplace.

Customize areas marked with blue text and modify (change, add, or remove sections of) this document until the plan accurately represents your policies. The plan must match the policies, procedures, and controls that will be implemented in the workplace, and must accurately describe what employees are expected to do. Consult with non-managerial employees and their representatives, if any, before finalizing this plan.

### [Employer name]’s COVID-19 Plan

#### TMA Comments:

If the ETS applies to your health care setting, or a portion of it, then the employer must have a COVID-19 Plan. If the setting has 11 or more employees, its COVID-19 Plan must be in writing. Below, OSHA provides a template COVID-19 Plan with suggested language. This is helpful but there is still a lot of language of the Plan that needs to be supplied by the employer. Typically, OSHA’s language in blue font requires the employer to enter some language. Within OSHA’s template, TMA provides clarifying commentary and some suggested language for compliance. Fill it in and delete the comments and your practice will have its COVID-19 Plan. Fortunately, 18+ months into this pandemic, most practices already have policies or instructions for things like screening, social distancing, barriers, work flow, etc. that just need to be included in the COVID-19 Plan. All that will be left is monitoring and implementation of the Plan.

## 1. Purpose and Scope

[Employer name] is committed to providing a safe and healthy workplace for all our employees. [Employer name] has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA’s COVID-19 Emergency Temporary Standard (ETS).

[If [Employer name] has multiple workplaces, choose from the following:

[Employer name] has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included in the table below.

or

[Employer name] has multiple workplaces that are not substantially similar, and therefore has created a separate COVID-19 plan for each workplace.]

Facility Location	Worksite-Specific COVID-19 Considerations

## 2. Roles and Responsibilities

[Employer name]’s goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Safety Coordinator(s), listed below, implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator(s) has [Employer name]’s full support in implementing and monitoring this COVID-19 plan, and has authority to ensure compliance with all aspects of this plan.

[Employer name] and the COVID-19 Safety Coordinator(s) will work cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan.

[Describe how employee suggestions will be solicited or requested, how employee concerns will be addressed, and how such suggestions will be integrated into developing, implementing, monitoring, and updating the plan.]

*TMA suggested language to address how employee suggestions will be solicited or requested, how employee concerns will be addressed, and how such suggestions will be integrated into developing, implementing, monitoring, and updating the plan:*

Employee suggestions for COVID-19 safety improvement may be directed to the designated COVID Safety Coordinator(s). Suggestions may be received in person or by phone but in writing is preferred. They made be made anonymously.

Within \_\_\_ days, the COVID Safety Coordinator(s) shall consider any employee suggestion received and determine if it will be implemented into the COVID-19 Plan.

The COVID Safety Coordinator(s) shall meet no less than quarterly each year to monitor implementation of this COVID-19 plan and institute any needed updates to the plan. This does not preclude the updating of the Plan on an as needed basis. The COVID Safety Coordinator(s) is responsible for communicating updates to employees.

COVID-19 Safety Coordinator(s)		
Name	Title/Facility Location	Contact Information (office location, phone, email address)

### 3. Hazard Assessment and Worker Protections

[Employer name] will conduct a workplace-specific hazard assessment (Rule 0800-01-12-.03(4)) of its workplace(s) to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work activities at the workplace).

[Insert the paragraph that follows if claiming exemption from providing controls for fully vaccinated employees in a well-defined area(s) of the workplace where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present (under paragraph (a)(4) of the ETS). In order to qualify for the exemption in paragraph (a)(4), this COVID-19 plan must include policies and procedures to determine employees' vaccination status.]

[Employer name] has identified the following well-defined areas of the workplace where fully vaccinated employees are exempt from the personal protective equipment (PPE), physical distancing, and physical barrier requirements of the ETS because there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present:

[Insert]. [Employer name] has developed the following policies and procedures to determine employees' vaccination status: [Include and describe the policies and procedures that will be used to determine employees' vaccination status.]

*TMA Comments:*

*TMA recommends that the healthcare employer require employees to provide written documentation of vaccination status. If later on, it is determined that some or all classes of people require (as opposed to recommend) booster COVID-19 vaccinations, the employer should track employees who meet the requirement and make sure the employer receives timely written documentation that the employee received the required booster vaccination.*

*Under Tennessee law, any person may be exempt from a COVID-19 vaccine because of either a medical condition or certain religious beliefs. Under anti-discrimination laws, these individuals are entitled to a reasonable accommodation from their employer.*

*TMA suggested language to determine employees' vaccination status:*

The following are accepted ways to determine the vaccine status of employees and contractors:

- 1) A COVID-19 vaccination card (or legible photo of one) or other documentation issued by the US CDC or foreign country which includes the name of the employee;
- 2) Verified vaccination record from a state or foreign country agency or licensed health care provider;
- 3) COVID-19 vaccine "passport" issued by a state or foreign country agency;
- 4) Recognized vaccine verification app;
- 5) Any other means considered safe and legitimate at the discretion of the COVID-19 Safety Coordinator(s).

