



Coronavirus Disease 2019 (COVID-19)

Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States

Purpose of this Guidance

This interim guidance outlines goals and strategies suggested for U.S. ambulatory care settings in response to community spread of coronavirus disease-2019 (COVID-19). Ambulatory care settings are where health services or acute care services are provided on an outpatient basis and can include community health centers, urgent care centers, retail clinics co-located in pharmacies, grocery stores, or mass merchants, hospital-based outpatient clinics, non-hospital-based clinics and physician offices, and public health clinics. These settings, particularly those which offer primary care services, play an important role in the healthcare system's response to the COVID-19 outbreak.

This guidance reflects the need to 1) minimize disease transmission to patients, healthcare personnel (HCP) and others, 2) identify persons with presumptive COVID-19 disease and implement a triage procedure to assign appropriate levels of care, 3) reduce negative impacts on emergency department and hospital bed capacity and 4) maximize the efficiency of personal protective equipment (PPE) utilization across the community health system while protecting healthcare personnel.

Public health guidance will shift as the COVID-19 outbreak evolves. All [healthcare facilities](#) should be aware of updates to local and state public health recommendations. These recommendations should be used with the CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). This information is provided to clarify COVID-19 infection prevention and control (IPC) recommendations that are specific to ambulatory care settings. This information complements, but does not replace, the general IPC recommendations for COVID-19.



Key Considerations for Healthcare Facilities

Currently there are no FDA-approved medications to treat or vaccines to prevent COVID-19. Therefore, [community](#) approaches to slowing transmission such as social distancing, and reducing face-to-face contact with potential COVID-19 cases are needed to slow disease transmission and reduce the number of people who get sick. In each healthcare facility, the primary goals include:

- Provision of the appropriate level of necessary medical care.
- Protecting healthcare personnel and non-COVID-19 patients from infection.
- Preparing for a potential surge in patients with respiratory infection.
- Preparing for PPE and staffing shortages.

Actions to Take in Response to Community Transmission of COVID-19

1. As a public health action to preserve staff, PPE, and patient care supplies and to ensure safety for patients and HCP, **facilities should delay elective ambulatory provider visits** and implement service delivery models such as telemedicine. (See information below under "Shifting Healthcare Delivery Modes during a COVID-19 Outbreak in the United States" and [American College of Physicians: Telehealth Resources](#) [↗](#)). Provider visits related to prevention services that cannot be performed virtually such as routine [adult immunizations](#), lipid screenings and cancer screenings should be postponed unless the risks of postponement are believed to outweigh the benefits.
 - For information on pediatric immunizations see [Maintaining Childhood Immunizations During COVID-19 Pandemic](#)

