

437-001-0744 Addressing COVID-19 Workplace Risks

Unless otherwise indicated, the rule's provisions take effect November 16, 2020. The rule will remain in effect until May 4, 2021, unless revised or repealed before that date.

(1) Scope and Application

- (a) This rule applies to all employees working in places of employment subject to Oregon OSHA's jurisdiction. For clarity and ease of reference, this rule refers to "COVID-19" when describing exposures or potential exposures to SARS-CoV-2, the virus that causes Coronavirus Disease 2019.
- (b) The requirements of section (3) of this rule are applicable to all workplaces.
- (c) In addition to the requirements of section (3), the requirements of section (4) of this rule are applicable to all exceptional risk workplaces. For purposes of this rule, "workplaces at exceptional risk," include any setting (whether a healthcare setting or not) where an employee (including temporary and part-time employees) performs one or any combination of the following job duties:
 - (A) Direct patient care;
 - (B) Environmental decontamination services in a healthcare setting;
 - (C) Aerosol-generating healthcare or postmortem procedures;
 - (D) Direct client service in residential care or assisted living facilities;
 - (E) Emergency first responder activities;
 - (F) Personal care activities that involve very close contact with an individual, such as toileting or bathing; or
 - (G) Handling, packaging, cleaning, processing, or transporting human remains or human tissue specimens or laboratory cultures collected from an individual known or suspected to be infected with COVID-19.

Note: "Exceptional risk" does not include workers of other departments or job duties outside the scope and underlying definitions of (1)(c) of this rule. For example, employees in the accounting department at a hospital would be covered by the requirements applicable to all workplaces, while other workers at the same hospital who actually perform any of those job operations listed under (1)(c), such as direct patient care, would be subject to the supplementary requirements for workplaces at exceptional risk in addition to the requirements for all workplaces.

(2) Definitions

- (a) **Aerosol-generating healthcare or postmortem procedure** – means a medical, dental, or postmortem procedure on human patients or remains that is likely to result in exposure to small droplet nuclei in high concentration, presenting a risk for airborne transmission of COVID-19.
- (b) **Common areas** – means building lobbies, reception areas, waiting rooms, restrooms, break rooms, eating areas, smoking areas, locker rooms, bathing areas, transit lounges, conference rooms, or other locations indoors or outdoors that multiple individuals may use or congregate that employers operate or control.
- (c) **Decontamination of filtering facepiece respirators (FFR)** – means a process approved by the U.S. Food and Drug Administration (FDA) that reduces the number of pathogens, does not harm the fit or filtration performance of the FFR, and presents no residual chemical hazard.
- (d) **Direct patient care** – means any employee job duties that include direct physical contact with a patient during the delivery of healthcare services. A worker performs direct patient care under the authority granted by a license or certification issued by federal, state, or local entities to provide healthcare services within the scope of practice. The worker may be providing direct patient care under their own licensure or certification, or may be providing care under the supervision of a licensed or certified worker. Workers involved in direct patient care include, but are not limited to, physicians, physician assistants, nurses, nurse practitioners, certified nursing aide, medical technologists, phlebotomists, respiratory therapists, dentists, dental hygienists, physical or occupational therapists, chiropractors, and other workers who otherwise provide in-person healthcare services. Direct patient care does not include customer service activities provided in retail settings that have embedded healthcare offices, such as retail pharmacies.
- (e) **Emergency first responder activities** – means those job duties that require an employee to be able to arrive first and provide assistance at the scene of an emergency, such as an accident, fire, natural disaster, including but not limited to law enforcement officers, firefighters, emergency medical technicians, and paramedics. Emergency first responder activities under this rule do not include tasks where only first aid is provided in accordance with OAR 437-002-0161.