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessment. [\[OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis\]](#) may be used to assess hazards related to COVID-19 at each facility and develop and implement policies and procedures for worker protection.] All completed hazard assessment forms and results will be attached to this plan and will be accessible to all employees and their representatives at each facility.

*TMA Comment:*

*TMA recommends that the individuals who participated in the assessment be listed as well as their position. Indicate for each position whether the employees are managerial or non-managerial. Rule 0800-01-12-.03(5).*

[Employer name] will address the hazards identified by the assessment, and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee. These policies and procedures are as follows:

### **Patient Screening and Management**

*TMA Note: The rule citation is 0800-01-12-.04.*

In settings where direct patient care is provided, [Employer name] will:

- Limit and monitor points of entry to the setting;
- Screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering the setting for symptoms of COVID-19;
- Implement other applicable patient management strategies in accordance with the CDC's "[COVID-19 Infection Prevention and Control Recommendations](#)"; (TMA Note: See also Rule 0800-01-12-.21 as well) and
- [\[Encourage the use of telehealth services where available and appropriate in order to limit the number of people entering the workplace.\]](#)

*TMA Notes: "Direct patient care" and "screen" are defined in Rule 080-01-12-.02 - Definitions. The "COVID-19 Infection Prevention and Control Recommendations" resource is 14 pages.*

[\[Describe Employer procedures for limiting and monitoring points of entry to the setting, screening and triaging for symptoms of COVID-19, and restricting facility access to reduce crowding \(e.g., limiting visitors to only those essential for the patient's physical or emotional well-being and care, restricting visitors to the patient's room or other designated areas, asking patients to remain outside \(if possible\) until they are called into the facility for their appointment, etc.\).\]](#)

### **Standard and Transmission-Based Precautions**

*TMA Note: The rule citation is 0800-01-12-.05.*

[Employer name] will develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's "[Guidelines for Isolation Precautions.](#)"

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to develop and implement these policies and procedures. [\[OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis\]](#) may be used to assess COVID-19 hazards and develop and implement Standard and Transmission-Based infection control precautions.]

*TMA Note: The CDC's "Guidelines for Isolation Precautions" resource is 207 pages. OSHA's COVID-19 Healthcare*

## Personal Protective Equipment (PPE)

### TMA Comment:

*The Rule citation is 0800-01-12-.06. Remember, for fully vaccinated employees, this requirement in Rule 0800-01-12-.01(4) does not apply if there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present.*

[Employer name] will provide, and ensure that employees wear, facemasks (defined in Rule 0800-01-12-.02(15)) or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for facemasks will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Facemasks provided by [Employer name] will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. [Employer name] will provide employees with a sufficient number of facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). [Employer name] may also provide a respirator to employees when only a facemask is required (i.e., when a respirator is not otherwise required by OSHA's COVID-19 ETS) and, when doing so, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). [Employer name] will also permit employees to wear their own respirator instead of a facemask and, in such cases, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Additional information about when respirator use is required can be found below.

[Describe how employees will be provided facemasks and instruction about when and how they should be worn or used.]

Paragraph (a)(4) of the ETS exempts fully vaccinated employees from the PPE requirements of the ETS when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. The following are additional exceptions to [Employer name]'s requirements for facemasks:

1. When an employee is alone in a room.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
3. When employees are wearing respirators in accordance with 29 CFR 1910.134 or paragraph (f) of OSHA's COVID-19 ETS.
4. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, [Employer name] will ensure that each employee wears an alternative, such as a face shield, if the conditions permit.
5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief. Exceptions will be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined with the Americans with Disability Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, [Employer name] will ensure that any such employee wears a face shield, if their condition or disability permits it. [Employer name] will provide accommodations for

religious beliefs consistent with Title VII of the Civil Rights Act.

6. When [Employer name] has demonstrated that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment). [Identify job tasks, if any, in which the use of a facemask presents a hazard of serious injury or death.] When this is the case, [Employer name] will ensure that each employee wears an alternative, such as a face shield, if the conditions permit. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.

