

**SUPPORTING STATEMENT FOR  
THE INFORMATION COLLECTION REQUIREMENTS IN THE  
COVID-19 EMERGENCY TEMPORARY STANDARD FOR HEALTHCARE AND  
ASSOCIATED INDUSTRIES (29 CFR 1910, Subpart U)  
OMB CONTROL NO. 1218-0277  
(June 2021)**

This is a new Information Collection Request (ICR) being submitted for the information collected in OSHA’s Emergency Temporary Standard (ETS) for Covid-19 in furtherance of the OSH Act and Executive Order 13999. The Department requests **EMERGENCY CLEARANCE** pursuant to 5 CFR 1320.13.

**A. JUSTIFICATION**

**1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

The main objective of the Occupational Safety and Health Act (“OSH Act” or “Act”) is to “assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources” (29 U.S.C. 651(a)). To achieve this objective, the OSH Act specifically authorizes “the development and promulgation of occupational safety and health standards” (29 U.S.C. 651(b)(9)). The Act further states that “[t]he Secretary . . . shall . . . prescribe such rules and regulations as [he/she] may deem necessary to carry out [his/her] responsibilities under this Act, including rules and regulations dealing with the inspection of an employer’s establishment” (29 U.S.C. 657(g)(2)).

In addition, the OSH Act requires the Occupational Safety and Health Administration (“OSHA” or “the agency”) to issue an Emergency Temporary Standard (ETS) if OSHA determines that “employees are exposed to grave danger from exposure to substances or agents determined to be toxic or physically harmful or from new hazards,” and an ETS is “necessary to protect employees from such danger.” 29 U.S.C. 655(c)(1).

On January 21, 2021, President Biden issued Executive Order 13999, which directed OSHA to consider whether an Emergency Temporary Standard (ETS) is necessary to protect “healthcare workers and other essential workers” from the coronavirus disease 2019 (COVID-19) pandemic. OSHA has determined that an ETS is necessary to protect workers from the grave danger posed by COVID-19 and is issuing an ETS for Healthcare and Associated Industries (29 CFR 1910.502). Section 1910.502 contains collections of information necessary to effectuate the purpose of the ETS.

**2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

The COVID-19 ETS contains the following collections of information:

**29 CFR § 1910.502 – Healthcare and Associate Industries.<sup>1</sup>**

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<sup>1</sup> The scope provision of § 1910.502 states:

(a) *Scope and application.*

(1) Except as otherwise provided in this paragraph, this section applies to all settings where any employee provides healthcare services or healthcare support services.

(2) This section does not apply to the following:

(i) the provision of first aid by an employee who is not a licensed healthcare provider;

(ii) the dispensing of prescriptions by pharmacists in retail settings;

(iii) non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;

(iv) well-defined hospital ambulatory care settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;

(v) home healthcare settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present;

(vi) healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing); or

(vii) telehealth services performed outside of a setting where direct patient care occurs.

Note to paragraphs (a)(2)(iv) and (a)(2)(v): OSHA does not intend to preclude the employers of employees who are unable to be vaccinated from the scope exemption in paragraphs (a)(2)(iv) and (a)(2)(v). Under various anti-discrimination laws, workers who cannot be vaccinated because of physical conditions, such as allergies to vaccine ingredients, or certain religious beliefs may ask for a reasonable accommodation from their employer. Accordingly, where an employer reasonably accommodates an employee who is unable to be vaccinated in a manner that does not expose the employee to COVID-19 hazards (e.g., telework, working in isolation), that employer may be within the scope exemption in paragraphs (a)(2)(iv) and (a)(2)(v).

(3) (i) Where a healthcare setting is embedded within a non-healthcare setting (e.g., nurse's office in a school, medical clinic in a manufacturing facility, walk-in clinic in a retail setting), this section applies only to the embedded healthcare setting and not to the remainder of the physical location.

(ii) Where emergency responders or other licensed healthcare providers (e.g., school nurse providing care to a student in a classroom) enter a non-healthcare setting to provide healthcare services, this section applies only to the provision of the healthcare services by that employee.

(4) In well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present, paragraphs (f), (h), and (i) of this section do not apply to employees who are fully vaccinated.

### **§ 1910.502(a) Scope and Application**

Section 1910.502(a) excludes from the scope of the standard:

...

(iii) non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;

(iv) well-defined hospital ambulatory care settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings; and

(v) home healthcare settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present.

**Purpose:** Requiring employers in these settings to screen all non-employees for COVID-19 to establish exclusion from the standard ensures that only those workplaces where employees are not at significant risk of contracting COVID-19 may forego the precautions required by the standard.

OSHA has not included a separate burden estimate for these collections under Item 12 of this ICR. Rather, OSHA based its burden estimate for § 1910.502(d), Patient screening and management, on the total number of affected establishments, even though some number of those establishments will ultimately be excluded from the standard under paragraph (a). Accordingly, OSHA's burden estimate for screening under paragraph (d) is over-inclusive and accounts for any non-employee screening cost that would otherwise be accounted for under paragraph (a).

### **§ 1910.502(c) COVID-19 plan.**

(1) The employer must develop and implement a COVID-19 plan for each workplace. If the employer has multiple workplaces that are substantially similar, its COVID-19 plan may be developed by workplace type rather than by individual workplace so long as all required site-specific information is included in the plan.

**Note to paragraph (c)(1):** For those employers who do not already have a COVID-19 plan in place, OSHA's website contains significant compliance assistance materials, including a model plan.

(2) If the employer has more than 10 employees, the COVID-19 plan must be written.

- (3) The employer must designate one or more workplace COVID-19 safety coordinators to implement and monitor the COVID-19 plan developed under this section. The COVID-19 safety coordinator(s) must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations. The identity of the safety coordinator(s) must be documented in any written COVID-19 plan. The safety coordinator(s) must have the authority to ensure compliance with all aspects of the COVID-19 plan.
- (4) (i) The employer must conduct a workplace-specific hazard assessment to identify potential workplace hazards related to COVID-19.  
  
(ii) In order for an employer to be exempt from this section under paragraph (a)(2)(iv) or (a)(2)(v) or from providing controls in a well-defined area under paragraph (a)(4) of this section based on employees' fully vaccinated status, the COVID-19 plan must include policies and procedures to determine employees' vaccination status.
- (5) The employer must seek the input and involvement of non-managerial employees and their representatives, if any, in the hazard assessment and the development and implementation of the COVID-19 plan.
- (6) The employer must monitor each workplace to ensure the ongoing effectiveness of the COVID-19 plan and update it as needed.
- (7) The COVID-19 plan must address the hazards identified by the assessment required by paragraph (c)(4) of this section, including policies and procedures to:
  - (i) Minimize the risk of transmission of COVID-19 for each employee, as required by paragraphs (d) through (n) of this section;

**Note to paragraph (c)(7)(i):** Although the employer's COVID-19 plan must account for the potential COVID-19 exposures to each employee, the plan can do so generally and need not address each employee individually.

- (ii) Effectively communicate and coordinate with other employers;
  - (A) When employees of different employers share the same physical location, each employer must effectively communicate its COVID-19 plan to all other employers, coordinate to ensure that each of its employees is protected as required by this section, and adjust its COVID-19 plan to address any particular COVID-19 hazards presented by the other employees. This requirement does not apply to delivery people, messengers, and other employees who only enter a workspace briefly to drop off or pick up items.

(B) An employer with one or more employees working in a physical location controlled by another employer must notify the controlling employer when those employees are exposed to conditions at that location that do not meet the requirements of this section; and

(iii) Protect employees who in the course of their employment enter into private residences or other physical locations controlled by a person not covered by the OSH Act (e.g., homeowners, sole proprietors). This must include procedures for employee withdrawal from that location if those protections are inadequate.

**Note to paragraph (c):** The employer may include other policies, procedures, or information necessary to comply with any applicable federal, state, or local public health laws, standards, and guidelines in their COVID-19 plan.

***Purpose:*** The requirement that employers develop a COVID-19 plan with input and participation from employees is essential to ensuring that each employer adequately identifies employee exposures on an ongoing basis and institutes policies and procedures to address those exposures. The hazard assessment process furthers this goal by ensuring employers understand where or how controls required by the ETS must be implemented in their workplace in order to minimize the risk of transmission of COVID-19.

#### **§ 1910.502(d) Patient screening and management.**

(d) In settings where direct patient care is provided, the employer must:

...

(2) Screen and triage all clients, patients, residents, delivery people and other visitors, and other non-employees entering the setting for symptoms of COVID-19.

...

**Note to paragraph (d):** The employer is encouraged to use telehealth services where available and appropriate in order to limit the number of people entering the workplace.

***Purpose:*** The requirement that employers providing direct patient care conduct screening and triage of individuals entering their facility is essential to ensuring that potential exposures are identified and measures are taken to avoid or limit additional exposures to the virus.

