

Occupational Safety and Health Administration

COVID-19/ Hazard Recognition *

What is the risk to workers in the United States?

The risk of worker exposure to SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19), depends on numerous factors, including the extent of community transmission; the severity of resulting illness; existing medical conditions workers may have; environmental conditions that may affect exposure risk (e.g., working or living in close quarters); and the medical or other measures available to control the impact of the virus and the relative success of these measures. The U.S. Centers for Disease Control and Prevention (CDC) provides [detailed information](#) about this topic.

Certain people are at higher risk of developing more serious complications from COVID-19, including [older adults](#) and those with [underlying medical conditions](#) such as heart or lung disease, chronic kidney disease requiring dialysis, liver disease, diabetes, immune deficiencies, or obesity. See [CDC's page](#) for additional information about health conditions that put individuals at higher risk of serious illness from COVID-19.

Classifying Risk of Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2 during the pandemic may vary from community to community, depending on local conditions or outbreaks. Exposure risk depends in part on [the physical environment of the workplace](#), the type of work activity, the health status of the worker, the ability of workers to wear face coverings and abide by CDC guidelines, and the need for [close contact](#) (within 6 feet for a total of 15 minutes or more over a 24-hour period) with other people, including those known to have or suspected of having COVID-19, and those who may be infected with—and able to spread—SARS-CoV-2 without knowing it. Other factors, such as conditions in communities where employees live and work, their activities outside of work, and individual health conditions, may also affect workers' risk of getting COVID-19 and/or developing complications from the illness.



OSHA has divided job tasks into four potential risk exposure levels: very high, high, medium, and lower risk, as shown in the occupational risk pyramid.

As workers' job duties change or they perform different tasks in the course of their duties, they may move from one exposure risk level to another. Employers should always rely on current [hazard assessments](#) to identify workers' initial exposure risk to the virus on the job and changes to exposure risk if and when job duties change.

Note: The U.S. Department of Labor and the U.S. Department of Health and Human Services originally published this risk pyramid as part of the [Guidance for Preparing Workplaces for COVID-19 \(Spanish\)](#). Our current understanding of how the SARS-CoV-2 virus spreads, combined with the risk of transmission by people who have the virus without knowing it, suggests that workers in areas with community transmission who have [close contact](#) with any other people—not just known or suspected COVID-19 cases—are at increased risk of exposure. Accordingly, OSHA has adjusted the risk categories and examples below to reflect this updated information.

Lower Exposure Risk (Caution)

Jobs that do not require [close contact](#) (within 6 feet for a total of 15 minutes or more over a 24-hour period) with other people. Workers in this category have minimal occupational contact with the public and other coworkers. Examples include:

- Remote workers (i.e., those working from home during the pandemic).
- Office workers who do not have frequent close contact with coworkers, customers, or the public.
- Healthcare workers providing only telemedicine services.

Medium Exposure Risk

Jobs that require either frequent [close contact](#) (within 6 feet for a total of 15 minutes or more over a 24-hour period) or sustained close contact with other people in areas with community transmission.* Examples of workers in this category include:

- Those who have frequent or sustained contact with coworkers, including under close working conditions [outdoors or in well ventilated spaces](#) in various types of industrial, manufacturing, agriculture, construction, and other [critical infrastructure workplaces](#).
- Those who have frequent outdoor or well ventilated contact with the general public, including workers in retail stores, grocery stores or supermarkets, pharmacies, transit and transportation operations, law enforcement and emergency response operations, restaurants, and bars.
- Those living in temporary labor camps (e.g., farm workers) or similar [shared housing](#) facilities.

** Because any given person may be an asymptomatic carrier, workers' exposure risks may increase when they have repeated, prolonged contact with other people in these situations, particularly where physical distancing and other infection prevention measures may not be possible or are not robustly implemented and consistently followed.*

High Exposure Risk

Jobs with a high potential for exposure to known or suspected sources of SARS-CoV-2. Examples of workers in this category include:

- Healthcare delivery and support staff (hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients.
- Medical transport workers (ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death.
- Those who have frequent or sustained contact with coworkers, including under close working conditions [indoors or in poorly ventilated spaces](#) in various types of industrial, manufacturing, agriculture, construction, and other [critical infrastructure workplaces](#).
- Those who have frequent indoor or poorly ventilated contact with the general public, including workers in retail stores, grocery stores or supermarkets, pharmacies, transit and transportation operations, law enforcement and emergency response operations, restaurants, and bars.