If a face shield (defined in Rule 0800-01-12-.02(16)) is required to comply with OSHA's COVID-19 ETS or [Employer name] otherwise requires use of a face shield, [Employer name] will ensure that face shields are cleaned at least daily and are not damaged.

*TMA Comments:*

*TMA recommends that the employer's Plan include who is responsible for inspecting and cleaning face shields and instructions to that/those employees as to how to clean them properly. Additionally, the Plan should include an instruction that any face shield found to be damaged be taken out of circulation immediately.*

[Employer name] will not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment.

*TMA Comments:*

*TMA recommends that an employer require prior approval if they wish to wear their own face shield. Approval should be given if it is determined that there is no hazard in doing so. Approval should come from someone with knowledge of compliance with proper face shields.*

In addition to providing, and ensuring employees wear, facemasks, [Employer name] will provide protective clothing and equipment (e.g., respirators (defined in Rule 0800-01-12-.02(1)), gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "[Guidelines for Isolation Precautions](#)," and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

[Describe Employer policies and procedures for providing employees PPE in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "[Guidelines for Isolation Precautions](#)."]

*TMA Note: The CDC's "Guidelines for Isolation Precautions" resource is 207 pages.*

For employees with exposure to people with suspected or confirmed COVID-19, [Employer name] will provide respirators (defined in Rule 0800-01-12-.02(25)) and other PPE, including gloves, an isolation gown or protective clothing, and eye protection. [Employer name] will ensure respirators are used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134), and other PPE is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

[Describe Employer policies and procedures for providing PPE to employees with exposure to people with suspected or confirmed COVID-19.]

For aerosol-generating procedures (AGPs) (Rule 0800-01-12-.07; term defined in Rule 0800-01-12-.01(2)) on a person with suspected or confirmed COVID-19, [Employer name] will provide a respirator to each employee and ensure it is

used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). [Employer name] will also provide gloves, an isolation gown or protective clothing, and eye protection to each employee, and ensure use in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

[Describe Employer policies and procedures for providing PPE to employees performing or assisting with AGPs on a person with suspected or confirmed COVID-19. Note that employers are encouraged to select elastomeric respirators or powered air-purifying respirators (PAPRs) instead of filtering facepiece respirators (defined in Rule 0800-01-12-.02(17)) for AGPs on a person with suspected or confirmed COVID-19.]

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees or representatives to assess and address COVID-19 hazards, including when there is employee exposure to people with suspected or confirmed COVID-19. [OSHA's [COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) may be used.]

*TMA Note: OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis resource is 11 pages.*

### **Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19.**

*TMA Note: The rule citation is Rule 0800-01-12-.07.*

When an AGP (defined in Rule 0800-01-12-.02(1)) is performed on a person with suspected or confirmed COVID-19, [Employer name] will:

- Provide a respirator and other PPE, as discussed in the previous section;
- Limit the number of employees present during the procedure to only those essential for patient care and procedure support;
- Ensure that the procedure is performed in an existing airborne infection isolation room (AIIR) (defined in Rule 0800-01-12-.02(2)), if available; and
- Clean (defined in Rule 0800-01-12-.02(5)) and disinfect (defined in Rule 0800-01-12-.02(13)) the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed.

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess and address COVID-19 hazards while performing AGPs. [OSHA's [COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) may be useful.]

*TMA Note: OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis resource is 11 pages.*

### **Physical Distancing**

*TMA Comments:*

*The Rule citation is 0800-01-12-.08. Remember, for fully vaccinated employees, this requirement in Rule 0800-01-12-.01(4) does not apply if there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. There is a note to Rule 0800-01-12-.08 suggesting ways to physically distance. Additionally, Rule 0800-01-12-.08(1) indicates that it does not apply to momentary exposure such as passing in hallways or aisles. To help prevent false complaints to TOSHA, train your employees on this exception to physical distancing.*

[Employer name] will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, [Employer name] will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess physical distancing in the workplace. [OSHA's [COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) may be used to identify, develop, and implement physical distancing measures for employee protection, and identify fixed work locations where physical distancing cannot be maintained between employees and co-workers, customers, visitors, and other non-employees, as well as controls and practices that can be implemented to protect employees in these fixed work locations.]

[Describe how workplace flow, such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel, will be adjusted to ensure physical distancing.]

[Describe physical workplace changes, such as increased distance between workstations, check-in and checkout stations, etc., that will be implemented to ensure physical distancing.]