2. Explore alternatives to face-to-face triage and visits for the acutely ill. The following options can reduce in-person healthcare visits and prevent transmission of respiratory viruses in your facility:
 - Instruct patients to use available telephone advice lines, patient portals, and [on-line self-assessment tools](#), or call and speak to an office/clinic HCP if they become ill with symptoms such as fever, cough, or shortness of breath.
 - Identify sufficient HCP to conduct telephonic and telehealth interactions with patients.
 - Develop protocols so that HCP can triage and assess patients prior to entering the facility or immediately upon entering.
3. Implement algorithms ([Phone Advice Line Tools](#)  [11 pages]) to identify which patients have respiratory symptoms that may be due to COVID-19 and need to be advised to seek 9-1-1 transport, go to an emergency department, or come to your facility.
4. Implement algorithms to identify which patients with respiratory symptoms that may be due to COVID-19 can be managed by telephone and advised to [stay home](#):
 - Assess the patient's ability to engage in home monitoring, their ability to safely isolate at home, and the risk of transmission to others in the patient's home environment.
 - Provide clear instructions to caregivers and sick persons regarding [home care](#) and when and how to access the healthcare system for face-to-face care or urgent/emergent conditions.
 - If possible, identify HCP who can monitor those patients at home with daily "check-ins" using telephone calls, text, patient portals, or other means.
5. Engage local community organizations and home health services to assist patients who are treated at home and may need support services such as delivery of food, medication and other goods.
6. Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with [infection prevention and control guidance](#) for managing COVID-19 patients and [preparation steps](#).
 - Place visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette ([Coronavirus Factsheets](#)).
 - Ensure supplies are available such as tissues, hand soap, waste receptacles, and alcohol-based hand sanitizer in readily accessible areas.
 - Ensure facemasks are available at triage for patients with respiratory symptoms. Create an area to physically separate patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas. If facility lacks a waiting area, then designated areas or waiting lines should be created by partitioning or signage.
 - To reduce crowding in waiting rooms, consider asking patients waiting to be seen to remain outside (e.g., stay in their vehicles, if applicable) until they are called into the facility for their appointment or set up triage booths to screen patients safely.
7. Work with local and state public health organizations, healthcare coalitions, and other local partners to understand the impact and spread of the outbreak in your area and any [crisis standards of care](#)  initiatives being implemented. Ambulatory care settings may also be leveraged to allow for diversion from hospital emergency departments of non-respiratory illnesses or minor trauma not likely to require hospitalization.
8. If your facility is called upon to screen and diagnose COVID-19, designate HCP who will be responsible. Ensure they are trained on [infection prevention and control guidance](#) for COVID-19 and proper use of PPE as well as any local guidance for testing strategies including implementation of, or referrals to, mobile or drive-thru testing venues.
9. Monitor HCP and ensure maintenance of essential healthcare facility staff and operations:
 - Facilities should implement sick leave policies that are non-punitive, flexible, and consistent with public health policies and allow ill healthcare personnel (HCP) to stay home. HCP should be reminded to not report to work when they are ill. Be aware of [recommended work restrictions and monitoring](#) based on staff exposure to COVID-19 patients.
 - Do not require a healthcare provider's note for employees who are sick with respiratory symptoms before returning to work.
 - Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
 - Consider screening staff for fever or respiratory symptoms before entering the facility.
 - Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
10. Plan to [optimize your facility's supply of PPE](#) in the event of shortages. Identify flexible mechanisms to procure additional supplies when needed.

Other Considerations for Ambulatory Care Settings

- Consider reaching out to [patients who may be a higher risk](#) of COVID-19-related complications such as the elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women, to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.
- Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.

Special considerations for clinics that are co-located in larger stores such as pharmacies, grocery stores, or other retail outlets

- Post [signs](#) at the door instructing clinic patients with respiratory illness to return to their vehicles (or remain outside if pedestrians) and call the telephone number for the clinic so that proper triage can be performed before they enter the store.
 - It may be possible to manage patients with mild symptoms telephonically and send them home with [instructions for care](#).
- Clinic patients with respiratory illness that need to be seen should be told to wait outside the store until they can be brought directly into a clinic visit room or a designated waiting room. Facemasks should be provided, ideally prior to entering the store.
- Where possible, provide separate entrances for all clinic patients. Otherwise create a clear path from the main door to the clinic, with partitions or other physical barriers (if feasible), to minimize contact with other customers.

Shifting healthcare delivery modes during a COVID-19 outbreak in the United States

Several major impacts can be anticipated during a severe outbreak that could affect the operations of healthcare facilities. These include surges in patients seeking care, the potential for workforce absenteeism for personal or family illness, and effects from community mitigation approaches such as school closures. Healthcare facilities will likely need to adjust the way they triage, assess, and care for patients by using methods that do not rely on face-to-face care.

Facilities can reduce exposure of HCP to ill persons and minimize surge on facilities by shifting practices to triaging and assessing ill patients (including those affected by COVID-19 and patients with other conditions) remotely using nurse advice lines, provider “visits” by telephone, text monitoring systems, video conferences, or other telehealth and telemedicine methods. Many clinics and medical offices already use these methods to triage and manage patients after hours and as part of usual practices. Recent reports suggest that approximately 80% of COVID-19 patients (of all ages) have experienced mild illness ([Wu et al 2020](#) [↗](#)). Managing persons at home who are ill with mild disease can reduce the strain on healthcare systems, however, these patients will need careful triage and monitoring.

Promoting the increased use of telehealth

- Healthcare facilities can increase the use of telephone management and other remote methods of triaging, assessing, and caring for all patients to decrease the volume of persons seeking care in facilities.
- If a formal telehealth system is not available, healthcare providers can still communicate with patients by telephone instead of in person visits which will reduce the number of those who seek face-to-face care.
- Health plans, healthcare systems, and insurers/payors should communicate with beneficiaries to promote the availability of covered telehealth, telemedicine, or nurse advice line services.

