



**American Federation
of Labor and
Congress of Industrial
Organizations**

815 Black Lives Matter
Plaza NW
Washington, DC 20006
202-637-5000
aflcio.org

EXECUTIVE COUNCIL

ELIZABETH H. SHULER
PRESIDENT

FREDRICK D. REDMOND
SECRETARY-TREASURER

Cecil Roberts
Matthew Loeb
Randi Weingarten
Baldemar Velásquez
Lee A. Saunders
Sean McGarvey
Stuart Appelbaum
Mark Dimondstein
Sara Nelson
Eric Dean
Gabrielle Carteris
Mark McManus
Elissa McBride
John Samuelson
Vonda McDaniel
Gwen Mills
Charles Wolkanech
Ernest A. Logan
James Slevin
John Costa
Tim Driscoll
Everett Kelley
Anthony Shelton
Edward A. Kelly
Evelyn DeJesus
Cheryl Eliano
Matthew S. Biggs
Roxanne Brown
Arthur Maratea
James A. Williams Jr.
Ben Valdepeña
Meghann Burke
Bernie Burnham
Frank Christensen
Roland Rexha
Jason Ambrosi
Kenneth Cooper
Brian Renfroe
Shawn Fain
Brent Booker
Michael Coleman
Claude Cummings Jr.
David Heindel
Margaret Mock
David McCall
Brian Bryant
Nick Daniels
April Verrett
Rocio Sáenz
John Downey
Tyler Turner
Milton Jones

AFL-CIO

AMERICA'S UNIONS

November 1, 2025

David Keeling

Assistant Secretary for Occupational Safety and Health

U.S. Department of Labor

200 Constitution Ave., N.W.
Washington, DC 20210

***Re: Request for Comments on OSHA's Occupational Exposure to COVID-19 in
Healthcare Settings; Document ID: OSHA-2020-0004***

Dear Assistant Secretary Keeling,

On behalf of the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO), we write to comment on the Occupational Safety and Health Administration's (OSHA) proposal to remove the recordkeeping and reporting requirements for Occupational Exposure to COVID-19 in Healthcare Settings. As the federation of 63 national and international labor unions representing more than 15 million working people throughout distinctive industries, the AFL-CIO strongly opposes OSHA's proposed rule.

Our affiliates, representing hundreds of thousands of workers across the healthcare field—nurses, aides, emergency responders, technicians, and support staff—depend on the recordkeeping and reporting requirements as essential employer requirements to keep them safe on the job as they remain on the front lines of infectious disease exposure every shift. OSHA's reporting and recordkeeping requirements are the foundation of hazard identification, outbreak prevention, and employer accountability.

Removing mandatory case reporting and recordkeeping of COVID-19 cases will erode the transparency needed for workers, their representatives, employers, and regulators to detect and respond to workplace transmission

quickly. Eliminating these vital requirements would compromise the safety of workers and the patients they care for, delay the flow of crucial data, conceal emerging outbreaks, and inevitably hinder intervention when new COVID-19 surges emerge.

Health Care Workers Have Been and Still Are on the Frontline of COVID-19 Exposure

OSHA implemented the COVID-19 Emergency Temporary Standard in June 2021 in response to the pandemic, which posed a significant risk to health care workers—and continues to do so.¹ OSHA has recognized the illness as a workplace hazard, classifying health care workers and associated personnel exposure to the virus as “very high” as a consequence of their work tasks.² Healthcare facilities were at heightened risk of virus exposure as they faced recurrent and prolonged contact with infected and potentially infected patients. Additionally, during this time, workers were put at severe risk of exposure due to inadequate supplies of personal protective equipment (PPE), working in confined spaces without sufficient ventilation, and relying on insufficient guidance to prevent SARS-CoV-2 transmission. These conditions amplified the critical need for comprehensive and enforceable federal protections to mitigate the transmission of COVID-19 in healthcare settings. OSHA issued the ETS and its reporting and recordkeeping provisions as a mechanism for workplace-specific surveillance of COVID-19 among healthcare workers. This allowed the agency and employers to identify outbreaks and promptly intervene.