[Describe how people in the workplace will be prevented from gathering in groups in common areas and "bottlenecks," including corridors, meeting rooms, stairways, breakrooms, entrances, exits, and elevators.]

[Describe how aisles, tables, counters, check-in and checkout stations, etc. will be arranged and how the flow will be directed to allow for physical distancing between people.]

[Identify protocols such as telehealth, telework, flexible work hours, staggered shifts, or additional shifts that can be used to reduce the number of employees in the workplace at one time.]

### **Physical Barriers**

#### *TMA Comments:*

*The Rule citation is 0800-01-12-.09. Remember, for fully vaccinated employees, this requirement in Rule 0800-01-12-.01(4) does not apply if there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. Additionally, there is a note to the Rule that physical barriers are not required in direct patient care areas or resident rooms.*

[Employer name] will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers. Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to identify where physical barriers are needed. [OSHA's [COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) may be used to identify where to install physical barriers for employee protection from COVID-19. Physical barriers are not required in direct patient care areas or resident rooms.]

Where feasible, [Employer name] will ensure that:

- Physical barriers are solid and made from impermeable materials;
- Physical barriers are easily cleanable or disposable;

- Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit;
- Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard;
- Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation;
- Physical barriers are transparent in cases where employees and others have to see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.

[Describe where and how physical barriers will be installed when physical distancing cannot be consistently maintained and spacing cannot be increased. For example:

- Where:
  - Public facing fixed workstations (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment);
  - Security screening and checkpoints.
- How:
  - Free-standing on the floor and secured;
  - Mounted securely to hard surfaces above the floor (e.g., benches, desks, countertops, production lines, vehicle interior surfaces); or
  - Hung from above and extending down from the ceiling or other fixture and secured so as not to fall, flap, or move.]

### **Cleaning and Disinfection**

*TMA Comments:*

*The Rule citation is 0800-01-12-.10. If your workplace uses a vendor such as an outside custodial service, the employer needs to make sure that the vendor understands and uses the required cleaning materials. If custodial services are not utilized daily, procedures need to be in your Plan for performing the cleaning and disinfecting required on a daily basis and clearly assign these functions and ensure they are done.*

[Employer name] will implement policies and procedures for cleaning (defined in Rule 0800-01-12-.02(5)), disinfection (defined in Rule 0800-01-12-.02(13)), and hand hygiene, along with the other provisions required by OSHA’s COVID-19 ETS, as part of a multi-layered infection control approach. [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace. [\[OSHA’s COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis may be used to assess COVID-19-related hazards and develop and implement policies and procedures for cleaning and disinfection.\]](#)

In patient care areas, resident rooms, and for medical devices and equipment:

[Employer name] will follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC’s [“COVID-19 Infection Prevention and Control Recommendations”](#) and CDC’s [“Guidelines for Environmental Infection Control.”](#)

In all other areas:

[Employer name] requires the cleaning of high-touch surfaces and equipment at least once a day, following manufacturers’ instructions for the application of cleaners.

When a person who is COVID-19 positive has been in the workplace within the last 24 hours, [Employer name]

requires cleaning and disinfection, in accordance with CDC’s “[Cleaning and Disinfecting Guidance](#),” of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

[Describe the schedule for cleaning and disinfection, the persons responsible for conducting cleaning and disinfection, the products that are used to clean and disinfect the workplace, how the business will clean patient care areas, resident rooms, and medical devices and equipment, and how the business will clean and disinfect the workplace if a COVID-19 positive person has been in in the workplace within the last 24 hours. Attach copy of cleaning logs to be used.]

[Employer name] will provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities. [In addition, signs will be posted encouraging frequent handwashing and use of hand sanitizers.]

[Describe how necessary hand washing and/or sanitizer facilities will be provided, supplied, and maintained; and how employees will be allowed to perform hand hygiene to meet this requirement. May also describe how hand washing and/or sanitizer facilities will be provided for use by other persons entering the workplace.]

### Ventilation

#### *TMA Comments:*

*TMA emphasizes that this Rule 0800-01-12-.11 only applies if the employer owns or controls the building. The term “controls” is not defined. Employers may consider documenting their level of control over the HVAC and AIIRs systems. If, for example, a lease specifies the landlord has controls over such systems, the employer would likely not be considered to control the building. If your practice does not control the building, note why in the COVID-19 plan to demonstrate that ventilation has been considered.*

*Importantly, the Rule does not require you to install a new HVAC system or AIIR to replace or augment functioning systems. There is a note to the Rule suggesting employers should consider other measures to improve ventilation in accordance with CDC Guidance and provides a website for reference.*

[This section applies to employers who own or control buildings or structures with an existing heating, ventilation, and air conditioning (HVAC) system.]

