Protecting Workers during a Pandemic

A pandemic is a global disease outbreak and can be caused by a variety of agents, including influenza and coronaviruses. During a pandemic, transmission can be anticipated in the workplace not only from patients to workers in healthcare settings, but also among co-workers and between members of the general public and workers in other types of workplaces.

Workers who believe that their employer provides a safe and healthy workplace are more likely to report for work during a pandemic. Clear communication promotes confidence in the employer’s ability to protect workers and reduces absenteeism.

**Employers should ensure that their workers understand:**

- Differences between seasonal epidemics and worldwide pandemic disease outbreaks;
- Which job activities may put them at risk for exposure to sources of infection;
- What options may be available for working remotely, or utilizing an employer’s flexible leave policy when they are sick;
- Social distancing strategies, including avoiding close physical contact (e.g., shaking hands) and large gatherings of people;
- Good hygiene and appropriate disinfection procedures;
- What personal protective equipment (PPE) is available, and how to wear, use, clean and store it properly;
- What medical services (e.g., vaccination, post-exposure medication) may be available to them; and
- How supervisors will provide updated pandemic-related communications, and where to direct their questions.

**Sick Leave**

Employers may consider providing sick leave so that workers may stay home if they are sick. Flexible leave policies help stop the spread of disease, including to healthy workers.

**Principles of worker protection:**

- Consistently practice social distancing.
- Cover coughs and sneezes.
- Maintain hand hygiene.
- Clean surfaces frequently.

**Training**

Following the Centers for Disease Control and Prevention (CDC) recommendations, employers should provide worker training on infection controls, including the importance of avoiding close contact (within 6 feet) with others. Employers should provide adequate supplies and ready access to soap and running water, tissues, alcohol-based hand sanitizers and cleaning agents. Some worksites may need PPE (e.g., gloves, face shields, and respirators). Frequent visual and verbal reminders to workers can improve compliance with hand hygiene practices and thus reduce rates of infection. Handwashing posters are available from the CDC: [www.cdc.gov/features/handwashing](http://www.cdc.gov/features/handwashing).

**Control Measures**

Employers may modify the work environment and/or change work practices to provide additional protection to workers and clients. For example, employers may install physical barriers (e.g., clear plastic sneeze guards), conduct business in a different manner (e.g., use drive-through service windows, implement telework arrangements), improve ventilation (e.g., install high-efficiency air filters, increase ventilation rates), install additional hand
sanitizer dispensers, provide facial tissues, and have workers use PPE. Employers should select equipment, such as surgical masks and respirators as described below, that will protect workers against infectious diseases to which they may be exposed.

For additional information, see OSHA’s Fact Sheet “Respiratory Infection Control: Respirators versus Surgical Masks” at www.osha.gov/Publications/respirators-vs-surgicalmasks-factsheet.pdf.

Depending on the pandemic, a vaccine may or may not be available to protect people from illness. If available, employers may offer appropriate vaccines to workers to reduce the number of those at risk for infection in their workplace.

**Risk Communication**
Workers should be aware of the exposure risk level associated with their job duties. In addition, a pandemic may disproportionately affect people in certain age groups or with specific health histories. Workers with job-related exposure to infections who voluntarily disclose personal health risks should be considered for job accommodations and/or additional protective measures, e.g., use of PPE.

**Higher risk work settings** include those healthcare workplaces where: infected patients may congregate; clinical specimens are handled or transported; or materials contaminated with blood or infectious wastes are handled. These settings warrant: use of physical barriers to control the spread of infectious disease; worker and client management to promote social distancing; and adequate and appropriate PPE, hygiene and cleaning supplies. Additional information, including an OSHA Fact Sheet on exposure risks in healthcare workplaces, can be found on OSHA’s Publications page: www.osha.gov/publications. Employers and workers can also learn about preparedness for pandemics and other events at OSHA’s Emergency Preparedness and Response page: www.osha.gov/SLTC/emergencypreparedness.

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**Comparison of Surgical Masks and Respirators**

**Surgical Masks**
- Used by workers to protect themselves against splashes and sprays containing infectious agents.
- Placed on sick individuals to prevent respiratory infections that spread by large droplets; worn by surgeons to avoid contaminating surgical sites.
- May not protect against airborne-transmissible infectious agents due to loose fit and lack of seal.
- Can be used by almost anyone, regardless of training.
- Should be properly disposed of after use.

**Respirators (e.g., filtering facepiece)**
- Used by workers to prevent inhalation of small particles, including airborne-transmissible infectious agents.
- To be effective, should have the proper filter material (e.g., N95 or better), be NIOSH-certified, and must fit tightly to prevent air leaks.
- For use, require proper training, fit testing, availability of appropriate medical evaluations and monitoring, cleaning and oversight by a knowledgeable staff member.
- Employer must establish a respiratory protection program that is compliant with OSHA’s Respiratory Protection standard, 29 CFR 1910.134. OSHA consultation staff can assist with understanding respiratory protection requirements.
This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

**Assistance for Employers**
OSHA’s On-site Consultation Program offers free and confidential advice to small and medium-sized businesses in all states across the country, with priority given to high-hazard worksites. On-site Consultation services are separate from enforcement and do not result in penalties or citations. Consultants from state agencies or universities work with employers to identify workplace hazards, provide advice on compliance with OSHA standards, and assist in establishing safety and health management systems. To locate the OSHA On-site Consultation Program nearest you, call 1-800-321-OSHA (6742) or visit [www.osha.gov/consultation](http://www.osha.gov/consultation).

**Note:** This document provides guidance for employers during a pandemic, but is not intended to cover all OSHA standards that may apply. State Plans adopt and enforce their own occupational safety and health standards at [www.osha.gov/dcsp/osp](http://www.osha.gov/dcsp/osp).

<table>
<thead>
<tr>
<th>Very High &amp; High Exposure Risk</th>
<th>Medium Exposure Risk</th>
<th>Lower Exposure Risk (Caution)</th>
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<tbody>
<tr>
<td>Healthcare workers, particularly those working with known or suspected pandemic patients.</td>
<td>Workers with high-frequency interaction with the general public (e.g., those working in schools, restaurants and retail establishments, travel and mass transit, or other crowded environments).</td>
<td>Workers who have minimal contact with the general public and other coworkers (e.g., office workers).</td>
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