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Submitted electronically via www.regulations.gov.

Douglas Parker
Assistant Secretary for Occupational Safety and Health
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

RE: Docket No. OSHA-2020-0004, Occupational Exposure to COVID-19 in Healthcare Settings, Notice of limited reopening of comment period; notice of informal hearing

Dear Assistant Secretary Parker:

The Conference of Boston Teaching Hospitals (COBTH), on behalf of our 12 member hospitals, appreciates the opportunity to provide additional comments on the Emergency Temporary Standard (ETS), “Occupational Exposure to COVID-19,” in preparation for agency promulgation of a final standard.

As a reminder, COBTH is a non-profit organization that supports the full mission of Greater Boston’s teaching hospitals, including providing the highest quality patient care, training the next generation of medical professionals, discovering cutting edge medical treatments, and serving our surrounding neighborhoods and communities.

COBTH and its members share OSHA’s commitment to protecting our health care workforce from exposure to COVID-19. In our prior comments, COBTH expressed concern about the use of a “one size fits all” approach to infection control and employee safety, without regard for local infection rates, vaccination rates, existing CDC guidance, and federal, state, and municipal requirements imposed on our facilities. To that end, we urged OSHA to recognize this variability and provide hospitals and health care institutions with the flexibility needed to ensure safety without imposing unnecessary burden.

To that end, we were pleased to see a number of potential changes articulated by OSHA that would improve flexibility and better take into account local conditions. We are particularly supportive of efforts to align with CDC recommendations for health care infection control practices, provide additional flexibility to employers and avoid being overly prescriptive, and triggering requirements based on the level of community transmission (A.1, A.2, and A.8). As noted in the Supplementary Information, changes in CDC guidance have resulted in conflicting requirements on health care providers, particularly as it applies to isolation and return-to-work protocols. Deferring to CDC

guidance on these items would help ensure that health care facilities are able to comply with the most up-to-date guidance as the virus evolves.

As expressed in COBTH's prior comments, we remain concerned about the burden imposed by requiring the screening of all non-employees who enter health care settings. Our hospitals rely on non-employees coming in and out of buildings to maintain operations, and would urge OSHA to apply the principles of flexibility outlined above to this requirement. It should be up to local authorities and health care facilities under what conditions universal COVID-19 screening is necessary.

In A.4 of the Supplementary Information, we appreciate OSHA's consideration of the elimination of facemask requirements for staff not exposed to COVID-19 patients, which would appropriately allow facilities to make decisions about masking based on the potential for COVID-19 exposure and local transmission rates. However, COBTH remains concerned about the provision of the ETS that permits employees to wear their own respirators instead of a hospital-issued face mask. Hospitals are not able to validate the efficacy of the various masks that may be worn by employees, and authorizing the use of PPE that cannot be verified by hospitals could create vulnerabilities in health care settings.

A.5.3 of the Supplementary Information requests comment on whether masking, barriers, or physical distancing requirements should be relaxed. COBTH strongly supports the relaxation of these requirements to allow for flexibility based on local conditions, including staff and community vaccination rates. This would allow health care facilities to continue to rely on CDC and local guidance while allowing for the safe practice of medicine and execution of other hospital operations. We urge OSHA to eliminate the burdensome requirement that facilities demonstrate instances or situations where physical distancing or physical barriers are not feasible.

Overall, as COVID-19 and the health care response continues to evolve, we strongly urge OSHA to allow flexibility and discretion for health care providers to protect their workforce, while being responsive to local conditions and in alignment with other federal guidance and requirements.

Thank you for your consideration of our comments. COBTH's member hospitals are also members of the Association of American Medical Colleges (AAMC) and strongly support the in-depth comments submitted by AAMC on behalf of the nation's academic medical centers and teaching hospitals. Please do not hesitate to be in touch with any questions or if we can provide additional information on these or other matters.

Sincerely,



Patricia McMullin
Executive Director
Conference of Boston Teaching Hospitals



Anna Esten
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