

Occupational Safety and Health Administration (OSHA) Federal and State Plan Requirements

The following roadmap is applicable to all long-term care (LTC) providers, including assisted living (AL) communities, skilled nursing facilities (SNF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

Current Standards

The following regulations fall under the purpose and scope of 29 CFR Part 1910 - General Industry standards. The standards contained in this Part shall apply with respect to employments performed in a workplace in a State, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Wake Island, Outer Continental Shelf lands defined in the Outer Continental Shelf Lands Act, and Johnston Island.

The **Regulatory Intersection / Notes** section of each regulatory item below provides State Plan requirements that may go beyond the federal requirements. State Plans are OSH-approved workplace safety and health programs operated by individual states or U.S. territories. There are currently 22 State Plans covering both private sector and state and local government workers, and seven State Plans covering only state and local government workers. If a state does not have a State Plan, the federal regulations are enforced by OSHA offices within that state. It is strongly recommended that providers verify and regularly review updates to state plan requirements as this document is intended to focus on federal requirements and does not serve as a comprehensive review of state requirements.

A. Respiratory Protection (N95 Masks)		
Written Policy Requirement	Training Requirements	Key Topics
Yes	<ul style="list-style-type: none"> • Upon hire • Annually • As conditions change (Environment, work, or PPE) 	<ul style="list-style-type: none"> • Medical Questionnaires • Physician Medical Determination • Employee Engagement • Respirator Selection • Fit Testing • Requirements for voluntary use situations • Work-related case determination
<p>Regulatory Intersection / Notes See table D. Personal Protective Equipment. CDC/CMS guidelines/rules may dictate PPE requirements including when tight fitting respirators (N95s) are required. Source control or “surgical masks” are likely to be regulated by OSHA under the pending Aerosol Transmissible Disease Standard in table A. above.</p> <p>AHCA/NCAL Blog Post: Respiratory Protection in Long Term Care</p> <p>OSHA: 1910.134</p> <p>California: Title 8 Section 5144 overlap with ATDs Title 8 Section 5199</p> <p>Oregon: OAR 437-002-0134</p> <p>Washington: WAC 296-842</p>		

B. Personal Protective Equipment (PPE)		
Written Policy Requirement	Training Requirements	Key Topics
Yes	<ul style="list-style-type: none"> • Before being allowed to perform work • When employees do not have an understanding • Annually (<i>recommended</i>) 	<ul style="list-style-type: none"> • Certified Workplace Hazard Assessments • New Hire Orientation • When PPE is Necessary, and What PPE to use • Limitations of PPE • Proper Care, Use, and Maintenance • Coordination with purchasing department <ul style="list-style-type: none"> ◦ Availability during outbreaks ◦ Burn-rate calculations
<p>Regulatory Intersection / Notes CDC/CMS guidelines/rules may dictate PPE requirements. Respiratory Protection (N95) is PPE but is regulated under (C.) above. Certified Workplace Hazard Assessments are often not available. OSHA requires that, "The employer shall verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the assessment; and, which identifies the document as a certification of hazard assessment." This applies to all jobs and departments. For example, in the dietary department staff are exposed to sharp objects, slips and falls. Therefore, the assessment should address such items as preventing cuts and proper footwear. Departments such as maintenance / housekeeping will have unique hazards.</p> <p>AHCA/NCAL Blog Post: Personal Protective Equipment, Hazard Assessment Standard, and the Hierarchy of Controls</p> <p>OSHA: 1910.134</p> <p>California: Title 8 Section 5144 overlap with ATDs Title 8 Section 5199</p> <p>Oregon: OAR 437-002-0134</p> <p>Washington: WAC 296-800-160</p>		

C. Bloodborne Pathogens		
Written Policy Requirement	Training Requirements	Key Topics
Yes Examples: (OSHA Exposure Control Plan) (CA Exposure Control Plan) (IA Exposure Control Plan) (MI Exposure Control Plan) (MN Exposure Control Plan) (NC Exposure Control Plan) (SC Exposure Control Plan) (WA Exposure Control Plan)	<ul style="list-style-type: none"> • At the time of initial assignment to tasks where occupational exposure may take place • Annually • As conditions change 	<ul style="list-style-type: none"> • Exposure Determination and Controls • Regulated Waste Management • Hepatitis B Vaccine / Declination • Sharps Injury Log • Annual Review
<p>Regulatory Intersection / Notes The Exposure Control Plan must coordinate with the Personal Protective Equipment plan per table D. above. The most common OSHA violation or oversight is not performing the annual review of equipment and engineering controls. Requirements include a reflection of changes in technology that eliminate or reduce exposure as well as consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize exposure.</p> <p>AHCA/NCAL Blog Post: OSHA Inspections and the Bloodborne Pathogens Standard in LTC Communities</p> <p>OSHA: 1910.130</p> <p>California: Title 8 Section 5193</p>		

