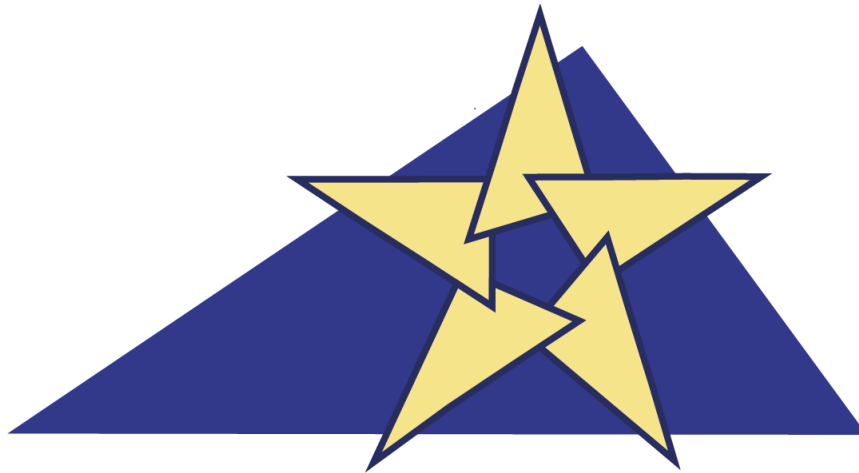


§16VAC25-220, Emergency Temporary Standard

Infectious Disease Prevention:

SARS-CoV-2 Virus That Causes COVID-19

As Adopted by the
Safety and Health Codes Board
on July 15, 2020



DEPARTMENT OF LABOR AND INDUSTRY

VIRGINIA OCCUPATIONAL SAFETY AND HEALTH (VOSH) PROGRAM

VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY (DOLI)

Effective Date:

The Emergency Temporary Standard will take immediate effect upon publication in a newspaper of general circulation, published in the City of Richmond, Virginia. The Department anticipates that publication of the Emergency Temporary Standard will occur during the week of July 27, 2020, although the exact date is not known at this time.

§16VAC25-220

Emergency Temporary Standard
Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19
§16VAC25-220

§16VAC25-220-10. Purpose, scope, and applicability.

A. This emergency temporary standard is designed to establish requirements for employers to control, prevent, and mitigate the spread of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19) to and among employees and employers.

B. This standard shall not be extended or amended without public participation in accordance with the Virginia Administrative Process Act, §§ 2.2-4000 et seq. of the Code of Virginia and 16VAC25-60-170.

C. This standard adopted in accordance with §40.1-22(6a) of the Code of Virginia shall apply to every employer, employee, and place of employment in the Commonwealth of Virginia within the jurisdiction of the VOSH program as described in §§16VAC25-60-20 and 16VAC25-60-30.

D. This standard is designed to supplement and enhance existing VOSH laws, rules, regulations, and standards applicable directly or indirectly to SARS-CoV-2 virus or COVID-19 disease-related hazards such as, but not limited to, those dealing with personal protective equipment, respiratory protective equipment, sanitation, access to employee exposure and medical records, occupational exposure to hazardous chemicals in laboratories, hazard communication, §40.1-51.1.A of the Code of Virginia, etc. Should this standard conflict with an existing VOSH rule, regulation, or standard, the more stringent requirement from an occupational safety and health hazard prevention standpoint shall apply.

E. Application of this standard to a place of employment will be based on the exposure risk level presented by SARS-CoV-2 virus-related and COVID-19 disease-related hazards present or job tasks undertaken by employees at the place of employment as defined in this standard (i.e., “very high”, “high”, “medium”, and “lower”).

1. It is recognized that various hazards or job tasks at the same place of employment can be designated as “very high”, “high”, “medium”, or “lower” exposure risk for

purposes of application of the requirements of this standard. It is further recognized that various required job tasks prohibit an employee from being able to observe physical distancing from other persons.

2. Factors that shall be considered in determining exposure risk level include, but are not limited to:

- a. The job tasks being undertaken; the work environment (e.g. indoors or outdoors); the known or suspected presence of the SARS-CoV-2 virus; the presence of a person known or suspected to be infected with the SARS-CoV-2 virus; the number of employees and/or other persons in relation to the size of the work area; the working distance between employees and other employees or persons; the duration and frequency of employee exposure through contact inside of six feet with other employees or persons (e.g., including shift work exceeding 8 hours per day);
- b. The type of hazards encountered, including potential exposure to the airborne transmission of SARS-CoV-2 virus; contact with contaminated surfaces or objects, such as tools, workstations, or break room tables, and shared spaces such as shared workstations, break rooms, locker rooms, and entrances/exits to the facility; shared work vehicles; industries or places of employment where employer sponsored shared transportation is a common practice, such as ride-share vans or shuttle vehicles, car-pools, and public transportation, etc.

F. This standard shall not conflict with requirements and guidelines applicable to businesses set out in any applicable Virginia executive order or order of public health emergency.

G. 1. To the extent that an employer actually complies with a recommendation contained in CDC guidelines, whether mandatory or non-mandatory, to mitigate SARS-CoV-2 virus and COVID-19 disease related hazards or job tasks addressed by this standard, and provided that the CDC recommendation provides equivalent or greater protection than provided by a provision of this standard, the employer's actions shall be considered in compliance with this standard. An employer's actual compliance with a recommendation contained in CDC guidelines, whether mandatory or non-mandatory,

to mitigate SARS-COV-2 and COVID19 related hazards or job tasks addressed by this standard shall be considered evidence of good faith in any enforcement proceeding related to this standard.

2. Public and private institutions of higher education that have received certification from the State Council of Higher Education of Virginia that the institution's re-opening plans are in compliance with guidance documents, whether mandatory or non-mandatory, developed by the Governor's Office in conjunction with the Virginia Department of Health, shall be considered in compliance with this standard, provided the institution operates in compliance with their certified reopening plans and the certified reopening plans provide equivalent or greater levels of employee protection than this standard. Public school divisions and private schools that submit their plans to the Virginia Department of Education to move to Phase II and Phase III that are aligned with CDC guidance for reopening of schools that provide equivalent or greater levels of employee protection than a provision of this standard and who operate in compliance with the public school division's or private school's submitted plans shall be considered in compliance with this standard. An institution's actual compliance with recommendations contained in CDC guidelines or the Virginia Department of Education guidance, whether mandatory or non-mandatory, to mitigate SARS-CoV-2 and COVID-19 related hazards or job tasks addressed by this standard shall be considered evidence of good faith in any enforcement proceeding related to this standard.

H. Nothing in the standard shall be construed to require employers to conduct contact tracing of the SARS-CoV-2 virus or COVID-19 disease.

