OSHA COVID-19 Guidance and Preparedness

HSI Whitepaper April 2021

Protecting Workers

In January, President Biden issued an executive order on Protecting Worker Health and Safety, requiring OSHA to take certain steps toward protecting the workforce from contracting COVID-19 in the workplace.

OSHA has actively responded to the executive order through several actions which we documented in two blog posts, The 20 Things you Need to Meet OSHA's New Guidelines and Are you on OSHA's COVID-19 Inspection List?

In this guide, we provide more detail on information discussed in the COVID-19 Preparedness Quiz to continue helping you understand what OSHA currently expects of all employers. We've also included information on HSI tools designed to help you achieve compliance.

Regulatory Knowledge

The OSH Act's general duty clause states, "Each employer shall furnish to each employee employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to employees."

All of the topics covered in this guide are part of this considerable responsibility.

It's important to stay informed as OSHA will continue to update their guidance to reflect developments in science, best practices, and standards. OSHA expects to continue to update guidance relevant to particular industries or workplace situations. All COVID-19 related information is available on OSHA's website: www.osha.gov. If your state has a state-run OSHA program, click here to find your additional state-specific guidance.

Responsible Person

Identifying someone in your organization to be responsible for COVID-19 issues on your behalf will help your program move forward smoothly. Be sure to select someone with the authority to make decisions, but who also relates well to your employees. Engage your employees in every step of the program's development and implementation.

Written Program

You should implement COVID-19 prevention programs in your workplace. The most effective programs engage workers and their union or other representatives as the program is developed and implemented. Your written program should include the following elements:

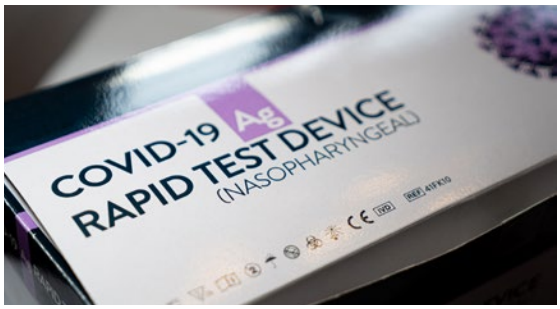
1. Assign a workplace coordinator
2. Identify where and how workers might be exposed to COVID-19 at work
3. Identify measures to limit the spread of COVID-19 in the workplace following the hierarchy of controls
4. Consider protection for workers at higher risk for severe illness through supportive policies and practices
5. Establish a system to communicate effectively with workers in a language they understand
6. Educate and train workers on your COVID-19 policies and procedures in accessible formats and a language they understand
7. Instruct workers who are infected or potentially infected to stay home and isolate or quarantine
8. Minimize the negative impact of quarantine and isolation on workers
9. Isolate workers who show symptoms at work
10. Perform enhanced cleaning and disinfection after people with suspected or confirmed COVID-19 have been in the facility
11. Provide guidance on screening and testing
12. Record and report COVID-19 infections and deaths
13. Implement protections from retaliation and set up an anonymous process for workers to voice concerns about COVID-19-related hazards
14. Make a COVID-19 vaccine or vaccination series available at no cost to all eligible employees
15. Don't distinguish between workers who are vaccinated and those who are not
16. Follow other applicable OSHA standards that apply to protecting workers from infection

What should you do when an employee shows symptoms of COVID-19?

Eliminate the hazard by separating and sending home infected employees or anyone showing symptoms. Some circumstances may require a COVID-19 test-based strategy.

Workers who have or likely have COVID-19 should be isolated until they meet CDC guidelines for exiting isolation:

- If employees think or know they had COVID-19 and had symptoms, they can return after:
  - At least 10 days since symptoms first appeared and
  - At least 24 hours with no fever without fever-reducing medication and
  - Other symptoms of COVID-19 are improving
- Some workers might need to stay home and isolate longer than 10 days, as recommended by their healthcare providers
  - Under the Americans with Disabilities Act, employers are permitted to require a doctor's note from workers to verify that they are healthy and able to return to work.



What should you do if an employee has been exposed to COVID-19?