[Employer name] will implement policies and procedures for each facility’s heating, ventilation, and air conditioning (HVAC) system and ensure that:

- The HVAC system(s) is used in accordance with the manufacturer’s instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and
- Existing airborne infection isolation rooms (AIIRs), if any, are maintained and operated in accordance with their design and construction criteria.

Ventilation policies and procedures will be implemented, along with the other provisions required by OSHA’s COVID-19 ETS, as part of a multi-layered infection control approach. [Employer name] will identify the building manager, HVAC professional, or maintenance staff member who can certify that the HVAC system(s) are operating in accordance with the ventilation provisions of OSHA’s COVID-19 ETS and list the individual(s) below.

[Describe additional measures to improve building ventilation in accordance with “[CDC’s Ventilation Guidance](#)”. For example:

- Opening windows and doors during work hours when outdoor climate allows, and when doing so would not present other health or safety hazards;
- Placing fans in windows, but not where potentially contaminated air flows directly from one person to another;
- Running the HVAC system for at least 2 hours before and after the building is occupied;
- Using portable high-efficiency particulate air (HEPA) fan/filtration systems; or
- Other measures identified by the employer.]

[OSHA’s [COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#) may be used to assess the HVAC system and develop and implement ventilation measures for the workplace.]

<p><b>The following individual(s) is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of OSHA’s COVID-19 ETS.</b>  <i>(e.g., Maintenance staff, HVAC service contractor(s))</i></p>	
<p><u>Name/Contact Information:</u></p>	<p><u>Location:</u></p>
<p><u>Name/Contact Information:</u></p>	<p><u>Location:</u></p>

**Health Screening and Medical Management**

*TMA Note: The citation to the Rule is 0800-01-12-.12.*

Health Screening

[Employer name] will screen each employee before each work day and each shift.

[Describe how employees will be screened (e.g., in-person when reporting to work, or by asking employees to self-monitor for COVID-19 symptoms before reporting to work). OSHA’s [Sample Employee COVID-19 Health Screening Questionnaire](#) may be useful. If the employer chooses to require COVID-19 testing, it must be done at no cost to employees (Note: OSHA’s COVID-19 ETS does not require employers to conduct screening testing).]

*TMA Note: OSHA’s [Sample Employee COVID-19 Health Screening Questionnaire](#) resource is 2 pages.*

Employee Notification to Employer of COVID-19 Illness or Symptoms

[Employer name] will require employees to promptly notify [their supervisor or COVID-19 Safety Coordinator] when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected to have COVID-19, are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing both fever (≥100.4° F) and new unexplained cough associated with shortness of breath.

[Describe how employees will communicate with [Employer name] if they are sick or experiencing symptoms while at home or at work.]

[Describe any leave policies (e.g., sick leave, Family Medical Leave Act, other policies) that [Employer name] will implement to promote employees staying at home when they are sick, when household members are sick, or when required by a healthcare provider to isolate or quarantine themselves or a member of their household.]

#### Employer Notification to Employees of COVID-19 Exposure in the Workplace

[Employer name] will notify employees if they have been exposed to a person with COVID-19 at their workplace, as described below. The notification provisions below are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals). When [Employer name] is notified that a person who has been in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) is COVID-19 positive, [Employer name] will, within 24 hours:

- Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with the person with COVID-19 in the workplace. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) the contact occurred.
- Notify all other employees who were not wearing a respirator and any other required PPE and worked in a well-defined portion of a workplace (e.g., a particular floor) in which the person with COVID-19 was present during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.
- Notify other employers whose employees were not wearing a respirator and any other required PPE and have been in close contact with the person with COVID-19, or worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present, during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period and the location(s) where the person with COVID-19 was in the workplace.

Notifications will not include the name, contact information, or occupation of the COVID-19 positive person.

Note: Close contact means being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period during the person's potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, if not showing symptoms, 2 days before testing) until the time the person is isolated.

[Describe how you will notify employees of COVID-19 exposure. For more information, see OSHA's [\*Employer Notification Tool\*](#).]

#### Medical Removal from the Workplace

[Employer name] has also implemented a policy for removing employees from the workplace in certain circumstances. [Employer name] will immediately remove an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19);
- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19;
- The employee is experiencing recent loss of taste and/or smell with no other explanation; or

- The employee is experiencing both a fever of at least 100.4°F and new unexplained cough associated with shortness of breath.