§16VAC25-220-20. Dates.

This emergency temporary standard shall take immediate effect upon publication in a newspaper of general circulation, published in the City of Richmond, Virginia.

With the exception of §16VAC25-220-80.B.10 regarding training required on infectious disease preparedness and response plans, the training requirements in §16VAC25-220-80 shall take effect thirty (days) after the effective date of this standard. The training requirements

under §16VAC25-220-80.B.10 shall take effect sixty (60) days after the effective date of this standard.

The requirements for §16VAC25-220-70, Infectious Disease Preparedness and Response Plan, shall take effect sixty (60) days after the effective date of this standard.

This emergency temporary standard shall expire within six months of its effective date, upon expiration of the Governor's State of Emergency, or when superseded by a permanent standard, whichever occurs first, or when repealed by the Virginia Safety and Health Codes Board.

§16VAC25-220-30. Definitions.

"Administrative Control" means any procedure which significantly limits daily exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks by control or manipulation of the work schedule or manner in which work is performed. The use of personal protective equipment is not considered a means of administrative control.

"Airborne infection isolation room (AIIR)", formerly a negative pressure isolation room, means a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. Environmental factors are controlled in AIIRs to minimize the transmission of infectious agents that are usually transmitted from person to person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. AIIRs provide negative pressure in the room (so that air flows under the door gap into the room); *and* an air flow rate of 6-12 ACH (6 ACH for existing structures, 12 ACH for new construction or renovation); and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter before returning to circulation.

"Asymptomatic" means a person who does not have symptoms.

"Building/facility owner" means the legal entity, including a lessee, which exercises control over management and record keeping functions relating to a building and/or facility in which activities covered by this standard take place.

"CDC" means Centers for Disease Control and Prevention.

“Cleaning” means the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

“Community transmission”, also called “community spread” means people have been infected with SARS-CoV-2 in an area, including some who are not sure how or where they became infected. The level of community transmission is classified by the CDC as:

1. “No to minimal” is where there is evidence of isolated cases or limited community transmission, case investigations are underway, and no evidence of exposure in large communal settings (e.g., healthcare facilities, schools, mass gatherings, etc.);
2. “Moderate” is where there is sustained community transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases;
3. “Substantial, controlled” is where there is large scale, controlled community transmission, including communal settings (e.g., schools, workplaces, etc.); or
4. “Substantial, uncontrolled” is where there is large scale, uncontrolled community transmission, including communal settings (e.g., schools, workplaces, etc.).

“COVID-19” means Coronavirus Disease 2019, which is primarily a respiratory disease, caused by the SARS-CoV-2 virus.

“Disinfecting” means using chemicals approved for use against SARS-CoV-2, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

“Duration and frequency of employee exposure” means how long (“duration”) and how often (“frequency”) an employee is potentially exposed to the SARS-CoV-2 virus or COVID-19 disease. Generally, the greater the frequency or length of exposure, the greater the probability is for potential infection to occur. Frequency of exposure is generally more significant for acute acting agents or situations, while duration of exposure is generally more significant for chronic acting agents or situations. An example of an acute SARS-CoV-2 virus or COVID-19 disease situation would be an unprotected customer, patient, or other person coughing or sneezing directly into the face of an employee. An example of a chronic situation would be a job task

that requires an employee to interact either for an extended period of time inside six feet with a smaller static group of other employees or persons; or for an extended period of time inside six feet with a larger group of other employees or persons in succession but for periods of shorter duration.

“Economic feasibility” means the employer is financially able to undertake the measures necessary to comply with one or more requirements in this standard. The cost of corrective measures to be taken will not usually be considered as a factor in determining whether a violation of this standard has occurred. If an employer’s level of compliance lags significantly behind that of its industry, an employer’s claim of economic infeasibility will not be accepted.

“Elimination” means a method of exposure control that removes the employee completely from exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks.

"Employee" means an employee of an employer who is employed in a business of his employer. Reference to the term “employee” in this standard also includes, but is not limited to, temporary employees and other joint employment relationships, persons in supervisory or management positions with the employer, etc., in accordance with Virginia occupational safety and health laws, standards, regulations, and court rulings.

“Engineering control” means the use of substitution, isolation, ventilation, and equipment modification to reduce exposure to SARS-CoV-2 virus and COVID-19 disease related workplace hazards and job tasks.

“Exposure risk level” means an assessment of the possibility that an employee could be exposed to the hazards associated with SARS-CoV-2 virus and the COVID-19 disease. The exposure risk level assessment should address all risks and all modes of transmission including airborne transmission, as well as transmission by asymptomatic and presymptomatic individuals. Risk levels should be based on the risk factors present that increase risk exposure to COVID-19 and are present during the course of employment regardless of location. Hazards and job tasks have been divided into four risk exposure levels: “very high”, “high”, “medium”, and “lower”:

“Very high” exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure to known or suspected sources of the SARS-CoV-2 virus (e.g., laboratory samples) or persons known or suspected to be infected with the SARS-CoV-2 virus, including, but not limited to, during specific medical, postmortem, or laboratory procedures:

1. Aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on a patient or person known or suspected to be infected with the SARS-CoV-2 virus;
2. Collecting or handling specimens from a patient or person known or suspected to be infected with the SARS-CoV-2 virus (e.g., manipulating cultures from patients known or suspected to be infected with the SARS-CoV-2 virus);
3. Performing an autopsy that involves aerosol-generating procedures on the body of a person known or suspected to be infected with the SARS-CoV-2 virus at the time of their death.

“High” exposure risk hazards or job tasks are those in places of employment with high potential for employee exposure inside six feet with known or suspected sources of SARS-CoV-2, or persons known or suspected to be infected with the SARS-CoV-2 virus that are not otherwise classified as “very high” exposure risk, including, but not limited to:

1. Healthcare (physical and mental health) delivery and support services provided to a patient known or suspected to be infected with the SARS-CoV-2 virus, including field hospitals (e.g., doctors, nurses, cleaners, and other hospital staff who must enter patient rooms or areas);
2. Healthcare (physical and mental) delivery, care, and support services, wellness services, non-medical support services, physical assistance, etc., provided to a patient, resident, or other person known or suspected to be infected with the SARS-CoV-2 virus involving skilled nursing services, outpatient medical services, clinical services, drug treatment programs, medical outreach services, mental health services, home health care, nursing home care, assisted living care, memory care support and services, hospice care, rehabilitation services, primary and specialty medical care, dental care, COVID-19

testing services, blood donation services, contact tracer services, and chiropractic services;

3. First responder services provided to a patient, resident, or other person known or suspected to be infected with the SARS-CoV-2 virus;
4. Medical transport services (loading, transporting, unloading, etc.) provided to patients known or suspected to be infected with the SARS-CoV-2 virus (e.g., ground or air emergency transport, staff, operators, drivers, pilots, etc.);
5. Mortuary services involved in preparing (e.g., for burial or cremation) the bodies of persons who are known or suspected to be infected with the SARS-CoV-2 virus at the time of their death.

