

VGM & Associates Guide to OSHA's COVID-19 Emergency Temporary Standard



Introduction



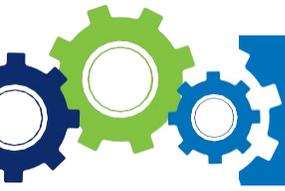
In an effort to ensure a safer working environment and reduce the risk of exposure to, or transmission of, COVID-19 for healthcare workers across our country, President Biden signed the Executive Order on Protecting Worker Health and Safety on January 21, 2021. That executive order tasked OSHA with creating and implementing a plan to better protect employees in certain workplaces. OSHA has now responded by issuing a new COVID-19 Emergency Temporary Standard (ETS). As of Monday, June 21, 2021, that newly created COVID-19 ETS has appeared on the federal register, and businesses impacted by that ETS are expected to be compliant with the new standards (very soon).

The ETS does cover or impact most settings where any employee provides healthcare services, including DME suppliers and home health agencies. Businesses impacted by this ETS are expected to, among other things, develop and implement a written plan which details how they are protecting their workers from exposure to COVID-19. OSHA's ETS FAQ document states: Employers with employees who, in the course of their employment, enter private residences or other physical locations controlled by persons not covered by the OSH Act (e.g., homeowners, sole proprietors) must include policies and procedures in their COVID-19 plans to protect their employees entering those locations. These policies and procedures must address employee withdrawal from the residence in the event those protections are inadequate.

VGM has created the following guide to walk you through the various requirements of the ETS to help you efficiently develop and implement your business's plan to better protect your employees from exposure to the COVID-19 virus.

Craig Douglas
Vice President, Payer and Member Relations, VGM & Associates





Key Requirements of the ETS

- The employer must develop and implement a COVID-19 plan for each workplace. If the employer has more than 10 employees, the COVID-19 plan must be written
- The employer must designate one or more workplace COVID-19 safety coordinators to implement and monitor the COVID-19 plan
- The employer must conduct a workplace-specific hazard assessment to identify potential workplace hazards related to COVID-19
- In order for an employer to be exempt from providing controls based on employees' fully vaccinated status, the COVID-19 plan must include policies and procedures to determine employees' vaccination status
- 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
- The employer must monitor each workplace to ensure the ongoing effectiveness of the COVID-19 plan and update it as needed
- The COVID-19 plan must address the hazards identified by the assessment, and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee and effectively communicate and coordinate with other employers when workspace is shared by multiple employers
- The COVID-19 plan must contain provisions that protect employees who 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
- In settings where direct patient care is provided, the employer must: (1) Limit and monitor points of entry to the setting
- PPE, physical barrier, cleaning/sanitizing, and social distancing protocols within the healthcare setting

Read VGM Government Relations Blog on OSHA ETS here:

<https://www.vgmdclink.com/blog/post/what-hme-providers-need-to-know-about-the-new-osharequirements/>



OSHA's Resources for Implementing the ETS

The following is not original content of VGM, rather a guide to OSHA's resources for implementation of the ETS.

The ETS took effect on June 21, 2021 when it was [published in the Federal Register](#). Under the ETS, covered employers will be required to comply with all the ETS's requirements within 14 days, apart from standards relating to physical barriers, ventilation, and training, which require compliance within 30 days of the rule's effective date. OSHA's FAQs indicate that OSHA is "willing to use its enforcement discretion" where an employer has "made good faith efforts to comply with" these requirements but has been unable to do so.

Steps to successful review and implementation of the ETS:

1. Read OSHA's ETS Flow Chart
<https://www.osha.gov/sites/default/files/publications/OSHA4125.pdf>
2. Read the Roles of Employers and Workers in Responding to COVID-19 (See next page for full details)
3. Read OSHA's ETS FAQ's, listed by standard category:
<https://www.osha.gov/coronavirus/ets/faqs>
4. Read OSHA's Training Template to fully understand the standards and customize for your employee training.
<https://www.osha.gov/sites/default/files/COVID-19%20Healthcare%20ETS%20502%20Employee%20Training.pptx>
5. Read OSHA's Written Plan Template and customize for your business:
[https://www.osha.gov/sites/default/files/COVID-19 Healthcare ETS Model Written Plan .docx](https://www.osha.gov/sites/default/files/COVID-19%20Healthcare%20ETS%20Model%20Written%20Plan.docx)
6. Review OSHA's Worksite Checklist
[https://www.osha.gov/sites/default/files/COVID-19 Healthcare ETS Worksite Checklist Employee Job Hazard Analysis.pdf](https://www.osha.gov/sites/default/files/COVID-19%20Healthcare%20ETS%20Worksite%20Checklist%20Employee%20Job%20Hazard%20Analysis.pdf)
7. Review the map of which states 1) are Federal OSHA states, 2) have state plans that cover only state/local government workplaces, or 3) have state plans that cover both state/local government as well as private workplaces: <https://www.osha.gov/stateplans>. Implementation of these regulations could vary from state to state. Employers with questions regarding this OSHA ETS are encouraged to reach out to their state's OSHA office. You can find your local OSHA office here: <https://www.osha.gov/contactus/bystate>. The national phone # for OSHA is 800-321-6742.
8. Read OSHA's ETS Inspection and Citation Guidance
[https://www.osha.gov/sites/default/files/enforcement/directives/DIR_2021-02 CPL 02.pdf](https://www.osha.gov/sites/default/files/enforcement/directives/DIR_2021-02_CPL_02.pdf)