New Mexico: [NMOHSB Special Emphasis Program - Hospitals, Nursing and Residential Care Facilities](#)

North Carolina: [NCOSH Long Term Care Special Emphasis Program](#)

Oregon: [OAR 437-002-1030](#) Additional Rules for Oregon: Every employer with employees that use medical sharps in direct patient care must, at least annually, identify, evaluate, and select engineering and work practice controls, including safer medical devices. Oregon OSHA has a [LEP Local Emphasis Program](#) for enforcement efforts to reduce occupational illness and injury in hospitals and nursing and residential care facilities in NAICS 622 Hospitals, 6231 Nursing Care Facilities, 6232 Residential Mental Retardation, Mental Health and Substance Abuse Facilities, 6233 Community Care Facilities for the Elderly, and 6239 Other Residential Care Facilities that are on the A or B tier of the Safety and Health scheduling lists.

Washington: [WAC 296-823](#)

D. Hazard Communication – Chemical Safety (Globally Harmonized System)

Written Policy Requirement	Training Requirements	Key Topics
Yes	<ul style="list-style-type: none"> At the time of initial assignment to work with chemicals Whenever a new chemical hazard is introduced 	<ul style="list-style-type: none"> Labels and Warnings Safety Data Sheet (SDS) Management Secondary Container Management Right to understand

Regulatory Intersection / Notes

This is the most cited OSHA standard resulting in penalties across all industries. Note: Salon contractors and other contractors utilizing chemicals on site are required to comply with this standard.

AHCA/NCAL Blog Post: [Navigating the OSHA Hazard Communication Standard in LTC Communities](#)

OSHA: [1910.1200](#)

California: [Title 8 Section 5194](#)

Oregon: [Oregon Resource Page](#)

New Mexico: [NMOHSB Special Emphasis Program - Hospitals, Nursing and Residential Care Facilities](#)

North Carolina: [NCDOL Hazard Communication Program Template](#)

Washington: [WAC 296-901](#)

E. Walking Working Surfaces (Slips, Trips, Falls)

Written Policy Requirement	Training Requirements	Key Topics
Recommended ^Required for some care types in New Mexico	<ul style="list-style-type: none"> Prior to exposing employees to fall-from-height hazards Slip Trip Fall Hazards As changes occur When the employee demonstrates a lack understanding 	<ul style="list-style-type: none"> Hazard Assessment Meet the Performance Standards of 1910 Subpart D/I <ul style="list-style-type: none"> Safe Access/Egress Safe, Clean, Sanitary conditions Ladders Stairways/Handrails Fall protection systems

Regulatory Intersection / Notes

Intersection with NFPA Life Safety Code as pertains to stairways and walking-working surfaces. Note that fall-from-height hazards are different than slips, trips and falls from the same level (such as parking lot falls). Training is also recommended for same level as such injuries are a leading cause and cost of workers' compensation claims for the skilled nursing industry classification.

OSHA: [1910.22](#); [1910.25](#); [1910.28](#); [1910.140](#)

^New Mexico: [NMOHSB Special Emphasis Program - Hospitals, Nursing and Residential Care Facilities](#) – Requires written policies

North Carolina: [NCOSH Long Term Care Special Emphasis Program](#)

Oregon: [OAR 434-002-0022 Limited additional Requirements](#) that may apply in some situations. Oregon OSHA has a [LEP Local Emphasis Program](#) for enforcement efforts to reduce occupational illness and injury in hospitals and nursing and residential care facilities in NAICS 622 Hospitals, 6231 Nursing Care Facilities, 6232 Residential Mental Retardation, Mental Health and Substance Abuse Facilities, 6233 Community Care Facilities for the Elderly, and 6239 Other Residential Care Facilities that are on the A or B tier of the Safety and Health scheduling lists.