- (f) **Employee** – means any individual, including a minor whether lawfully or unlawfully employed, who engages to furnish services for a remuneration, financial or otherwise, subject to the direction and control of an employer; any salaried, elected and appointed official of the state, state agencies, counties, cities, school districts and other public corporations; and any individual who is provided with workers’ compensation coverage as a subject worker pursuant to ORS chapter 656, whether by operation of law or election.
- (g) **Employer** – means any person who has one or more employees, any sole proprietor or member of a partnership who elects workers’ compensation coverage, or any corporation in relation to the exposure of its corporate officers except for corporations without workers’ compensation coverage under ORS 656.128 and whose only employee is the sole owner of the corporation, or any successor or assignee of an employer as described in OAR 437-0015.
- (h) **Employment, Place of** – has the meaning provided in OAR 431-0015 and excludes any place where the only employment involves workers not covered by workers’ compensation and employed in or around a private home, as well as any corporate farm where the only employment involves the farm’s family members.
- Note:** The employment of home care and home health care workers by a resident of the home in which they work is not subject to workers’ compensation (even though the employees receive such coverage through the Home Care Commission) and therefore their employment is not covered by Oregon OSHA. Such workers who are employed by private home health or in-home care agencies are subject to workers’ compensation and therefore their employment is covered by Oregon OSHA. Private homes, such as adult foster care homes, where the only employment is for the care and comfort of the residents are also not required to obtain workers’ compensation and are therefore not subject to Oregon OSHA unless the employer has opted to provide workers’ compensation coverage under ORS 656.039.
- (i) **Environmental decontamination services** – means the work performed by janitorial, custodial, maintenance, or similar employees who are responsible for cleaning equipment, surfaces, or other items in direct patient care healthcare settings. This includes routine and non-routine cleaning or disinfecting of high-touch surfaces as defined by this rule, equipment, or procedural tools that are used in patient care areas in healthcare settings, including those settings in which aerosol-generating procedures are performed.

- (j) **Face covering** – means a cloth, polypropylene, paper or other covering that covers the nose and the mouth and that rests snugly above the nose, below the mouth, and on the sides of the face. Coverings that incorporate a valve that is designed to facilitate easy exhalation or mesh masks or other covers with openings, holes, visible gaps in the design or material, or vents are not appropriate face coverings (even if otherwise appropriate for respiratory protection) because they allow droplets to be released from the covering.
- (k) **Face shield** – means a transparent plastic shield that covers the wearer’s forehead, extends below the chin, and wraps around the sides of the face. Devices that place a shield in front of only the user’s nose and mouth do not meet the definition of a mask, face covering, or face shield. Face shields are normally used as protection for the face and eyes but are a compliant (although not preferred) means of “source control” in relation to COVID-19.
- (l) **Feasibility** – refers to the ability of an employer to implement any requirement in a rule. Oregon OSHA rules never prohibit work. Whether feasibility is mentioned in a provision of the rule or not, if the employer can demonstrate that it is functionally impossible to comply or if doing so would prevent completion of the work, the employer need not comply, but must take any available reasonable alternative steps to protect the employees involved.
- (m) **Filtering facepiece respirator** -- means a tight-fitting, negative pressure, particulate respirator, where the particular filter is the facepiece itself. Such respirators are often referred to as “dust masks,” but dust masks that are not certified by the National Institute for Occupational Safety and Health are not respirators. The most common filtering facepiece respirators for general use are known as N-95 respirators.
- (n) **Hand hygiene** – means the cleaning, sanitizing, or disinfecting of one’s hands by using standard handwashing methods with soap and running water, antiseptic hand wash, antiseptic hand rub (alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis.
- (o) **Healthcare setting** – means any space at the workplace a worker routinely provides direct patient care as defined by this rule or performs aerosol-generating healthcare or postmortem procedures. A healthcare setting does not include any establishment where only personal support services are provided or places where direct patient care is provided to a patient outside the healthcare setting itself.

- (p) **High-touch surface** – means equipment or surfaces that are handled frequently throughout the day by multiple individuals. High-touch surfaces can include, but are not limited to, countertops, credit card terminals, doorknobs, digital kiosks, touch-screen enabled devices, light switches, handrails, elevator control panels, and steering wheels.
- (q) **Individual** – means any person who is present in the place of employment, whether an employee or not.
- (r) **Mask** – means a U.S. Food and Drug Administration (FDA) cleared surgical, medical procedure, dental, or isolation mask (commonly referred to as a “surgical mask”). Masks are medical grade masks that function as a physical barrier to protect workers from hazards such as splashes of large droplets of blood or bodily fluids; they do not provide reliable protection to the wearer against aerosols or airborne pathogens.
- (s) **Personal protective equipment (PPE)** – means specialized clothing or equipment worn by a worker for protection against a hazard. General work clothing (for example, uniforms, pants, shirts or blouses) not intended to function as protection against a hazard for the user is not considered to be PPE.
- (t) **Personal support services** – means the work performed by a caretaker or similar employee who is responsible for assisting individuals with day-to-day living issues that are not direct patient care activities. Personal support services include, but are not limited to housekeeping, assisting with medication, personal transportation (such as taking a client to an appointment), and other day-to-day living activities that may occur in an individual’s private residence are not otherwise considered to be direct patient care under this rule.
- (u) **Respirator** – means a type of personal protective equipment that protects against respiratory hazards by removing specific air contaminants from the ambient (surrounding) air or by supplying breathable air from a safe source. Respirators that remove contaminants from the ambient air are called air-purifying respirators. Respirators that supply air from a safe source other than the ambient air are called atmosphere-supplying respirators. Masks, face coverings and face shields are not respirators.
- (v) **SARS-CoV-2** – refers to a specific betacoronavirus (MERS-CoV and SARS-CoV are other betacoronaviruses) that causes what has been designated as Coronavirus Disease 2019 (COVID-19).