Shifts in the way that healthcare is delivered during a COVID-19 outbreak response will be complex. Thorough and consistent communications between all components of the public health and healthcare system will be needed in every community. Providers in medical offices, clinics, and other outpatient settings should be informed and know their roles as they evolve. Pre-hospital care by emergency management services (EMS) and public-safety answering points (PSAPs) will also need to be coordinated and consistent with current transport guidance so they can conduct in-home assessments and triage per local guidance.

Additional telehealth information by region and state can be found at the [National Consortium of Telehealth Resource Centers](#) [↗](#) and the [Center for Connected Health Policy](#) [↗](#)).

What are Air-Purifying Respirators?

Air-purifying respirators (APRs) work by removing gases, vapors, aerosols (droplets and solid particles), or a combination of contaminants from the air through the use of filters, cartridges, or canisters. These respirators do not supply oxygen and therefore cannot be used in an atmosphere that is oxygen-deficient or immediately dangerous to life or health. The appropriate respirator for a particular situation will depend on the environmental contaminant(s).

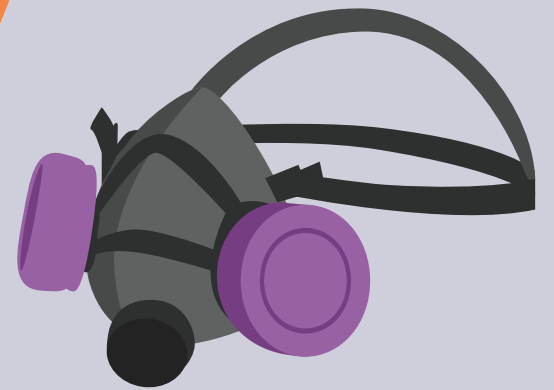
Filtering Facepiece Respirator (FFR)



- Disposable
- Covers the nose and mouth
- Filters out particles such as dust, mist, and fumes
- Select from N, R, P series and 95, 99, 100 efficiency level
- Does NOT provide protection against gases and vapors
- Fit testing required

Elastomeric Half Facepiece Respirator

- Reusable facepiece and replaceable cartridges or filters
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge or filter
- Covers the nose and mouth
- Fit testing required



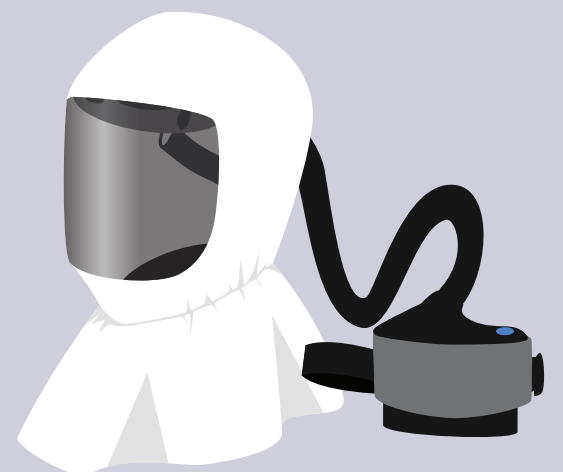
Elastomeric Full Facepiece Respirator



- Reusable facepiece and replaceable canisters, cartridges, or filters
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge, canister, or filter
- Provides eye protection
- More effective face seal than FFRs or elastomeric half-facepiece respirators
- Fit testing required