Washington: [WAC 296-880](#); [WAC 296-876](#)

F. Ergonomics (Sprain & Strain Prevention)

Written Policy Requirement	Training Requirements	Key Topics
<p>Recommended</p> <p>^Required for some care types in NM, NC, and OR</p>	<ul style="list-style-type: none"> • Recommended upon hire • Recommended annually • Recommended when equipment or practices are changed <p>^Required for some care types in NM, NC, and OR</p>	<ul style="list-style-type: none"> • Hazard Assessment • Equipment Specification and Management

Regulatory Intersection / Notes

OSHA does not have a specific standard but has a history of enforcing corrective actions under their General Duty Clause often referred to as a 5(a)(1) Citation. Such injuries are a leading cause of workers' compensation claims and are costly. Note: Some states offer Grant programs that can offset the cost of resident transfer equipment and other ergonomic equipment that was previously on a moratorium list. Acrisure can assist with the grant process where it is available.

AHCA/NCAL Blog Post: [Safe Resident Handling and Prevention of Musculoskeletal Injuries: Ergonomics in Long Term Care Communities](#)

OSHA: [Section 5 \(a\)\(1\)](#)

California: [Title 8 Section 5110](#) – Repetitive Motion Injuries

^New Mexico: [NMOHSB Special Emphasis Program - Hospitals, Nursing and Residential Care Facilities](#) – Requires written policies

North Carolina: [NCOSH Long Term Care Special Emphasis Program](#)

^Oregon: Oregon OSHA has a [LEP Local Emphasis Program](#) for enforcement efforts to reduce occupational illness and injury in hospitals and nursing and residential care facilities in NAICS 622 Hospitals, 6231 Nursing Care Facilities, 6232 Residential Mental Retardation, Mental Health and Substance Abuse Facilities, 6233 Community Care Facilities for the Elderly, and 6239 Other Residential Care Facilities that are on the A or B tier of the Safety and Health scheduling lists.

G. Emergency Action & Fire Prevention

Written Policy Requirement	Training Requirements	Key Topics
Yes	<ul style="list-style-type: none"> • Upon hire • When the plan or responsibilities change • For employees who assist in a safe and orderly evacuation of other employees • Information necessary for self-protection • Annually (recommended) 	<ul style="list-style-type: none"> • Alarm Systems • Emergency Action Plan • Fire Prevention Plan • Fire Hazard Assessment • Response Plan • Fire Extinguishers <ul style="list-style-type: none"> ◦ Monthly Visual Inspection ◦ Annual Recertification
<p>Regulatory Intersection / Notes Intersection with NFPA Life Safety Code and resident evacuation protocols. Therefore, compliance with NFPA Life Safety Code will meet the requirements of the OSHA standard.</p> <p>OSHA: 1910.38; 1910.39; 1910.165</p> <p>California: Title 8 Section 3220; Title 8 Section 3221; Title 8 Section 6184</p> <p>Oregon: OAR 437-002-0040 to 0043</p> <p>Washington: WAC 296-24-567; WAC 296-800-31070</p>		

H. Recordkeeping & Injury Reporting		
Written Policy Requirement	Training Requirements	Key Topics
Yes Required Postings: OSHA (DOL Poster) MI (MIOSHA Poster) MN (MNOSHA Poster) NM (NM Poster) NV (NV OSHA Poster) SC (SCOSHA Poster) TN (TOSHA Poster) UT (UOSH Poster) VA (VOSH Poster) WA (Washington LI Posters)	<ul style="list-style-type: none"> • Inform each employee of how they are to report a work-related injury or illness 	<ul style="list-style-type: none"> • Work-Related Determination • Covid-19 Log • Electronic Submission of Data to BLS • OSHA 300 Log • Sharps/Needlesticks Log • Annual Posting of 300A Summary • Anti-Discrimination Practices • 5 Year Maintenance of Records • Due Diligence When Purchasing New Facilities • Knowing the difference between Recordable / Reportable Injuries • Knowing the difference between criteria for workers compensation claims and OSHA recordable injuries – Claims can vary by state insurance laws. An injury that is denied as a claim could still be an OSHA recordable.
<p>Regulatory Intersection / Notes OSHA records intersect with workers' compensation records/practices and "Work-Related Determinations". Such determinations must be handled fast and accurately as they impact when the employer must call OSHA (or their applicable state plan department) to report in-patient hospitalizations (such as for COVID-19) and deaths. Workers' compensation practices such as utilizing Occupational Health services also support better performance regarding OSHA, if intersected properly. Note: If Progressive Quality Care supervises Agency Staff's work on a day-to-day basis, they must record the injury or illness on Progressive Quality Care's OSHA logs. Supervision of Agency Staff also results in requirements to incorporate them into all the programs presented herein.</p> <p>AHCA/NCAL Blog Posts: Navigating OSHA Recordkeeping: Introduction, Insights, and NEW Regulation (Part 1) Navigating OSHA Recordkeeping: Introduction, Insights, and NEW Regulation (Part 2) OSHA Releases Final Rule on Improving Tracking of Workplace Injuries and Illnesses</p>		