- (w) **Shared equipment** – means devices or tools that are used by multiple employees or other individuals including, but not limited to, elevators, escalators, computer keyboards, and work vehicles.
- (x) **Source control** – means the use of protective equipment or other measures such as face coverings to prevent the spread of illness from a potentially infectious person to others. A typical example of source control for COVID-19 is to use a mask or face covering to limit the spread of respiratory droplets and aerosols from the wearer to others. Respirators can be used as source control in addition to providing protection for the wearer, but only if the respirator does not have an exhalation valve (respirators with an exhalation valve can also be worn in combination with appropriate source control).
- (y) **Suspected to be infected with COVID-19** – means a person who has signs or symptoms of COVID-19 disease but has not tested positive for SARS-CoV-2 infection and no alternative diagnosis has been made consistent with Oregon Health Authority definitions.

(3) COVID-19 Requirements for All Workplaces

Except as otherwise provided by this rule, the following requirements apply to all workplaces.

- (a) Physical distancing. All employers must ensure that both work activities and workflow are designed to eliminate the need for any employee to be within 6 feet of another individual in order to fulfill their job duties unless the employer determines and can demonstrate that such physical distancing is not feasible for certain activities.
- (b) Mask, face covering, or face shield requirements. Each employer must ensure that all individuals (including employees, part-time workers, temporary laborers, customers, vendors, patrons, contractors, etc.) at the workplace or other premises subject to the employer’s control wear a mask, face covering, or face shield as source control in accordance with [the requirements of the Oregon Health Authority’s Statewide Mask, Face Covering, Face Shield Guidance](#). Consistent with that guidance, it is strongly recommended, but not required, that individuals wear a mask or face covering as source control rather than relying upon a face shield alone.

Note: While reasonable accommodation for those unable to wear a mask, face covering, or face shield must be provided under applicable state and federal laws, such an accommodation does not include simply exempting individuals from the requirement to wear masks, face coverings, or face shields in public spaces.

- (A) The employer must provide masks, face coverings, or face shields for employees at no cost to the worker. If an employee chooses to wear their own mask, face shield, or face covering instead of those provided by the employer, the employer may allow it but is not required to do so unless the employee chooses to wear a respirator under the “voluntary use” provisions of the [Respiratory Protection standard](#) (29 CFR 1910.134) (the employer must require that appropriate source control be used in conjunction with an employee’s voluntary use of a respirator with an exhalation valve). If an employee chooses to wear a mask, face shield, or face covering even when it is not required, the employer must allow them to do so.
- (B) When employees are transported in a vehicle for work purposes, regardless of the travel distance or duration involved, all occupants in the vehicle must wear a mask, face covering, or face shield unless employees are wearing respirators in accordance with the Respiratory Protection Standard (29 CFR 1910.134).

Note: This requirement does not apply when all occupants within the vehicle are members of the same household.

- (c) Cleaning and sanitation. The employer must regularly clean or sanitize all common areas, shared equipment, and high-touch surfaces as defined by this rule that are under its control and that are used by employees or the public.

- (A) Such regular cleaning or sanitization must be implemented based on the following frequencies:
- (i) At least once every 24 hours if the workplace is occupied less than 12 hours a day; or
 - (ii) At least every 8 hours while in use, if the workplace is occupied more than 12 hours a day.

Exception: In locations with only “drop-in” availability or minimal staffing, the employer is permitted to rely upon a regular schedule of cleaning and sanitation and directing employees to sanitize their own work surfaces before use.

- (B) Employers must provide employees with the supplies (soap and water) and the reasonable time necessary to clean or sanitize more frequently than would otherwise be required if the worker chooses to do so.
- (C) Employers must provide employees with the supplies (such as soap and water) and reasonable time necessary to perform hand hygiene before using shared equipment.

(D) Except in healthcare settings where patients known or suspected to be infected with COVID-19 are being treated for the disease, employers must clean and disinfect any common areas, high-touch-surfaces, and any shared equipment under the employer’s control that an individual known to be infected with COVID-19 used or had direct physical contact with. This requirement does not apply to areas, surfaces, or equipment that has been unoccupied or otherwise unused for seven days or more. As a recommended, but not required, practice, employers should close off the area and observe a waiting period of at least 24 hours (or for as long as is feasible) prior to cleaning and disinfecting.

