



November 1, 2025

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David Keeling  
Assistant Secretary of Labor for Occupational Safety and Health  
U.S. Department of Labor  
200 Constitution Ave., N.W.  
Washington, DC 20210

Submitted via regulations.gov.

**RE: OSHA Proposed Rulemaking for Occupational Exposure to COVID-19 in Healthcare Settings (Docket No. OSHA-2020-0004)**

Dear Assistant Secretary Keeling:

The American Federation of State, County and Municipal Employees (AFSCME) is the voice of 1.4 million workers nationwide. We represent nurses, firefighters, emergency response personnel, highway, bridge and tunnel maintainers, drinking water, waste and sanitation workers, correctional officers, engineers, cultural workers, childcare providers and more — workers who support the backbone of our community. AFSCME members are relied upon every single day to keep the country running.

AFSCME is submitting comments in opposition to the Occupational Safety and Health Administration's (OSHA) proposal to remove recordkeeping and reporting requirements for COVID-19 exposure in health care settings. If finalized, the removal of these requirements would eliminate crucial information protecting workers, patients and the public. Specifically, the removal of recordkeeping and reporting provisions under 29 CFR 1910.502(q)(2)(ii), (q)(3)(ii)-(iv), and (r) would eliminate employers' obligations to establish and maintain COVID-19 logs, provide access to such logs and report COVID-19 fatalities and hospitalizations to OSHA. These proposed changes would harm the many AFSCME members who work in hospitals, nursing homes, correctional facilities, schools, colleges and universities and as firefighters and EMTs.

Health care workers face heightened risks of occupational exposure. Occupational exposure for health care workers may result in workers experiencing debilitating or disabling health effects, lasting months to years. For example, people with long COVID can experience respiratory, neurological and psychological impairments and experience chronic illness due to organ damage resulting from COVID infection. With the removal of COVID-specific recordkeeping requirements, these effects can't be tracked back to occupational exposure. Reporting and monitoring in these settings is crucial for identifying infection early and implementing precautions to support prevention.

OSHA states "it is no longer as clear that it is important to provide this additional recordkeeping tool solely for this disease," and that in the absence of 1910.502(q)(2)(ii),

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some employers will still be required to record and report COVID cases through standard OSHA injury and illness reporting logs. COVID-specific logs, however, allow the employer to better track infection and understand why subsequent occupational exposures occur. Removing such a requirement would sever the link between COVID and work-relatedness. Absent requirements to record and report through a separate log, cases may not be recorded accurately as work-related. By removing 29 CFR 1910.502(q)(3)(ii)-(iv), employers will not have the information needed to abate hazardous situations adequately, and workers will lose protection by losing access to documentation of workplace exposure when sickened by COVID.

Removing the reporting requirements under 29 CFR 1910.501(r) would also remove the extended timeframe allowed to report fatalities and hospitalizations. As a result, employers would revert to 29 CFR 1904 for requirements “to report hospitalizations and deaths that occur as a result of work-related incidents within 24 hours or 30 days, respectively, of an employee’s exposure in the work environment.” During the height of the COVID-19 pandemic, this time limit proved to be inadequate to document the impact of occupational COVID exposure to workers. Considering that long COVID symptoms commonly take weeks, months or more to appear, the timeframe of 30 days provided in OSHA’s proposal is inadequate. The reporting period extension in place under OSHA’s emergency temporary standard better captures the latency period of long COVID. With this reporting, employers can review worker hospitalizations to understand the full impact of COVID exposures on the workforce. Workers can use this information to access workers’ compensation after occupational exposure to COVID. Given the high risk of COVID infection in hospital settings, maintaining accurate recordkeeping and reporting is crucial to identifying and assessing occupational exposures in the immediate term and capturing COVID illness and associated latent conditions in the long term.

For the reasons stated above, AFSCME strongly urges OSHA to withdraw this proposal. Should you have questions or require additional information, please contact Ellie Barbarash, Senior Health and Safety Advocate, at [ebarbarash@afscme.org](mailto:ebarbarash@afscme.org).

Sincerely,

/s/ Dalia R. Thornton

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Director  
Department of Research and Collective  
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