#### **§ 1910.502(e) Standard and Transmission-Based Precautions.**

Employers must develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC’s “Guidelines for Isolation Precautions” (incorporated by reference, § 1910.509).

***Purpose:*** The requirement to develop and implement policies and procedures consistent with CDC guidelines for standard and transmission-based precautions ensures that employers are following recognized practices to protect workers. These practices are important and effective at

lowering the risk of transmission of COVID-19. This burden is included under the COVID-19 plan.

**§ 1910.502(h) Physical distancing.**

- (1) The employer must ensure that each employee is separated from all other people by at least 6 feet when indoors unless the employer can demonstrate that such physical distancing is not feasible for a specific activity (e.g., hands-on medical care). This provision does not apply to momentary exposure while people are in movement (e.g., passing in hallways or aisles).
- (2) When the employer establishes it is not feasible for an employee to maintain a distance of at least 6 feet from all other people, the employer must ensure that the employee is as far apart from all other people as feasible.

**Note to paragraph (h):** Physical distancing can include methods such as: telehealth; telework or other remote work arrangements; reducing the number of people, including non-employees, in an area at one time; visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times; and adjusted work processes or procedures to allow greater distance between employees.

**Purpose:** The purpose of implementing physical distancing is to minimize COVID-19 transmission in the workplace. OSHA defines physical distancing as “maintaining a sufficient distance between two people -- generally considered to be at least six feet of separation -- such that the risk of viral transmission through inhalation of virus-containing particles from an infected individual is significantly reduced.” To determine when and where physical distancing is necessary in the workplace, employers must rely on the results of the hazard assessment. One method for implementing physical distancing is to utilize visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel.

**§ 1910.502(l)(1),(2)&(3) Health screening and medical management.**

- (1) Screening.
  - (i) The employer must screen each employee before each workday and each shift. Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.
  - (ii) If a COVID-19 test is required by the employer for screening purposes, the employer must provide the test to each employee at no cost to the employee.

(2) Employee notification of COVID-19 illness or symptoms. The employer must require each employee to promptly notify the employer when the employee:

(i) is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19); or

(ii) has been told by a licensed healthcare provider that they are suspected to have COVID-19; or

(iii) is experiencing recent loss of taste and/or smell with no other explanation; or

(iv) is experiencing both fever ( $\geq 100.4^{\circ}$  F) and new unexplained cough associated with shortness of breath.

(3) Employer notification to employees of COVID-19 exposure in the workplace.

(i) Except as provided for in paragraph (1)(3)(iii) of this section, when the employer is notified that a person who has been in the workplace(s) (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) is COVID-19 positive, the employer must, within 24 hours:

(A) Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with that person 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) that contact occurred.

(B) 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 that person was present during the potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.

(C) Notify other employers whose employees were not wearing respirators and any other required PPE and has been in close contact with that person, 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 potential transmission period runs from 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated. 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.

- (ii) The notifications required by paragraph (1)(3)(i) of this section must not include any employee's name, contact information (e.g., phone number, email address), or occupation.
- (iii) The notification provisions 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).

***Purpose:*** The health screening and medical management requirements of the ETS ensure that each employer maintains awareness of potential COVID-19 exposures in their facility so that they can take steps to limit the spread of the virus among their employees. The requirement to notify employees of their potential exposure further allows those employees to take steps to monitor their own health and prevent further spread within the facility.

**§ 1910.502(1)(4)(ii) & (iii) – Medical removal from the workplace.**

...

- (4)(ii) If the employer knows an employee meets the criteria listed in paragraph (1)(2)(ii) through (1)(2)(iv) of this section, then the employer must immediately remove that employee and either:
  - (A) Keep the employee removed until they meet the return to work criteria in paragraph (1)(6) of this section; or
  - (B) Keep the employee removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee.
    - (1) If the test results are negative, the employee may return to work immediately.
    - (2) If the test results are positive, the employer must comply with paragraph (1)(4)(i) of this section.
    - (3) If the employee refuses to take the test, the employer must continue to keep the employee removed from the workplace consistent with paragraph (1)(4)(ii)(A) of this section, but the employer is not obligated to provide medical removal protection benefits in accordance with paragraph (1)(5)(iii) of this section. Absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons.

**Note to paragraph (1)(4)(ii):** This partial symptom list in paragraph (1)(2)(iii) and (1)(2)(iv) of this section informs the employer of the minimum requirements for compliance. The full list of COVID-19 symptoms provided by CDC includes additional symptoms not listed in paragraphs (1)(2)(iii) through (1)(2)(iv) of this section. Employers may choose to remove or test employees



(iii) (A) If the employer is required to notify the employee of close contact in the workplace to a person who is COVID-19 positive in accordance with paragraph with additional symptoms from the CDC list, or refer the employees to a healthcare provider. (l)(3)(i)(A) of this section, then the employer must immediately remove that employee and either:

(1) Keep the employee removed for at least 14 days; or

(2) Keep the employee removed and provide a COVID-19 test at least five days after the exposure at no cost to the employee.

(i) If the test results are negative, the employee may return to work after seven days following exposure.

(ii) If the test results are positive, the employer must comply with paragraph (l)(4)(i) of this section.

(iii) If the employee refuses to take the test, the employer must continue to keep the employee removed from the workplace consistent with paragraph (l)(4)(iii)(A)(1) of this section, but the employer is not obligated to provide medical removal protection benefits in accordance with paragraph (l)(5)(iii) of this section. 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.

(B) Employers are not required to remove any employee who would otherwise be required to be removed under paragraph (i)(4)(iii)(A) of this section if the employee does not experience the symptoms in paragraph (l)(2)(iii) or (l)(2)(iv) of this section and has:

(1) been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the final dose); or

(2) had COVID-19 and recovered within the past 3 months.

***Purpose:*** Employers can substantially reduce disease transmission in the workplace by removing employees who are suspected or confirmed to have COVID-19, or who have developed certain symptoms or combinations of symptoms associated with COVID-19. Employers can also reduce the risk of COVID-19 in the workplace by removing employees who are at risk of developing COVID-19 because they were recently exposed to someone with COVID-19 in the workplace.

**§ 1910.502(o) Anti-Retaliation.**

- (1) The employer must inform each employee that:
  - (i) employees have a right to the protections required by this section; and
  - (ii) employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to the protections required by this section, or for engaging in actions that are required by this section.

***Purpose:*** The requirement that employers inform employees of their right to be free from retaliation ensures that employees are able to exercise their rights under the ETS and, likewise, encourages employee compliance with the standard's requirements.

OSHA expects that employers will provide this notification to employees during their normal and customary training. Accordingly, OSHA is not taking burden hours for this requirement under Item 12 of this ICR.

**§ 1910.502(q) Recordkeeping.**

- (1) Small employer exclusion. Employers with 10 or fewer employees on the effective date of this section are not required to comply with paragraph (q)(2) or (q)(3) of this section.
- (2) Required records. Employers with more than 10 employees on the effective date of this section must:
  - (i) retain all versions of the COVID-19 plan implemented to comply with this section while this section remains in effect.
  - (ii) establish and maintain a COVID-19 log to record each instance identified by the employer in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work.
    - (A) The COVID-19 log must 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.
    - (B) The information in the COVID-19 log must be recorded within 24 hours of the employer learning that the employee is COVID-19 positive and must be maintained as though it is a confidential medical record and must not be disclosed except as required by this ETS or other federal law..

(C) The COVID-19 log must be maintained and preserved while this section remains in effect.

**Note to paragraph (q)(2)(ii):** The COVID-19 log is intended to assist employers with tracking and evaluating instances of employees who are COVID-19 positive without regard to whether those employees were infected at work. The tracking will help evaluate potential workplace exposure to other employees.

(3) Availability of records. By the end of the next business day after a request, the employer must provide, for examination and copying:

(i) All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.

(ii) The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee.

(iii) 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 personal representatives, and their authorized representatives.

(iv) All records required to be maintained by this section to the Assistant Secretary.

**Note to paragraph (q):** Employers must continue to record all work-related confirmed cases of COVID-19 on their OSHA Forms 300, 300A, and 301, or the equivalent forms, if required to do so under 29 CFR Part 1904.

***Purpose:*** The requirement that employers establish and maintain records of their COVID-19 plans and COVID-19 logs is essential for effective implementation and enforcement of the ETS. The information will assist OSHA in evaluating employer compliance with the ETS, thereby ensuring workers are receiving adequate protection. This information can also be used by employers, workers, and OSHA to monitor exposures, evaluate the effectiveness of the employer's COVID-19 plan, and identify potential high risk areas. The availability of records provisions ensure that these benefits are realized by providing employees, their representatives, and OSHA access to these records.