Note: Additional sanitation requirements for exceptional risk workplaces are included in subsection (4)(d) of this rule.

- (d) Posting requirements. The “[COVID-19 Hazards Poster](#),” provided by Oregon OSHA must be posted in a conspicuous manner in a central location where workers can be expected to see it (for example, a location where employees report each day or at a location from which employees operate to carry out their activities). Employees working remotely must be provided with a copy of the COVID-19 Hazards Poster through electronic or equally effective means.
- (e) Building operators. No later than November 23, 2020, those employers who operate or otherwise control buildings where the employees of other employers work must take the following steps in common areas to the extent that they have control over such areas:
 - (A) Ensure that the sanitation requirements under (3)(c)(A) are met; and
 - (B) Post signs in areas where masks, face coverings, or face shields are required. To meet this provision, the building operator may post a copy of the “[Masks Required](#),” sign developed by the Oregon Health Authority.

- (f) Ventilation requirements. No later than January 6, 2021, the employer must optimize the amount of outside air circulated through its existing heating, ventilation, and air conditioning (HVAC) system(s), to the extent the system can do so when operating as designed, whenever there are employees in the workplace and the outdoor air quality index remains at either “good” or “moderate” levels. This does not require installation of new ventilation equipment. The employer is not required to meet the provisions of the American National Standards (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (SHRAE 2019a, 2019b), but to the degree the employer does so it is in compliance with this paragraph. In accordance with the HVAC manufacturer’s instructions and the design specifics of the HVAC system and as frequently as is necessary, the employer must ensure the following:
- (A) All air filters are maintained and replaced as necessary to ensure the proper function of the ventilation system; and
 - (B) All intake ports that provide outside air to the HVAC system are cleaned, maintained, and cleared of any debris that may affect the function and performance of the ventilation system.
- (g) Exposure risk assessment. No later than December 7, 2020, all employers must conduct a COVID-19 exposure risk assessment, without regard to the use of personal protective equipment, masks, face coverings, or face shields. If an employer has multiple facilities that are substantially similar, its assessment may be developed by facility type rather than site-by-site so long as any site-specific information that affects employee exposure risk to COVID-19 is included in the assessment.
- (A) The exposure risk assessment must involve participation and feedback from employees. This feedback may be achieved via a safety meeting, safety committee, supervisor, process negotiated with the exclusive bargaining agent (if any), or any other similarly interactive process.
 - (B) Each employer with more than ten employees statewide (including temporary and part-time workers) or that is covered by (1)(c) of this rule (workplaces at exceptional risk) must record their COVID-19 exposure risk assessment in writing by documenting the following information:
 - (i) The name(s), job title(s), and contact information of the person(s) who performed the exposure risk assessment;
 - (ii) The date the exposure risk assessment was completed;
 - (iii) The employee job classifications that were evaluated; and

- (iv) A summary of the employer's answers to each of the applicable exposure risk assessment questions in this subsection.
- (C) The risk assessment must address the following questions related to potential employee exposure to COVID-19 in the workplace:
 - (i) Can employees telework or otherwise work remotely? How are employees encouraged or empowered to use those distance work options to reduce COVID-19 transmission at the workplace?
 - (ii) What are the anticipated working distances between employees? How might those physical working distances change during non-routine work activities?
 - (iii) What is the anticipated working distance between employees and other individuals? How might those working distances change during non-routine work activities?
 - (iv) How have the workplace or employee job duties, or both, been modified to provide at least 6-feet of physical distancing between all individuals?
 - (v) How are employees and other individuals at the workplace notified where and when masks, face coverings, or face shields are required? How is this policy enforced and clearly communicated to employees and other individuals?
 - (vi) How have employees been informed about the workplace policy and procedures related to reporting COVID-19 symptoms? How might employees who are identified for quarantine or isolation as a result of medical removal under this rule be provided with an opportunity to work at home, if such work is available and they are well enough to do so?
 - (vii) How have engineering controls such as ventilation (whether portable air filtration units equipped with HEPA filters, airborne infection isolation rooms, local exhaust ventilation, or general building HVAC systems) and physical barriers been used to minimize employee exposure to COVID-19?
 - (viii) How have administrative controls (such as foot-traffic control) been used to minimize employee exposure to COVID-19?
 - (ix) What is the procedure or policy for employees to report workplace hazards related to COVID-19? How are these hazard reporting procedures or policies communicated to employees?