“Medium” exposure risk hazards or job tasks are those not otherwise classified as “very high” or “high” exposure risk in places of employment that require more than minimal occupational contact inside six feet with other employees, other persons, or the general public who may be infected with SARS-CoV-2, but who are not known or suspected to be infected with the SARS-CoV-2 virus. “Medium” exposure risk hazards or job tasks may include, but are not limited to, operations and services in:

1. Poultry, meat, and seafood processing; agricultural and hand labor; commercial transportation of passengers by air, land, and water; on campus educational settings in schools, colleges, and universities; daycare and afterschool settings; restaurants and bars; grocery stores, convenience stores, and food banks; drug stores and pharmacies; manufacturing settings; indoor and outdoor construction settings; correctional facilities, jails, detentions centers, and juvenile detention centers; work performed in customer premises, such as homes or businesses; retail stores; call centers; package processing settings; veterinary settings; personal care, personal grooming, salon, and spa settings; venues for sports, entertainment, movies, theaters, and other forms of mass gatherings; homeless shelters; fitness, gym, and exercise facilities; airports, and train and bus stations; etc.; and
2. Situations not involving exposure to known or suspected sources of SARS-CoV-2: hospitals, other healthcare (physical and mental) delivery and support services in a non-

hospital setting, wellness services, physical assistance, etc.; skilled nursing facilities; outpatient medical facilities; clinics, drug treatment programs, and medical outreach services; non-medical support services; mental health facilities; home health care, nursing homes, assisted living facilities, memory care facilities, and hospice care; rehabilitation centers, doctors' offices, dentists' offices, and chiropractors' offices; first responders services provided by police, fire, paramedic and emergency medical services providers, medical transport; contact tracers, etc.

“Lower” exposure risk hazards or job tasks are those not otherwise classified as “very high”, “high”, or “medium” exposure risk that do not require contact inside six feet with persons known to be, or suspected of being, or who may be infected with SARS-CoV-2. Employees in this category have minimal occupational contact with other employees, other persons, or the general public, such as in an office building setting; or are able to achieve minimal occupational contact through the implementation of engineering, administrative and work practice controls, such as, but not limited to:

1. Installation of floor to ceiling physical barriers constructed of impermeable material and not subject to unintentional displacement (e.g., such as clear plastic walls at convenience stores behind which only one employee is working at any one time);
2. Telecommuting;
3. Staggered work shifts that allow employees to maintain physical distancing from other employees, other persons, and the general public;
4. Delivering services remotely by phone, audio, video, mail, package delivery, curbside pickup or delivery, etc., that allows employees to maintain physical distancing from other employees, other persons, and the general public; and
5. Mandatory physical distancing of employees from other employees, other persons, and the general public.
6. Employee use of face coverings for contact inside six feet of coworkers, customers, or other persons is not an acceptable administrative or work practice control to achieve minimal occupational contact. However, when it is necessary for brief contact with others inside the 6 feet distance a face covering is required.

“Face covering” means an item normally made of cloth or various other materials with elastic bands or cloth ties to secure over the wearer’s nose and mouth in an effort to contain or reduce the spread of potentially infectious respiratory secretions at the source (i.e., the person’s nose and mouth). A face covering is not intended to protect the wearer, but it may reduce the spread of virus from the wearer to others. A face covering is not a surgical/medical procedure mask. A face covering is not subject to testing and approval by a state or government agency, so it is not considered a form of personal protective equipment or respiratory protection equipment under VOSH laws, rules, regulations, and standards.

“Face shield” means a form of personal protective equipment made of transparent, impermeable materials intended to protect the entire face or portions of it from droplets or splashes.

“Feasible” as used in this standard includes both technical and economic feasibility.

“Filtering facepiece respirator” means a negative pressure air purifying particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium. These are certified for use by the National Institute for Occupational Safety and Health (NIOSH).

“Hand sanitizer” means an alcohol-based hand rub containing at least 60% alcohol, unless otherwise provided for in this standard.

“HIPAA” means Health Insurance Portability and Accountability Act.

“Known to be infected with the SARS-CoV-2 virus” means a person, whether symptomatic or asymptomatic, who has tested positive for SARS-CoV-2 and the employer knew or with reasonable diligence should have known that the person has tested positive for SARS-CoV-2.

“May be infected with SARS-CoV-2 virus” means any person not currently a person known or suspected to be infected with SARS-CoV-2 virus, and not currently vaccinated against the SARS-CoV-2 virus.

“Occupational exposure” means the state of being actually or potentially exposed to contact with SARS-CoV-2 virus or COVID-19 disease related hazards at the work location or while engaged in work activities at another location.

“Personal protective equipment” means equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, biological or other workplace hazards. Personal protective equipment may include, but is not limited to, items such as gloves, safety glasses, shoes, earplugs or muffs, hard hats, respirators, surgical/medical procedure masks, gowns, face shields, coveralls, vests, and full body suits.

“Physical distancing” also called “social distancing” means keeping space between yourself and other persons while conducting work-related activities inside and outside of the physical establishment by staying at least 6 feet from other persons. Physical separation of an employee from other employees or persons by a permanent, solid floor to ceiling wall constitutes physical distancing from an employee or other person stationed on the other side of the wall.

“Respirator” means a protective device that covers the nose and mouth or the entire face or head to guard the wearer against hazardous atmospheres. Respirators are certified for use by the National Institute for Occupational Safety and Health (NIOSH). Respirators may be:

1. Tight-fitting, that is, half masks, which cover the mouth and nose, and full face pieces that cover the face from the hairline to below the chin; or
2. Loose-fitting, such as hoods or helmets that cover the head completely.

There are two major classes of respirators:

1. Air-purifying, which remove contaminants from the air; and
2. Atmosphere-supplying, which provide clean, breathable air from an uncontaminated source. As a general rule, atmosphere-supplying respirators are used for more hazardous exposures.

“Respirator user” means an employee who in the scope of their current job may be assigned to tasks which may require the use of a respirator in accordance with this standard or required by other provisions in the VOSH/OSHA standards.

“SARS-CoV-2” means a betacoronavirus, like MERS-CoV and SARS-CoV. Coronaviruses are named for the crown-like spikes on their surface. The SARS-CoV-2 causes what has been designated as the Coronavirus Disease 2019 (COVID-19).