#### **§ 1910.502(r) Reporting COVID-19 fatalities and hospitalizations to OSHA.**

(1) The employer must report to OSHA:

(i) Each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality.

(ii) Each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization.

(2) When reporting COVID-19 fatalities and in-patient hospitalizations to OSHA in accordance with paragraph (r)(1) of this section, the employer must follow the requirements in 29 CFR 1904.39, except for 29 CFR 1904.39(a)(1) and (2) and (b)(6).

***Purpose:*** The requirement that employers report all COVID-19 fatalities and hospitalizations to OSHA is essential to enforcement of the ETS, as it allows the agency to identify employers who may not comply with the ETS or who may not be effectively controlling exposures. This requirement will also provide OSHA with valuable information to evaluate the effectiveness of particular control measures and to identify jobs, workplaces, and industries with high exposure risk.

#### **§ 1910.504 – Mini Respirator Protection Program.<sup>2</sup>**

##### **§ 1910.504(c) -- Respirators provided by employees.**

(c) Where employees provide and use their own respirators, the employer must provide each employee with the following notice:

Respirators can be an effective method of protection against COVID-19 hazards when properly selected and worn. Respirator use is encouraged to provide an additional level of comfort and protection for workers even in circumstances that do not require a respirator to be used. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. If your employer allows you to provide and use your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

(1) Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.

(2) Keep track of your respirator so that you do not mistakenly use someone else's respirator.

(3) Do not wear your respirator where other workplace hazards (e.g., chemical exposures) require use of a respirator. In such cases, your employer must provide

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<sup>2</sup> This section applies only to respirator use in accordance with 29 CFR 1910.502(f)(4).

you with a respirator that is used in accordance with OSHA's respiratory protection standard (29 CFR 1910.134).

For more information about using a respirator, see OSHA's respiratory protection safety and health topics page (<https://www.osha.gov/respiratory-protection>).

***Purpose:*** The requirement that employers provide a written notice to employees supplying their own respirators ensures that employees are aware of both the benefits of respirator use as well as the need for proper respirator fit, handling, cleaning, and use.

OSHA takes no burden for this requirement under PRA because the agency is providing the text of the required notice. Information originally supplied by the Federal government to the employer for the purpose of disclosure to the public is not considered to be a collection of information (5 CFR 1320.3(c)(2)).

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also, describe any consideration of using information technology to reduce the burden.**

For most of the paperwork requirements in the ETS, the Agency wrote the requirements in performance-oriented language, i.e., in terms of what data to collect, not how to record the data. So long as the records are maintained in a manner consistent with federal and state privacy requirements and made available to employees, their representatives, and OSHA in accordance with the ETS's availability of records provisions, the employer may use improved information technology when establishing and maintaining the required records.

For the requirement that employers report work-related COVID-19 fatalities and hospitalization to OSHA, employers must follow the requirements in 29 CFR 1904.39. That provision allows employers to report to OSHA by telephone or by electronic submission using a reporting application located on OSHA's public website (Recordkeeping and Reporting Occupational Injuries and Illnesses (29 CFR Part 1904), OMB Control No. 1218-0176) Exp. Date 3/31/2022.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use of the purposes described in Item 2 above.**

The information collection requirements of the ETS are specific to each employer and worker involved, and no other source or agency duplicates these requirements or can make the required information available to the Agency (i.e., the required information is available only from employers).

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

Although OSHA has determined that the ETS is not subject to the requirement of the Regulatory Flexibility Act to prepare an initial regulatory flexibility analysis, the agency has nevertheless examined the impact of the ETS on small and very small entities as part of OSHA's analysis of feasibility. OSHA has determined that the information collection requirements of the ETS do not have a significant impact on a substantial number of small entities.

Even so, OSHA has included provisions in the ETS to minimize the burden on small employers. Employers with 10 or fewer employees are not required to maintain their COVID-19 plan in writing. Similarly, the ETS exempts employers with 10 or fewer employees from the standard's recordkeeping requirements.

**6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

The information collection frequencies specified by the ETS are the minimum frequencies that the Agency believes are necessary to ensure that employers and OSHA can effectively monitor the exposure and health status of workers, thereby helping to prevent serious illness or death resulting from hazardous occupational exposures to COVID-19.

**7. Explain any special circumstances that would cause an information collection to be conducted in a manner:**

- **Requiring respondents to report information to the agency more often than quarterly;**
- **Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
- **Requiring respondents to submit more than an original and two copies of any document;**
- **Requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;**
- **In connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**
- **Requiring the use of a statistical data classification that has not been approved by OMB;**
- **That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**

- **Requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

Under § 1910.502(r)(1), the employer must report each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality and each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization..

**8. If applicable, provide a copy and identify the data and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

**Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

**Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every three years -- even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.**

OSHA is requesting an emergency clearance for this information collection pursuant to 5 CFR 1320.13. As such, the agency is requesting that OMB waive its normal clearance procedures for this ETS, including the Federal Register Notice requirements in 5 CFR 1320.8(d), because this collection of information is essential to OSHA's mission to protecting the health and safety of workers affected by the COVID-19 pandemic and employee health will be harmed if this ETS is not issued in an expeditious manner. Although OSHA is requesting that OMB approve the information collections in this ICR on an emergency basis and assign them an OMB control number, OSHA is nonetheless soliciting comments on this ICR for a period of 60 days following publication of the ETS. This request for comments is included in the interim final rule published on June 21, 2021 (86 FR 32376).

**9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

The Agency will not provide payments or gifts to the respondents.

**10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

The ETS contains several provisions aimed at maintaining employee privacy. These include the requirement that notifications of employee exposure to COVID-19 “must not include any employee’s name, contact information (e.g., phone number, email address), or occupation” and the requirement that COVID-19 log must be maintained as though it is a confidential medical record and must not be disclosed except as required by this ETS or other federal law, including limiting access to an individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee. In addition, OSHA has developed and implemented 29 CFR 1913.10 (“Rules of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records”) to regulate access to employee medical records.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

Perceived questions of a sensitive nature may be included in diagnosing whether an employee is showing signs or symptoms of the coronavirus when medical questions are posed to properly diagnose the patient and make appropriate recommendations regarding further testing and the employee’s occupational exposure to COVID-19.

**12. Provide estimates of the hour burden of the collection of information. The statement should:**

**Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.**

- **If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens.**
- **Provide estimates of annualized costs to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories.**

## **RESPONDENT BURDEN-HOUR AND COST BURDEN DETERMINATIONS**

OSHA estimates that a total of 10,338,353 employees in 748,816 establishments are potentially at risk from exposure to COVID-19 in the healthcare and associate industries.



COVID-19 ETS (29 CFR 1910, Subpart U)

1218-0277

June 2021

For the sole purpose of calculating burden hours and costs under the Paperwork Reduction Act, this supporting statement has rounded the totals found in Tables B, the *Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement*.

### **Wage Rates**

OSHA used occupation-specific wage rates from Bureau of Labor Statistics (BLS) 2018 Occupational Employment Statistics data (BLS, 2019). The estimated loaded wage rates are calculated using industry-specific fringe benefit rates for all civilian workers as reported in the BLS 2018 Employer Costs for Employee Compensation data, as well as OSHA's standard estimate for overhead of 17 percent times the base wage (BLS, 2018) to arrive at the loaded wage rate.

In Table A is a summary of the how the wage rate estimates were derived for the information collection requirements specified by the Standard.

**Table A – Estimated Wage Rates**

Occupation	SOC	Mean hourly rate	Fringe Benefits	Overhead Loading	Wage rate
Physicians and Nurse Practitioners	29-1210 29-1170	\$95.85	0.6925	0.17	\$154.71
Occupational Health and Safety (OHS) Specialists	19-5011	\$36.68	0.6925	0.17	\$59.20
General Worker*	-----	\$21.61	0.7	0.17	\$35.60
Human Resources (HR) Manager	11-3121	\$62.29	0.6925	0.17	\$100.54
General and Operation (GO) Manager	11-1020	\$53.58	0.7	0.17	\$88.16
Information and Records (IR) Clerk	43-4000	\$21.47	0.7	0.17	\$36.94
General Office Clerk	43-9061	\$17.48	0.6925	0.17	\$28.21

\* This wage rate is a weighted average of all employees across all industries. Source: ETS Economic Analysis Spreadsheets, under the “Labor Wage” tab.

**§1910.502 – Healthcare and Associate Industries.**

**1. COVID-19 plan.**

**§1910.502(c)(1)(2)&(3)**

The employer must develop and implement a COVID-19 plan for each workplace. If the employer has multiple workplaces that are substantially similar, its COVID-19 plan may be developed by workplace type rather than by individual workplace so long as all required site-specific information is included in the plan. The employer must designate one or more workplace COVID-19 safety coordinators to implement and monitor the COVID-19 plan developed under this section. The COVID-19 safety coordinator(s) must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations. The identity of the safety coordinator(s) must be documented in the written COVID-19 plan. The safety coordinator(s) must have the authority to ensure compliance with all aspects of the COVID-19 plan.

