

COMPLIANCE BULLETIN

Oregon OSHA Amends COVID-19 Workplace Standard

Oregon Occupational Safety and Health (Oregon OSHA) has adopted a permanent COVID-19 [standard](#) (the Standard). The original Standard went into effect on May 4, 2021, when the [emergency temporary standard](#) (ETS) expired. On June 30, 2021, Oregon OSHA amended the Standard to remove the facial covering and physical distancing requirements for all workplaces, except for health care and public transit. However, on Aug. 13, 2021, Oregon OSHA [reinstated](#) the facial covering requirement for all indoor spaces based on the Oregon Health Authority's (OAH) [recommendations](#).

The Standard requires employers to implement and enforce COVID-19 prevention and mitigation measures. Most requirements apply to all workplaces, but some are reserved for workplaces that pose an exceptional risk.

All Workplaces

- Face coverings
- Sanitation and ventilation systems
- Posters, training and notification
- Risk and exposure assessments
- COVID-19 testing and medical removal

Exceptional Risk

- Provide infection control training
- Implement an infection control plan
- Have enhanced HVAC systems

Recently revised Oregon OSHA provisions appear below in **bold text**.

Action Steps

Employers in Oregon should review the revisions in the Standard. Due to the changes in COVID-19 health requirements, employers are urged to monitor Oregon OSHA and the [Oregon COVID-19](#) website to stay current with rapidly changing compliance requirements.

Exceptional Risk Services

- Direct patient care
- Environmental decontamination services in a health care setting
- Aerosol-generating health care or postmortem procedures
- Direct client service in residential care or assisted living facilities
- Emergency first responder activities
- Personal care activities that involve very close contact with an individual
- The handling, packaging, cleaning, processing or transporting of human remains (tissue specimens or laboratory cultures) collected from an individual known or suspected to be infected with COVID-19

Employer Resources

- Oregon OSHA [summary](#) of Key Issues Revisions and Extension of COVID-19 Workplace Rules
- Oregon OSHA COVID-19 [Resources](#)
- [Model policy](#) for notification of employees when COVID-19 exposure occurs
- Exposure risk assessment [form](#)
- Oregon OSHA [statement](#) on vaccines and face coverings
- [Changes](#) in COVID-19 Rules
- OHA mask [recommendations](#)





Requirements for All Workplaces

Under the Standard, the requirements described below apply to all workplaces.

Face Covering and Distancing Requirements

On June 30, 2021, Oregon OSHA lifted the facial covering and physical distancing requirements, except for the health care and public transit industries.

However, on Aug. 13, 2021, Oregon OSHA adopted the Oregon Health Authority's [masking requirement for indoor spaces](#) for employers with employees who are exposed to other individuals in indoor workplaces. When the masking requirement cannot be implemented, employers must ensure individuals are physically distancing.

Otherwise, physical distancing is still not mandatory. As a result, employers and businesses are still at liberty to adopt and enforce their own distancing measures. However, employers should also remember to observe public health guidelines and accommodations for people with disabilities.

Employers must provide masks, face coverings or face shields for, and at no cost to, their employees. Employers may, but are not required to, allow employees to wear their own mask, face shield or face covering instead of the ones they provide.

Employers must allow employees to wear a filtering facepiece respirator when employees choose to wear one. Employers must follow the “voluntary use” provisions of the federal OSHA [Respiratory Protection Standard](#).

Vaccination Exemption

Oregon OSHA [expects](#) employers to ensure that physical distancing and facial covering requirements are enforced as reflected by the OHA [guidance](#).

Employers are not required to enforce the physical distancing and facial covering requirements for individuals with a verified vaccination status. Employers that request and review vaccination verification may permit fully vaccinated individuals to go without a mask, face covering or face shield.

However, employers must enforce physical distancing and facial covering requirements for individuals who are not vaccinated and individuals who claim to be vaccinated but refuse or cannot provide verification of vaccination status.

Other requirements of the Oregon OSHA Standard (except for social distancing requirements) remain in place and are not affected by the vaccination exemption.

Sanitation Requirements

The Standard requires employers to identify and target all common areas accessible to employees or the public for regular cleaning or sanitization. The requirement applies to all common areas, shared equipment and all high-touch surfaces that are used, occupied, frequented or visited by employees or the public.

