

Unless otherwise indicated, the rule's provisions are expected to take effect 10 days after adoption

1) Scope and Application

- (a) The rule sets forth COVID-19 requirements for **all workplaces and workers** subject to Oregon OSHA's jurisdiction. It also sets forth additional COVID-19 requirements for "exceptional risk workplaces". The definition of exceptional risk workplaces would include nursing, assisted living and residential care facilities, in-home care whether health care or personal support services, and any other setting where personal care activities are performed that involved very close contact with the individual.

(3) COVID-19 Requirements for 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.) wear a mask, face covering, or face shield in:
 - (A) Any indoor work setting or other indoor premises subject to the employer's control, irrespective of physical distancing, unless they are at a private, individual workspace not shared with other people.
 - (B) Any outdoor work setting or other outdoor premises subject to the employer's control, the employer must ensure that, all individuals use a mask, face covering, or face shield whenever employees cannot be reliably separated from all other individuals by at least 6 feet.
 - (C) A vehicle when employees are transported for work purposes, regardless of the travel distance or duration involved.
 - (D) The rule defines individuals and activities in which a mask, face covering or face shield is not required. It notes that *while reasonable accommodation for those unable to wear a mask, face covering, or face shield must be provided, such an accommodation does not include simply exempting individuals from the requirement to wear masks, face coverings, or face shields.*
 - (E) The employer must provide masks, face coverings, or face shields for employees at no cost to the worker. The employer may allow, but is not required to allow an employee to wear their own mask, face shield, or face covering instead of those provided by the employer.
- (c) 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 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 twice every 24 hours, if the workplace is occupied more than 12 hours a day and that the sanitation activities be separated by at least 8 hours between each subsequent cleaning.

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 and the time necessary to sanitize more frequently than would otherwise be required if the worker chooses to do so and to perform hand hygiene before using shared equipment.
- (C) 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.
- (d) Posting requirements. The "COVID-19 Hazards Poster," provided by Oregon OSHA must be permanently posted in a conspicuous manner in a central location where workers can be expected to see it) and provided to employees working remotely.
- (e) Building operators. **No later than 17 days** after adoption of the rule, employers who operate or otherwise control buildings where the employees of other employers work must ensure that the sanitation requirements are met; and post signs in areas where masks, face coverings, or face shields are required. The "[Masks Required](#)" sign developed by the Oregon Health Authority may be used.
- (f) Ventilation requirements. **No later than two months** after the adoption of the rule, the employer must maximize the amount of outside air circulated through its existing heating, ventilation, and air conditioning (HVAC) system(s), to the extent the system is capable of doing so, whenever there are employees in the workplace. This does not require installation of new ventilation equipment. In accordance with the HVAC manufacturer's instructions and the design specifics of the HVAC system and as frequently as 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 one month** after the adoption of the rule, all employers must conduct a COVID-19 exposure risk assessment that involve participation and feedback from employees. Each employer with more than ten employees statewide (including temporary and part-time workers) or an exceptional risk workplace must record their COVID-19 exposure risk assessment in writing by documenting:
 - (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 outlined in the rule.
- (h) Infection control plan. **No later than one month** after the adoption of the rule, all employers must establish and implement an infection control plan based on the risks identified in their exposure risk assessment. Each employer with more than ten employees statewide (including temporary and part-time workers) or an exceptional risk workplace must document their infection control plan in writing and must ensure that a copy is accessible to employees at their workplace.
 - (A) The infection control plan must contain, at a minimum:
 - (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.
- (i) Employee information and training. **No later than six weeks** after the adoption of the rule, employers must provide workers with information and training regarding COVID-19 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 required training topics that must include:
- (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;
 - (H) The symptoms of the COVID-19 disease;
 - (I) The ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus; and
 - (J) Safe and healthy work practices and control measures, including but not limited to, physical distancing, sanitation and disinfection practices.
- (j) COVID-19 infection notification process. The employer must establish a process to notify affected employees that they had a work-related contact with an individual who has tested positive for COVID-19 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
- 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.*
- (d) COVID-19 testing for workers. Whenever a local public health agency or Oregon Health Authority indicate that COVID-19 diagnostic testing within the workplace is necessary, the

employer must cooperate by making its employees and appropriate space available at no cost to the workers. 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.

(e) Medical removal. Whenever the Oregon Health Authority, local public health agency, or medical provider recommend an employee be restricted from work due to quarantine or isolation for COVID-19, such as through identification during contact tracing activities, the employer must direct the affected worker(s) 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.

Employers covered by one or more of the mandatory industry-specific and activity-specific appendices that make up Appendix A of the 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

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

(a) Infection control training. **By December 5, 2020**, exceptional risk workplace employers must provide infection control training in addition to the employee information and training requirements for all workplaces. The training must be:

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

(B) Appropriate in content and vocabulary to the education, literacy, and language of the affected workers; and

(C) Provide an opportunity for interactive questions and answers.

(b) The infection control training must include:

(A) An explanation of the rule and its applicable 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. **By November 21, 2020**, exceptional risk workplace employers must provide the following in its infection control plan in addition to the infection control plan requirements for all workplaces:
- (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 and update 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. This reevaluation and update must include feedback from non-managerial, front-line employees who perform activities that reflect the employer's exceptional risk.
- (d) Additional sanitation requirements. Each exceptional risk workplace employer must use appropriate sanitation measures in addition to the requirements for all workplaces to reduce the risk of COVID-19 transmission. Employers must:
- (A) Develop procedures for routine cleaning and disinfection (for example), using cleaners and soapy water to clean surfaces before applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) that are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. 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 in question and the disease status of the involved patient(s), exceptional risk workplace 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 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) [Ventilation Systems](#). Existing ventilation systems must be operated 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.

(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;

(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 for all workplaces exists when a healthcare provider who would otherwise be quarantined or isolated remains on the job under Oregon Health Authority guidelines.