Workers should quarantine if they have been exposed to COVID-19. While local public health authorities determine quarantine options, CDC guidelines recommend individuals quarantine who:

- Were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more within a 24-hour period, starting from two days before illness onset until the time the patient is isolated
- Provided care at home to someone who is sick with COVID-19
- Had direct physical contact with a person who has COVID-19
- Shared eating or drinking utensils with a person who has COVID-19
- Were sneezed or coughed on by someone who has COVID-19

While local public health authorities determine quarantine options, CDC guidelines recommend individuals who have been exposed should:

- Stay home for 14 days after last contact with a person who has COVID-19
- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19
- To the extent possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19

Employers may consider permitting critical infrastructure workers to continue to work in limited instances when it is necessary to preserve the function of critical infrastructure workplaces.

HSI's Solutions include:

- **COVID-19 Plan Writer** that will build and print a plan to meet OSHA guidelines
- **Knowledge Base Tool** that houses all COVID-19 policies and procedures, accessible by your entire team with the ability to request acknowledgement verification from all workers
- **Infections Disease and Incident Management** tools to track all steps necessary to handle hazard exposures

Hazard Control

OSHA offers the following information on hazard assessments:

What is the risk to workers in the United States?

The risk of worker exposure to COVID-19 depends on many factors, including the extent of community transmission, the severity of resulting illness, existing medical conditions workers may have, environmental conditions that may affect exposure risk such as working or living in close quarters, the measures available to control the virus's impact, and the relative success of these measures.

Certain people are at higher risk of developing more serious complications from COVID-19, including older adults and those with underlying medical conditions such as heart or lung disease, chronic kidney disease requiring dialysis, liver disease, diabetes, immune deficiencies, or obesity.

Classifying risk of worker COVID-19 exposure

Worker risk of occupational exposure to COVID-19 during the pandemic may vary from community to community, depending on local conditions or outbreaks. Exposure risk depends in part on the physical environment of the workplace, the type of work activity, the health status of the worker, the ability of workers to wear face coverings and abide by CDC guidelines, and the need for close contact with other people, including those known to have or suspected of having COVID-19, and those who may be infected with – and able to spread – COVID-19 without knowing it. Other factors, such as conditions in communities where employees live and work, their activities outside of work, and individual health conditions, may also affect workers' risk of getting COVID-19 and/or developing complications from the illness.

OSHA has divided job tasks into four potential risk exposure levels: very high, high, medium, and lower, as shown in the occupational risk pyramid.

As workers' job duties change or they perform different tasks in the course of their duties, they may move from one exposure risk level to another. Employers should always rely on current hazard assessments to identify workers' initial exposure risk to the virus on the job and changes to exposure risk if and when job duties change.

Note: The U.S. Department of Labor and the U.S. Department of Health and Human Services originally published this risk pyramid as part of the Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace (Spanish). Our current understanding of how the COVID-19 virus spreads, combined with the risk of transmission by people who have the virus without knowing it, suggests that workers in areas with community transmission who have close contact with any other people – not just known or suspected COVID-19 cases – are at increased risk of exposure. Accordingly, OSHA has adjusted the risk categories and examples below to reflect this updated information.

Lower Exposure Risk (Caution)

Jobs that do not require close contact with other people. Workers in this category have minimal occupational contact with the public and other coworkers.

Medium Exposure Risk

Jobs that require either frequent close contact or sustained close contact with other people in areas with community transmission.* Examples of workers in this category include:

- Those who have frequent or sustained contact with coworkers, including close working conditions outdoors or in well ventilated spaces in various types of industrial, manufacturing, agriculture, construction, and other critical infrastructure workplaces
- Those who have frequent outdoor or well ventilated contact with the general public
- Those living in temporary labor camps (e.g., farm workers) or similar shared housing facilities

* Because any given person may be an asymptomatic carrier, workers' exposure risks may increase when they have repeated, prolonged contact with other people in these situations, particularly where physical distancing and other infection prevention measures may not be possible or are not robustly implemented and consistently followed.