OSHA continued to build a strong evidentiary record on the need for these requirements, based on information from workers on the frontlines, occupational health, public health and medical communities, and findings from America’s public health agencies, such as the Centers for Disease Control and Prevention (CDC) and the National Institute for Occupational Safety and Health (NIOSH). The AFL-CIO previously testified before OSHA, underscoring that workplace exposure is both serious and preventable.³ The record substantiated that infections, hospitalizations, and fatalities disproportionately impacted health care workers at the beginning of the pandemic, throughout its many outbreaks where they were on the frontline, and as cases continue to present at their health care facilities.^{4,5}

¹ U.S. Department of Labor, Occupational Safety and Health Administration. (2021, June 21). COVID-19 Healthcare Emergency Temporary Standard (ETS). [OSHA.gov/coronavirus/ets](https://www.osha.gov/coronavirus/ets).

² U.S. Department of Labor, Occupational Safety and Health Administration. COVID-19 — Hazard recognition. [OSHA.gov/coronavirus/hazards](https://www.osha.gov/coronavirus/hazards).

³ U.S. Department of Labor, Occupational Safety and Health Administration. (2022, April 27). *Transcript of Public Hearing: Day 1 — Informal rulemaking hearing on occupational exposure to COVID-19 in health care settings* (Docket OSHA-2020-0004-2153) [PDF]. [downloads.regulations.gov/OSHA-2020-0004-2153/content.pdf](https://www.regulations.gov/OSHA-2020-0004-2153/content.pdf)

⁴ Centers for Disease Control and Prevention. (2025, June 23). *COVID-19 impact on healthcare-associated infections*. [CDC.gov/healthcare-associated-infections/php/data/covid-impact.html](https://www.cdc.gov/healthcare-associated-infections/php/data/covid-impact.html).

⁵ Do, D. P., Ranne, F. (2021). U.S. frontline workers and COVID-19 inequities. *Preventative Medicine*. [DOI.org/10.1016/j.ypmed.2021.106833](https://doi.org/10.1016/j.ypmed.2021.106833).

In its proposal, OSHA has not demonstrated that removing the COVID-19 reporting and recordkeeping requirements will not incur an increased risk to health care workers. The communicable disease is not only circulating in work settings such as health care environments, but continues to be found in wastewater in various states, signifying persistent transmission.⁶ To that effect, the CDC continues to survey hospitalizations and in-hospital fatalities correlated to COVID-19, demonstrating the virus still presents a serious and measurable burden in health care settings.⁷

OSHA has the legal authority and responsibility to ensure, to the greatest extent possible, that all American workers have safe and healthful working conditions.⁸ That obligation remains, even after the pandemic's emergency phase ends COVID-19 remains an ongoing occupational health hazard, with periodic seasonal and regional surges. Although national transmission rates fluctuate, localized outbreaks continue to take place in hospitals, long-term care facilities, clinics, and other high-risk settings, which increase during the fall and winter months, and increase workers' risk of illness and death. Viral evolution and the development of new variants underscore the irregularity of COVID-19 and necessitate continuous monitoring.

The prolonged health consequences associated with COVID-19, known as long COVID, constitute a significant risk to healthcare workers.⁹ Evidence depicts a substantial portion of health care workers enduring long COVID experience symptoms such as neurological impairment, fatigue, respiratory issues, a decrease in sensory receptors (taste and smell), and muscle/joint aches.¹⁰ OSHA has a responsibility to require employers to reduce exposure to agents that cause chronic illness, in addition to acute illness. Keeping workers safe through sound case surveillance management helps workforce stability and mitigates staff turnover and staff shortages.

