

DOSH DIRECTIVE

Department of Labor and Industries
Division of Occupational Safety and Health
Keeping Washington safe and working

2.80 **Coronavirus Disease 2019 (COVID-19) Inspections in High-Hazard Industries NEP**

Date: August 25, 2021

I. Purpose

This DOSH Directive implements OSHA’s National Emphasis Program (NEP) for COVID-19 inspections in high-hazard industries. The purpose of the NEP is to ensure that employees in high-hazard industries are protected from the hazard of contracting SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), the virus which causes Coronavirus Disease 2019 (COVID-19).

In addition, this NEP includes an added focus to ensure that workers are protected from retaliation. This is accomplished by preventing retaliation (where possible), distributing anti-retaliation information during inspections and consultation visits, as well as promptly referring allegations of retaliation to the DOSH Discrimination Program.

II. Scope and Application

This Directive applies to all DOSH enforcement and consultation activities conducted in workplaces of industries that are at high risk of COVID-19 outbreaks. A list of industries covered by this NEP can be found in Appendix A. “CSHO” refers to both Compliance Safety and Health Officers, and Consultation Safety and Health Officers.

This Directive will remain effective until superseded or canceled by OSHA policy.

III. References

- DIR 2021-03 (CPL 03), Revised National Emphasis Program – Coronavirus Disease 2019 (COVID-19)
- DOSH Directive 1.70, General Coronavirus Prevention Under Stay Safe – Stay Healthy Order
- DOSH Directive 11.80, Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic
- DOSH Compliance Manual
- DOSH Consultation Manual

IV. Background

The federal Occupational Safety and Health Administration (OSHA) issued DIR 2021-03 (CPL 03), Revised National Emphasis Program – Coronavirus Disease 2019 (COVID-19), effective July 7, 2021. This DOSH Directive establishes inspection procedures and enforcement policy in support of the OSHA Directive.

V. Enforcement Policy

DOSH CSHOs are expected to refer to OSHA DIR 2021-03 (CPL 03) for guidance when conducting inspections in workplaces at high risk for Coronavirus spread.

1. Unprogrammed Inspections.

All inspections of high-hazard industries listed in Appendix A that are initiated based on report of an Accident, Complaint, or Referral of any type, must include review of COVID-19 safety programs, engineering controls, and COVID-19 safety practices at the workplace.

Fatalities or hospitalizations resulting from COVID-19, complaints, and referrals alleging potential employee exposure to COVID-19, regardless of industry, will follow the assignment priority outlined in the DOSH Compliance Manual.

Unprogrammed inspections shall be inspected using either on-site or a combination of on-site and remote methods, except under circumstances where an on-site inspection cannot be conducted safely. In such cases, the CSHO will document the unsafe condition(s) preventing an on-site inspection, and with the Regional Compliance Manager's approval, an alternate inspection process may be used so that the inspection can be done safely within the context of the situation.

Remote-only inspections may be conducted with the Regional Compliance Manager's approval to assure that SARS-CoV-2 hazards alleged in complaints, referrals, fatality reports, etc., are expeditiously investigated and abatement can be implemented as soon as possible.

2. Follow-Up Inspections.

Follow-up inspections should be conducted to determine if the previously identified COVID-19 hazards have been corrected, or to verify the accuracy of abatement information provided. Follow-up inspections are to be assigned based on available resources, and conducted in accordance with the DOSH Compliance Manual, using either on-site or a combination of on-site and remote methods.

3. Programmed Inspections.

A scheduling list will be generated based on requirements set by OSHA, and the DOSH Compliance Manual. Inspections will be assigned from the scheduling list. Sites selected for programmed inspections shall be inspected using either on-site or a combination of on-site and remote methods.

VI. Inspection Procedures

1. All on-site inspections will be conducted following safety policies developed by L&I Internal Safety and Health, and DOSH management, for protection of DOSH staff from exposure to COVID-19. Whenever possible, field staff should complete verbal de-escalation training provided by Internal Safety and Health prior to conducting on-site inspections under this NEP.

2. Inspections conducted under this NEP must follow the inspection procedures outlined in the DOSH Compliance Manual.
3. During inspections where safety or health violations (other than COVID-19 related) have also been alleged, or when they are observed in plain view during the walk-around, CSHOs must address and cite where appropriate.
4. CSHOs will follow the guidance in DOSH Directive 1.70 (General Coronavirus Prevention Under Stay Safe – Stay Healthy Order) and 11.80 (Annual Fit-Testing, Respiratory Protection and Face Coverings during COVID-19 Pandemic) to determine if violations of DOSH regulations or Safe Place standards have occurred, and should be cited.
5. CSHOs will inform workers of their right to file a whistleblower complaint if they experience retaliation for any of the following:
 - a. Providing assistance to DOSH during an inspection
 - b. Filing a safety and health complaint with DOSH
 - c. Reporting a work-related injury or illness
 - d. Complaining about SARS-CoV-2 exposure or any other workplace hazards to management.
6. CSHOs must promptly refer any complaint of alleged retaliation to the DOSH Discrimination Program.

VII. Inspection Coding Instructions

In WIN, all inspections that follow the direction of this NEP shall be coded in the “National Emphasis” field as COVID-19 NEP. Inspections that are assigned from the COVID-19 NEP list, will be coded as “National Emphasis Program” in the “Source for Programmed” field. Programmed/programmed-related inspections that have been assigned other than from this list, will be coded appropriately in the “Source for Programmed” field for how they were assigned.

All inspections that follow the direction of this NEP shall be coded with the appropriate COVID selections in the “Special Tracking” field.

Violations that are COVID-19 related will be coded as “COVID-19” in the “Violation Tracking” field.

VIII. Technical Support

If questions, problems or concerns arise, CSHOs should contact their respective supervisors first and then their regional managers, as appropriate.

Approved:



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Division of Occupational Safety and Health

APPENDIX A

Industries Covered By This NEP

Table 1 and **Table 2** below provide lists of NAICS codes in general industry where OSHA data shows the highest amount of workers expected to perform tasks associated with exposure to SARS-CoV-2.

Table 1: Healthcare Industries for Programmed Inspections

NAICS Code	Industry
621111	Offices of Physicians (except Mental Health Specialists)
621210	Offices of Dentists
621610	Home Health Care Services
621910	Ambulance Services
622110	General Medical and Surgical Hospitals
622210	Psychiatric and Substance Abuse Hospitals
622310	Specialty (except Psychiatric and Substance Abuse) Hospitals
623110	Nursing Care Facilities (Skilled Nursing Facilities)
623210	Residential Intellectual and Developmental Disability Facilities
623311	Continuing Care Retirement Communities
623312	Assisted Living Facilities for the Elderly

Table 2: Non-Healthcare Industries for Programmed Inspections

NAICS Code	Industry
311612	Meat Processed from Carcasses
311611	Animal (except Poultry) Slaughtering
311615	Poultry Processing
445110	Supermarkets and Other Grocery (except Convenience) Stores
452210/452311	Discount Department Stores
491110	Postal Service
493110	General Warehousing and Storage
561320	Temporary Help Services
922140	Correctional Institutions (Public Administration Sector)