High Exposure Risk

Jobs with a high potential for exposure to known or suspected sources of COVID-19. Examples of workers in this category include:

- Healthcare delivery and support staff exposed to known or suspected COVID-19 patients
- Medical transport workers moving known or suspected COVID-19 patients in enclosed vehicles
- Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death
- Those who have frequent or sustained contact with coworkers, including under close working conditions indoors or in poorly ventilated spaces in various types of industrial, manufacturing, agriculture, construction, and other critical infrastructure workplaces
- Those who have frequent indoor or poorly ventilated contact with the general public

Very High Exposure Risk

Jobs with a very high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Examples of workers in this category include:

- Healthcare workers performing aerosol-generating procedures such as intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection on known or suspected COVID-19 patients
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or are suspected of having, COVID-19 at the time of their death

How Does COVID-19 Spread?

Although the pandemic possibly originated from humans exposed to infected animals, COVID-19 – like other coronaviruses – spreads between people. Currently, the CDC acknowledges there is no evidence that companion animals, including pets, play a significant role in spreading COVID-19 to people.

According to the CDC, the virus that causes COVID-19 spreads most commonly through person-to-person contact, primarily through inhalation of respiratory particles produced when an infected person exhales, talks, sings, shouts, coughs, or sneezes. Less commonly, it is spread through airborne transmission over longer distances when smaller droplets and particles linger in air, particularly in enclosed spaces with inadequate ventilation.

Another less common way the virus spreads is when someone touches a contaminated surface, then touches their nose, mouth, or eyes. Current evidence suggests that novel coronavirus may remain viable for hours to days on a variety of surfaces. Frequent cleaning of visibly dirty and high-touch surfaces, followed by disinfection, can help prevent COVID-19 and other germs from spreading in workplaces. Although touching contaminated surfaces or objects is not thought to be the main way the virus spreads, CDC is still learning more about various pathways of transmission.

Person-to-person spread is likely to continue to occur
in areas with community transmission and insufficient mitigation strategies.

Identifying Potential Risks and Sources of Exposure

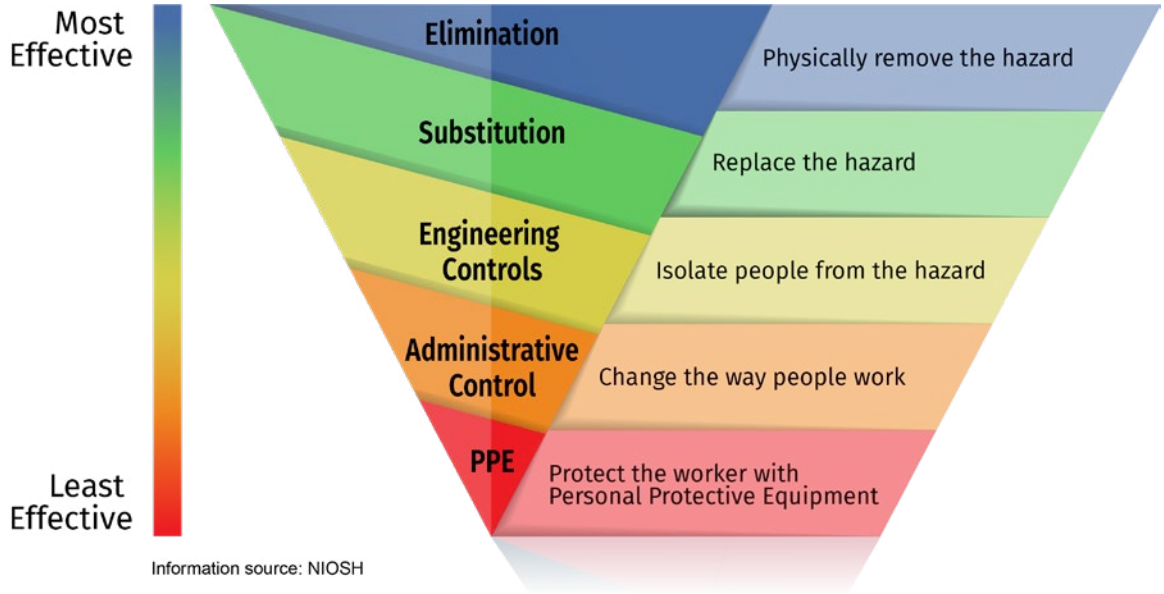
OSHA requires you to provide a workplace free from recognized hazards that cause or are likely to cause death or serious physical harm. To meet this obligation, you must assess occupational hazards to which your workers may be exposed. Some OSHA standards, such as those for PPE and respiratory protection, include requirements to help protect workers from exposure to COVID-19.