[(Note: This list represents the minimum medical removal requirements for compliance with OSHA’s COVID-19 ETS. The full list of COVID-19 symptoms provided by the CDC includes additional symptoms not listed above. Employers may choose to remove or test employees with additional symptoms from the CDC list, or refer the employees to a healthcare provider.)]

For employees removed because they are COVID-19 positive, [Employer name] will keep them removed until they meet the return-to-work criteria discussed below. For employees removed because they have been told by a licensed healthcare provider that they are suspected to have COVID-19, or are experiencing symptoms as discussed above, [Employer name] will keep them removed [until they meet the return-to-work criteria discussed below or keep them removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee. If the employee tests negative, they can return to work immediately. If the employee tests positive or refuses a test, they must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses to take the test, [Employer name] will continue to keep the employee removed from the workplace, but is not obligated to provide the medical removal protection benefits discussed below (Note: absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws).]

If [Employer name] notifies an employee that they were in close contact with a person in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) who is COVID-19 positive when that employee was not wearing a respirator and any other required PPE, [Employer name] will immediately remove the employee from the workplace unless:

1. The employee does not experience recent loss of taste and/or smell with no other explanation, or fever of at least 100.4°F and new unexplained cough associated with shortness of breath; AND
2. The employee has either been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the final dose) or had COVID-19 and recovered within the past 3 months.

[Employer name] will keep the employee removed from the workplace [for 14 days or will keep the employee removed and provide a COVID-19 test at least 5 days after the exposure at no cost to the employee. If the employee tests negative, they may return to work 7 days following exposure. If the employee tests positive, the employee must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses a test, [Employer name] will keep the employee excluded for 14 days, but is not obligated to provide the medical removal protection benefits discussed below (Note: absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws).]

Any time an employee must be removed from the workplace, [Employer name] may require the employee to work remotely or in isolation if suitable work is available. When allowing an employee to work remotely or in isolation, [Employer name] will continue to pay that employee the same regular pay and benefits the employee would have received had the employee not been absent.

[Describe Employer policies for removing employees from the workplace. For more information, see OSHA’s *Notification, Removal, and Return to Work Flow Chart for [Employers](#) and [Employees](#).*]

[Employer name] will not subject its employees to any adverse action or deprivation of rights or benefits because of their removal from the workplace due to COVID-19.

#### Return to Work Criteria

[Employer name] will only allow employees who have been removed from the workplace to return to work in accordance with guidance from a licensed healthcare provider or in accordance with the CDC’s “[Isolation Guidance](#)” and “[Return to Work Healthcare Guidance](#).” Pursuant to CDC guidance, symptomatic employees may return to work after all the following are true:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed with no fever without fever-reducing medication, and
- 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).

If an employee has severe COVID-19 or an immune disease, [Employer name] will follow the guidance of a licensed healthcare provider regarding return to work.

Pursuant to CDC guidance, asymptomatic employees may return to work after at least 10 days have passed since a positive COVID-19 test. If an employer receives guidance from a healthcare provider that the employee may not return to work, they must follow that guidance.

[Describe Employer policies for employees returning to work following removal from the workplace. For more information, see OSHA’s [Notification, Removal, and Return to Work Flow Chart for Employers and Employees.](#)]

#### Medical Removal Protection Benefits

[This section applies to employers with more than 10 employees on the date the ETS became effective.]

[Employer name] will continue to pay employees who have been removed from the workplace under the medical removal provisions of OSHA’s COVID-19 ETS. When an employee has been removed from the workplace and is not working remotely or in isolation, [Employer name] will [describe Employer policy for pay and benefits to employees removed from the workplace and not working remotely. Note the following requirements under OSHA’s COVID-19 ETS:

- Employers must continue to provide the benefits to which the employee is normally entitled and pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week per employee. For employers with fewer than 500 employees, the employer must pay the employee up to the \$1,400 per week cap but, beginning in the third week of an employee’s removal, the amount is reduced to only two-thirds of the same regular pay the employee would have received had the employee not been absent from work, up to \$200 per day (\$1000 per week in most cases).
- The ETS also provides that the employer’s payment obligation is reduced by the amount of compensation the employee receives from any other source, such as a publicly or employer-funded compensation program (e.g., paid sick leave, administrative leave), for earnings lost during the period of removal or any additional source of income the employee receives that is made possible by virtue of the employee’s removal.]