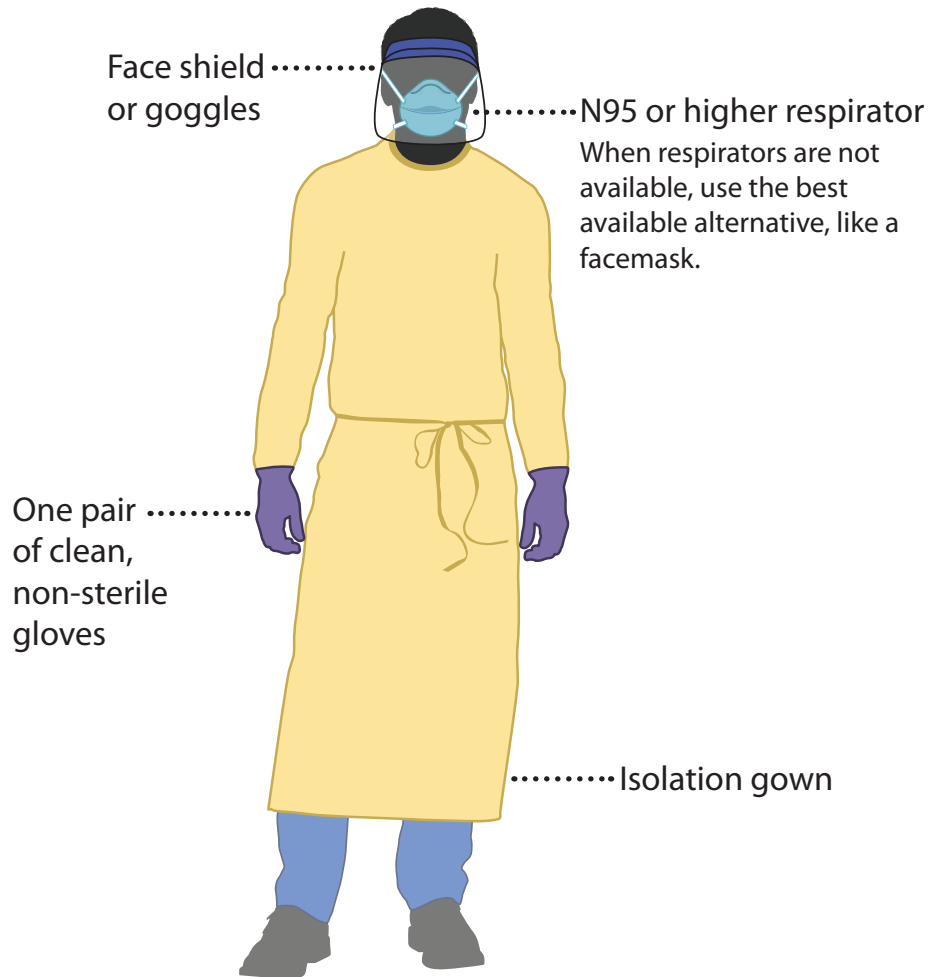
Powered Air-Purifying Respirator (PAPR)

- Reusable components and replaceable filters or cartridges
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge, canister, or filter
- Battery-powered with blower that pulls air through attached filters or cartridges
- Provides eye protection
- Low breathing resistance
- Loose-fitting PAPR does NOT require fit testing and can be used with facial hair
- Tight-fitting PAPR requires fit testing