In assessing potential hazards, you should consider if and when your workers may be in close contact with someone who could have the virus and be able to spread it without knowing it. The extent of community spread, if any, is a key consideration in hazard assessment. You should also determine if workers could be exposed to environments (work sites) or materials (laboratory samples, waste) contaminated with the virus.

You may also rely on the identification of infected individuals who have signs and/or symptoms of COVID-19 to help identify exposure risks for workers and implement appropriate control measures. If you suspect someone may have been exposed, you may take action that could include asking your employee to quarantine. The Control and Prevention page provides guidance for controlling risks for worker exposures.

Principles of Hierarchy of Controls

The principles of hierarchy of controls is a system for controlling workplace risk. You should select the most feasible, effective, and permanent controls for your COVID-19 prevention plan.



How to accomplish a hierarchy of controls

- Eliminate or control all serious hazards (hazards causing or are likely to cause death or serious physical harm) immediately
- Use interim controls while you develop and implement longer-term solutions.
- Select controls according to a hierarchy that emphasizes engineering solutions (including elimination or substitution) first, followed by safe work practices, administrative controls, and finally PPE
- Avoid selecting controls that may directly or indirectly introduce new hazards. Examples include exhausting contaminated air into occupied work spaces or using hearing protection that makes it difficult to hear backup alarms
- Review and discuss control options with workers to ensure controls are feasible and effective
- Use a combination of control options when no single method fully protects workers

Implement the Hierarchy of Controls

Efforts to exclude potentially infectious individuals from the workplace are consistent with the aim of **eliminating** the hazard.

Engineering controls typically require a physical change to the workplace to isolate workers from a hazard. Examples of engineering controls that employers may find useful for protecting workers from COVID-19 include:

- Installing plexiglass, stainless steel, or other barriers between workers, such as on assembly lines, or between workers and customers, such as at points of sale
- Using rope and stanchion systems to keep customers/visitors from queueing within 6 feet of work areas
- Adjusting ventilation systems to introduce additional outside air and/or increase air exchange to introduce fresh air. Consult a qualified technician if necessary
- Modifying physical workspaces to increase the distance between employees

Improving Ventilation

The CDC has released important guidance about ways to improve ventilation and prevent the spread of COVID-19 in buildings. Below are a number of strategies to do so. Some of these recommendations are based on ASHRAE Guidance for Building Operations During the COVID-19 Pandemic. Review these ASHRAE guidelines for further information on ventilation recommendations.

- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space
- Increase ventilation rates when possible
- When weather conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk, such as risk of falling or triggering asthma symptoms, to occupants in the building.
- Use fans to increase the effectiveness of open windows. To safely achieve this, fan placement is important. Avoid placing fans in a way that could potentially cause contaminated air to flow directly from one person over another. One helpful strategy is to use a window fan, placed safely and securely in a window, to exhaust room air to the outdoors. This placement will help draw fresh air into the room via other open windows and doors without generating strong room air currents
- Disable demand-controlled ventilation (DCV).
- Reduce or eliminate recirculation, for example by opening minimum outdoor air dampers
- Improve central air filtration to the MERV-13 (the grade of filter recommended by ASHRAE) or the highest compatible with the filter rack, and seal edges of the filter to limit bypass
- Check filters to ensure they are within service life and appropriately installed
- Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space
- Ensure restroom exhaust fans are functional and operating at full capacity
- Inspect and maintain local exhaust ventilation in areas such as kitchens and cooking areas
- Use portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning, especially in higher-risk areas
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers, especially in higher-risk areas
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement, especially if options for increasing room ventilation are limited. Upper-room UVGI systems can be used to provide air cleaning within occupied spaces, and in-duct UVGI systems can help enhance air cleaning inside central ventilation systems
- If ventilation cannot be increased, reduce occupancy level in the building to increase the effective dilution ventilation per person

