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December 9, 2024

James S. Frederick  
Deputy Assistant Secretary of Labor for Occupational Safety and Health  
U.S. Department of Labor  
Occupational Safety and Health Administration  
200 Constitution Ave., NW  
Washington, DC 20210

***RE: Docket #OSHA 2021-0003: COVID-19 Recordkeeping and Reporting in Healthcare Standard; Extension of the Office of Management and Budget's (OMB) Approval of Information Collection Requirements, request for public comment.***

Dear Mr. Frederick:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Occupational Safety and Health Administration (OSHA) for the opportunity to provide input on the Extension of the Office of Management and Budget's (OMB) Approval of Information Collection Requirements. APIC is a nonprofit, multidisciplinary organization representing 15,000 infection preventionists (IPs) whose mission is to create a safer world through prevention of infection. We appreciate OSHA's commitment to keep healthcare workers safe.

APIC recognizes the importance of protecting our healthcare workers by collecting data that can provide important information in keeping our workforce safe. The collection of COVID-19 infection data from the healthcare workforce served an important purpose during the COVID-19 pandemic when the mode of viral transmission was uncertain, personal protective equipment (PPE) and vaccines were not readily available, infections in the community were widespread and hospitalizations and deaths from COVID-19 were soaring. However, with the ending of the COVID-19 pandemic and the public health emergency, collection of COVID-19 infection data is not providing the value it once did. Routine workplace testing is not required, and employees are not reliably self-reporting COVID-19 infections, which results in incomplete and unreliable data. This undermines the purpose of the reporting requirement and causes the collected data to be unsuitable for any meaningful analysis.

**APIC Recommendation:** The COVID-19 Recordkeeping and Reporting in Healthcare Standard should not be extended.

**Special issues for comment:**

- **Whether the proposed information collection requirements are necessary for the proper performance of the agency's functions to protect workers, including whether the information is useful**

APIC recognizes OSHA's strong history of protecting workers and commends the creation of this standard during the COVID-19 pandemic. However, APIC believes this standard no longer provides value.



Healthcare workers may or may not test when they have symptoms and may or may not report their COVID-19 infections to their employers. Consequently, COVID-19 recordkeeping is likely inaccurate and may not reliably reflect the true COVID-19 infection burden on the healthcare employee workforce. Additionally, other respiratory illnesses which may yield similar outcomes and issues for healthcare workers are not singled out for reporting purposes, so OSHA does not have an accurate assessment of the actual impact of viral respiratory illnesses on the healthcare workforce.

- **The accuracy of OSHA's estimate of the burden (time and costs) of the information collection requirements, including the validity of the methodology and assumptions used**

Currently, collecting and managing the COVID-19 employee data takes time and resources without yielding the intended benefits. Resources currently allocated to this task could be better utilized in other areas that directly contribute to the safety and protection of our workforce.

- **The quality, utility, and clarity of the information collected**

With home testing increasingly common, it is difficult to track employee testing and enforce self-reporting of COVID-19 positive infections. Without reliable input, the quality of data received is lacking. This in turn does not provide accurate, useful information to OSHA, inhibiting its ability to deliver meaningful actions or recommendations.

- **Ways to minimize the burden on employers who must comply; for example, by using automated or other technological information, and transmission techniques.**

For measures to be meaningful, APIC recommends that OSHA utilize platforms that support automating the process thereby creating less burden on employers. However, as noted earlier, without accurate data to report, no amount of burden on employers can be justified.

At the outset of the COVID-19 pandemic, OSHA's task of keeping healthcare workers safe was enormous, and OSHA's response, which included recordkeeping and reporting, was justified. This was also more achievable when all testing was done by labs who were required to report all positive test results. In addition, masking and isolation mandates in the early part of the public health emergency (PHE) had the additional benefit of reducing transmission of other respiratory infections, such as influenza. Now that the PHE has expired and pandemic-era restrictions lifted, COVID-19 data collection is unreliable, and transmission of other respiratory infections has increased, reducing the value of the OSHA COVID-19 Recordkeeping and Reporting in Healthcare Standard in protecting the health of healthcare workers. For this reason, APIC recommends that OMB not extend the COVID-19 Recordkeeping and Reporting requirement.

APIC appreciates the opportunity to provide input into this important issue, and we look forward to continuing to work with OSHA to protect healthcare workers from transmission of infections.

Sincerely,

A handwritten signature in dark ink, appearing to read "T. Bubba", written in a cursive style.

Tania Bubba, PhD, RN, CIC, FAPIC  
2024 APIC President