“Signs” of COVID-19 include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, etc.

“Surgical/medical procedure mask” means a mask to be worn over the wearer’s nose and mouth that is fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids, and prevents the wearer from exposing others in the same fashion. It protects others from the wearer’s respiratory emissions. It has a loose fitting face seal. It does not provide the wearer with a reliable level of protection from inhaling smaller airborne particles. It is considered a form of personal protective equipment, but is not considered respiratory protection equipment under VOSH laws, rules, regulations, and standards. Testing and approval is cleared by the U.S. Food and Drug Administration (FDA).

“Suspected to be infected with SARS-CoV-2 virus” means a person that has signs or symptoms of COVID-19 but has not tested positive for SARS-CoV-2 and no alternative diagnosis has been made (e.g., tested positive for influenza).

“Symptomatic” means the employee is experiencing symptoms similar to those attributed to COVID-19 including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Symptoms may appear in 2 to 14 days after exposure to the virus.

“Technical feasibility” means the existence of technical know-how as to materials and methods available or adaptable to specific circumstances which can be applied to one or more requirements in this standard with a reasonable possibility that employee exposure to the SARS-CoV-2 virus and COVID-19 disease hazards will be reduced. If an employer’s level of compliance lags significantly behind that of their industry, allegations of technical infeasibility will not be accepted.

“VOSH” means Virginia Occupational Safety and Health.

“Work practice control” means a type of administrative control by which the employer modifies the manner in which the employee performs assigned work. Such modification may result in a reduction of exposure to SARS-CoV-2 virus and COVID-19 disease related workplace

hazards and job tasks through such methods as changing work habits, improving sanitation and hygiene practices, or making other changes in the way the employee performs the job.

§16VAC25-220-40. Mandatory requirements for all employers.

Employers in all exposure risk levels shall ensure compliance with the following requirements to protect employees from workplace exposure to the SARS-CoV-2 virus that causes the COVID-19 disease:

- A. Exposure assessment and determination, notification requirements, and employee access to exposure and medical records.
 1. Employers shall assess their workplace for hazards and job tasks that can potentially expose employees to the SARS-CoV-2 virus or COVID-19 disease. Employers shall classify each job task according to the hazards employees are potentially exposed to and ensure compliance with the applicable sections of this standard for “very high,” “high,” “medium,” or “lower” risk levels of exposure. Tasks that are similar in nature and expose employees to the same hazard may be grouped for classification purposes.
 2. Employers shall inform employees of the methods of and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure or are experiencing signs of an oncoming illness.
 3. Serological testing, also known as antibody testing, is a test to determine if persons have been infected with SARS-CoV-2 virus. It has not been determined if persons who have the antibodies are immune from infection.
 - a. Serologic test results shall not be used to make decisions about returning employees to work who were previously classified as known or suspected to be infected with the SARS-CoV-2 virus.
 - b. Serologic test results shall not be used to make decisions concerning employees that were previously classified as known or suspected to be infected with the SARS-CoV-2 virus about grouping, residing in or being admitted to congregate settings, such as schools, dormitories, etc.
 4. Employers shall develop and implement policies and procedures for employees to report when they are experiencing symptoms consistent with COVID-19, and no

alternative diagnosis has been made (e.g., tested positive for influenza). Such employees shall be designated by the employer as “suspected to be infected with SARS-CoV-2 virus”.

5. Employers shall not permit employees or other persons known or suspected to be infected with SARS-CoV-2 virus to report to or remain at the work site or engage in work at a customer or client location until cleared for return to work (see §16VAC25-220-40.B). Nothing in this standard shall prohibit an employer from permitting an employee known or suspected to be infected with SARS-CoV-2 virus from engaging in teleworking or other form of work isolation that would not result in potentially exposing other employees to the SARS-CoV-2 virus.

6. To the extent feasible and permitted by law, including but not limited to the Families First Coronavirus Response Act, employers shall ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

7. Employers shall discuss with subcontractors and companies that provide contract or temporary employees about the importance of employees or other persons who are known or suspected to be infected with the SARS-CoV-2 virus staying home. Known or suspected to be infected with the SARS-CoV-2 virus subcontractor, contract, or temporary employees shall not report to or be allowed to remain at the work site until cleared for return to work. Subcontractors shall not allow their known or suspected to be infected with the SARS-CoV-2 virus employees to report to or be allowed to remain at work or on a job site until cleared for return to work.

8. To the extent permitted by law, including HIPAA, employers shall establish a system to receive reports of positive SARS-CoV-2 tests by employees, subcontractors, contract employees, and temporary employees (excluding patients hospitalized on the basis of being known or suspected to be infected with SARS-CoV-2 virus) present at the place of employment within the previous 14 days from the date of positive test, and the employer shall notify:

- a. Its own employees who may have been exposed, within 24 hours of discovery of their possible exposure, while keeping confidential the identity of the known to be infected with SARS-CoV-2 virus person in accordance with the requirements of the Americans with Disabilities Act (ADA) and other applicable federal and Virginia laws and regulations; and
 - b. In the same manner as §16VAC25-220-40.A.8.a, other employers whose employees were present at the work site during the same time period; and
 - c. In the same manner as §16VAC25-220-40.A.8.a, the building/facility owner. The building/facility owner will require all employer tenants to notify them of the occurrence of a SARS-CoV-2-positive test for any employees or residents in the building. This will allow them to take the necessary steps to sanitize the common areas of the building. In addition, the building/facility owner will notify all employer tenants in the building that one or more cases have been discovered and the floor or work area where the case was located. The identity of the individual will be kept confidential in accordance with the requirements of the Americans with Disabilities Act (ADA) and other applicable federal and Virginia laws and regulations.
 - d. The Virginia Department of Health within 24 hours of the discovery of a positive case.
 - e. The Virginia Department of Labor and Industry within 24 hours of the discovery of three (3) or more employees present at the place of employment within a 14-day period testing positive for SARS-CoV-2 virus during that 14-day time period.
9. Employers shall ensure employee access to their own SARS-CoV-2 virus and COVID-19 disease related exposure and medical records in accordance with the standard applicable to its industry. Employers in the agriculture, public sector marine terminal, and public sector longshoring industries shall ensure employees access to their own SARS-CoV-2 virus and COVID-19 disease related exposure and medical records in accordance with §1910.1020, Access to Employee Exposure and Medical Records.