Very High Exposure Risk

Jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 during specific medical, postmortem, or laboratory procedures. Examples of workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or are suspected of having, COVID-19 at the time of their death.

How Does SARS-CoV-2 Spread?

Although the pandemic possibly originated from humans exposed to infected animals, SARS-CoV-2—like other coronaviruses—spreads between people. The CDC acknowledges that at this time, there is no evidence that companion animals, including pets, play a significant role in spreading SARS-CoV-2 to people.

[According to the CDC](#), the virus that causes [COVID-19 spreads](#) most commonly through person-to-person contact (within about 6 feet), primarily through inhalation of respiratory particles (droplets and aerosols) produced when an infected person exhales, talks, sings, shouts, coughs, or sneezes. Less commonly, it is spread through [airborne transmission](#) over longer distances when smaller droplets and particles linger in air, particularly in enclosed spaces with inadequate ventilation.

Another less common way that the virus spreads is when someone touches a contaminated surface, and then touches their nose, mouth, or eyes. Current evidence suggests that novel coronavirus may remain viable for hours to days on a variety of surfaces. [Frequent cleaning](#) of visibly dirty and high-touch surfaces, followed by [disinfection](#), can help prevent SARS-CoV-2 and other respiratory pathogens (germs) from spreading in workplaces. Although touching contaminated surfaces or objects is not thought to be the main way the virus spreads, CDC is still learning more about various pathways of transmission.

Person-to-person spread is likely to continue to occur in areas with community transmission and insufficient mitigation strategies.

There is still more to learn about the transmissibility, severity, and other features associated with SARS-CoV-2.

Identifying Potential Risks and Sources of Exposure

OSHA requires employers to provide a workplace free from recognized hazards that are causing or are likely to cause death or serious physical harm (29 U.S.C. § 654(a)(1)). To meet this obligation, it is important for employers to assess occupational hazards to which their workers may be exposed. Some OSHA [standards](#), such as those for personal protective equipment (PPE) ([29 CFR 1910.132](#)) and respiratory protection ([29 CFR 1910.134](#)), include requirements that will help protect workers from exposure to SARS-COV-2.

In assessing potential hazards, employers should consider if and when their workers may be in close contact (within 6 feet) with someone who could have the virus and be able to spread it without knowing it. The extent of community spread, if any, is a key consideration in hazard assessment. Employers should also determine if workers could be exposed to environments (e.g., work sites) or materials (e.g., laboratory samples, waste) contaminated with the virus.

Employers may also rely on the identification of infected individuals who have signs and/or [symptoms](#) of COVID-19 to help identify exposure risks for workers and implement appropriate control measures. It is also possible that someone may have been in close contact (within about 6 feet) with someone with SARS-CoV-2 in their community and, thus, may have had exposure that should prompt employer action (e.g., excluding the worker from the workplace during an appropriate [self-monitoring](#) quarantine period). The [Control and Prevention](#) page provides guidance for controlling risks for worker exposures.

Additional Information

The CDC provides [data on COVID-19 cases and deaths in individual states](#), with links to additional data at the county level. This data can be used to help assess worker risk at specific work locations

* This document is public domain and was current as of January 25, 2021. Trainees are urged to review the current site found at <https://www.osha.gov/coronavirus/hazards>

Acknowledgement of Hazardous Environment

By affixing my signature below, I understand and acknowledge that:

1. I have read and understand the information stated above and published separately by the United States Department of Labor, Occupational Safety and Health Administration (OSHA) as "COVID-19/ Hazard Recognition."
2. I understand that this information may be updated at any time by OSHA and that I am responsible for reviewing all updates.
3. Participation in patient care activities at health care facilities including Baptist Entities is classified as "Very High Exposure Risk" as defined above.
4. Baptist will provide access to Personal Protective Equipment (PPE) as recommended by the Centers for Disease Control (CDC) to be used as needed for patient care. In the event that sufficient PPE is not available, I will exclude myself from contact with infectious or potentially infectious patients.
5. I will practice social and physical distancing at all times while serving within Baptist Entities.

Name

Signature

Date