OSHA estimated that it will take employers in healthcare and associated industries between 5 and 40 hours to develop a COVID-19 Plan, depending on the facility. The hazard assessment is included in the initial development. OSHA estimates that the plan will be developed by a physician making \$154.71 an hour.

*a. Develop and Implement Plan:*

**Table 1 – Burden Hours and Cost for the Development of COVID-19 Plan**

	Type of Establishment	Total Establishments	Non-compliance Rate	Affected Establishments	Time to Develop (Hrs)	Burden Hours	Loaded Hourly Wage	Cost
1	Develop Plan - General and Other Hospitals	7,644	6%	459	40	18,345.6	\$154.71	\$2,838,247.78
2	Develop Plan - Nursing Homes and Long Term Care	91,416	10%	9,142	10	91,416	\$154.71	\$14,142,969.36
3	Develop Plan - Other Patient Care	558,576	44%	245,773	5	1,228,867.2	\$154.71	\$190,118,044.5
4	Develop Plan - Home Health Care	35,169	36%	12,661	10	126,608.4	\$154.71	\$19,587,585.56
5	Develop Plan - First Aid and Emergency Response	35,375	34%	12,028	10	120,275	\$154.71	\$18,607,745.25
6	Develop Plan - School/ Industry Clinics	18,954	35%	6,634	5	33,170	\$154.71	\$5,131,730.70
7	Develop Plan - Correctional Facilities	1,680	29%	487	5	2,436	\$154.71	\$376,873.56
	<b>Total</b>	<b>748,8162</b>		<b>287,184</b>		<b>1,621,118.2</b>		<b>\$250,803,196.1</b>

*b. Maintain Plan:*

As part of the plan, the employer will have to monitor the on-going effectiveness of the COVID-19 plan on a daily basis to ensure the plan is being maintained. OSHA assumes an on-going daily over a 6-month period to maintain the plan on average labor to be from 18.31 to 30.13 hours.<sup>3</sup> For purposes of this ICR, OSHA will be using an occupational health and safety specialist (19-5011) to perform this task.

<sup>3</sup> Source: Table 27 of the ETS Economic Analysis and under the tab “COVID-19 Plan” of the HealthcareCostSpreadsheets V2.

**Table 2 – Burden Hours and Cost of Maintaining the COVID-19 Plan**

	Establishment	Number of Establishments	Non-compliance Rate	Total Establishments	Time per Establishment (Hrs)	Burden Hours	Loaded Hourly Wage	Cost
1	General Hospitals	5,281	6%	317	30.14	9,550.52	\$59.20	\$565,390.91
2	Other Hospitals	2,363	6%	142	29.92	4,242.29	\$59.20	\$251,143.63
3	Nursing Homes	42,759	10%	4,276	25.27	108,052.85	\$59.20	\$6,396,728.85
4	Long Term Care (excluding nursing homes)	48,657	10%	4,866	27.91	135,802.13	\$59.20	\$8,039,486.31
5	Other Patient Care	558,576	41%	229,016	18.31	4,193,288.97	\$59.20	\$248,242,706.88
6	Home Health Care and Temp Labor	35,169	34%	11,958	22.55	269,644.25	\$59.20	\$15,962,939.59
7	First Aid and Emergency Care	35,375	32%	11,320	24.03	272,018.75	\$59.20	\$16,103,510.25
9	School/Industry Clinics	18,954	33%	6,255	23.33	145,924.95	\$59.20	\$8,638,757.08
10	Correctional Facility Clinics	1680	28%	470	27.47	12,921.89	\$59.20	\$764,975.77
	<b>Total</b>			<b>256,662</b>		<b>5,151,446.6</b>		<b>\$ 304,965,639.27</b>

c. *Communicate Plan:*

In addition to developing and maintaining their COVID-19 plans, general hospitals, other hospitals, nursing homes, and long-term care facilities will have to communicate the plan and any additional information on an on-going basis to other employers (e.g., contractors, vendors) who have employees at the worksite. OSHA estimates that these healthcare facilities will spend 30 minutes one time after the promulgation of this ETS to communicate with contractors and others regarding the COVID-19 plan and, on average, 15 minutes (0.25 hours) every week engaging in on-going communication with other employers. These establishments will therefore incur an additional 6.5 hours<sup>4</sup> (0.25 hours weekly communication x 26 weeks) for communicating the COVID-19 plan on an on-going basis. Other settings are estimated to only rarely use contractors, and so their time burden is set to zero for both initial and on-going communication.

**Table 3 – Burden Hours and Cost of Communicating the COVID-19 Plan to Host Employers**

	Establishment	Number of Establishments	Non-compliance Rate	Total Establishments	Time per Establishment (Hrs)	Burden Hours	Loaded Hourly Wage	Cost
1	General Hospitals	5,281	6%	317	6.5	2,059.66	\$59.20	\$121,931.87
2	Other Hospitals	2,363	6%	142	6.5	921.64	\$59.20	\$54,561.09
3	Nursing Homes	42,759	10%	4,276	6.5	27,793.55	\$59.20	\$1,645,378.16
4	Long Term Care (excluding nursing homes)	48,656	10%	4,866	6.5	31,627.12	\$59.20	\$1,872,325.5
	<b>Total</b>			<b>9,600</b>		<b>62,401.97</b>		<b>\$3,694,196.62</b>

<sup>4</sup> Source: Table 27 of the Economic Analysis for the ETS.

### 13. Patient screening and management.

#### §1910.502(d)(2)

In settings where direct patient care is provided, the employer must: Screen and triage all clients, patients, residents, delivery people and other visitors, and other non-employees entering the setting for symptoms of COVID-19.

This requirement does not apply to laboratories, morgue/mortuaries, medical equipment activities, waste collection and handling, and commercial laundries, since it only applies to settings where direct patient care is provided. This provision only applies to general hospitals, other hospitals, nursing homes, and long-term care facilities where the labor incurs for entering the facility. In settings where this requirement applies, OSHA estimates the six-month incremental time burden per facility for screening and triaging non-employees for symptoms of COVID-19 as follows:

- General Hospitals: An incremental burden of 385.1 hours is estimated based on a burden of 1 minute per patient each day for an average of 1 patient per employee<sup>5</sup> and a baseline compliance rate of 81%. [ $385.1 = (1-81\%)*666.3/60*365/2$ ]
- Other Hospitals: An incremental burden of 60.4 hours is estimated based on a burden of 1 minute per patient each day for an average of 1 patient per employee<sup>31</sup> and a baseline compliance rate of 81%. [ $60.4 = (1-81\%)*104.5/60*365/2$ ]
- Nursing Homes: An incremental burden of 20.4 hours is estimated based on a burden of 1 minute per patient each day for an average of 32 patients per facility<sup>6</sup> and a baseline compliance rate of 79%. [ $20.4 = (1-79\%)*32/60*365/2$ ]
- Long Term Care (excluding nursing homes): An incremental burden of 14.7 hours is estimated based on a burden of 1 minute per patient each day for an average of 23 patients per facility<sup>28</sup> and a baseline compliance rate of 79%. [ $14.7 = (1-79\%)*23/60*365/2$ ]

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<sup>5</sup> According to [AHA Data Hub 2015-2019 data](#), there were 785,235,256 outpatient visits, 19,418,138 outpatient surgeries, and 34,078,100 admissions in 2019. These data apply to 5,141 community hospitals, which is 447 visits per day for each hospital. Thus, since OSHA estimates there are 492 healthcare workers per hospital, that is, approximately 1 patient per employee per day.

<sup>6</sup> The number of patients per facility for Nursing Homes and other Long Term Care are estimated using a 2019 National Center for Health Statistics study on long term care facilities and their patients (Harris-Kojetin et al., 2019) and OSHA's estimated number of facilities (estimated using BLS (2017), BLS (2019), and (U.S. Census Bureau, 2019c)).

- Other Patient Care: An incremental burden of 39.9 hours is estimated as 30 minutes per day<sup>7</sup> and a baseline compliance rate of 56% [ $39.9 = (1-56\%)*30/60*365/2$ ]
- Correctional Facility Clinics: An incremental burden of 18.25 hours is estimated as 30 minutes per day and a baseline compliance rate of 80% [ $18.25 = (1-80\%)*30/60*365/2$ ]

**Table 4 – Burden Hours and Cost of Patient Screening and Management per 6-Month Period**

Establishments	Total of Establishments	Non-compliance Rate	Affected Establishments	Time per Establishment (Hrs)	Burden Hours	Loaded Hourly Wage	Cost
General Hospitals	5,281	19%	1,003	385.1	386,405.49	\$53.76	\$20,773,159.09
Other Hospitals	2,363	19%	449	60.4	27,117.79	\$49.56	\$1,343,957.57
Nursing Homes	42,759	21%	8,979	20.4	183,179.56	\$26.79	\$4,907,380.31
Long Term Care	48,657	21%	10,218	14.7	150,204.16	\$22.57	\$3,390,107.87
Other Patient Care	558,576	44%	245,773	39.9	9,806,360.26	\$65.49	\$642,218,533.17
Correctional Facilities	1,680	20%	336	18.25	6,132	\$21.65	\$132,757.80
<b>Total</b>	<b>659,316</b>		<b>266,759</b>		<b>10,559,399.26</b>		<b>\$672,765,895.80</b>

<sup>7</sup> The number of patients at hospitals and ambulatory care was estimated using [AHA Data Hub 2015-2019 data](#) (American Hospital Association, 2021).