#### **Vaccination**

*TMA Note: The Rule citation is 0800-01-12-.13.*

[Employer name] encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. [Employer name] will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.

[Describe Employer policies for providing reasonable time and paid leave for vaccinations and side effects.]

## Training

### TMA Comments:

*The Rule citation is 0800-01-12-.14. The Rule also specifies that the compliance date for training employees is September 22, 2021. TMA recommends that the employer document that each employee has been trained in a manner that meet the criteria of the Rule, as well as when the employee completes training. An acknowledgement for the employee to sign signifying completion of training and that they had an opportunity to ask questions and that they understand the policies is recommended. TMA believes it is a good idea to include in the policy that if an employee is in major breach of the policy that he/she must repeat the training, or relevant portions thereof. Don't forget to include how new staff/contract staff will be trained.*

[Employer name] will implement policies and procedures for employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. [Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program at each facility. [\[OSHA's COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis may be useful to employers.\]](#)

[Employer name]'s COVID-19 training program will be accessible in the following ways:  
[Describe how training will be conducted (e.g., online education, department meetings and tool talks, discussion with supervisors, other specific methods).]

[Employer name] will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:

- COVID-19, including:
  - How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
  - The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
  - Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
  - The signs and symptoms of COVID-19;
  - Risk factors for severe illness; and
  - When to seek medical attention;
- [Employer name]'s policies and procedures on patient screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;
- Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- [Employer name]'s policies and procedures for PPE worn to comply with OSHA's COVID-19 ETS, including:
  - When PPE is required for protection against COVID-19;
  - Limitations of PPE for protection against COVID-19;
  - How to properly put on, wear, and take off PPE;
  - How to properly care for, store, clean, maintain, and dispose of PPE; and
  - Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;
- Workplace-specific policies and procedures for cleaning and disinfection;
- [Employer name]'s policies and procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under

applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);

- The identity of [Employer name]’s Safety Coordinator(s) specified in this COVID-19 plan;
- OSHA’s COVID-19 ETS; and
- How the employee can obtain copies of OSHA’s COVID-19 ETS and any employer-specific policies and procedures developed under OSHA’s COVID-19 ETS, including this written COVID-19 plan.

[Employer name] will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee’s job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee’s job duties.

[Describe any other workplace-specific training topics.]

[Employer name] will provide additional training whenever changes occur that affect the employee’s risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

### **Anti-Retaliation**

*TMA Comment:*

*The Rule citation is 0800-01-12-.15. Tennessee law also prohibits an employer from discriminating against an employee for exercising rights to protection under, or as a result of actions that are required by the Rule or TCA 50-3-409(a) such as filing a safety complaint under the state OSHA law.*

[Employer name] will inform each employee that employees have a right to the protections required by OSHA’s COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA’s COVID-19 ETS, or for engaging in actions that are required by OSHA’s COVID-19 ETS.

[Employer name] will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA’s COVID-19 ETS, or for engaging in actions that are required by OSHA’s COVID-19 ETS.

### **Requirements implemented at no cost to employees**

*TMA Comment:*

*The Rule citation is 0800-01-12-.16. As an employer, while you must hold the employee harmless in term of cost of complying with this Rule. You can dictate what, for example, equipment such as PPE, that the employer purchases. You can require that purchases are approved by the employer. The Rule does not give employees carte blanche to order any equipment required for compliance that they want.*

[Employer name] will comply with the provisions of OSHA’s COVID-19 ETS at no cost to its employees, with the exception of any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

### **Recordkeeping**

*TMA Note: The citation to the Rule is 0800-01-12-.17.*

[This section applies to employers with more than 10 employees on the date the ETS became effective.]

[Employer name] will retain all versions of this COVID-19 plan implemented to comply with OSHA’s COVID-19 ETS while the ETS remains in effect.

[Employer name] will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee’s name, one form of contact information, occupation, location where the employee worked, the date of the employee’s last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

[Employer name] will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. [Employer name] will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA’s COVID-19 ETS or other federal law. [\[For more information, see OSHA’s example COVID-19 log.\]](#)

[Employer name] will maintain and preserve the COVID-19 log while OSHA’s COVID-19 ETS remains in effect.