To comply with sanitation requirements, employers must:

- Clean or sanitize common areas at least once every 24 hours (if the work area is exposed between 24 and 72 hours after an individual was last present in the space, only cleaning is required—not sanitation);
- Provide employees with the products and time necessary to sanitize common areas more frequently;



- ☑ Enable employees to practice adequate hand hygiene before using shared equipment, applying cosmetics, eating or smoking; and
- ☑ Clean and disinfect any surfaces or equipment that were touched, used or had direct physical contact with an individual known or suspected to be infected with the coronavirus (this requirement applies to surfaces and equipment under the employer’s control, but does not apply to settings where individuals are being treated for COVID-19 or to surfaces or equipment that have been unoccupied for seven or more days).

According to an Oregon OSHA [workplace advisory memo](#) revised on Aug. 13, 2021, violations of the general cleaning requirements are considered “de minimis” and, therefore, are not currently being enforced.

The Standard provides a limited exception from sanitation requirements for establishments with “drop-in” availability or minimal staffing. The Standard allows these employers to rely upon a regular cleaning and sanitation schedule and direct their employees to sanitize their work surfaces before use.

Ventilation System Requirements

The Standard requires employers to use existing workplace heating, vacuuming and air conditioning (HVAC) systems to circulate air whenever employees are in the workplace. Specifically, no later than June 3, 2021, employers must:

- Ensure that HVAC systems keep circulating air when employees are in the building;
- Regularly maintain and change HVAC filters and systems; and
- Make sure that the ventilation system is free from obstruction and provides fresh outside air to inside locations.

The Standard does not require employers to install new ventilation equipment. Similarly, employers are not required to meet the American National Standards Institute (ANSI) provisions or the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) (in particular, Standard 62.1, Standard 62.2, ASHRAE 2019a and ASHRAE 2019b). However, compliance with ANSI and ASHRAE standards will be considered compliance with the Oregon COVID-19 Standard.

By June 3, 2021, all employers with more than 10 employees statewide and an existing HVAC system must have a written certification indicating that—to the best of their knowledge—they are operating in compliance with the Standard. The certification must include a date and the name of the individual providing the certification. Employers must retain these certifications while the Standard remains in effect.

Posting Requirement

Employers **are no longer required to post** the “[COVID-19 Hazards](#)” [poster](#). Instead, employers are directed to display the “It’s the Law” [poster](#) in a central location where workers can be expected to see it. This would be a location that employees report to each day or from which employees operate to carry out their activities. Employees who work remotely must be provided the same information through electronic means (or other equally effective means).

Building Operator Responsibilities

Employers that operate or control buildings where the employees of other employers work must take certain preventive steps in common areas they control no later than Nov. 23, 2020. Specifically, building operators must post information in



areas where masks, face shields or face coverings are required and must ensure that all sanitation requirements under the Standard are met.

Appointing a Distancing Officer

The Standard requires employers to appoint one individual or employee per establishment as a distancing officer. The distancing officer will be responsible for assisting the employer in implementing workplace policies related to physical distancing; mask, face-shield or face-covering use; and COVID-19 sanitation procedures. The employer may designate itself as the distancing officer for an establishment.

The distancing officer may maintain additional job duties as long as they do not interfere with their responsibilities as the employer's distancing officer.

Risk and Exposure Assessments

The Standard requires employers to conduct a COVID-19 exposure risk assessment. These assessments must involve feedback and participation from employees. This feedback may be achieved via a safety meeting, safety committee, distancing officer, supervisor, process negotiated with the exclusive bargaining agent (if any) or any other similarly interactive process. Assessments completed in compliance with the Oregon OSHA temporary rule satisfy this requirement.

These assessments must address the following questions:

- 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?
- What are the anticipated working distances between employees? How might those physical working distances change during nonroutine work activities?
- What are the anticipated working distances between employees and other individuals? How might those working distances change during nonroutine work activities?
- Have the workplace, employee job duties or both been modified to provide for at least 6 feet of physical distancing between all individuals?
- How are employees and other individuals at the workplace notified where and when masks, face shields or face coverings are required? How is this policy enforced and communicated to employees and other individuals?
- How have employees been informed about the workplace policy and procedures related to reporting COVID-19 symptoms? How will employees identified for quarantine or isolation due to medical removal under (3)(l) of this rule be provided with an opportunity to work at home?
- 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?
- How have administrative controls (such as foot traffic control) been used to minimize employee exposure to COVID-19?
- 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?
- 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?



- ☑ How has industry-specific public health guidance from the Oregon Health Authority (OHA) been implemented in addition to this rule? How are periodic updates to such OHA guidance documents incorporated into the workplace on an ongoing basis?
- ☑ How can the employer implement appropriate controls that provide layered protection from COVID-19 hazards and minimize, to the degree possible, reliance on individual employee training and behavior for their efficacy?
- ☑ For multiemployer worksites, how are the physical distancing; mask, face-shield or face-covering requirements; and sanitation measures required under this rule communicated to and coordinated between all employers and their affected employees?