14. **Physical distancing.**

**§ 1910.502(h)**

The employer must ensure that each employee is separated from all other people by at least 6 feet when indoors unless the employer can demonstrate that such physical distancing is not feasible for a specific activity. This provision does not apply to momentary exposure while people are in movement (e.g., passing in hallways or aisles). When the employer establishes it is not feasible for an employee to maintain a distance of at least 6 feet from all other people, the employer must ensure that the employee is as far apart from all other people as feasible.

As noted under paragraph (h), physical distancing can include methods such as visual cues like signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times.

Large establishments:

OSHA estimates on average large establishments will post or install 25 signs and/or floor markers per establishment and it will take an occupational health and safety specialist 2 minutes (0.03 hours) of labor per sign or floor marker. For the 132,796 large establishments, there will be on average a total of 3,319,900 signs and/or floor markers to install. Baseline non-compliance is 25 percent for large establishments.

**Burden Hours:** 3,319,900 signs x 0.25 (non-compliance rate) x 0.03 hours  
= 24,899.25 hours

**Cost:** 24,899.25 hours x \$59.20 (OHS specialist) = \$1,474,035.60

Small Business Administration (SBA)-defined small establishments:

OSHA estimates on average SBA-defined small establishments will post or install 15 signs and/or floor markers per establishment and it will take an occupational health and safety specialist 2 minutes (0.03 hours) of labor per sign or floor marker. For the 138,816 SBA-defined small establishments, there will be on average a total of 2,082,240 signs and/or floor markers to install. Baseline non-compliance is 25 percent for SBA-defined small establishments.

**Burden Hours:** 2,082,240 signs x 0.25 (non-compliance rate) x 0.03 hours  
= 15,616.80 hours

**Cost:** 15,616.80 hours x \$59.20 (OHS specialist) = \$924,514.56

Very small establishments:



OSHA estimates on average very small establishments will post or install 10 signs and/or floor markers per establishment and it will take an occupational health and safety specialist 2 minutes (0.03 hours) of labor per sign or floor marker. For the 477,203 very small establishments, there will be on average a total of 4,772,030 signs and/or floor markers to post. Baseline non-compliance is 50 percent for very small establishments.

**Burden Hours:** 4,772,030 signs x 0.50 (non-compliance) x 0.03 hours =  
71,580.45 hours

**Cost:** 71,580.45 hours x \$59.20 (OHS specialist) = \$4,237,562.64

## 15. Health screening and medical management.

### 1910.502(l)(1) – Health screening

The employer must screen each employee before each workday and each shift for COVID-19 symptoms. Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.

OSHA estimates that it will take an average of 15 seconds (0.0042 hours) per employee per day to screen employees using a no-touch thermometer. OSHA estimates that health screening will be conducted 20 workdays per month for 6 months, for a total of 120 days. The total time per employee during the 6 month period is 30.24 minutes or 0.504 hours.

#### Large establishments:

There are 3,300,919 covered employees in large establishments. OSHA estimates that 10 percent of the employees in large establishments (330,092) will not report to work on a given day and therefore will not be screened at the workplace (3,300,919 covered employee x .10 = 330,091.9). Therefore, the number of employees reporting into work will be 2,970,827 (3,300,919 minus 330,092). Baseline non-compliance is 25 percent for large establishments.

**Burden Hours:** 2,970,827 employees x 0.25 (noncompliance rate) x 0.504  
hours = 374,324.20 hours

**Cost:** 374,324.20 hours x \$35.60 (General worker) =  
\$13,325,941.59

#### SBA-defined small establishments:

There are 5,799,312 covered employees in SBA-defined small establishments. OSHA estimates that 10 percent of the employees in SBA-defined small establishments (579,931) will not report to work on a given day and therefore will not be screened at the workplace (5,799,312 covered

employee x 0.10 = 579,931). Therefore, the number of employees reporting into work will be 5,219,381 (5,799,312 minus 579,931). Baseline non-compliance is 25 percent for SBA-defined small establishments.

**Burden Hours:** 5,219,381 covered employees x 0.25 (noncompliance rate) x 0.504 hours = 657,642.01 hours

**Cost:** 657,642.01 hours x \$35.60 (General worker) = \$23,412,055.41

Very small establishments:

There are 1,238,122 covered employees in very small establishments. OSHA estimates that 10 percent of the employees in very small establishments (123,812.2) will not report to work on a given day and therefore will not be screened at the workplace (1,238,122 covered employee x .10 = 123,812.2). Therefore, the number of employees reporting into work will be 1,114,310 (1,238,122 minus 123,812.2). Baseline non-compliance is 50 percent for very small establishments.

**Burden Hours:** 1,114,310 employees x 0.50 (noncompliance rate) x 0.504 hours = 280,806.12 hours

**Cost:** 280,806.12 hours x \$35.60 (General worker) = \$9,996,697.87

### **1910.502(l)(2) – Notification to the employer**

The employer must require each employee to promptly notify the employer when the employee:

(i) is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19); or

(ii) has been told by a licensed healthcare provider that they are suspected to have COVID-19; or

(iii) is experiencing recent loss of taste and/or smell with no other explanation; or

(iv) is experiencing both fever ( $\geq 100.4^{\circ}$  F) and new unexplained cough associated with shortness of breath.

OSHA estimates that it will take 5 minutes (0.08 hours) of a General and Operations Manager's (OES 11-1020) time per notification to receive the notification and make arrangements for the

employee's removal. OSHA also estimates that employers will receive notifications from 0.57%<sup>8</sup> of covered employees, for a total of 89,631 notifications.

Large establishments:

OSHA estimates 18,815 employees in large establishments will notify their employer under this requirement (3,300,919 covered employees x 0.0057 = 18,815). Baseline non-compliance is 25 percent for large establishments.

**Burden Hours:** 18,815 employees x 0.25 (non-compliance rate) x 0.08 hours = 376.30 hours

**Cost:** 376.30 hours x \$88.16 (GO manager) = \$33,175.03

SBA-defined small establishments:

OSHA estimates 33,056 employees in SBA-defined small establishments will notify their employer under this requirement (5,799,312 covered employees x 0.0057 = 33,056). Baseline non-compliance is 25 percent for SBA-defined small establishments.

**Burden Hours:** 33,056 employees x 0.25 (non-compliance rate) x 0.08 hours = 661.12 hours

**Cost:** 661.12 hours x \$88.16 (GO manager) = \$58,284.48

Very small establishments:

OSHA estimates 7,057 employees in very small establishments will notify their employer under this requirement (1,238,122 covered employees x 0.0057 = 7,057). Baseline non-compliance is 50 percent for very small establishments.

**Burden Hours:** 7,057 employees x 0.50 non-compliance rate x 0.08 hours = 282.29 hours

**Cost:** 282.29 hours x \$88.16 (GO Manager) = \$24,886.85

**1910.502(l)(3) – Notification to employees**

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<sup>8</sup> This includes both the rate of employees estimated to be confirmed positive for COVID-19 (0.38%) and those who exhibit sign or symptoms but who are not confirmed positive (0.19%). Source: ETS Economic Analysis Spreadsheets.

When the employer is notified that a person who has been in the workplace(s) (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) is COVID-19 positive, the employer must, within 24 hours:

(A) Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with that person 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) that contact occurred.

(B) Notify all other employees who were not wearing a respirator and any other required PPE and worked in the same well-defined portion of a workplace (e.g., a particular floor) in which that person was present during the potential transmission period. The potential transmission period starts 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.

(C) Notify other employers whose employees were not wearing respirators and any other required PPE and has been in close contact with that person, or worked in the same well-defined portion of the workplace (e.g., a particular floor) as, that person during the potential transmission period. The potential transmission period starts 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated. 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.

For the notification provisions, OSHA estimates that it will take 30 minutes (0.5 hours) for a general and operations manager to notify employees who may have been exposed to that person, as well as other employers whose employees may have been exposed.

Large establishments:

For large establishments, OSHA estimates the employer will receive 18,815 notifications. Baseline non-compliance is 25 percent for large establishments.