- (x) How are sanitation measures related to COVID-19 implemented in the workplace? How have these sanitation practices been explained to employees and other individuals at the workplace?
- (xi) How have the industry-specific or activity-specific COVID-19 requirements in Appendix A of this rule and applicable guidance from the Oregon Health Authority been implemented for workers? How will periodic updates to such Oregon Health Authority guidance documents incorporated into the workplace on an on-going basis?
- (xii) In settings where the workers of multiple employers work in the same space or share equipment or common areas, how are the physical distancing; mask, face covering, or face shield requirements; and sanitation measures required under this rule communicated to and coordinated between all employers and their affected employees?
- (xiii) How can the employer implement appropriate controls that provide layered protection from COVID-19 hazards and that minimize, to the degree possible, reliance on individual employee training and behavior for their efficacy?

Note: Oregon OSHA will make a [Risk Assessment template](#) and sample Risk Assessments available to assist employers in completing this task.

- (h) Infection control plan. No later than December 7, 2020, all employers must establish and implement an infection control plan based on the risks identified in subsection (3)(g) that implements the controls identified in (3)(g)(C)(xiii) including, but not limited to, ventilation, staggered shifts, redesigning the workplace to accommodate physical distancing, reducing use of shared surfaces and tools, limiting the number of employees and other individuals in work areas, personal protective equipment, etc. If an employer has multiple facilities that are substantially similar, its infection control plan may be developed by facility type rather than site-by-site so long as any site-specific information that affects employee exposure risk to COVID-19 is included in the plan. Employers may also rely upon materials developed by associations, licensing agencies, and franchisors to assist with compliance and provided that mechanisms for appropriate employee feedback and involvement are provided.
- (A) Each employer with more than ten employees statewide (including temporary and part-time workers) or that is covered by (1)(c) of this rule (workplaces at exceptional risk) must document their infection control plan in writing and must ensure that a copy is accessible to employees at their workplace.

Note: Additional requirements related to the infection control plan, which are applicable only to those employers covered by (1)(c) of this rule (workplaces at exceptional risk), are contained in section (4)(c) of this rule.

- (B) The infection control plan must contain, at a minimum, the following elements:
- (i) A list of all job assignments or worker tasks requiring the use of personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19;
 - (ii) The procedures the employer will use to ensure that there is an adequate supply of masks, face coverings, or face shields and personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19;
 - (iii) A list and description of the specific hazard control measures that the employer installed, implemented, or developed to minimize employee exposure to COVID-19;
 - (iv) A description of the employer's COVID-19 mask, face covering, and face shield requirements at the workplace, and the method of informing individuals entering the workplace where such source control is required;
 - (v) The procedures the employer will use to communicate with its employees and other employers in multi-employer worksites regarding an employee's exposure to an individual known or suspected to be infected with COVID-19 to whom other workers may have been exposed. This includes the communication to individuals identified through COVID-19 contact tracing and general communication to the workplace at large; and
 - (vi) The procedures the employer will use to provide its workers with the initial employee information and training required by this rule.

Note: Oregon OSHA will make sample Infection Control Plans available to assist employers in completing this task.

- (i) Employee information and training. No later than December 21, 2020, employers must provide workers with information and training regarding COVID-19. This information and training can be provided remotely or using computer-based models but must be provided in a manner and language understood by the affected workers. Employers must ensure that the training provides an opportunity for feedback from employees about the topics covered in the training, which must include at least the following elements:

- (A) Physical distancing requirements as they apply to the employee's workplace and job function(s);
- (B) Mask, face covering, or face shield requirements as they apply to the employee's workplace and job function(s);
- (C) COVID-19 sanitation requirements as they apply to the employee's workplace and job function(s);
- (D) COVID-19 signs and symptom reporting procedures that apply to the employee's workplace;
- (E) COVID-19 infection notification process as required by this rule;
- (F) Medical removal as required by this rule;
- (G) The characteristics and methods of transmission of the SARS-CoV-2 virus;
Note: Oregon OSHA will provide training materials that can be used to complete this portion of the training.
- (H) The symptoms of the COVID-19 disease;
Note: Oregon OSHA will provide training materials that can be used to complete this portion of the training.
- (I) The ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus; and
Note: Oregon OSHA will provide training materials that can be used to complete this portion of the training.
- (J) Safe and healthy work practices and control measures, including but not limited to, physical distancing, sanitation and disinfection practices.
Note: Oregon OSHA will provide training materials that can be used to complete this portion of the training.

Note: To the degree training provided before the adoption of this rule complies with all or any portion of the required training, the employer does not need to repeat the training but may need to take steps to ensure that additional information is covered and that appropriate employee feedback can be provided.