Administrative controls and safe work practices change policies and procedures for how workers perform job duties to ensure work activities are conducted safely. Examples of administrative controls that employers may find useful for protecting workers from COVID-19 include:

- Limiting the number of workers assigned to a particular shift in a facility and ensuring workstations are spaced at least 6 feet apart
- Posting signage, in languages the workers understand, to remind workers, customers, and visitors to maintain a distance of at least 6 feet between one another and to practice regular hand hygiene
- Providing training and information in languages the workers understand
- Increasing the frequency of cleaning and disinfection within the work site
- Encouraging or permitting workers to wear cloth face coverings, if appropriate, to help contain potentially infectious respiratory droplets

PPE protects workers from hazards when engineering and administrative controls are insufficient on their own. PPE needed for protection from exposures to COVID-19 will vary based on work activities, exposure risks, and the results of the employer's hazard assessment.

Additional Considerations for PPE

Interim guidance for specific types of workers and employers includes recommended PPE ensembles for various types of activities that workers may perform. In general:

- PPE ensembles should reflect the types of exposure identified in an employer's hazard assessment. Most workers' exposure to COVID-19 is likely to be through contact or droplets, although some workers, including those in healthcare, postmortem care, and laboratories, may have exposure to aerosols for which higher level PPE (including N95 respirator with an assigned protection factor of 10 or better) is needed
- When disposable gloves are used, workers should typically use a single pair of nitrile exam gloves unless other gloving protocols are necessary for the work setting or task. Change gloves if they become torn or visibly contaminated with blood or body fluids
- When both face and eye protection are needed, use surgical masks and either goggles or face shields.
  - Personal eyeglasses are not considered adequate eye protection.
  - Cloth face coverings are not acceptable substitutes for PPE intended to prevent worker exposure to droplets or other splashes or sprays of liquids.
- If workers need respirators, they must be used in the context of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard and includes medical exams, fit testing, and training.
  - Surgical masks are not respirators and do not provide the same level of protection to workers as properly-fitted respirators. Cloth face coverings are also not acceptable substitutes for respirators.
  - An OSHA poster (available in 16 languages) and video (Spanish) provide information about how to properly wear and dispose of filtering facepiece respirators.
- If there are shortages of PPE items, such as respirators or gowns, they should be prioritized for high-hazard activities
  - Workers need respiratory protection when performing or while present for aerosol-generating procedures, including CPR and intubation
  - Workers must be protected against exposure to human blood, body fluids, other potentially infectious materials and hazardous chemicals and contaminated environmental surfaces

- CDC provides strategies for optimizing the supply of PPE, including guidance on extended use and limited reuse of N95 filtering facepiece respirators (FFRs) and methods for decontaminating and reusing disposable filtering facepiece respirators during crises
  - These guidelines are intended for use in healthcare but may help employers in other sectors optimize their PPE supplies as well
- After removing PPE, always wash hands with soap and water, if available, for at least 20 seconds. Ensure that hand hygiene facilities (sink or alcohol-based hand sanitizer) are readily available at the point of use (at or adjacent to the PPE removal area)
  - Employers should establish, and ensure workers follow, standard operating procedures for cleaning (including laundering) PPE and items such as uniforms or laboratory coats, as well as for maintaining, storing, and disposing of PPE.

Some sectors may experience shortages of PPE, including gowns, face shields, face masks, and respirators, as a result of the COVID-19 pandemic. Although employers are always responsible for complying with OSHA's PPE standards (in general industry, 29 CFR 1910 Subpart I and in construction, 29 CFR 1926 Subpart E), including the Respiratory Protection standard (29 CFR 1910.134), whenever they apply, OSHA is providing temporary enforcement flexibility for certain requirements under these and other health standards.

See the Enforcement Memoranda section of the Standards page for further information

HSI's Solutions include:

- **Hazard Assessment** tool applicable to all workplace hazards, including COVID-19

Training

Implement a COVID-19 Training Plan

Under OSHA requirements, you must conduct employee training that includes COVID-19 facts, control measures, policies, communication, and workers' rights.