Employers with more than 10 employees statewide (including temporary and part-time workers) or a workplace at exceptional risk must record their COVID-19 exposure risk in writing. The following information must be documented:

- The name, job title and contact information of the person or persons who performed the assessment;
- The date the assessment was completed;
- The employee job classifications that were evaluated; and
- A summary of the employer's answers to each of the applicable risk assessment questions listed above.

Worker Training

Employers must provide COVID-19 worker training in a manner and language that is easily understandable by affected workers. The training can be provided remotely or by using computer-based models. Employers must ask employees to provide feedback concerning specific COVID-19 policies and requirements. This feedback may be achieved via a safety meeting, safety committee, distancing officer, supervisor, process negotiated with the exclusive bargaining agent (if any), or any other similarly interactive process. Training conducted in compliance with the Oregon OSHA temporary COVID-19 standard satisfies this requirement.

Specifically, affected workers must be allowed to provide input about the following workplace elements and how they apply to the employee's workplace and job function:

- Physical distancing requirements;
- Mask, face-shield or face-covering requirements;
- Sanitation requirements;
- COVID-19 signs and symptoms reporting;
- COVID-19 characteristics and methods of transmission;
- Symptoms of COVID-19;
- The ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit COVID-19;
- Safe work practices and control measures, including physical distancing, sanitation and disinfection practices; and
- Removal for medical reasons.

Infection Control Plan

All employers must establish an infection control plan based on the risks identified in the Standard that implements controls, including, but not limited to:

- Ventilation;
- Staggered shifts;



- Redesign of the workplace to accommodate physical distancing;
- Reduction in the use of shared surfaces and tools;
- Limitations on the number of employees and other individuals in work areas; and
- Personal protective equipment (PPE).

A facility-type control plan may be designed if an employer has multiple facilities that are substantially similar. Employers may also rely upon materials developed by associations, licensing agencies and franchisers to assist with compliance.

Employers with more than 10 employees must document their infection control plan in writing and ensure that a copy is accessible to their employees.

The infection control plan must contain, at the minimum, the following elements:

- A list of all job assignments or work tasks requiring the use of PPE (including respirators) necessary to minimize employee exposure to COVID-19;
- The procedures the employer will use to ensure that there is an adequate supply of masks, face coverings or face shields and PPE (including respirators) necessary to minimize employee exposure to COVID-19;
- A list and description of the specific hazard control measures that the employer installed, implemented or developed to minimize employee exposure to COVID-19;
- 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;
- The employer's procedures to communicate with its employees and other employers in multiemployer 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
- The procedures the employer will use to provide its workers with the initial employee information and training required by this Standard.

Infection Notification Procedure

Employers must establish a process to notify affected employees if they have had work-related contact (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) with an individual who has tested positive for COVID-19. This process must include a mechanism for notifying affected employees within 24 hours of the employer learning that an individual with COVID-19 was present or otherwise may have had contact with its workers.

The term "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." Typical examples of source control mechanisms include face coverings that limit the spread of respiratory droplets and aerosols. Respirators can also be used as source control, but only if the respirator does not have an exhalation valve.

The notification process must be developed to follow all applicable federal and Oregon laws and regulations. In particular, employers should be aware of employee privacy laws and always follow federal, state and local laws when notifying employees of another employee's health condition.



Employee notification requirements do not apply to settings where patients are hospitalized on the basis of being known or suspected of being infected with COVID-19.

In addition, the OHA also requires certain establishments to [report COVID-19 cases](#). Health care providers and laboratories must report these cases within 24 hours of identification. The OHA Public Health Division provides disease [reporting requirements](#) for COVID-19-related test results, cases and deaths.

COVID-19 Testing

Employers must cooperate with the OHA for any required COVID-19 testing of the workplace. Cooperation includes making employees and appropriate space available for testing, at no cost to the employee, whenever a local public health agency of OHA indicates COVID-19 diagnostic testing within the workplace is necessary.

Employers are expected to cover the cost of COVID-19 testing if they request the testing to take place. The cost of testing includes the actual test plus the employee's time and travel costs. However, employers are not required to cover the cost of the testing or the cost of travel for the testing if the employer is not requesting that the testing be completed.