(j) COVID-19 infection notification process. Excluding settings where patients are hospitalized on the basis that they are known or suspected to be infected with COVID-19, the employer must establish a process to notify exposed employees (those who were within 6 feet of a confirmed COVID-19 individual for a cumulative total of 15 minutes or more, regardless of whether one or both of them were wearing source control) that they had a work-related contact with an individual who has tested positive for COVID-19, as well as to notify affected employees (those who worked in the same facility or in the same well-defined portion of the facility such as a particular floor) that an individual who was present in the facility has confirmed COVID-19). This notification process must include the following elements:

- (A) A mechanism for notifying both exposed and affected employees within 24 hours of the employer being made aware that an individual with COVID-19 was present in the workplace while infectious or otherwise may have had work-related contact with its employee(s) while infectious; and
- (B) This notification process must be established and implemented in accordance with all applicable federal and Oregon laws and regulations.

Note: Employers can satisfy this requirement by adopting the [model procedure](#) to be published by Oregon OSHA before the effective date of the rule.

Note: The reporting of COVID-19 cases is required under existing Oregon Health Authority rules regarding reporting of disease cases. OAR 333-018-0016 requires such cases to be reported by healthcare providers and laboratories within 24 hours of identification.

(k) COVID-19 testing for workers. The employer must cooperate by making its employees and appropriate space available at no cost to the workers whenever a local public health agency or Oregon Health Authority indicate that COVID-19 diagnostic testing within the workplace is necessary. If such testing is conducted at the employer's own direction, the employer is responsible for covering the costs of testing including but not limited to the COVID-19 test itself, employee time, and employee travel. However, if the employer is not requesting the test, the employer is not expected to cover the direct cost of such testing or of any involved employee travel.

(l) Medical removal. Whenever the Oregon Health Authority, local public health agency, or medical provider recommends an employee be restricted from work due to quarantine or isolation for COVID-19, such as through identification during contact tracing activities, the affected worker(s) must be directed to isolate at home and away from other non-quarantined individuals.

Note: Other than the obligation to provide such direction and to remove such employees from the workplace, the employer has no obligation to enforce the employee's quarantine or isolation.

- (A) Whenever an employee participates in quarantine or isolation for COVID-19, the employer must allow the affected employee(s) to work at home if suitable work is available and the employee's condition does not prevent it.
- (B) Whenever an employee participates in quarantine or isolation, whether as a result of the requirements of this rule or because the employer chooses to take additional precautions, the affected worker(s) must be entitled to return to their previous job duties if still available and without any adverse action as a result of participation in COVID-19 quarantine or isolation activities.

Note: The prohibition on "adverse action" does not require the employer to keep a job available that would not otherwise have been available even had the employee not been quarantined or isolated, but it does mean that the employer cannot fill the job with another employee and thereby make it unavailable.

- (C) Decisions regarding testing and return to work after an employee participates in COVID-19 quarantine or isolation activities must be made in accordance with applicable public health guidance and must be otherwise consistent with guidance from the employee's medical provider.

Note: This provision does not require a negative COVID-19 test or a separate contact with the medical provider.

Note: Employees are protected from discrimination or retaliation under ORS 654.062(5). This includes protections for actions against employees for opposing any practice forbidden under the Oregon Safe Employment Act and related statutes and rules (including this temporary rule for COVID-19), making a complaint or causing any proceeding to be instituted under the Oregon Safe Employment Act, or exercising any rights under the law, including those conferred by this temporary COVID-19 rule.

Note: Notwithstanding the language of OAR 437-001-0700(10), employers do not need to record such "medical removal" cases on their OSHA 300 log(s) simply because the medical removal required by this rule occurred. Cases must be recorded only if the infection of a worker is determined to be "work-related" in accordance with [OAR 437-001-0700](#).

- (m) Mandatory appendices. Employers covered by one or more of the mandatory industry-specific and activity-specific appendices that make up Appendix A of this rule must comply with those appendices. To the degree an appendix provides specific guidance regarding an issue addressed by this rule, it supersedes the general requirements of this rule. To the degree a situation is not addressed by the specific language of an appendix, the requirements of this rule apply as written.