B. Return to Work.

1. The employer shall develop and implement policies and procedures for known or suspected to be infected with the SARS-CoV-2 virus employees to return to work using either a symptom-based or test-based strategy, depending on local healthcare and testing circumstances. While an employer may rely on other reasonable options, a policy that involves consultation with appropriate healthcare professionals concerning when an employee has satisfied the symptoms based strategy requirements in §16VAC25-220-40.B.1.a will constitute compliance with the requirements of §16VAC25-220-40.B.

a. For known or suspected to be infected with the SARS-CoV-2 virus employees the symptom-based strategy excludes an employee from returning to work until at least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 10 days have passed since symptoms first appeared.

b. The test-based strategy excludes an employee from returning to work until resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms (e.g., cough, shortness of breath), and negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

i. If a known or suspected to be infected with the SARS-CoV-2 virus employee refuses to be tested, the employer compliance with §16VAC25-220-40.B.1.a, symptom-based strategy, will be considered in compliance with this standard. Nothing in this standard shall be construed to prohibit an employer from requiring a known or suspected to be infected with the SARS-CoV-2 virus employee to be tested in accordance with §16VAC25-220-40.B.1.b.

ii. For purposes of this section, COVID-19 testing is considered a “medical examination” under §40.1-28 of the Code of Virginia. The employer shall not

require the employee to pay for the cost of COVID-19 testing for return to work determinations.

2. The employer shall develop and implement policies and procedures for known to be infected with SARS-CoV-2 asymptomatic employees to return to work using either a time-based or test-based strategy depending on local healthcare and testing circumstances. While an employer may rely on other reasonable options, a policy that involves consultation with appropriate healthcare professionals concerning when an employee has satisfied the time based strategy requirements in §16VAC25-220-40.B.2.a will constitute compliance with the requirements of §16VAC25-220-40.B.

a. The time-based strategy excludes an employee from returning to work until at least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy shall be used.

b. The test-based strategy excludes an employee from returning to work until negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

i. If a known to be infected with SARS-CoV-2 asymptomatic employee refuses to be tested, employer compliance with §16VAC25-220-40.B.2.a, time-based strategy, will be considered in compliance with this standard. Nothing in this standard shall be construed to prohibit an employer from requiring a known to be infected with SARS-CoV-2 asymptomatic employee to be tested in accordance with §16VAC25-220-40.B.2.b.

ii. For purposes of this section, COVID-19 testing is considered a “medical examination” under §40.1-28 of the Code of Virginia. The employer shall not require the employee to pay for the cost of COVID-19 testing for return to work determinations.

C. Unless otherwise provided in this standard, employers shall ensure that employees observe physical distancing while on the job and during paid breaks on the employer's property, including policies and procedures that:

1. Use verbal announcements, signage, or visual cues to promote physical distancing;
2. Decrease worksite density by limiting non-employee access to the place of employment or restrict access to only certain workplace areas to reduce the risk of exposure.
3. An employer's compliance with occupancy limits contained in any applicable Virginia executive order or order of public health emergency will constitute compliance with the requirements in this paragraph.

D. Access to common areas, breakrooms, or lunchrooms shall be closed or controlled.

1. If the nature of an employer's work or the work area does not allow employees to consume meals in the employee's workspace while observing physical distancing, an employer may designate, reconfigure, and alternate usage of spaces where employees congregate, including lunch and break rooms, locker rooms, time clocks, etc., with controlled access, provided the following conditions are met:

- a. At the entrance(s) of the designated common area or room the employer shall clearly post the policy limiting the occupancy of the space, and requirements for physical distancing, hand washing/hand sanitizing, and cleaning and disinfecting of shared surfaces.
- b. The employer shall limit occupancy of the designated common area or room so that occupants can maintain physical distancing from each other. The employer shall enforce the occupancy limit.
- c. Employees shall be required to clean and disinfect the immediate area in which they were located prior to leaving, or the employer may provide for cleaning and disinfecting of the common area or room at regular intervals throughout the day, and between shifts of employees using the same common area or room (i.e., where an employee or groups of employees have a designated lunch period and the common area or room can be cleaned in between occupancies).

- d. Hand washing facilities, and hand sanitizer where feasible, are available to employees. Hand sanitizers required for use to protect against SARS-CoV-2 are flammable and use and storage in hot environments can result in a hazard.
- E. When multiple employees are occupying a vehicle for work purposes, the employer shall ensure compliance with respiratory protection and personal protective equipment standards applicable to its industry.
- F. Employers shall also ensure compliance with mandatory requirements of any applicable Virginia executive order or order of public health emergency.
- G. Where the nature of an employee's work or the work area does not allow them to observe physical distancing requirements, employers shall ensure compliance with respiratory protection and personal protective equipment standards applicable to its industry.
- H. Nothing in this section shall require the use of a respirator, surgical/medical procedure mask, or face covering by any employee for whom doing so would be contrary to their health or safety because of a medical condition; however, nothing in this standard shall negate an employer's obligations to comply with personal protective equipment and respiratory protection standards applicable to its industry.
- I. Requests to the Department for religious waivers from the required use of respirators, surgical/medical procedure masks, or face coverings will be handled in accordance with the requirements of applicable federal and state law, standards, regulations and the U.S. and Virginia Constitutions, after Department consultation with the Office of the Attorney General.
- J. Sanitation and Disinfecting.
 - 1. In addition to the requirements contained in this standard, employers shall comply with the VOSH sanitation standard applicable to its industry.
 - 2. Employees that interact with customers, the general public, contractors, and other persons, shall be provided with and immediately use supplies to clean and disinfectant surfaces contacted during the interaction where there is the potential for exposure to the SARS-CoV-2 virus by themselves or other employees.

3. In addition to the requirements contained in this standard, employers shall comply with the VOSH hazard communication standard applicable to its industry for cleaning and disinfecting materials and hand sanitizers.
4. Areas in the place of employment where known or suspected to be infected with the SARS-CoV-2 virus employees or other persons accessed or worked shall be cleaned and disinfected prior to allowing other employees access to the areas. Where feasible, a period of 24 hours will be observed prior to cleaning and disinfecting. This requirement shall not apply if the area(s) in question have been unoccupied for seven or more days.
5. All common spaces, including bathrooms, frequently touched surfaces and doors shall at a minimum be cleaned and disinfected at the end of each shift. All shared tools, equipment, workspaces, and vehicles shall be cleaned and disinfected prior to transfer from one employee to another.
6. Employers shall ensure that cleaning and disinfecting products are readily available to employees to accomplish the required cleaning and disinfecting. In addition, employers shall ensure use of only disinfecting chemicals and products indicated in the Environmental Protection Agency (EPA) List N for use against SARS-CoV-2.
7. Employers shall ensure that the manufacturer's instructions for use of all disinfecting chemicals and products are complied with (e.g., concentration, application method, contact time, PPE, etc.).
8. Employees shall have easy, frequent access, and permission to use soap and water, and hand sanitizer where feasible, for the duration of work. Employees assigned to a work station where job tasks require frequent interaction inside six feet with other persons shall be provided with hand sanitizer where feasible at their work station. Mobile crews shall be provided with hand sanitizer where feasible for the duration of work at a work site and shall have transportation immediately available to nearby toilet facilities and handwashing facilities which meet the requirements of VOSH laws, standards and regulations dealing with sanitation. Hand sanitizers required for use to protect against SARS-CoV-2 are flammable, and use and storage in hot environments can result in a hazard.