*TMA Comments:*

*TMA notes that employers should assign a position, rather than a specific person, to maintain the log. Since the log is deemed confidential, an employer’s plan should include keeping it in a secure location. The log should be per employee rather than by date in case the employer must furnish copies to an employee or his representative, it will not have other employees’ information on it. Otherwise, when a request for copy is received from an employee, it will have to be redacted before furnished.*

By the end of the next business day after a request, [Employer name] will provide, for examination and copying:

- All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.
- The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
- A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee’s positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

## **Reporting**

*TMA Comments:*

*The Rule citation is 0800-01-12-.18. The term “work related” is not defined in the Rules. Under Tennessee workers’ compensation caselaw, the term is defined to mean, “An injury is ‘work-related’ if it arises out of the employment. The term ‘arises out of’ refers to the origin of the injury in terms of causation.”*

*TMA is uncertain as to how an employer could know whether the employee contracted COVID-19 at the workplace or from routine exposure at a store, public event, gathering, or by any other means. It is nearly impossible to determine the origin of an exposure to COVID-19 and just because an employee is removed from work because of exposure does not mean the employee contracted it at work. Employers should contact legal counsel before reporting or categorizing a fatality or hospitalization as “work-related.”*

[Employer name] will report to OSHA:

- Each work-related COVID-19 fatality within 8 hours of [Employer name] learning about the fatality;
- Each work-related COVID-19 in-patient hospitalization within 24 hours of [Employer name] learning about the in-patient hospitalization.

**4. Monitoring Effectiveness**

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan so as to ensure ongoing progress and efficacy. Rule 0800-01-12-.03(6).

[Employer name] will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures. Rule 0800-01-12-.03(6).

**5. Coordination with Other Employers**

[Employer name] will communicate this COVID-19 plan with all other employers that share the same worksite, and will coordinate with each employer to ensure that all workers are protected.

[Employer name] will adjust this COVID-19 plan to address any particular hazards presented by employees of other employers at the worksite.

[Describe Employer plan to communicate and coordinate with other employers at the same worksite. Note that the requirement to coordinate does not apply to delivery people, messengers, and other employees who only enter a workplace briefly to drop off or pick up items. Employers with one or more employees at a worksite controlled by another employer must have a procedure in place to notify the controlling employer when its employees are exposed to conditions at the worksite that do not meet the requirements of OSHA’s COVID-19 ETS.]

[Employer name] has identified below all other employers to coordinate with to ensure employees are protected.

<b>Other Worksite Employers</b>	
<b>Employer Name / Employer Representative:</b>	<b>Contact Information:</b>

**6. Entering Residences**

*TMA Note: If a particular part of the template is inapplicable to a practice’s COVID-19 Plan, note that it does not apply. For example, if a practice’s employees do not enter private residences or physical locations not covered by OSHA, just note that the provision is inapplicable.*

[This section applies to employers who have employees who enter into private residences or other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (e.g., homeowners, sole proprietors).]

[Employer name] will identify potential hazards and implement measures to protect employees who, in the course of their employment, enter into private residences and other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (OSH Act). [Employer name] requires that [Employer] COVID-19 protocols be communicated to homeowners and sole proprietors prior to conducting work activities at private residences or other physical locations not covered by the OSH Act.

[Describe policies and procedures to protect employees who enter these locations (e.g., policy for coordinating with homeowners and sole proprietors). This must include procedures for employee withdrawal from a location if other protections are inadequate.]

**7. Signature and Plan Availability**

[Employer name] has prepared and issued this COVID-19 plan on [insert date].

[Insert statement and signature of signing official for employer.]

Employer Name:	
Address:	
Business Owner:	

This COVID-19 plan is available:

<input type="checkbox"/> Via hard copy at [office location]	<input type="checkbox"/> Posted to [business intranet, shared drive, etc.]	<input type="checkbox"/> Available by request. [Enter contact information for requests. Note that this COVID-19 plan must be provided for examination and copying by employees and their representatives by the end of the next business day after a request.]
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This model plan is intended to provide information about OSHA’s COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this model plan is not itself a standard or regulation, and it creates no new legal obligations.

*TMA Note: OSHA’s template Plan is located at: <https://www.osha.gov/coronavirus/ets> Click on “COVID-19 Plan Template” to access it. This link does not include TMA’s enhancements.*

*TMA Comments:*

*TMA may update this enhanced template as more information is learned or as we receive feedback from our members on new information to include. When we do update this resource, we will notify TMA members through our e-news and Topline communications. Check for updates at [www.tnmed.org](http://www.tnmed.org).*

*TMA always appreciates feedback on its member resources. If there is information you believe needs to be included in this enhanced template, please contact us. If there are questions about the ETS or the TOSHA Rules, or developing your practice's COVID-19 plan, contact the TMA legal department, [legal@tnmed.org](mailto:legal@tnmed.org).*