Appendix A contains the following:

A-1: Restaurants, Bars, Brewpubs and Public Tasting Rooms at Breweries, Wineries and Distilleries

A-2: Retail Stores

A-3: Outdoor/Indoor Markets

A-4: Personal Services Providers

A-5: Construction Operations

A-6: Indoor and Outdoor Entertainment Facilities

A-7: Outdoor Recreation Organizations

A-8: Transit Agencies

A-9: Collegiate, Semi-Professional and Minor League Sports

A-10: Professional and PAC-12 Sports

A-11: Licensed Swimming Pools, Licensed Spa Pools and Sports Courts
Mandatory Workplace Guidance

A-12: Fitness-Related Organizations

A-13: K-12 Educational Institutions (Public or Private)

A-14: Early Education Providers

A-15: Institutions of Higher Education (Public or Private)

A-16: Veterinary Clinics

A-17: Fire Service and EMS

A-18: Law Enforcement

A-19: Jails and Custodial Institutions

(4) COVID-19 Requirements for Workplaces at Exceptional Risk

Workplaces identified by subsection (1)(c) of this rule must adhere to the following specific provisions and additional requirements.

(a) Infection control training. In addition to the employee information and training requirements for all workplaces under subsection (3)(i) of this rule, employers of workplaces at exceptional risk must provide infection control training by December 21, 2020, that includes the following provisions:

(A) The training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties;

- (B) The training material is appropriate in content and vocabulary to the education, literacy, and language of the affected workers; and
 - (C) The training provides an opportunity for interactive questions and answers (must be “live” in order to allow immediate response and further clarification but need not be in person) with a person knowledgeable in the training program’s subject matter and basic epidemiology as it relates to the workplace and employee job duties.
- (b) Infection control training for employees required under this rule must include the following elements:
- (A) An explanation of this rule and its applicable appendices and provisions;
 - (B) An explanation of contact, droplet, and airborne modes of transmission of COVID-19, including how workers can recognize hazardous work activities that may involve exposure to COVID-19 and how employees can take precautionary measures to minimize their exposure.
 - (C) An explanation of the basic risk factors associated with COVID-19 transmission including, but not limited to, behavioral risk factors (this may include non-work activities that are higher-risk activities such as attending large social gatherings); physiological risk factors; demographic risk factors; and environmental risk factors;
 - (D) An explanation of the employer’s COVID-19 exposure risk assessment required by this rule and which employee job classifications, tasks, or job duties were considered as part of that risk assessment;
 - (E) An explanation of the employer’s physical distancing; mask, face covering, and face shield requirements; and COVID-19 sanitation requirements at the workplace. Where applicable, this information must include any multi-employer worksite agreements related to the use of common areas and shared equipment that affect employees at the workplace;
 - (F) Information on the types, use, storage, removal, handling, and maintenance of masks, face coverings, face shields and personal protective equipment (including respirators) provided to employees by the employer; and
 - (G) An explanation of the use and limitation of COVID-19 hazard control measures implemented or installed by the employer. Hazard control measures include engineering, administrative, or work practice controls that eliminate or otherwise minimize employee exposure to COVID-19.

- (c) Additional infection control plan requirements. In addition to the infection control plan requirements for all workplaces, each employer covered by section (4) of this rule must provide the following in its infection control plan required by December 7, 2020:
- (A) The name(s) of the person responsible for administering the plan. This person must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations; and
 - (B) As frequently as necessary, a reevaluation of the plan to reflect changes in the facility, employee job duties, new technologies, or workplace policies established by the employer that affect worker exposure to COVID-19 or in response to updated guidance published by the Oregon Health Authority that is applicable to the employer's workplace. This reevaluation and update of the infection plan must include feedback from non-managerial, front-line employees who perform activities that reflect the employer's exceptional risk under this rule. This feedback is not required from all employees and may be achieved via a safety meeting, safety committee, supervisor, process negotiated with the exclusive bargaining agent (if any), or any other similarly interactive process.
- (d) Additional sanitation requirements. Use appropriate sanitation measures in addition to the requirements of (3)(c) of this rule to reduce the risk of COVID-19 transmission. Each employer must:
- (A) Develop procedures for routine cleaning and disinfection that are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed (for example, using cleaners and EPA-registered, hospital-grade disinfectants for frequently touched surfaces or objects in accordance with manufacturer instructions and contact time specifications). Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2; and
 - (B) Follow standard practices for disinfection and sterilization of medical devices contaminated with COVID-19, as described in the [CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](#).