9. It is recognized that various hazards or job tasks at the same place of employment can be designated as “very high”, “high”, “medium”, or “lower” as presenting potential exposure risk for purposes of application of the requirements of this standard. In situations other than emergencies, the employer shall ensure that protective measures are put in place to prevent cross-contamination.

K. Unless otherwise provided in this standard, when engineering, work practice, and administrative controls are not feasible or do not provide sufficient protection, employers shall provide personal protective equipment to their employees and ensure its proper use in accordance with VOSH laws, standards, and regulations applicable to personal protective equipment, including respiratory protection equipment.

§16VAC25-220-50. Requirements for hazards or job tasks classified at “very high” or “high” exposure risk.

The following requirements for employers with hazards or job tasks classified as “very high” or “high” exposure risk apply in addition to requirements contained in §§16VAC25-220-40, -70, and -80.

A. Engineering Controls.

1. Ensure appropriate air-handling systems:

- a. Are installed and maintained in accordance with manufacturer’s instructions in healthcare facilities and other places of employment treating, caring for, or housing persons with known or suspected to be infected with the SARS-CoV-2 virus, and
- b. Comply with minimum American National Standards Institute (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b), which include requirements for outdoor air ventilation in most residential and nonresidential spaces, and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a) covers both outdoor and total air ventilation in healthcare facilities. Based on risk assessments or owner project requirements, designers of new and existing facilities can go beyond the minimum requirements of these standards.

2. For employers not covered by §16VAC25-220-50.A.1, ensure that air-handling systems where installed are appropriate to address the SARS-CoV-2 virus and COVID-19 disease related hazards and job tasks that occur at the workplace:
 - a. Are maintained in accordance with the manufacturer's instructions; and
 - b. Comply with §16VAC25-220-50.A.1.b.
 3. Hospitalized patients with known or suspected to be infected with the SARS-CoV-2 virus shall, where feasible and available, be placed in an airborne infection isolation room (AIIR).
 4. Use AIIR rooms when available for performing aerosol-generating procedures on patients with known or suspected to be infected with the SARS-CoV-2 virus.
 5. For postmortem activities, employers shall use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of known or suspected to be infected with the SARS-CoV-2 virus persons at the time of their death.
 6. Use special precautions associated with Biosafety Level 3 (BSL-3), as defined by the U.S. Department of Health and Human Services Publication No. (CDC) 21-1112 "Biosafety in Microbiological and Biomedical Laboratories" (Dec. 2009), which is hereby incorporated by reference, when handling specimens from known or suspected to be infected with the SARS-CoV-2 virus patients or persons.
 7. To the extent feasible, employers shall install physical barriers, (e.g., clear plastic sneeze guards, etc.), where such barriers will aid in mitigating the spread of SARS-CoV-2 and COVID-19 virus transmission.
- B. Administrative and Work Practice Controls.
1. Prior to the commencement of each work shift, prescreening or surveying shall be required to verify each covered employee does not have signs or symptoms of COVID-19.
 2. If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected persons and for protecting employees.

3. Limit non-employee access to the place of employment or restrict access to only certain workplace areas to reduce the risk of exposure. An employer's compliance with occupancy limits contained in any applicable Virginia executive order or order of public health emergency will constitute compliance with the requirements of this paragraph.
4. Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face coverings.
5. Offer enhanced medical monitoring of employees during COVID-19 outbreaks.
6. Provide all employees with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training in accordance with §16VAC25-220-80.
7. To the extent feasible, ensure that psychological and behavioral support is available to address employee stress at no cost to the employee.
8. In health care settings, provide alcohol-based hand sanitizers containing at least 60% ethanol or 70% isopropanol¹ to employees at fixed work sites, and to emergency responders and other personnel for decontamination in the field when working away from fixed work sites.
9. Provide face coverings to suspected to be infected with SARS-CoV-2 virus non-employees to contain respiratory secretions until they are able to leave the site (i.e., for medical evaluation/care or to return home).
10. Where feasible:
 - a. Implement flexible worksites (e.g., telework);
 - b. Implement flexible work hours (e.g., staggered shifts);
 - c. Increase physical distancing between employees at the worksite to six feet;
 - d. Increase physical distancing between employees and other persons to six feet;
 - e. Implement flexible meeting and travel options (e.g., use telephone or video conferencing instead of in person meetings; postpone non-essential travel or events; etc.);

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>

- f. Deliver services remotely (e.g. phone, video, internet, etc.);
- g. Deliver products through curbside pick-up;

C. Personal Protective Equipment (PPE).

1. Employers covered by this section and not otherwise covered by the VOSH Standards for General Industry (Part 1910), shall comply with the following requirements for a SARS-CoV-2 virus and COVID-19 disease hazard assessment, and personal protective equipment selection:

a. The employer shall assess the workplace to determine if SARS-CoV-2 virus or COVID-19 disease hazards or job tasks are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). The employer shall provide for employee and employee representative involvement in the assessment process. If such hazards or job tasks are present, or likely to be present, the employer shall:

- i. Except as otherwise required in the standard, select, and have each affected employee use the types of PPE that will protect the affected employee from the SARS-CoV-2 virus or COVID-19 disease hazards identified in the hazard assessment;
- ii. Communicate selection decisions to each affected employee; and,
- iii. Select PPE that properly fits each affected employee.

2. The employer shall verify that the required SARS-CoV-2 virus and COVID-19 disease 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 hazard assessment; and the document as a certification of hazard assessment.

3. Unless specifically addressed by an industry specific standard applicable to the employer and providing for PPE protections to employees from the SARS-COV-2 virus or COVID-19 disease (e.g., Parts 1926, 1928, 1915, 1917, or 1918), the requirements of §§1910.132 (General requirements) and 1910.134 (Respiratory protection) shall apply to all employers for that purpose.

4. The employer shall implement a respiratory protection program in accordance with §1910.134 (b) through (d) (except (d)(1)(iii)), and (f) through (m), which covers each employee required to use a respirator.