**Burden Hours:** 18,815 notifications x 0.25 (non-compliance rate) x 0.5 hours = 2,351.90 hours

**Cost:** 2,351.90 hours x \$88.16 (GO Manager) = \$207,343.93

SBA-defined small establishments:

For SBA-defined small establishments, OSHA estimates the employer will receive 33,056 notifications. Baseline non-compliance is 25 percent for SBA-defined small establishments.

**Burden Hours:** 33,056 notifications x 0.25 non-compliance rate x 0.5 hours  
= 4,132.01 hours

**Cost:** 4,132.01 hours x \$88.16 (GO manager) = \$364,277.98

Very small establishments:

For very small establishments, OSHA estimates the employer will receive 7,057 notifications. Baseline non-compliance is 25 percent for SBA-defined small establishments.

**Burden Hours:** 7,057 notifications x 0.50 non-compliance rate x 0.5 hours  
= 1,764.32 hours

**Cost:** 1,764.32 hours x \$88.16 (GO manager) = \$155,542.79

#### 4. Medical removal from the workplace.

##### § 1910.502(l)(4)(ii) & (iii) – Medical Removal

(ii) If the employer knows an employee meets the criteria listed in paragraphs (l)(2)(ii) through (l)(2)(iv) of this section [i.e. the employee has been told by a licensed healthcare provider that they are suspected to have COVID-19, is experiencing recent loss of taste and/or smell with no other explanation, or is experiencing both fever ( $\geq 100.4^{\circ}$  F) and new unexplained cough associated with shortness of breath], then the employer must immediately remove that employee and either:

(A) Keep the employee removed until they meet the return to work criteria in paragraph (l)(6); or

(B) Keep the employee removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee.

(1) If the test results are negative, the employee may return to work immediately.

(2) If the test results are positive, the employer must comply with paragraph (l)(4)(i) of this section [i.e. remove the employee until they meet the return to work criteria in paragraph (l)(6)].

(3) If the employee refuses to take the test, the employer must continue to exclude that employee from the workplace consistent with paragraph (l)(4)(ii)(A) of this section, but the employer is not obligated to provide medical removal protection benefits in accordance with paragraph (l)(5)(iii) of this section. Absent undue hardship, employers must make reasonable accommodations for

employees who cannot take the test for religious or disability-related medical reasons.

(iii) (A) If the employer is required to notify the employee of close contact in the workplace to a person who is COVID-19 positive in accordance with paragraph (1)(3)(i)(A) of this section, then the employer must immediately remove that employee and either:

(1) Keep the employee removed for at least 14 days; or

(2) Keep the employee removed and provide a COVID-19 test at least five days after the exposure at no cost to the employee.

(i) If the test results are negative, the employee may return to work after seven days following exposure.

(ii) If the test results are positive, the employer must comply with paragraph (1)(4)(i) of this section.

(iii) If the employee refuses to take the test, the employer must continue to exclude that employee from the workplace consistent with paragraph (1)(4)(iii)(A)(1) of this section, but the employer is not obligated to provide medical removal protection benefits in accordance with paragraph (1)(5)(iii) of this section. Absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons.

(B) Employers are not required to remove any exposed employee who would otherwise be required to be removed under paragraph (i)(4)(iii)(A) of the section [i.e. employees who the employer has notified of close contact with a person who is COVID-19 positive] if the employee does not experience the symptoms in paragraph (1)(2)(iii) or (1)(2)(iv) of this section and has:

(1) been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the final dose); or

(2) had COVID-19 and recovered within the past 3 months.

Large establishments:

OSHA estimates that it will take 5 minutes of a GO manager time at \$88.16 to receive COVID-19 test results from employees who have been removed from the workplace and that 18,815 employees in large establishments will need to notify the GO manager of the test results and/or

vaccinations information (3,300,919 covered employees x 0.0057 = 18,815). Baseline non-compliance is 25 percent for large establishments.

**Burden Hours:** 18,815 employees x 0.25 (non-compliance rate) x 0.08 hours = 376.30 hours

**Cost:** 376.30 hours x \$88.16 (GO manager) = \$33,175.03

SBA-defined small establishments:

OSHA estimates that it will take 5 minutes of a GO manager time at \$88.16 to receive COVID-19 test results from employees who have been removed from the workplace and that 33,056 employees will need to notify the GO manager of the test results and/or vaccinations information (5,799,312 covered employees x 0.0057 = 33,056). Baseline non-compliance is 25 percent for SBA-defined small establishments.

**Burden Hours:** 33,056 employees x 0.25 (non-compliance rate) x 0.08 hours = 661.12 hours

**Cost:** 661.12 hours x \$88.16 (GO manager) = \$58,284.48

Very small establishments:

OSHA estimates that it will take 5 minutes of a GO manager time at \$88.16 to receive COVID-19 test results from employees who have been removed from the workplace and that 7,057 employees in very small establishments will need to notify the GO manager of the test results and/or vaccinations information (1,238,122 covered employees x 0.0057 = 7,057). Baseline non-compliance is 50 percent for very small establishments.

**Burden Hours:** 7,057 employees x 0.50 non-compliance rate x 0.08 hours = 282.29 hours

**Cost:** 282.29 hours x \$88.16 (GO manager) = \$24,886.85

## 5. Recordkeeping.

### §1910.502(q)(2) – Required Records

Employers with more than 10 employees on the effective date of this section must:

(i) retain all versions of the COVID-19 plan implemented to comply with this section while this section remains in effect. (ii) establish and maintain a COVID-19 log to record each instance identified by the employer in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work.

*COVID-19 Plan:*

The employer must record and maintain all version of the plan. OSHA estimates it takes 5 minutes (0.08 hours) of a clerical worker's time to make copies of the COVID-19 plan and file each copies. OSHA estimates that approximately 15% of employers (40,742 large and SBA-defined small establishments and 71,580 very small establishments) will have to maintain two versions of the plan while the other 85% (230,870 large and SBA-defined small establishments and 405,623 very small establishments) will have to maintain one version of the plan. The total number of plans maintained by large and SBA-defined small establishments is 312,354 [(40,742 plans x 2 versions) + 230,870 single plans]. The total number of plans maintained by very small establishments is 548,783 [(71,580 plans x 2 versions) + 405,623 single plans].

Large and SBA-defined small establishments:

Baseline non-compliance is 25 percent for large and SBA-defined small establishments.

**Burden Hours:** 312,354 plans x 0.25 (non-compliance) x 0.08 hours = 6,247.08 hours

**Cost:** 6,247.08 hours x \$36.94 (IR clerk) = \$230,767.14

Very small establishments:

Baseline non-compliance is 50 percent for very small establishments.

**Burden Hours:** 548,783 plans x 0.5 (non-compliance) x 0.08 hours = 21,951.32 hours

**Cost:** 21,951.32 hours x \$36.94 (IR clerk) = \$817,528.01

*COVID-19 Log:*

Establish Log:

The employer must establish and record a log of all COVID-19 related cases identified. OSHA estimates 0.5 hours of labor from a General and Operations Manager (SOC 11-1020) to establish a COVID-19 log for each affected establishment. Baseline non-compliance is estimated to be 100 percent.

**Burden Hours:** 748,816 establishments x 1.0 (non-compliance) x 0.5 hours = 374,408 hours



**Cost:** 374,408 hours x \$88.16 (GO manager) = \$33,007,809.28

*Maintain Log:*

For each employee with COVID-19, OSHA assumes 10 minutes (0.17 hours) of labor from an Information and Records Clerk (SOC 43-4000) to record the case in the employer's COVID-19 log. OSHA estimates 39,286 cases<sup>9</sup> will need to be recorded. Baseline non-compliance is estimated to be 100 percent.

**Burden Hours:** 39,286 cases x 1.0 (non-compliance) x 0.17 hours =  
6,678.58 hours

**Cost:** 6,678.58 hours x \$36.94 (IR clerk) = \$246,706.60

**§1910.502(q)(3) - Availability of records.**

By the end of the next business day after a request, the employer must provide, for examination and copying: (i) all versions of the written COVID-19 plan to any employee and/or their representatives, (ii) the individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee, (iii) 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 personal representatives, and their authorized representatives, (iv) all records required to be maintained by this section to the Assistant Secretary.

OSHA estimates it takes 5 minutes (0.08 hours) of a clerical worker's time to make the COVID-19 plan and/or relevant COVID-19 log entries accessible to the employee or their representative. OSHA estimates that approximately 2.5% of the 10,338,353 covered employees, or 258,459 workers, will request access to these records during the first six months the ETS is in effect. Baseline non-compliance with this requirement is estimated to be 25 percent.