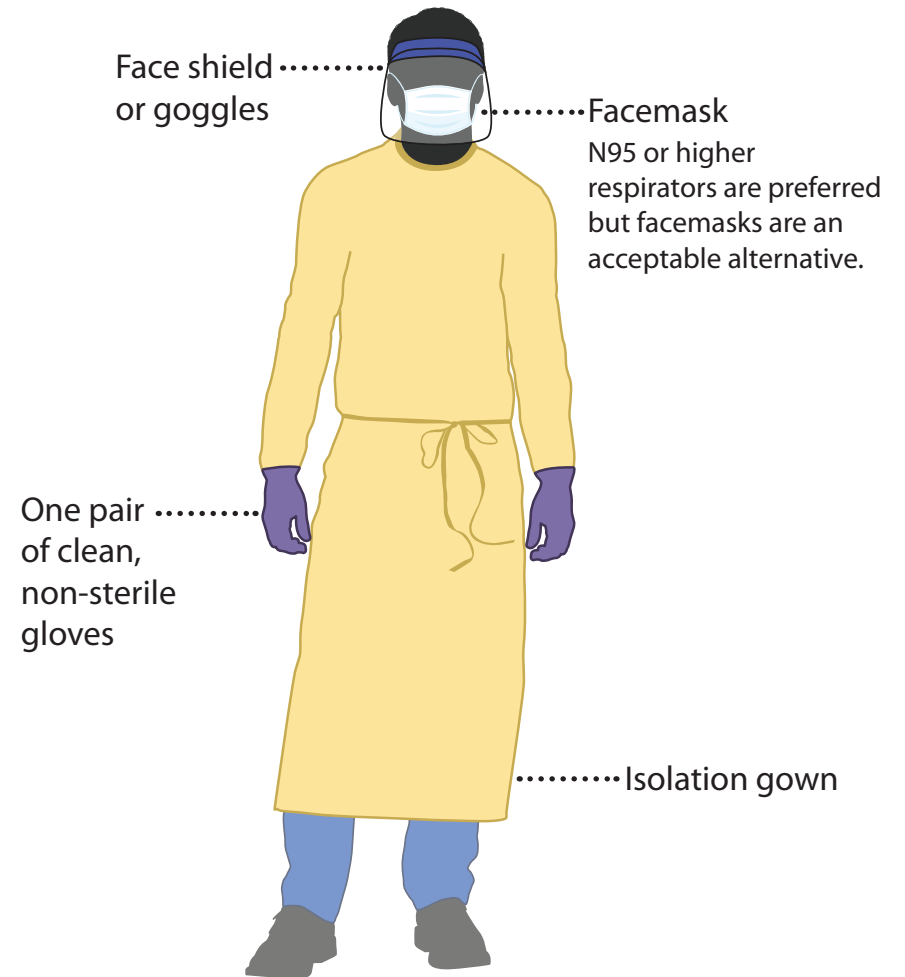


COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.

Follow the instructions that come with your respirator.¹

Putting On The Respirator



Position the respirator in your hands with the nose piece at your fingertips.



Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.



The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal²



Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.



Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.



If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.



If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator



DO NOT TOUCH the front of the respirator! It may be contaminated!



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in waste container.
WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

¹ Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/npptl/topics/respirators/disp_part/

² According to the manufacturer's recommendations

For more information call 1-800-CDC-INFO or go to <http://www.cdc.gov/niosh/npptl/topics/respirators/>



CS 207843
DHHS (NIOSH) Publication No. 2010-133

OSHA INFOSHEET

Respirator Medical Evaluation Questionnaire

Respirators must be used in workplaces in which employees are exposed to hazardous airborne contaminants. When respiratory protection is required employers must have a respirator protection program as specified in OSHA's Respiratory Protection standard (29 CFR 1910.134). Before wearing a respirator, workers must first be medically evaluated using the mandatory medical questionnaire or an equivalent method. To facilitate these medical evaluations, this INFOSHEET includes the mandatory medical questionnaire to be used for these evaluations.

Medical Evaluation and Questionnaire Requirements

The requirements of the medical evaluation and for using the questionnaire are provided below:

- The employer must identify a physician or other licensed health care professional (PLHCP) to perform all medical evaluations using the medical questionnaire in Appendix C of the Respiratory Protection standard or a medical examination that obtains the same information. (See Paragraph (e)(2)(i).)
- The medical evaluation must obtain the information requested in Sections 1 and 2, Part A of Appendix C. The questions in Part B of Appendix C may be added at the discretion of the health care professional. (See Paragraph (e)(2)(ii).)
- The employer must ensure that a follow-up medical examination is provided for any employee who gives a positive response to any question among questions 1 through 8 in Part A Section 2, of Appendix C, or whose initial medical examination demonstrates the need for a follow-up medical examination. The employer must provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP. (See Paragraph (e)(3)(i).)
- The medical questionnaire and examinations must be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee and in a manner that ensures that he or she understands its content. The employer must not review the employee's responses, and the questionnaire must be provided directly to the PLHCP. (See Paragraph (e)(4)(i).)

Excerpt from Appendix C of 29 CFR 1910.134: OSHA Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Once filled out, this form must be given to the PLHCP. This form should **not** be submitted to OSHA.