5. Unless contraindicated by a hazard assessment and equipment selection requirements in §16VAC25-220-50.C.1 above, employees classified as “very high” or “high” exposure risk shall be provided with and wear gloves, a gown, a face shield or goggles, and a respirator when in contact with or inside six feet of patients or other persons known to be, or suspected of being, infected with SARS-CoV-2. Where indicated by the hazard assessment and equipment selection requirements in §16VAC25-220-50.C, such employees shall also be provided with and wear a surgical/medical procedure mask. Gowns shall be large enough to cover the areas requiring protection.

D. Employee training shall be provided in accordance with the requirements of §16VAC25-220-80 of this standard.

§16VAC25-220-60. Requirements for hazards or job tasks classified at “medium” exposure risk.

The following requirements for employers with hazards or job tasks classified as “medium” exposure risk apply in addition to requirements contained in §§16VAC25-220-40, -70, and -80.

A. Engineering Controls.

1. Ensure that air-handling systems where installed are appropriate to address the SARS-CoV-2 virus and COVID-19 disease related hazards and job tasks that occur at the workplace:

- a. Are maintained in accordance with the manufacturer’s instructions, and
- b. Comply with minimum American National Standards Institute (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b), which include requirements for outdoor air ventilation in most residential and nonresidential spaces, and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a) covers both outdoor and total air ventilation in

healthcare facilities. Based on risk assessments or owner project requirements, designers of new and existing facilities can go beyond the minimum requirements of these standards.

B. Administrative and Work Practice Controls.

1. To the extent feasible, employers shall implement the following administrative and work practice controls:

- a. Prior to the commencement of each work shift, prescreening or surveying shall be required to verify each covered employee does not have signs or symptoms of COVID-19;
- b. Provide face coverings to suspected to be infected with SARS-CoV-2 non-employees to contain respiratory secretions until they are able to leave the site (i.e., for medical evaluation/care or to return home);
- c. Implement flexible worksites (e.g., telework);
- d. Implement flexible work hours (e.g., staggered shifts);
- e. Increase physical distancing between employees at the worksite to six feet;
- f. Increase physical distancing between employees and other persons, including customers to six feet (e.g., drive-through physical barriers) where such barriers will aid in mitigating the spread of SARS-CoV-2 virus transmission, etc.;
- g. To the extent feasible, employers shall install physical barriers (e.g., such as clear plastic sneeze guards, etc.), where such barriers will aid in mitigating the spread of SARS-CoV-2 virus transmission.
- h. Implement flexible meeting and travel options (e.g., using telephone or video conferencing instead of in person meetings; postponing non-essential travel or events; etc.);
- i. Deliver services remotely (e.g. phone, video, internet, etc.);
- j. Deliver products through curbside pick-up or delivery;
- k. Require employers to provide and employees to wear face coverings who, because of job tasks cannot feasibly practice physical distancing from another employee or other person, if the hazard assessment has determined that personal

protective equipment, such as respirators or surgical/medical procedure masks, was not required for the job task.

I. Require employers to provide and employees in customer facing jobs to wear face coverings.

C. Personal Protective Equipment.

1. Employers covered by this section and not otherwise covered by the VOSH Standards for General Industry (Part 1910), shall comply with the following requirements for a SARS-CoV-2 virus and COVID-19 disease related hazard assessment, and personal protective equipment selection:

a. The employer shall assess the workplace to determine if SARS-CoV-2 or COVID-19 hazards or job tasks are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). The employer shall provide for employee and employee representative involvement in the assessment process. If such hazards or job tasks are present, or likely to be present, the employer shall:

- i. Except as otherwise required in the standard, select, and have each affected employee use, the types of PPE that will protect the affected employee from the SARS-CoV-2 virus or COVID-19 disease hazards identified in the hazard assessment;
- ii. Communicate selection decisions to each affected employee; and
- iii. Select PPE that properly fits each affected employee.

2. The employer shall verify that the required SARS-CoV-2 virus and COVID-19 disease 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 hazard assessment; and the document as a certification of hazard assessment.

3. Unless specifically addressed by an industry specific standard applicable to the employer and providing for PPE protections to employees from the SARS-COV-2 virus or COVID-19 disease (e.g., Parts 1926, 1928, 1915, 1917, or 1918), the requirements of

§§1910.132 (General requirements) and 1910.134 (Respiratory protection) shall apply to all employers for that purpose.

4. PPE ensembles for employees in the “medium” exposure risk category will vary by work task, the results of the employer’s hazard assessment, and the types of exposures employees have on the job.

§16VAC25-220-70. Infectious disease preparedness and response plan.

- A. Employers with hazards or job tasks classified as:
 - 1. “Very high,” and “high,” shall develop and implement a written Infectious Disease Preparedness and Response Plan;
 - 2. “Medium” with eleven (11) or more employees shall develop and implement a written Infectious Disease Preparedness and Response Plan.
- B. The plan and training requirements tied to the plan shall only apply to those employees classified as “very high,” “high,” and “medium” covered by this section.
- C. Employers shall designate a person to be responsible for implementing their Plan. The Plan shall:
 - 1. Identify the name(s) or titles(s) of the person(s) responsible for administering the Plan. This person shall be knowledgeable in infection control principles and practices as they apply to the facility, service or operation.
 - 2. Provide for employee involvement in development and implementation of the plan.
 - 3. Consider and address the level(s) of SARS-CoV-2 virus and COVID-19 disease risk associated with various places of employment, the hazards employees are exposed to and job tasks employees perform at those sites. Such considerations shall include:
 - a. Where, how, and to what sources of the SARS-CoV-2 virus or COVID-19 disease might employees be exposed at work, including:
 - i. The general public, customers, other employees, patients, and other persons;
 - ii. Known or suspected to be infected with the SARS-CoV-2 virus persons or those at particularly high risk of COVID-19 infection (e.g., local, state, national, and international travelers who have visited locations with ongoing COVID-19 community transmission, healthcare employees who have had unprotected

exposures to known or suspected to be infected with SARS-CoV-2 virus persons);
and

iii. Situations where employees work more than one job with different employers and encounter hazards or engage in job tasks that present a “very high,” “high,” or “medium” level of exposure risk.

- b. To the extent permitted by law, including HIPAA, employees’ individual risk factors (e.g., people of any age with the following conditions are at increased risk of severe illness from COVID-19: chronic kidney disease; COPD (chronic obstructive pulmonary disease); immunocompromised state (weakened immune system) from solid organ transplant; obesity (body mass index [BMI] of 40 or higher); serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; sickle cell disease; type 2 diabetes mellitus) (e.g., people with the following conditions might be at an increased risk for severe illness from COVID-19: asthma (moderate-to-severe); cerebrovascular disease (affects blood vessels and blood supply to the brain); cystic fibrosis; hypertension or high blood pressure; immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines; neurologic conditions, such as dementia; liver disease; pregnancy; pulmonary fibrosis (having damaged or scarred lung tissues); smoking, thalassemia (a type of blood disorder); type 1 diabetes mellitus; etc.).
- c. Engineering, administrative, work practice, and personal protective equipment controls necessary to address those risks.