OSHA: [1904](#)

California: [Title 8 Section Subchapter 1](#)

Oregon: [OAR 437-001-0700](#); [OAR 437-001-0704](#)

Washington: [WAC 296-27](#)

Proposed Rules

The following rules are currently in the OSHA rulemaking process. AHCA/NCAL members should prepare for compliance and stay informed as the rules progress through the process. Members should be aware that OSHA issues citations to employers under their General Duty Clause for the topics provided below. Employers can be cited for violation of the General Duty Clause if a recognized serious hazard exists in their workplace and the employer does not take reasonable steps to prevent or abate the hazard. The General Duty Clause is used only where there is no standard that applies to the specific hazard.

AHCA/NCAL Blog Post: [OSHA Enforcement: A Guide to Federal OSHA and State OSH Programs](#)

Note: Several state programs are referenced below. State Plans are OSH-approved workplace safety and health programs operated by individual states or U.S. territories. There are currently 22 State Plans covering both private sector and state and local government workers, and seven State Plans covering only state and local government workers. If a state does not have a State Plan, the federal regulations are enforced by OSHA offices within that state. It is strongly recommended that providers verify and regularly review updates to state plan requirements as this document is intended to focus on federal requirements and does not serve as a comprehensive review of state requirements.

A. Infectious Diseases		
Written Policy Requirement	Training Requirements	Key Topics
Yes (Has been enforced under General Duty Clause)	<ul style="list-style-type: none"> • Upon hire • Annually • As conditions change 	<p>Details to be determined in Proposed Rule</p> <p>Expectations:</p> <ul style="list-style-type: none"> • Hazard Assessment • Personal Protective Equipment • Ventilation • Infection Control Procedures • Plan to follow emergency guidance from CDC/WHO/State DOH for outbreaks/pandemics • Process in place to develop emergency policies related to ATDs for outbreaks/pandemics • Recordkeeping and reporting[^] <p><i>Extensive requirements already exist for the California and Washington State Plans –requirements linked below. These are a great guide for employers in other states to follow and prevent general duty clause citations.</i></p>
<p>Regulatory Intersection / Notes The rule is expected to incorporate by reference the CDC guidelines and CMS requirements for: (1) Infection Control, (2) Personal Protective Equipment, (3) Vaccination, (4) Return-to-Work, etc. Additional intersections are anticipated but not yet identified. For example, ventilation standards from ANSI/ASHRAE/ASHE may be incorporated into the standard. California has an existing Aerosol Transmissible Diseases Standard that provides a model.</p> <p>AHCA/NCAL Blog Post: OSHA Announces COVID-19 Focused Inspection Initiative in Health Care</p> <p>OSHA: Section 5 a(1)</p> <p>California: Title 8 Section 5199</p> <p>Washington: LI Requirements for Covid19; Latest Updates</p> <p>Oregon: Oregon OSH has a LEP Local Emphasis Program for enforcement efforts to reduce occupational illness and injury in hospitals and nursing and residential care facilities in NAICS 622 Hospitals, 6231 Nursing Care Facilities, 6232 Residential Mental Retardation, Mental Health and Substance Abuse Facilities, 6233 Community Care Facilities for the Elderly, and 6239 Other Residential Care Facilities that are on the A or B tier of the Safety and Health scheduling lists.</p> <p>[^]Local Health Department Guidance May Apply at City, County, State Levels. Local Health Departments should be consulted for their requirements. This may change dependent upon community ATD levels at any given time.</p>		