**Burden Hours:** 258,459 employees x 0.25 (non-compliance) x 0.08 hours =  
5,169.63 hours

**Cost:** 5,169.63 hours x \$36.94 (IR clerk) = \$190,949.38

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<sup>9</sup> The number of cases confirmed positive after taking the COVID-19 test. (10,338,353 employees x 0.38% = 39,286 cases)

## 6. Reporting COVID-19 fatalities and hospitalizations to OSHA.

### §1910.502(r)(2)

The employer must report to OSHA: (i) each work-related COVID-19 fatality within 8 hours of the employer learning about the fatality, and (ii) each work-related COVID-19 in-patient hospitalization within 24 hours of the employer learning about the in-patient hospitalization.

OSHA estimates it takes 20 minutes (0.33 hours) of GO manager time at \$88.16 to report the fatality or hospitalization to the agency. OSHA estimates that 0.0010 percent of covered employees will be affected.

Large establishments:

The agency estimates that large establishments will have to report 33 cases (3,300,919 covered employees x 0.00001 = 33). Baseline non-compliance is 25 percent for large establishments.

**Burden Hours:** 33 cases reported x 0.25 (non-compliance) x 0.33 hours = 2.72 hours

**Cost:** 2.72 hours x \$88.16 (GO manager) = \$240.08

SBA-defined small establishments:

The agency estimates that SBA-defined small establishments will have to report 58 cases (5,799,312 covered employees x 0.00001 = 58). Baseline non-compliance is 25 percent for SBA-defined small establishments.

**Burden Hours:** 58 cases reported x 0.25 (non-compliance) x 0.33 hours = 4.78 hours

**Cost:** 4.78 hours x \$88.16 (GO manager) = \$421.80

Very small establishments:

The agency estimates that very small establishments will have to report 12 cases (1,238,122 covered employees x 0.00001 = 12). Baseline non-compliance is 50 percent for very small establishments.

**Burden Hours:** 12 cases reported x 0.50 (non-compliance) x 0.33 hours = 2.04 hours

**Cost:** 2.04 hours x \$88.16 (GO manager) = \$180.10

COVID-19 ETS (29 CFR 1910, Subpart U)  
1218-0277  
June 2021

**Table B. Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement - Healthcare and Associated Industries**

	Frequency	Basis	Respondent	Responses per Six Months	Non-Compliance Rate/NTR	Hours per Response	Hours per Six Months	Loaded Hourly Wage	Total Cost	Total Responses
				<i>a</i>	<i>b</i>	<i>c</i>	$d = a \times b \times c$	<i>e</i>	$f = d \times e$	$g = a \times b$
<b>1910.502 – Healthcare and Associated Industries</b>										
<b>1. COVID-19 Plan</b>										
<b>a. Develop and Implement Plan</b>										
General and Other Hospitals	One time	Establishment	Physician/ Nurse Practitioner	7,644	6%	40	18,345.60	\$154.71	\$2,838,247.78	459
Nursing Homes, Long Term Care, and Labs	One time	Establishment	Physician/ Nurse Practitioner	114,313	10%	10	114,313.00	\$154.71	\$17,685,364.23	11,431
Other Patient Care	One time	Establishment	Physician/ Nurse Practitioner	558,576	44%	5	1,228,867.20	\$154.71	\$190,118,044.51	245,773
Home Health Care	One time	Establishment	Physician/ Nurse Practitioner	35,169	36%	10	126,608.40	\$154.71	\$19,587,585.56	12,661
First Aid and Emergency Response	One time	Establishment	Physician/ Nurse Practitioner	35,375	34%	10	120,275.00	\$154.71	\$18,607,745.25	12,028
School/ Industry Clinics	One time	Establishment	Physician/ Nurse Practitioner	18,954	35%	5	33,169.00	\$154.71	\$5,131,653.35	6,634
Correctional Facilities	One time	Establishment	Physician/ Nurse Practitioner	1,680	29%	5	2,436.00	\$154.71	\$376,873.56	487

**Table B. Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement - Healthcare and Associated Industries**

	Frequency	Basis	Respondent	Responses per Six Months	Non- Compliance Rate/NTR	Hours per Response	Hours per Six Months	Loaded Hourly Wage	Total Cost	Total Responses
				<i>a</i>	<i>b</i>	<i>c</i>	$d = a \times b \times c$	<i>e</i>	$f = d \times e$	$g = a \times b$
<b>b. Maintain Plan</b>										
General Hospitals	One Time / Weekly	Establishment	OH&S Specialist	5,281	6%	30.14	9,550.52	\$59.20	\$565,390.91	317
Other Hospitals	One Time / Weekly	Establishment	OH&S Specialist	2,363	6%	29.92	4,242.29	\$59.20	\$251,143.63	142
Nursing Homes	One Time / Weekly	Establishment	OH&S Specialist	42,759	10%	25.27	108,052.85	\$59.20	\$6,396,728.85	4,276
Long Term Care (excluding nursing homes)	One Time / Weekly	Establishment	OH&S Specialist	48,657	10%	27.91	135,802.13	\$59.20	\$8,039,486.31	4,866
Other Patient Care	One Time	Establishment	OH&S Specialist	558,576	41%	18.31	4,193,288.97	\$59.20	\$248,242,706.88	2 29,016
Home Health Care and Temp Labor	One Time	Establishment	OH&S Specialist	35,169	34%	22.55	269,644.25	\$59.20	\$15,962,939.59	11,958
First Aid and Emergency Care	One Time	Establishment	OH&S Specialist	35,375	32%	24.03	272,018.75	\$59.20	\$16,103,510.25	11,320
School/ Industry Clinics	One Time	Establishment	OH&S Specialist	18,954	33%	23.33	145,924.95	\$59.20	\$8,638,757.08	6,255
Correctional Facility Clinics	One Time	Establishment	OH&S Specialist	1,680	28%	27.47	12,921.89	\$59.20	\$764,975.77	

**Table B. Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement - Healthcare and Associated Industries**

	Frequency	Basis	Respondent	Responses per Six Months	Non-Compliance Rate/NTR	Hours per Response	Hours per Six Months	Loaded Hourly Wage	Total Cost	Total Responses
				<i>a</i>	<i>b</i>	<i>c</i>	$d = a \times b \times c$	<i>e</i>	$f = d \times e$	$g = a \times b$
										470
<b>c. Communicate Plan</b>										
General Hospitals	Weekly	Establishment	OH&S Specialist	5,281.20	6%	6.5	2,059.67	\$59.20	\$121,932.35	317
Other Hospitals	Weekly	Establishment	OH&S Specialist	2,363.13	6%	6.5	921.62	\$59.20	\$54,559.95	142
Nursing Homes	Weekly	Establishment	OH&S Specialist	42,759.34	10%	6.5	27,793.57	\$59.20	\$1,645,379.40	4,276
Long Term Care (excluding nursing homes)	Weekly	Establishment	OH&S Specialist	48,657.16	10%	6.5	31,627.15	\$59.20	\$1,872,327.52	4,866
<b>2. Patient Screening and Management[4] (Patients entering the facility)</b>										
General Hospitals	6-month	Establishment	General Clerk	5,281	19%	385.1	386,405.49	\$53.76	\$20,773,159.09	1,003
Other Hospitals	6-month	Establishment	General Clerk	2,363	19%	60.4	27,117.79	\$49.56	\$1,343,957.57	449
Nursing Homes	6-month	Establishment	General Clerk	42,759	21%	20.4	183,179.56	\$26.79	\$4,907,380.31	8,979
Long Term Care	6-month	Establishment	General Clerk	48,657	21%	14.7	150,204.16	\$22.57	\$3,390,107.87	10,218
Other Patient Care	6-month	Establishment	General Clerk	558,576	44%	39.9	9,806,360.26	\$65.49	\$642,218,533.17	245,773
Correctional Facilities	6-month	Establishment	General Clerk	1,680	20%	18.25	6,132.00	\$21.65	\$132,757.80	336
<b>3. Physical Distancing</b>										
Large Establishments	One-Time	Establishment	OH&S Specialist	3,319,900	25%	0.03	24,899.25	\$59.20	\$1,474,035.60	829,975

