

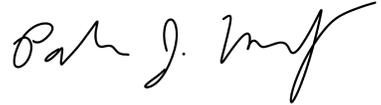


April 10, 2020

**MEMORANDUM FOR:** REGIONAL ADMINISTRATORS  
STATE PLAN DESIGNEES

**THROUGH:** AMANDA EDENS   
Deputy Assistant Secretary

**FROM:** LEE ANNE JILLINGS, Acting Director   
Directorate of Technical Support and Emergency Management

PATRICK J. KAPUST, Acting Director   
Directorate of Enforcement Programs

**SUBJECT:** Enforcement Guidance for Recording Cases of Coronavirus Disease 2019  
(COVID-19)

This memorandum provides interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the requirements of 29 CFR Part 1904 with respect to the recording of occupational illnesses, specifically cases of Coronavirus Disease 2019 (COVID-19). This memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA's webpage at [www.osha.gov/coronavirus](http://www.osha.gov/coronavirus) for updates.

Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and employers are responsible for recording cases of COVID-19, if: (1) the case is a confirmed case of COVID-19, as defined by Centers for Disease Control and Prevention (CDC);<sup>1</sup> (2) the case is work-related as defined by 29 CFR § 1904.5;<sup>2</sup> and (3) the case involves one or more of the general recording criteria set forth in

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<sup>1</sup> A confirmed case of COVID-19 means an individual with at least one respiratory specimen that tested positive for SARS-CoV-2, the virus that causes COVID-19. See [www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html](http://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html).

<sup>2</sup> Under 29 CFR § 1904.5, an employer must consider an injury or illness to be work-related if an event or exposure in the work environment (as defined by 29 CFR § 1904.5(b)(1)) either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in 29 CFR § 1904.5(b)(2) specifically applies. See [www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5](http://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5).

29 CFR § 1904.7.<sup>3</sup> On March 11, the World Health Organization (WHO) declared COVID-19 a global pandemic, and the extent of transmission is a rapidly evolving issue.

In areas where there is ongoing community transmission, employers other than those in the healthcare industry, emergency response organizations (e.g., emergency medical, firefighting, and law enforcement services), and correctional institutions may have difficulty making determinations about whether workers who contracted COVID-19 did so due to exposures at work. In light of those difficulties, OSHA is exercising its enforcement discretion in order to provide certainty to the regulated community.

Employers of workers in the healthcare industry, emergency response organizations (e.g., emergency medical, firefighting, and law enforcement services), and correctional institutions must continue to make work-relatedness determinations pursuant to 29 CFR § 1904. Until further notice, however, OSHA will not enforce 29 CFR § 1904 to require other employers to make the same work-relatedness determinations, except where:

- (1) There is objective evidence that a COVID-19 case may be work-related. This could include, for example, a number of cases developing among workers who work closely together without an alternative explanation; and
- (2) The evidence was reasonably available to the employer. For purposes of this memorandum, examples of reasonably available evidence include information given to the employer by employees, as well as information that an employer learns regarding its employees' health and safety in the ordinary course of managing its business and employees.

This enforcement policy will help employers focus their response efforts on implementing [good hygiene practices](#) in their workplaces, and otherwise mitigating COVID-19's effects, rather than on making difficult work-relatedness decisions in circumstances where there is community transmission.

CSHOs will generally refer to CPL 02-00-135, *Recordkeeping Policies and Procedures Manual* (Dec. 30, 2004) and CPL 02-00-163, *Field Operations Manual (FOM)* (Sept. 13, 2019), Chapters 3 and 6, as applicable.<sup>4,5</sup> The following additional specific enforcement guidance is provided for CSHOs:

COVID-19 is a respiratory illness and should be coded as such on the OSHA Form 300. Because this is an illness, if an employee voluntarily requests that his or her name not be entered on the log, the employer must comply as specified under 29 CFR § 1904.29(b)(7)(vi).

If you have any questions regarding this policy, please contact Elizabeth Grossman, Director of the Office of Statistical Analysis, at (202) 693-2225.

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<sup>3</sup> Under 29 CFR § 1904.7, an employer must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness. An employer must also consider a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. See [www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7](http://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7).

<sup>4</sup> [www.osha.gov/enforcement/directives/cpl-02-00-135](http://www.osha.gov/enforcement/directives/cpl-02-00-135).

<sup>5</sup> [www.osha.gov/enforcement/directives/cpl-02-00-163](http://www.osha.gov/enforcement/directives/cpl-02-00-163).

cc: DCSP  
DSG