B. Prevention of Workplace Violence in Health Care and Social Assistance		
Written Policy Requirement	Training Requirements	Key Topics
Yes (Has been enforced under General Duty Clause)	<ul style="list-style-type: none"> • Upon hire • Annually • Post Incident 	<p>Details to be determined in Proposed Rule</p> <p>Expectations:</p> <ul style="list-style-type: none"> • Security / Hazard Assessment • Incident & Injury Log • Control Measures to Reduce Risks • Reporting Incidents & Near Misses <p><i>State Plans and additional emphasis programs or standards are in place for several other states– requirements linked below. These are a great guide for employers in other states to follow and prevent general duty clause citations.</i></p>

Regulatory Intersection / Notes

This proposed rule is anticipated to intersect with CMS requirements. Training requirements will likely include de-escalation and other skills. The rule making process is in the early stages. Rules are expected to differ for senior living, assisted living, mental health, ID/DD, acute care, etc.

AHCA/NCAL Blog Post: [OSHA Developing Potential Standard on Prevention of Workplace Violence in Health Care and Social Assistance](#)

OSHA: As of now, there is not a federal standard requirement, however OSHA and most state plans without standards have referenced [Section 5 a\(1\) General Duty Clause](#) for enforcement. Currently OSHA enforces under general duty clause and through enforcement publications such as Federal OSHA's [CPL 02-01-058: Enforcement Procedures for Investigating Workplace Violence Incidents](#). OSHA has also published Advisory Guidelines- [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers from OSHA Publication 3148](#)

California: [Workplace Violence Prevention in Healthcare Section 3342](#) (Acute Care, Acute Psychiatric, Skilled Nursing, Intermediate Care, Developmentally Disabled, Congregate Living Health Facility, Correctional Treatment Center, Nursing Facility, Hospice). Department of Human Services: Adult and senior living establishments are not health facilities and are not covered by section 3342. [Senior living facilities that are assisted living facilities or residential care facilities for the elderly are not health facilities](#) as defined in subsection 3342(b). They are regulated by the Department of Social Services, not the Department of Public Health. [Workplace Violence Prevention - General](#):

State Hospitals (mental health): California Injury & Illness Prevention Plans for State Mental Hospitals (AB 2399, Allen). Adds 4141 to the Welfare and Institutions Code to require California's five state mental hospitals to update their Injury & Illness Prevention Plans at least annually, and to set up committees to recommend updates and develop incident reporting procedures for patient assaults on employees to assist the hospitals in better identifying the risks of such assaults.

Minnesota: This training video was created by the Minnesota Department of Health and Minnesota OSHA Workplace Safety Consultation to help workers learn how to identify, prevent and de-escalate violence as required under Minnesota's Violence Against Health Care Workers law ([Minnesota Statutes 144.566](#)). The law applies to hospitals licensed under Minnesota Statutes, Section 144.556. However, all healthcare facilities are encouraged to participate in the campaign and utilize all tools and resources. [View the video](#) (created January 2016) See the Minnesota Department of Health's [answers to frequently asked questions about the workplace violence prevention statute for health care workers](#)

New Mexico: [NMOHSB Special Emphasis Program - Hospitals, Nursing and Residential Care Facilities](#)

North Carolina: [NCOSH Long Term Care Special Emphasis Program](#)

Nevada: [Workplace Violence at Medical Facilities - NRS 618.730](#) "Medical facility" means: A hospital, A psychiatric hospital, An agency to provide nursing in the home that has at least 50 employees; An independent center for emergency medical care, A facility for intermediate care; A facility for skilled nursing; A facility for modified medical detoxification; A community triage center

Utah: In the state of Utah If you are an employer, you can ask for a [Workplace Violence Protective Order](#). You can request it to protect your business, your employees, or both.

Washington: [Washington Health Care Safety and Workplace Violence RCW 49.19](#) "Health care setting" means: Hospitals, Home health, hospice, and home care agencies, Evaluation and treatment facilities, Behavioral health programs, and Ambulatory surgical facilities.

Oregon: Oregon Program Directive [Workplace Violence Incidents – Enforcement Procedures for Investigating or Inspecting](#)

Developed for AHCA/NCAL by Acrisure Risk Resources



End