2. The Roles of Employers and Workers in Responding to COVID-19

<https://www.osha.gov/coronavirus/safework#implementing-protections>

Under the OSH Act, employers are responsible for providing a [safe and healthy workplace free from recognized](#) hazards likely to cause death or serious physical harm.

CDC's [Interim Public Health Recommendations for Fully Vaccinated People](#) are directed at individuals and explains that fully vaccinated people can resume activities without wearing masks or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance. See CDC's Exceptions to COVID-19 Recommended Precautions for Fully Vaccinated People.

Except for workplace settings covered by OSHA's ETS and mask requirements for public transportation, most employers no longer need to take steps to protect their workers from COVID-19 exposure in any workplace, or well-defined portions of a workplace, where all employees are fully vaccinated. Employers should still take steps to protect unvaccinated or otherwise at-risk workers in their workplaces, or well-defined portions of workplaces. ²

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

1. *Grant paid time off for employees to get vaccinated.* The Department of Labor and OSHA, as well as other federal agencies, are working diligently to ensure access to COVID-19 vaccinations. CDC provides [information on the benefits and safety](#) of vaccinations. Businesses with fewer than 500 employees may be eligible for [tax credits under the American Rescue Plan](#) if they provide paid time off for employees who decide to receive the vaccine and to recover from any potential side effects from the vaccine.
2. *Instruct any workers who are infected, unvaccinated workers who have had close contact with someone who tested positive for SARS-CoV-2, and all workers with COVID-19 symptoms to stay home from work* to prevent or reduce the risk of transmission of the virus that causes COVID-19. Ensure that absence policies are non-punitive. Eliminate or revise policies that encourage workers to come to work sick or when unvaccinated workers have been exposed to COVID-19. Businesses with fewer than 500 employees may be eligible for refundable tax credits under the American Rescue Plan if they provide paid time off for sick and family leave to their employees due to COVID-19 related reasons. The ARP tax credits are available to eligible employers that pay sick and family leave for qualified leave from April 1, 2021, through September 30, 2021. More information is [available from the IRS](#).
3. *Implement physical distancing for unvaccinated and otherwise at-risk workers in all communal work areas.* A key way to protect unvaccinated or otherwise at-risk workers is to physically distance them from other unvaccinated or otherwise at-risk people (workers or customers) – generally at least 6 feet of distance is recommended, although this is not a guarantee of safety, especially in enclosed or poorly ventilated spaces.

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

At fixed workstations where unvaccinated or otherwise at-risk workers are not able to remain at least 6 feet away from other people, transparent shields or other solid barriers (e.g., fire resistant plastic sheeting or flexible strip curtains) can separate these workers from other people. Barriers should block face-to-face pathways between individuals in order to prevent direct transmission of respiratory droplets, and any openings should be placed at the bottom and made as small as possible. The posture (sitting or standing) of users and the [safety of the work environment](#) should be considered when designing and installing barriers, as should the need for enhanced ventilation.

4. Provide unvaccinated and otherwise at-risk **[workers with face coverings or surgical masks](#)**, unless their work task requires a respirator or other PPE. Such workers should wear a face covering that covers the nose and mouth to contain the wearer's respiratory droplets and help protect others and potentially [themselves](#). [Face coverings](#) should be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents. They should fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. CDC provides [general guidance on masks](#).

Employers should provide face coverings to unvaccinated and otherwise at-risk workers at no cost. Under federal anti-discrimination laws, employers may need to provide [reasonable accommodation](#) for any workers who are unable to wear or have difficulty wearing certain types of face coverings due to a disability or who need a religious accommodation under Title VII. In workplaces with employees who are deaf or hard of hearing, employers should consider acquiring masks with clear coverings over the mouth for unvaccinated and otherwise at-risk workers to facilitate lip-reading.