To comply with OSHA requirements, you should educate and train workers on your COVID-19 program in easily accessible formats and languages they understand. You should include multiple methods to employees, contractors, and any individuals on site, as appropriate, to provide a safe and healthy workplace. Your communications should include:

- Basic facts about COVID-19, its spread, and how to avoid getting it
- Workplace policies and procedures you've implemented to protect your employees
- A system to track which workers have been informed and when
- Contact information if they have questions or concerns

Communicate the information clearly, frequently, in plain language employees understand (including non-English language and American sign language), in a manner accessible to all employees.

Make sure your employees understand their **rights to a safe and healthy work environment.** They should feel comfortable raising concerns without fear of retaliation.

What Workers Need to Know

- Stay far enough away from other people so you don't risk breathing in germs produced by an infected person. General guidelines recommend at least 6 feet (about two arm lengths)
- Practice good personal hygiene and wash your hands often. Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit. Watch for COVID-19 symptoms such as fever, cough, or shortness of breath
- Use masks to prevent your respiratory droplets or aerosols from reaching others.

HSI's Solutions include:

- **Pillar Training Management** delivers and manages every aspect of your dynamic training program
- Select courses in COVID-19 prevention, policies, and procedures. Examples include:
  - Bloodborne Pathogens
  - Respiratory Protection
  - COVID-19 Masks, Coverings, and Respirators
  - Disinfecting the Workplace for COVID-19

It is important to **wear a mask** or face covering and **remain physically distant** from co-workers and customers even if you have been vaccinated because it is not known at this time how vaccination affects transmissibility.

Symptoms and Protocols

Screening Employees

Follow state or local guidance for screening and viral testing in your workplace. Testing in the workplace may be arranged through your occupational health provider or in consultation with the local or state health department. You should inform workers of testing requirements, if any, and availability of testing options. CDC has published strategies to consider for incorporating viral testing for COVID-19 into workplace COVID-19 preparedness, response, and control plans.

Note: Performing screening or health checks is not a replacement for other protective measures such as face coverings and physical distancing. Asymptomatic individuals or individuals with mild non-specific symptoms may not realize they are infected and may not be detected during screening.

Disinfecting after a confirmed or suspected case

Perform enhanced cleaning and disinfection after people with suspected or confirmed COVID-19 have been in the facility, including:

- Closing areas used by the infected person for enhanced cleaning
- Opening outside doors and windows to increase air circulation
- Waiting as long as possible before cleaning or disinfecting
- Cleaning and disinfecting all immediate work areas and equipment used by the potentially infected worker
- Vacuuming the space if needed
- Providing cleaning workers with disposable gloves and additional PPE as needed
- Disinfecting the surface with an appropriate EPA-registered disinfectant
- Following requirements in OSHA standards for hazard communication and PPE appropriate to exposure to cleaning chemicals

Once the area has been disinfected, it can be opened for use. Workers without close contact with the potentially infected person can return to the area immediately after it is disinfected.

Make vaccine available at no cost

You should provide information and training on the benefits and safety of vaccinations.

Worker who are vaccinated must continue to follow protective measures such as wearing a face covering and remaining physically distant because evidence currently does not indicate the COVID-19 vaccine prevents the transmission of the virus from person-to-person.

HSI's Solutions include:

- **COVID-19 Screening** tool to assist you with daily worker health screening
- **Knowledge Base Tool** that houses all COVID-19 policies and procedures, accessible by your entire team with the ability to request acknowledgement verification from all workers

Employee Rights

System for employees to report concerns

You may not discriminate against employees for raising a reasonable concern about infection control related to COVID-19 to you, your agent, other employees, a government agency, or the public through print, online, social, or any other media. You cannot discriminate against an employee for voluntarily providing and wearing their own PPE.

