

Introduction

On June 21, 2021, the Occupational Safety and Health Administration, commonly known as OSHA, released Emergency Temporary Standards (“ETS”) to address a number of enhanced standards designed to protect employees in the workplace in response to the ongoing COVID-19 Pandemic. As one would expect, the new standards directly impact day-to-day operations for hospitals, medical office buildings and other healthcare facilities. The complete standard ([OSHA COVID-19 Healthcare ETS; 29 CFR 1910, Subpart U](#)) provides additional detail on the specific requirements. The following summarizes several key takeaways and immediate considerations for the environment of care and healthcare facility and property management teams.

All Healthcare Facilities Are Subject To The ETS

Although both acute care and ambulatory facilities have historically been subject to OSHA requirements, outpatient facilities have not been held to the same level of cleaning and ventilation standards as inpatient facilities. Under the new ETS, all healthcare facilities, including ambulatory care centers, medical office buildings, outpatient surgery and diagnostic centers, urgent care centers, and dental offices are required to meet the same standards, regardless of lease or ownership status. For many healthcare organizations, this will drastically increase current support services responsibilities and directly impact facility management plans and staffing requirements in order to implement the required changes across their entire real estate portfolio.

Required Action Items

Physical Barriers

With the exception of direct patient care areas, such as Exam Rooms and Patient Rooms, physical barriers must be installed in any area where employees cannot be separated from all other people by at least 6-0” of distance. This likely affects registration / check-in desks, nursing stations, check-out counters, scheduling and financing assistance offices, among other areas. The physical barrier must be either cleanable or disposable and must be sized and located to properly block face-to-face interactions (where each person would normally stand or sit). [OSHA ETS Ref: 1910.502\(j\)](#).

Enhanced Cleaning and Disinfection

Healthcare organizations must adhere to standard practices for cleaning and disinfection per the most current CDC guidelines. This includes routine cleaning of patient care areas, resident rooms, and all medical devices and equipment. All other high-touch surfaces must be properly disinfected at least once daily. Healthcare organizations should evaluate all processes and review current contracted cleaning standards for environmental services/janitorial service providers). For additional information, refer to: CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities. [OSHA ETS Ref: 1910.502\(j\)](#).

Ventilation

Indoor air quality standards are a major focus of the ETS. Healthcare organizations must ensure that HVAC system usage follows manufacturer standards; that circulation of outside air and air changes per hour are maximized; and, where compatible, high efficiency air filters are utilized. In order to implement these ventilation requirements, the following actions are recommended:

- Review manufacturer and design requirements for your specific HVAC system(s).
- Develop a proactive Building Maintenance Plan (BMP), establishing testing and inspection requirements.
- Air intake Ports should be inspected and cleaned on a regular frequency.



- While the ETS states to “maximize the number of air exchanges,” healthcare organizations should carefully review their systems’ capabilities and other related standards such as [ANSI/ASHRAE/ASHE Standard 170-2017](#), Ventilation of Health Care Facilities for current best practices.
- Where compatible, air filters should be rated with a Minimum Efficiency Reporting Value (MERV) of 13 or higher. In instances where MERV 13 is not compatible, organizations are required to install the highest MERV rating possible.
- Ensure that all Airborne Isolation Infection Rooms (AIIR) are maintained and operated in accordance with their specific design.

For additional information, refer to: [CDC Guidelines for Ventilation in Buildings OSHA ETS Ref: 1910.502\(k\)](#)

Cost and Planning Considerations

Given the short timeline, providers must act immediately to implement the new standards. In some instances, organizations are looking to third-party service providers to support initial facility reviews and implement required upgrades.

The cost to implement these standards will be significant. Higher cleaning standards and maintenance of HVAC systems will likely require additional personnel and increased supply costs. While yet to be seen, HVAC equipment design and life cycle considerations may also be impacted.

Many providers may also have “indirect responsibility” for leased properties. Although the lease arrangements may designate certain responsibilities to one party or the other (i.e., landlord or tenant), non-healthcare owners may not be aware of the new standards or may not be capable of implementing the required changes in a timely manner. Regardless, the healthcare provider is still ultimately responsible for meeting the standards. Providers should immediately begin reviewing current lease arrangements to evaluate responsibility for these requirements.

Timeline

As currently written, compliance with the OSHA ETS guidelines is required no later than July 21, 2021. Several organizations, including the American Hospital Association (AHA), have requested an extension. The ETS will remain in place for up to six months, during which time permanent standards may be established. All healthcare providers should remain on the lookout for updated requirements and additional guidance that may be forthcoming from OSHA, CDC, AHA, and/or other authorities having jurisdiction.



Conclusion

Given the various requirements and tight timelines for compliance, healthcare facility and property managers must proactively evaluate their specific circumstances and facility impacts. The healthcare real estate professionals at Realty Trust Group are actively assisting several hospitals and physician practices evaluate specific action plans for their inpatient and outpatient facilities. For more information, visit us at: www.realtytrustgroup.com.

About Realty Trust Group

Realty Trust Group, LLC (“RTG”) is a real estate advisory and services firm offering a full-spectrum of real estate services including advisory, development, transactions, operations, and compliance.

Since 1998, RTG has helped hospitals, physician groups, and property owners navigate the rapidly changing industry with growth strategies that gain market leadership as well as enhance patient and physician experiences for better delivery of care. Our philosophy is to provide innovative solutions to the complex and challenging issues found in today’s healthcare real estate market. These solutions include strategic campus and facility planning, portfolio optimization, portfolio monetization, project development, leasing, acquisition and disposition services, portfolio management, regulatory compliance and many other ideas and services. For more information about RTG and our innovative healthcare real estate services, visit www.realtytrustgroup.com, Facebook, LinkedIn, or call 865.521.0630.

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