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

When an employer determines that PPE is necessary to protect unvaccinated and otherwise at-risk workers, the employer must provide PPE in accordance with **relevant mandatory OSHA standards** and should consider providing PPE in accordance with other [industry-specific guidance](#). Respirators, if necessary, must be provided and used in compliance with 29 CFR [1910.134](#) (e.g., medical determination, fit testing, training on its correct use), including certain provisions for voluntary use when workers supply their own respirators, and other PPE must be provided and used in accordance with the applicable standards in 29 CFR 1910, Subpart I (e.g., [1910.132](#) and [133](#)). There are times when PPE is not called for by OSHA standards or other industry-specific guidance, but some workers may have a legal right to PPE as a reasonable accommodation under the ADA. Employers are encouraged to proactively inform employees who have a legal right to PPE as a reasonable accommodation for their disability about how to make such a request. Other workers may want to use PPE if they are still concerned about their personal safety (e.g., if a family member is at higher-risk for severe illness, they may want to wear a face

shield in addition to a face covering as an added layer of protection). Encourage and support voluntary use of PPE in these circumstances and ensure the equipment is adequate to protect the worker.

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

Employers with workers in a setting where face coverings may increase the [risk of heat-related illness indoors](#) or [outdoors](#) or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery) may wish to consult with an occupational safety and health professional to help determine the appropriate face covering/respirator use for their setting.

5. *Educate and train workers on your COVID-19 policies and procedures using accessible formats and in language they understand.* Train managers on how to implement COVID-19 policies.

Communicate supportive workplace policies clearly, frequently, and via multiple methods to promote a safe and healthy workplace. Communications should be in plain language that unvaccinated and otherwise at-risk workers understand (including non-English languages, and American Sign Language or other accessible communication methods, if applicable) and in a manner accessible to individuals with disabilities. Training should be directed at employees, contractors, and any other individuals on site, as appropriate, and should include:

- A. Basic facts about COVID-19, including how it is spread and the importance of physical distancing (including remote work), ventilation, vaccination, use of face coverings, and hand hygiene.
- B. Workplace policies and procedures implemented to protect workers from COVID-19 hazards.

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

In addition, ensure that workers understand their rights to a safe and healthful work environment, whom to contact with questions or concerns about workplace safety and health, and their right to raise workplace safety and health concerns free from retaliation. This information should also be provided in a language that workers understand. (See [Implementing Protections from Retaliation](#), below.) Ensure supervisors are familiar with workplace flexibilities and other human resources policies and procedures.

6. *Suggest that unvaccinated customers, visitors, or guests wear face coverings, especially in public-facing workplaces such as retail establishments, if there are unvaccinated or otherwise at-risk workers in the workplace who are likely to interact with these customers, visitors, or guests.* This could include posting a notice or otherwise suggesting unvaccinated people wear face coverings, even if no longer required by your jurisdiction. Individuals who are under the age of 2 or are actively consuming food or beverages on site need not wear face coverings.

7. *Maintain Ventilation Systems.* The virus that causes COVID-19 spreads between people more readily indoors than outdoors. Improving ventilation is a key engineering control that can be used as part of a layered strategy to reduce the concentration of viral particles in indoor air and the risk of virus transmission to unvaccinated workers in particular. Some measures to improve ventilation are discussed in [CDC's Ventilation in Buildings](#) and in the [OSHA Alert: COVID-19 Guidance on Ventilation in the Workplace](#). These recommendations are based on ASHRAE [Guidance for Building Operations During the COVID-19 Pandemic](#). Adequate ventilation will protect all people in a closed space. Key measures include ensuring the HVAC system(s) is operating in accordance with the manufacturer's instructions and design specifications, conducting all regularly scheduled inspections and maintenance procedures, maximizing the amount of outside air supplied, installing air filters with a [Minimum Efficiency Reporting Value \(MERV\) 13](#) or higher where feasible, maximizing natural ventilation in buildings without HVAC systems by opening windows or doors, when conditions allow (if that does not pose a safety risk), and considering the use of portable air cleaners with High Efficiency Particulate Air (HEPA) filters in spaces with high occupancy or limited ventilation.
8. *Perform routine cleaning and disinfection.* If someone who has been in the facility within 24 hours is [suspected of having or confirmed to have COVID-19](#), follow the [CDC cleaning and disinfection recommendations](#). Follow requirements in **mandatory OSHA standards 29 CFR 1910.1200** and [1910.132](#), [133](#), and [138](#) for hazard communication and PPE appropriate for exposure to cleaning chemicals.
9. *Record and report COVID-19 infections and deaths:* Under **mandatory OSHA rules in 29 CFR 1904**, employers are responsible for recording work-related cases of COVID-19 illness on OSHA's [Form 300 logs](#) if the following requirements are met: (1) the case is a confirmed case of COVID-19; (2) the case is [work-related](#) (as defined by [29 CFR 1904.5](#)); and (3) the case involves one or more [relevant recording criteria](#) (set forth in [29 CFR 1904.7](#)) (e.g., medical treatment, days away from work). Employers must follow the requirements in [29 CFR 1904](#) when [reporting COVID-19 fatalities and hospitalizations to OSHA](#). More information is available [on OSHA's website](#). Employers should also report outbreaks to health departments as required and support their contact tracing efforts.