4. Consider contingency plans for situations that may arise as a result of outbreaks, such as:

- a. Increased rates of employee absenteeism;
- b. The need for physical distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing workplace control measures such as elimination/substitution, engineering controls, administrative and

- work practice controls, and personal protective equipment, e.g., respirators, surgical/medical procedure masks, etc.
- c. Options for conducting essential operations with a reduced workforce, including cross-training employees across different jobs in order to continue operations or deliver surge services; and
 - d. Interrupted supply chains or delayed deliveries.
5. Identify basic infection prevention measures to be implemented:
 - a. Promote frequent and thorough hand washing, including by providing employees, customers, visitors, the general public, and other persons to the place of employment with a place to wash their hands. If soap and running water are not immediately available, provide hand sanitizers.
 - b. Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment.
 - c. Establish policies and procedures for managing and educating visitors to the place of employment.
 6. Provide for the prompt identification and isolation of known or suspected to be infected with the SARS-CoV-2 virus employees away from work, including procedures for employees to report when they are experiencing symptoms of COVID-19.
 7. Address infectious disease preparedness and response with outside businesses, including, but not limited to, subcontractors that enter the place of employment, businesses that provide or contract or temporary employees to the employer, as well as other persons accessing the place of employment to comply with the requirements of this standard and the employer's plan.
 8. Identify the mandatory and non-mandatory recommendations in any CDC guidelines or Commonwealth of Virginia guidance documents the employer is complying with, if any, in lieu of a provision of this standard, as provided for in §§16VAC25-220-10.G.1 and -10.G.2.

9. Ensure compliance with mandatory requirements of any applicable Virginia executive order or order of public health emergency related to the SARS-CoV-2 virus or COVID-19 disease.

§16VAC25-220-80. Training.

A. Employers with hazards or job tasks classified at “very high”, “high” or “medium” exposure risk at a place of employment shall provide training to all employee(s) working at the place of employment regardless of employee risk classification on the hazards and characteristics of the SARS-CoV-2 virus and COVID-19 disease. The program shall enable each employee to recognize the hazards of the SARS-CoV-2 virus and signs and symptoms of COVID-19 disease and shall train each employee in the procedures to be followed in order to minimize these hazards.

B. The training required under paragraph A shall include:

1. The requirements of this standard;
2. The mandatory and non-mandatory recommendations in any CDC guidelines or State of Virginia guidance documents the employer is complying with, if any, in lieu of a provision of this standard as provided for in section §§16VAC25-220-10.G.1 and -10.G.2.
3. The characteristics and methods of transmission of the SARS-CoV-2 virus;
4. The signs and symptoms of the COVID-19 disease;
5. Risk factors of severe COVID-19 illness with underlying health conditions;
6. Awareness of the ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus;
7. Safe and healthy work practices, including but not limited to, physical distancing, disinfection procedures, disinfecting frequency, ventilation, noncontact methods of greeting, etc.;
8. PPE:
 - a. When PPE is required;
 - b. What PPE is required;
 - c. How to properly don, doff, adjust, and wear PPE;
 - d. The limitations of PPE;

- e. The proper care, maintenance, useful life, and disposal of PPE; and
 - f. Heat-related illness prevention including the signs and symptoms of heat-related illness;
9. The anti-discrimination provisions of this standard in §16VAC25-220-90; and
10. The employer's Infectious Disease Preparedness and Response Plan, where applicable.
- C. Employers covered by §16VAC25-220-50 of this standard shall verify compliance with §16VAC25-220-80.A by preparing a written certification record for those employees exposed to hazards or job tasks classified at "very high," "high," or "medium" exposure risk levels. The written certification record shall contain the name or other unique identifier of the employee trained, the trained employee's physical or electronic signature, the date(s) of the training, and the name of the person who conducted the training, or for computer-based training, the name of the person or entity that prepared the training materials. If the employer relies on training conducted by another employer or completed prior to the effective date of this standard, the certification record shall indicate the date the employer determined the prior training was adequate rather than the date of actual training.
- D. The latest training certification shall be maintained.
- E. "Retraining." When the employer has reason to believe that any affected employee who has already been trained does not have the understanding and skill required by §16VAC25-220-80.A, the employer shall retrain each such employee. Circumstances where retraining is required include, but are not limited to, situations where:
- 1. Changes in the workplace, SARS-CoV-2 virus or COVID-19 disease hazards exposed to, or job tasks performed render previous training obsolete;
 - 2. Changes are made to the employer's Infectious Disease Preparedness and Response Plan; or
 - 3. Inadequacies in an affected employee's knowledge or use of workplace control measures indicate that the employee has not retained the requisite understanding or skill.

F. Employers with hazards or job tasks classified at “lower” risk shall provide written or oral information to employees exposed to such hazards or engaged in such job tasks on the hazards and characteristics of SARS-COV-2 and the symptoms of COVID-19 and measures to minimize exposure. The Department of Labor and Industry shall develop an information sheet containing information on the items listed in section G, which an employer may utilize to comply with this paragraph.

G. The information required under paragraph F. shall include at a minimum:

1. The requirements of this standard;
2. The characteristics and methods of transmission of the SARS-CoV-2 virus;
3. The symptoms of the COVID-19 disease;
4. The ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus;
5. Safe and healthy work practices and control measures, including but not limited to, physical distancing, sanitation and disinfection practices; and
6. The anti-discrimination provisions of this standard in §16VAC25-220-90.

§16VAC25-220-90. Discrimination against an employee for exercising rights under this standard is prohibited.

A. No person shall discharge or in any way discriminate against an employee because the employee has exercised rights under the safety and health provisions of this standard Title 40.1 of the Code of Virginia, and implementing regulations under §16VAC25-60-110 for themselves or others.

B. No person shall discharge or in any way discriminate against an employee who voluntarily provides and wears their own personal protective equipment, including but not limited to a respirator, face shield, or gloves, or face covering if such equipment is not provided by the employer, provided that the PPE does not create a greater hazard to the employee, or create a serious hazard for other employees.

C. No person shall discharge or in any way discriminate against an employee who raises a reasonable concern about infection control related to the SARS-CoV-2 virus and COVID-19

disease 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

D. Nothing in this standard shall limit an employee from refusing to do work or enter a location they feel is unsafe. See §16VAC25-60-110 for requirements concerning discharge or discipline of an employee who has refused to complete an assigned task because of a reasonable fear of injury or death.