- (e) Healthcare personal protective equipment. Depending on the requirements of the procedure (for example, aerosol generating procedures) in question and the disease status of the involved patient(s), employers must use a combination of standard precautions, contact precautions, droplet precautions, airborne precautions, and eye protection (for examples, goggles, face shields) to protect healthcare workers with exposure or potential exposure to COVID-19.
- (A) When an employee performs an aerosol-generating healthcare or post-mortem procedure for a patient without evidence of COVID-19 infection, the employer must provide PPE in accordance with CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#). Oregon OSHA recognizes that risk of infection in asymptomatic patients can vary based on clinical presentation, level of COVID-19 transmission in the community, recent COVID-19 testing results, and other factors. These factors must be considered in clinical judgment by healthcare personnel involved in direct patient care and medical examiners in making decisions about use of transmission-based precautions.
- (B) Whenever an employee provides direct patient care for a patient known or suspected to be infected with COVID-19, the employer must provide the affected worker with gloves, a gown, eye protection (goggles or face shield), and a medical-grade mask or a NIOSH-approved respirator.
- Note:** If PPE availability is genuinely limited, a procedure cannot be deferred, and appropriate, good-faith efforts are made by the employer to ensure the safety and protection of the healthcare workers, Oregon OSHA will evaluate the situation based on PPE availability and the employer's adherence to guidance outlined in the [Oregon Health Authority and Oregon OSHA Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings](#).
- (C) In lieu of (A) and (B) above, hospitals and ambulatory surgical centers may follow [Guidance for Non-Emergency and Elective Procedures Recommendations to the Oregon Health Authority July 20, 2020](#). If PPE availability is limited, such employers may follow [OHA- Oregon OSHA Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings](#).
- Note:** The CDC does not have a comprehensive list of AGPs in a healthcare setting. Employers should refer to [CDC infection control guidance](#).
- (f) Heightened risk ventilation requirements. In addition to the provisions of 3(f) above, certain heightened risk facilities must meeting the following requirements to the degree that they are under the employer's control.

- (A) Existing ventilation systems in hospitals, ambulatory surgical centers, and long-term care facilities providing skilled and/or intermediate level nursing care must be operated, if possible, in accordance with the provisions of the American National Standards Institute (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b), which include requirements for outdoor air ventilation in most residential and nonresidential spaces, and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a) covers both outdoor and total air ventilation in healthcare facilities. This does not require installation of new ventilation equipment.
- (B) Existing ventilation systems in other health care facilities must be upgraded to a minimum MERV 13 rating, provided that such an upgrade will result in no significant performance reduction of the system.
- (g) Barriers, partitions, and airborne infection isolation rooms in healthcare settings. The employer must employ the following measures to protect healthcare employees, support workers, patients, and visitors from individuals known or suspected to be infected with COVID-19:
 - (A) When available, use airborne infection isolation rooms (AIIRs) with proper ventilation to house patients known or suspected to be infected with COVID-19;
 - (B) Patients known or suspected of being infected with COVID-19 must don a face covering and be isolated in an examination room with the door closed. If an examination room is not immediately available, such patients must not be allowed to wait within 6 feet of other patients seeking care and should be encouraged to wait in a personal vehicle or outside the healthcare setting where they can be contacted by mobile device when it is their turn to be evaluated. During a medical emergency, all measures may not be feasible, but must be implemented in whole or in part as the patient's condition and necessary medical care allow. If a patient cannot tolerate any form of face covering due to a medical condition, strict physical distancing and appropriate PPE must be used to protect patients and workers, respectively;
 - (C) Use physical barriers or partitions in triage areas to guide patients when appropriate; and
 - (D) Use curtains to separate patients in semi-private areas.

- (h) Screening in healthcare settings. The employer must screen and triage all individuals entering its healthcare setting for symptoms of COVID-19. Although screening for symptoms may not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who may have COVID-19 so appropriate precautions can be implemented. At a minimum, each employer must:
- (A) Limit and monitor points of entry to the healthcare setting where direct patient care, or aerosol-generating healthcare or postmortem procedures are performed by workers. Consideration must be given to establishing stations at the healthcare setting entrance to screen individuals before they enter; and
 - (B) Screen all individuals and employees (other than emergency responders entering with a patient) entering the healthcare setting for symptoms consistent with COVID-19. This can be achieved by asking the affected individual about symptoms of COVID-19 and asking if they have been advised to self-quarantine because of exposure to someone with COVID-19 or if they have been told to isolate after testing positive for COVID-19.
- (i) Medical removal provisions in healthcare settings. The only exception to the quarantine and isolation provisions of 3(l) exists when a healthcare provider, emergency responder, or other worker who would otherwise be quarantined or isolated remains on the job under Oregon Health Authority guidelines.

Stat. Auth.: ORS 654-025(2) and 656.726(4).

Stats. Implemented: ORS 654.001 to 654.295.

Hist: OR OSHA Admin. Order 31-2020, f. 11/6/20, ef. 11/16/20.