	YES	NO
c. Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
d. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
e. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
f. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
g. Silicosis	<input type="checkbox"/>	<input type="checkbox"/>
h. Pneumothorax (collapsed lung)	<input type="checkbox"/>	<input type="checkbox"/>
i. Lung cancer	<input type="checkbox"/>	<input type="checkbox"/>
j. Broken ribs	<input type="checkbox"/>	<input type="checkbox"/>
k. Any chest injuries or surgeries	<input type="checkbox"/>	<input type="checkbox"/>
l. Any other lung problem that you've been told about	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness?	<input type="checkbox"/>	<input type="checkbox"/>
a. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	<input type="checkbox"/>	<input type="checkbox"/>
c. Shortness of breath when walking with other people at an ordinary pace on level ground	<input type="checkbox"/>	<input type="checkbox"/>
d. Have to stop for breath when walking at your own pace on level ground	<input type="checkbox"/>	<input type="checkbox"/>
e. Shortness of breath when washing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>
f. Shortness of breath that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
g. Coughing that produces phlegm (thick sputum)	<input type="checkbox"/>	<input type="checkbox"/>
h. Coughing that wakes you early in the morning	<input type="checkbox"/>	<input type="checkbox"/>
i. Coughing that occurs mostly when you are lying down	<input type="checkbox"/>	<input type="checkbox"/>
j. Coughing up blood in the last month	<input type="checkbox"/>	<input type="checkbox"/>
k. Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
l. Wheezing that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
m. Chest pain when you breathe deeply	<input type="checkbox"/>	<input type="checkbox"/>
n. Any other symptoms that you think may be related to lung problems	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you <i>ever had</i> any of the following cardiovascular or heart problems?		
a. Heart attack	<input type="checkbox"/>	<input type="checkbox"/>
b. Stroke	<input type="checkbox"/>	<input type="checkbox"/>
c. Angina	<input type="checkbox"/>	<input type="checkbox"/>
d. Heart failure	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
e. Swelling in your legs or feet (not caused by walking)	<input type="checkbox"/>	<input type="checkbox"/>
f. Heart arrhythmia (heart beating irregularly)	<input type="checkbox"/>	<input type="checkbox"/>
g. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other heart problem that you've been told about	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you <i>ever had</i> any of the following cardiovascular or heart symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
a. Frequent pain or tightness in your chest	<input type="checkbox"/>	<input type="checkbox"/>
b. Pain or tightness in your chest during physical activity	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain or tightness in your chest that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
d. In the past two years, have you noticed your heart skipping or missing a beat	<input type="checkbox"/>	<input type="checkbox"/>
e. Heartburn or indigestion that is not related to eating	<input type="checkbox"/>	<input type="checkbox"/>
f. Any other symptoms that you think may be related to heart or circulation problems	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you <i>currently</i> take medication for any of the following problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
d. Seizures	<input type="checkbox"/>	<input type="checkbox"/>
8. If you've used a respirator, have you <i>ever had</i> any of the following problems? (If you've never used a respirator, check the following space and go to question 9.) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Eye irritation	<input type="checkbox"/>	<input type="checkbox"/>
b. Skin allergies or rashes	<input type="checkbox"/>	<input type="checkbox"/>
c. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
d. General weakness or fatigue	<input type="checkbox"/>	<input type="checkbox"/>
e. Any other problem that interferes with your use of a respirator	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.</p>		
10. Have you <i>ever</i> lost vision in either eye (temporarily or permanently)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you <i>currently</i> have any of the following vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Wear contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
b. Wear glasses	<input type="checkbox"/>	<input type="checkbox"/>
c. Color blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other eye or vision problem	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
12. Have you <i>ever had</i> an injury to your ears, including a broken eardrum?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you <i>currently</i> have any of the following hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Difficulty hearing	<input type="checkbox"/>	<input type="checkbox"/>
b. Wear a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
c. Any other hearing or ear problem	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you <i>ever had</i> a back injury?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you <i>currently</i> have any of the following musculoskeletal problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Weakness in any of your arms, hands, legs, or feet	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty fully moving your arms and legs	<input type="checkbox"/>	<input type="checkbox"/>
d. Pain and stiffness when you lean forward or backward at the waist	<input type="checkbox"/>	<input type="checkbox"/>
e. Difficulty fully moving your head up or down	<input type="checkbox"/>	<input type="checkbox"/>
f. Difficulty fully moving your head side to side	<input type="checkbox"/>	<input type="checkbox"/>
g. Difficulty bending at your knees	<input type="checkbox"/>	<input type="checkbox"/>
h. Difficulty squatting to the ground	<input type="checkbox"/>	<input type="checkbox"/>
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>
j. Any other muscle or skeletal problem that interferes with using a respirator	<input type="checkbox"/>	<input type="checkbox"/>

This infosheet does not include the questions in Part B because they are not mandatory; rather, they may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

OSHA Educational Materials

OSHA has an extensive publications program. For a listing of free items, visit OSHA's web site at www.osha.gov/publications or contact the OSHA Publications Office, U.S. Department of

Labor, 200 Constitution Avenue, N.W., N-3101, Washington, DC 20210. Telephone (202) 693-1888 or fax to (202) 693-2498.

Contacting OSHA

To report an emergency, file a complaint or seek OSHA advice, assistance or products, call (800) 321-OSHA (6742) or contact your nearest OSHA regional, area, or State Plan office; TTY: 1-877-889-5627.

This InfoSheet is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The *Occupational Safety and Health Act* requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act's General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.



U.S. Department of Labor