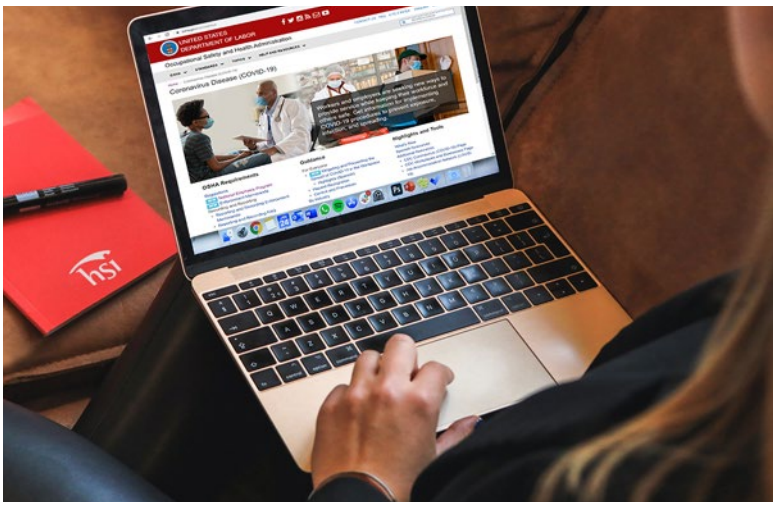
You must also ensure employees know whom to contact with questions or concerns about workplace safety and health and establish prohibitions against retaliation for raising concerns. Consider a hotline or other method for employees to report concerns anonymously.

Policies to reduce impacts on employees who isolate and quarantine

When possible, allow employees to telework or work in an area isolated from others. If those options aren't available, allow workers to use paid sick leave, if available, or consider implementing paid leave policies to reduce risk for everyone at the workplace.

Reasonably accommodate employees at higher risk for severe illness

Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. Workers with disabilities may be legally entitled to "reasonable accommodations" that protect them from the risk of contracting COVID-19. Where feasible, you should consider reasonable modifications for workers identified as high-risk who can do some or all of their work at home (part or full-time) or in less densely-occupied, better-ventilated alternate facilities or offices.



HSI's Solutions include:

- **COVID-19 Plan Writer** that will build and print a plan to meet OSHA guidelines
- **Knowledge Base Tool** that houses all COVID-19 policies and procedures, accessible by your entire team with the ability to request acknowledgement verification from all workers
- **Safety Alerts tool** to keep your employees informed of any exposure incidents or policy and procedural changes

Existing Regulatory Compliance

Recording work-related COVID-19 illnesses and death

You are responsible for recording work-related cases of COVID-19 illness on your Form 300 logs if the following requirements are met:

1. The case is confirmed COVID-19
2. The case is work-related
3. The case involves one or more relevant recording criteria

You must follow requirements in 29 CFR 1904 when reporting COVID-19 fatalities and hospitalizations to OSHA.

Compliance with regulations

All OSHA's standards that apply to protecting employees from infection remain in place. OSHA does not have a standard specific to COVID-19; however, under the General Duty Clause, you are still required to provide a safe and healthful workplace free from recognized hazards that can cause serious physical harm or death.

Specifically, OSHA is emphasizing compliance with the following existing standards: PPE (29 CFR 1910, Subpart I (e.g., 1910.132 and 133), respiratory protection (29 CFR 1910.134), sanitation (29 CFR 1910.141), protection from bloodborne pathogens: (29 CFR 1910.1030), and OSHA's requirements for employee access to medical and exposure records (29 CFR 1910.1020).

HSI's Solutions include:

- **Incident Management** module generates OSHA 300 logs automatically
- **Compliance Checklists** are included in HSI toolkit, covering these and many more OSHA regulations
- **Select Training Courses** related to employee use of PPE, Bloodborne Pathogens (BBP), and Respiratory Protection
- **Knowledge Base Tool** that houses all COVID-19 policies and procedures, accessible by your entire team with the ability to request acknowledgement verification from all workers

hsi.com

customerservice@hsi.com

Chief Safety Officer: Jill James jjames@hsi.com

USA/Canada 1-800-447-3177

International 00-1-541-344-7099

HSI offers training, safety management and compliance solutions for businesses of all sizes. Our combination of technology and content solutions help safety, human resources and operations leaders train and develop their workforce, keep workers safe and meet regulatory and operational compliance requirements.