**Table B. Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement - Healthcare and Associated Industries**

	Frequency	Basis	Respondent	Responses per Six Months	Non-Compliance Rate/NTR	Hours per Response	Hours per Six Months	Loaded Hourly Wage	Total Cost	Total Responses
				<i>a</i>	<i>b</i>	<i>c</i>	$d = a \times b \times c$	<i>e</i>	$f = d \times e$	$g = a \times b$
SBA-defined Small Establishments	One-Time	Establishment	OH&S Specialist	2,082,240	0.25	0.03	15,616.80	\$59.20	\$924,514.56	520,560
Very Small Establishments	One-Time	Establishment	OH&S Specialist	4,772,030	0.50	0.03	71,580.45	\$59.20	\$4,237,562.64	2,386,015
<b>4. Health Screening and Medical Management</b>										
<b>a. Health Screening</b>										
Pre-Shift Health Screening	6-month	Employee	General Worker	2,970,827	25%	0.504	374,324.20	\$35.60	\$13,325,941.59	742,707
Large Establishments										
Pre-Shift Health Screening	6-month	Employee	General Worker	5,219,381	25%	0.504	657,642.01	\$35.60	\$23,412,055.41	1,304,845
SBA-Defined Small Establishments										
Pre-Shift Health Screening	6-month	Employee	General Worker	1,114,310	50%	0.504	280,806.12	\$35.60	\$9,996,697.87	557,155
Very Small Establishments										
<b>b. Notification to Employer</b>										
Notification to Employer	6-month	Manager	GO Manager	18,815	25%	0.08	376.30	\$88.16	\$33,175.03	4,704
Large Establishments										
Notification to Employer	6-month	Manager	GO Manager	33,056	25%	0.08	661.12	\$88.16	\$58,284.48	8,264

**Table B. Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement - Healthcare and Associated Industries**

	Frequency	Basis	Respondent	Responses per Six Months	Non-Compliance Rate/NTR	Hours per Response	Hours per Six Months	Loaded Hourly Wage	Total Cost	Total Responses
				<i>a</i>	<i>b</i>	<i>c</i>	$d = a \times b \times c$	<i>e</i>	$f = d \times e$	$g = a \times b$
SBA-Defined Small Establishments										
Notification to Employer	6-month	Manager	GO Manager	7,057	50%	0.08	282.29	\$88.16	\$24,886.85	3,529
Very Small Establishments										
<b>c. Notification to Employee</b>										
Notification to Employees	6-month	Manager	GO Manager	18,815	25%	0.5	2,351.90	\$88.16	\$207,343.93	4,704
Large Establishments										
Notification to Employees	6-month	Manager	GO Manager	33,056	25%	0.5	4,132.01	\$88.16	\$364,277.98	8,264
SBA-Defined Small Establishments										
Notification to Employees	6-month	Manager	GO Manager	7,057	50%	0.5	1,764.32	\$88.16	\$155,542.79	3,529
Very Small Establishments										
<b>4. Medical Removal Protection</b>										
<b>a. Medical Removal</b>										
Employee Removal	6-month	Manager	GO Manager	18,815	25%	0.08	376.30	\$88.16	\$33,175.03	4,704



**Table B. Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement - Healthcare and Associated Industries**

	Frequency	Basis	Respondent	Responses per Six Months	Non-Compliance Rate/NTR	Hours per Response	Hours per Six Months	Loaded Hourly Wage	Total Cost	Total Responses
				<i>a</i>	<i>b</i>	<i>c</i>	$d = a \times b \times c$	<i>e</i>	$f = d \times e$	$g = a \times b$
Large Establishments										
Employee Removal	6-month	Manager	GO Manager	33,056	25%	0.08	661.12	\$88.16	\$58,284.48	8,264
SBA-Defined Small Establishments										
Employee Removal	6-month	Manager	GO Manager	7,057	50%	0.08	282.29	\$88.16	\$24,886.85	3,529
Very Small Establishments										
<b>5. Recordkeeping</b>										
<b>a. COVID-19 Plan</b>										
Retain copies of COVID-19 Plan	One Time	Establishment	IR Clerk	312,354	25%	0.08	6,247.08	\$36.94	\$230,767.14	78,089
Large and SBA-Defined Small Establishments										
Retain copies of COVID-19 Plan	One Time	Establishment	IR Clerk	548,783	50%	0.08	21,951.32	\$36.94	\$810,881.76	274,392
Very Small Establishments										
<b>b. COVID-19 Log</b>										
Establish COVID-19 Log	One Time	Employee	GO Manager	748,816	100%	0.5	374,408	\$88.16	\$33,007,809.28	748,816
Maintain COVID-19 Log	Intermittent	Employee	IR Clerk	39,286	100%	0.17	6,678.58	\$36.94	\$246,706.60	39,286

**Table B. Summary of Burden Hours and Cost Under Item 12 of this Supporting Statement - Healthcare and Associated Industries**

	Frequency	Basis	Respondent	Responses per Six Months	Non-Compliance Rate/NTR	Hours per Response	Hours per Six Months	Loaded Hourly Wage	Total Cost	Total Responses
				<i>a</i>	<i>b</i>	<i>c</i>	$d = a \times b \times c$	<i>e</i>	$f = d \times e$	$g = a \times b$
Employee Access to the COVID-19 Records	Intermittent	Employee	File Clerk	258,459	25%	0.08	5,169.18	\$36.94	\$190,949.38	64,615
<b>6. Reporting COVID-19 of Fatalities and Hospitalizations</b>										
Process and Report Information to OSHA Large Establishments	Intermittent	Employee	IR Clerk	33	25%	0.33	2.72	\$36.94	\$240.08	8
Process and Report Information to OSHA SBA-Defined Small Establishments										
Process and Report Information to OSHA Very Small Establishments	Intermittent	Employee	IR Clerk	12	50%	0.33	2.04	\$36.94	\$180.10	6
Process and Report Information to OSHA SBA-Defined Small Establishments										
<b>Total</b>				<b>23,819,281</b>			<b>19,260,202</b>		<b>\$1,321,047,475</b>	<b>8,428,134</b>

COVID-19 ETS (29 CFR 1910, Subpart U)

1218-0277

June 2021

**13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14.)**

The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life) and (b) a total operation and maintenance and purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life on capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.

If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collections services should be part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.

Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.

**No-touch Thermometers:**

To fulfill some of the health screening requirements, OSHA estimates that establishments will purchase no-touch thermometers at a rate of 1 per 100 employees, on average, with a minimum of 1 per establishment and a unit cost of \$29.50 per thermometer (Rice, Miller et al. 2020). (Thermometers = number of the employees/100 x non-compliance rate)

**Table C - Unit Cost for No-touch Thermometers**

	Employees	/100	Non-compliance rate	Number of thermometers	Cost per thermometer	Unit Cost
<b>I. Healthcare</b>						
Large	3,300,919.00	/100	0.25	8,252.55	\$29.50	\$243,450.08
SBA	5,799,312.00	/100	0.25	14,499.63	\$29.50	\$427,739.01
Very Small	1,238,122.00	/100	0.50	6,191.99	\$29.50	\$182,663.71
<b>Total</b>						<b>\$853,852.79</b>

**Signs and Markings:**

To implement physical distancing requirements, OSHA assumes employers post signage encouraging social distancing: 25 signs on average per large establishment, with 15 and 10 signs for SBA-defined small and very small entities, respectively. OSHA estimated a unit cost per sign of \$0.10, with the assumption that employers will use free downloadable signs from the CDC and self-print those signs. OSHA also includes costs for floor markings, based on the unit cost for a roll of masking tape (\$4.39<sup>10</sup>), and assuming 3 rolls are needed per large establishments, 2 per SBA-defined small, and 1 per very small establishments.

**Signs & Tape:**

**Table D - Unit Cost for Signs per Establishment**

	Establishments	Non-compliance rate	Signs per establishment	Cost per sign	Unit Cost
<b>I. Healthcare</b>					
Large	132,796	0.25	25	\$0.10	\$83,268.13
SBA	138,816	0.25	15	\$0.10	\$52,758.75
Very Small	481,114	0.5	10	\$0.10	\$240,557.00
<b>Total</b>					<b>\$376,583.88</b>

**Table E - Unit Cost for Rolls of Tape per Establishment**

	Establishments	Non-compliance rate	Number rolls of tape	Cost per roll	Unit Cost
<b>I. Healthcare</b>					
Large	132,796	0.25	3	\$4.39	\$438,656.48
SBA	138,816	0.25	2	\$4.39	\$308,814.55
Very Small	481,114	0.5	1	\$4.39	\$1,056,045.23
<b>Total</b>					<b>\$1,803,516.26</b>

**Total Cost = \$3,033,952.93**

<sup>10</sup> Scotch® Expressions Decorative Masking Tape, <https://www.officedepot.com/a/products/695324/Scotch-Expressions-Decorative-Masking-Tape-1/?jsessionid=0000BX2y3rGArOXXOIP3dj4tdac:17h4h7aom>

**14. Provide estimates of annualized cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies may also aggregate cost estimates from Items 12, 13, and 14 in a single table.**

There are no costs to the Federal Government.

**15. Explain the reasons for any program changes or adjustments.**

This is a new information collection request.

**16. This is a new information collection request. For collection of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

There are no tabulating, statistical, tabulating analysis, or publication plans for the collections of information.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

Not applicable. OSHA is not seeking to display the expiration date of these collections nor is any format proposed that would support displaying the expiration date.

**18. Explain each exception to the certification statement.**

OSHA is not requesting an exception to the certification statement.

## **B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

This Supporting Statement does not contain any collection of information requirements that employ statistical methods.