

**Comments of the United Steel, Paper and Forestry, Rubber, Manufacturing,
Energy, Allied Industrial and Service Workers International Union (USW) on the
U.S. Department of Labor, Occupational Safety and Health Administration (OSHA)
Proposed Revision
On
Occupational Exposure to COVID-19 in Healthcare Settings
Docket Number: OSHA-2020-0004
Regulation Identification Number: 1218-AD36
October 31, 2025**

These comments are submitted on behalf of the United Steelworkers Union (USW). The United Steelworkers (USW), is one of the largest industrial unions in North America, representing workers in steel, aluminum, and other metals; paper; oil; rubber; plastics; glass; cement; mining; energy; chemicals; refining; utilities; health care; atomic; education; manufacturing; service; and other sectors.

The USW strongly opposes the Occupational Safety and Health Administration's (OSHA) proposed rule to remove the COVID-19 Healthcare Emergency Temporary Standard (ETS). We commend and thank OSHA for their hard work in issuing the ETS back in June 21, 2021. The USW strongly believes that rescinding this standard is a profound step backward that will endanger healthcare workers and undermine our nation's preparedness for future infectious disease threats.

The ETS provides critical, enforceable protections in workplaces where voluntary CDC guidelines proved inadequate. As COVID-19 protections are rolled back due to inaccurate case counting and the prevalence of at-home testing, healthcare workers continue to be at significant risk. Nursing homes and other facilities are seeing upticks in cases, and waning vaccine immunity ensures that outbreaks will continue. COVID-19 is not over; it is an ongoing occupational hazard. Removing the ETS leaves healthcare workers with nothing but OSHA's general recordkeeping and personal protective equipment (PPE) standards, which are insufficient. In the hierarchy of controls, PPE is the least effective defense. The ETS provided a programmatic framework that compelled employers to implement comprehensive exposure controls, including vital ventilation requirements and the use of N-95 respirators or better.

Too many healthcare workers have paid the ultimate price, losing their lives or suffering from long COVID, devastating their families. A permanent standard is not just a moral imperative; it is an economic one. It helps employers save money by preventing worker illness, reducing overtime costs, mitigating burnout and turnover, and avoiding critical errors caused by understaffing.

Furthermore, the ETS guaranteed workers a right to participate in safety planning, a provision tragically undermined by the Supreme Court's decision. Without an OSHA standard guaranteeing this access, workers without a union will be left behind, and unions will be forced to bargain for a seat at the table, one employer at a time. We have seen firsthand that active safety and health committees are a valuable asset for achieving compliance and protecting workers.

We urge OSHA not to withdraw the ETS, but to instead use it as the foundation for a permanent, robust standard. Such a standard must:

1. **Be Permanent and Comprehensive:** COVID-19 and its variants are a persistent threat. A permanent standard is urgently needed to protect all healthcare workers without exceptions and to establish a framework for future pandemics.
2. **Remove Reliance on CDC Guidelines:** OSHA must be the sole, clear authority. CDC guidance has been subject to political interference and sudden changes, creating confusion. A stable, enforceable OSHA standard is essential for both employers and workers.
3. **Strengthen Worker Participation:** A new, stand-alone "Employee Participation" section must be added, modeled on standards like Process Safety Management (29 CFR 1910.119(c)), to ensure workers and their representatives have a meaningful role in developing and implementing safety plans.
4. **Mandate a True Hierarchy of Controls:** SARS-CoV-2 is an airborne hazard. The standard must explicitly require engineering and administrative controls, like improved ventilation, over reliance on distancing and PPE alone.
5. **Include Medical Removal Protections:** Workers infected or exposed must be removed with protections, including maintained earnings, seniority, and benefits until cleared to return.
6. **Enhance Reporting:** A clear case management system is needed, requiring employers to report outbreaks (two or more cases) and COVID-19-related fatalities to OSHA within 24 and 8 hours, respectively.

OSHA cannot rely on the General Duty Clause and existing PPE standards to protect workers from an airborne virus. These are the least effective controls for this hazard. COVID-19 is unique, infections acquired at work can spread throughout our communities, as witnessed in nursing homes and meatpacking plants. A permanent standard will make all Americans safer.

The time for action is now. We strongly urge OSHA to reverse course, protect our healthcare heroes as the OSH Act intended, and proceed with not just keeping the ETS for now but work towards making it a permanent standard without delay.

Respectfully submitted,

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