In addition, employers should be aware that [Section 11\(c\) of the Act](#) prohibits reprisal or discrimination against an employee for speaking out about unsafe working conditions or reporting an infection or exposure to COVID-19 to an employer. In addition, **mandatory OSHA standard 29 CFR 1904.35(b)** also prohibits discrimination against an employee for reporting a work-related illness.

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

10. *Implement protections from retaliation and set up an anonymous process for workers to voice concerns about COVID-19-related hazards:* [Section 11\(c\) of the OSH Act](#) prohibits discharging or in any other way discriminating against an employee for engaging in various occupational safety and health activities. Examples of violations of Section 11(c) could include discriminating against employees for raising a reasonable concern about infection control related to COVID-19 to the employer, the employer's agent, other employees, a government agency, or to the public, such as through print, online, social, or any other media; or against an employee for voluntarily providing and safely wearing their own PPE, such as a respirator, face shield, gloves, or surgical mask.

In addition to notifying workers of their rights to a safe and healthful work environment, ensure that workers know whom to contact with questions or concerns about workplace safety and health, and that there are prohibitions against retaliation for raising workplace safety and health concerns or engaging in other protected occupational safety and health activities (see [educating and training workers about COVID-19 policies and procedures](#), above); also consider using a hotline or other method for workers to voice concerns anonymously.

11. *Follow other applicable mandatory OSHA standards:* All of OSHA's standards that apply to protecting workers from infection remain in place. These **mandatory OSHA standards** include: requirements for PPE (29 CFR 1910, Subpart I (e.g., [1910.132](#) and [133](#))), respiratory protection ([29 CFR 1910.134](#)), sanitation ([29 CFR 1910.141](#)), protection from bloodborne pathogens: ([29 CFR 1910.1030](#)), and OSHA's requirements for employee access to medical and exposure records ([29 CFR 1910.1020](#)). Many healthcare workplaces will be covered by the **mandatory OSHA COVID-19 Emergency Temporary Standard**. More information on that standard is available on the OSHA website at [link]. Where the ETS does not apply, employers are required under the General Duty Clause, [Section 5\(a\)\(1\)](#) of the OSH Act, to provide a safe and healthful workplace free from recognized hazards that are causing or likely to cause death or serious physical harm .

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

Employers should take additional steps to mitigate the spread of COVID-19 for unvaccinated and otherwise at-risk workers in workplaces where there is heightened risk due to the following types of factors:

- **Close contact**— where unvaccinated or otherwise at-risk workers are working close to one another, for example, on production or assembly lines. Such workers may also be near one another at other times, such as when clocking in or out, during breaks, or in locker/changing rooms.
- **Duration of contact** – where unvaccinated or otherwise at-risk workers often have prolonged closeness to coworkers (e.g., for 8–12 hours per shift). Continued contact with potentially infectious individuals increases the risk of SARS-CoV-2 transmission.

- **Type of contact** – unvaccinated or otherwise at-risk workers who may be exposed to the infectious virus through respiratory droplets in the air—for example, when unvaccinated or otherwise at-risk workers in a manufacturing or factory setting who have the virus cough or sneeze. It is also possible that exposure could occur from contact with contaminated surfaces or objects, such as tools, workstations, or break room tables. Shared spaces such as break rooms, locker rooms, and entrances/exits to the facility may contribute to their risk.
- **Other distinctive factors that may increase risk among these unvaccinated or otherwise at-risk workers include:**
 - A common practice at some workplaces of sharing employer-provided transportation such as ride-share vans or shuttle vehicles;
 - Frequent contact with other unvaccinated or otherwise at-risk individuals in community settings in areas where there is elevated community transmission; and
 - Communal housing or living quarters onboard vessels with other unvaccinated or otherwise at-risk individuals.