The lessons learned from the COVID-19 pandemic and ongoing outbreaks make it apparent that weakening or removing surveillance and reporting mechanisms would increase the risk of the very same gaps that left workers unprotected in the first place. Preserving these provisions are central to OSHA's mission in protecting workers who are exposed to a workplace hazard. Not only does the removal of this framework subvert OSHA's ability to carry out its

⁶ Centers for Disease Control and Prevention. (2025, September 19). COVID-19 wastewater data — national trends. [CDC.gov/nwss/rv/COVID19-national-data.html](https://www.cdc.gov/nwss/rv/COVID19-national-data.html)

⁷ Centers for Disease Control and Prevention. (2025, September 5). Surveillance and data analytics: COVID-19. [CDC.gov/covid/php/surveillance/index.html](https://www.cdc.gov/covid/php/surveillance/index.html).

⁸ U.S. Department of Labor, Occupational Safety and Health Administration. Occupational Safety and Health Act of 1970. [OSHA.gov/laws-regs/oshact/completeoshact](https://www.osha-slc.gov/laws-regs/oshact/completeoshact).

⁹ Al-Oraibi, Aman, et al. (2025). Global prevalence of long COVID and its most common symptoms among healthcare workers: A systematic review and meta-analysis. *BMJ Public Health*, 3(1). [DOI.org/10.1136/bmjph-2023-000269](https://doi.org/10.1136/bmjph-2023-000269).

¹⁰ Vu, Thanh-Huyen et al. (2025). Long COVID and its associations with burnout, anxiety, and depression among U.S. healthcare workers in the United States. *Frontiers in Public Health*, 13, Article 1582872. <https://doi.org/10.3389/fpubh.2025.1582872>.

statutory duty, but it also escalates the risk of preventable mortality and morbidity among health care workers and the patients they care for.

Rescinding These Requirements is Inconsistent with Other Infectious Disease Standards and Practices.

Reporting and recordkeeping are essential for employer intervention and future prevention. Consistent site-specific monitoring enables workplaces to promptly detect upticks in infections, specifically identify where transmission is occurring, and carry out the appropriate hazard mitigation procedures to stop the outbreak from worsening. Reporting and recordkeeping are important surveillance instruments that serve as critical early detection indicators— allowing workers and employers to investigate work environments to perform workplace hazard mapping in real time. Without these mandatory requirements, prevention is significantly reduced or, worse, nonexistent.

Removing these key provisions would introduce an inconsistency within the agency’s framework for mitigating recognized infectious disease hazards in the workplace. Similar to the COVID-19 ETS, OSHA has long-established mandatory recordkeeping and reporting requirements for other infectious occupational workplace exposures, particularly involving the Bloodborne Pathogens Standard. This standard specifically requires employers to preserve records of exposure incidents, conduct investigations, and implement corrective measures to safeguard workers and ensure that exposures are documented and addressed to mitigate future risks.¹¹ In contrast, workers exposed to a transmissible, aerosolized pathogen that has caused millions of deaths internationally would not receive the same protections and surveillance as other infectious diseases the agency tracks. The agency contradicts itself and establishes a precedent for undermining worker safety and workplace preparedness response.

Conclusion

Preserving COVID-19-specific reporting and recordkeeping requirements is thoroughly aligned with OSHA’s standardized approach to other infectious disease hazards and is critical for hazard identification, mitigation of future incidents, and employer accountability. Although the height of the pandemic is over, seasonal surges and the development of new variants continue to expose systemic weakness in occupational surveillance and prevention of SARS-CoV-2 transmission in the workplace. The removal of these requirements would further exploit those

¹¹ U.S. Department of Labor, Occupational Safety and Health Administration. (n.d.). Bloodborne Pathogens Standard (29 CFR 1910.1030).

weaknesses and additionally introduce internal regulatory inconsistency and compromise information needed to support OSHA's future infectious disease protection standard. For these reasons, the AFL-CIO strongly opposes the removal of COVID-19 recordkeeping and reporting requirements.

Sincerely,

A handwritten signature in black ink, appearing to read "Chenay C. Arberry". The signature is fluid and cursive, with the first name being the most prominent.

Chenay C. Arberry
Senior Safety and Health Specialist, AFL-CIO

A handwritten signature in black ink, appearing to read "Rebecca L. Reindel". The signature is cursive and somewhat stylized, with the first name being the most prominent.

Rebecca L. Reindel, MS, MPH
Safety and Health Director, AFL-CIO