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

In all higher-risk workplaces where there are unvaccinated or otherwise at-risk workers:

- Stagger break times in these generally high population workplaces, or provide temporary break areas and restrooms to avoid groups of unvaccinated or otherwise at-risk workers congregating during breaks. Unvaccinated or otherwise at-risk workers should maintain at least 6 feet of distance from others at all times, including on breaks.
- Stagger workers' arrival and departure times to avoid congregations of unvaccinated or otherwise at-risk in parking areas, locker rooms, and near time clocks.
- Provide visual cues (e.g., floor markings, signs) as a reminder to maintain physical distancing.
- Implement strategies (tailored to your workplace) to improve ventilation that protects workers as outlined in [CDC's Ventilation in Buildings](#) and in the [OSHA Alert: COVID-19 Guidance on Ventilation in the Workplace](#).

In workplaces (or well-defined work areas) with processing or assembly lines where there are unvaccinated or otherwise at-risk workers:

- Working on food processing or assembly lines can result in virus exposure because these workplaces have often been designed for a number of workers to stand next to or across from each other to maximize productivity. Proper spacing of unvaccinated or otherwise at-risk workers (or if not possible, appropriate use of barriers) can help reduce the risks for such workers.

In retail workplaces (or well-defined work areas within retail) where there are unvaccinated or otherwise at-risk workers:

- Suggest masks for unvaccinated (or unknown status) customers and other visitors.
- Consider means for physical distancing from other people who are not known to be fully vaccinated. If distancing is not possible, consider the use of barriers between workstations used by unvaccinated or otherwise at-risk workers and the locations customers will stand, with pass-through openings at the bottom, if possible.
- Move the electronic payment terminal/credit card reader farther away from any unvaccinated or otherwise at-risk workers in order to increase the distance between customers and such workers, if possible.
- Shift primary stocking activities of unvaccinated or otherwise at-risk workers to off-peak or after hours when possible to reduce contact between unvaccinated or otherwise at-risk workers and customers.

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

- Notify unvaccinated and otherwise at-risk workers of this risk and, to the extent feasible, help them limit the number of such workers in one vehicle.
- Make sure all unvaccinated and otherwise at-risk workers sharing a vehicle are wearing appropriate face coverings.

¹ CDC recommends that fully vaccinated people should nonetheless:

- [watch out](#) for [symptoms of COVID-19](#), especially if they have been around someone who is sick. If they have symptoms of COVID-19, they should get [tested](#) and [stay home](#) and away from others.
- [monitor](#) for [symptoms of COVID-19](#) for 14 days following an exposure.

² Schools should continue to follow applicable CDC guidance



Resource Links Provided by OSHA

<https://www.osha.gov/coronavirus/ets>

About the Rule

- [ETS Regulatory Text \(29 CFR 1910, Subpart U\)](#)
 - [1910.502 - Healthcare.](#)
 - [1910.504 - Mini Respiratory Protection Program.](#)
 - [1910.505 - Severability.](#)
 - [1910.509 - Incorporation by Reference.](#)
- [Federal Register](#)
- [Materials Incorporated by Reference](#)
- [News Release](#)
- [Fact Sheet – Subpart U – COVID-19 Healthcare ETS](#)
- [Summary – COVID-19 Healthcare ETS \(Spanish\)](#)
- [Fact Sheet – COVID-19 Healthcare ETS \(Spanish\)](#)
- [Fact Sheet – Mini Respiratory Protection Program](#)
- [Fact Sheet – Workers’ Rights \(Spanish\)](#)
- [Is Your Workplace Covered by the ETS?](#)
- [ETS FAQs](#)
- [Executive Order](#)

Implementing the ETS

- [COVID-19 Plan Template](#)
- [COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis](#)
- [Sample COVID-19 Log](#)
- [Reporting COVID-19 Fatalities and In-Patient Hospitalizations to OSHA](#)

- [Employer Notification Tool](#)
- [Communication and Coordination Between Employers](#)
- [Sample Employee COVID-19 Health Screening Questionnaire *\(Spanish\)*](#)
- [Notification Removal and Return to Workflow Chart for Employees](#)
- [Notification Removal and Return to Workflow Chart for Employers](#)
- [Employee Training Presentation – Healthcare ETS](#)
- [Employee Training Presentation – Mini Respiratory Protection Program](#)

Enforcement

- [Inspection Procedures for the COVID-19 Emergency Temporary Standard](#)



www.vgm.com