Medical Removal, Quarantine and Isolation

The OHA requires that individuals with COVID-19 isolate at home and away from other nonquarantined individuals. Whenever the OHA, local public health agency or medical provider recommend an employee quarantine or isolate, affected employees must be directed to isolate themselves at home and away from other nonquarantined individuals. However, the Standard indicates that employers have no obligation to enforce employee quarantine or isolation other than the obligation to provide this directive and remove affected employees from the workplace.

An employee who has been reassigned must be entitled to return to their previous job duties without any adverse action as a result of participation in COVID-19 quarantining or isolation activities. Employees are protected from discrimination for exercising their rights under the law, including the Standard.

Decisions regarding testing and returning to work must be made in accordance with the applicable public health guidance and must be otherwise consistent with guidance from the employee's medical provider. This provision does not require a negative COVID-19 test or a separate contact with a medical provider.

Unless the employer determines the infection of a worker to be "work-related," the employer need not record on its OSHA 300 logs the medical removal of an employee required to quarantine or isolate because of COVID-19.

Mandatory Industry-specific and Activity-specific Compliance

Appendix A in the Standard includes additional industry- and activity-specific guidance for employers. Employers covered by one or more of these mandatory industry- and activity-specific appendices must comply with all additional guidance. Additional specific guidance supersedes the general requirements of this rule. When particular situations are not addressed by the specific language of the appendix, the requirements of this rule apply as written. Appendix A is now limited to the following industries:

- A-5: Transit agencies
- A-10: Veterinary Clinics
- A-11: Emergency Medical Services—first responders, firefighters, emergency medical services and nonemergency medical transport.



All other industry-specific and activity-specific appendices in Appendix A are no longer required to be followed.

Requirements for Exceptional Risk Environments

The Standard imposes specific provisions and additional requirements for workplace environments considered to pose an exceptional risk. Workplaces with exceptional risk are settings where the following job duties are performed:

- Direct patient care or environmental decontamination services in a health care setting;
- Aerosol-generating procedures (AGP), including nebulization, intubation and chest compressions, or post-mortem procedures;
- In-home care, whether health care or personal support services;
- Personal care activities that involve very close contact with an individual, such as toileting or bathing;
- Emergency first responder activities; and
- Any task associated with handling human remains, tissue specimens or cultures collected from a person suspected or known to have COVID-19.

“Exceptional risk” does not apply to other departments and activities involving the same employers (such as a hospital accounting department) that are not themselves involved in direct patient care or the other items included in the definition.

Infection Control Training

In addition to the requirements discussed for all workplaces, workplaces at exceptional risk must include infection control training. Training must:

- Be overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee’s workplace job duties;
- Contain material that is appropriate in content and vocabulary to the education, literacy and language of the affected workers;
- Provide an opportunity for interactive questions and answers with a person knowledgeable in the training program’s subject matter and basic epidemiology as it relates to the workplace and employee job duties;
- Include an explanation of the Standard.
- Explain how COVID-19 is transmitted (including through contact, droplet and airborne particles);
- Teach employees how to recognize hazardous work activities that may involve exposure to COVID-19 and how they can take precautionary measures to minimize their exposure;
- Describe the basic risk factors associated with COVID-19 transmission, including but not limited to:
 - Behavioral risk factors (for example, sharing contaminated equipment or items or participating in nonwork, high-risk activities such as attending large social gatherings);
 - Physiological risk factors;
 - Demographic risk factors; and
 - Environmental risk factors.
- Review the employer’s exposure risk assessment findings (as required and in accordance with subsection (3)(h) of the Standard) and identify which employee job classifications, tasks or job duties were considered as part of that risk assessment;



- ☑ Explain the employer’s workplace standards, policies and procedures for physical distancing, face covering and sanitation. Where applicable, this information must include any multiemployer worksite agreements related to the use of common areas and shared equipment that impacts employees at the workplace;
- ☑ Educate employees on the types, use, storage, removal, handling and maintenance of masks, face shields, face coverings and PPE (including respirators) provided to employees by the employer; and
- ☑ Review the use and limitation of any COVID-19 hazard control measures implemented or installed by the employer. COVID-19 hazard control measures include any engineering, administrative or work practice controls that eliminate or otherwise minimize employee exposure to COVID-19.

Sanitation Requirements for Exceptional Risk Workplaces

Exceptional risk workplaces must use appropriate sanitation measures in addition to the requirements of this Standard to reduce the risk of COVID-19 transmission. These workplaces must:

- ☑ Develop procedures for routine cleaning and disinfection; and
- ☑ 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](#).

Routine cleaning and disinfection procedures may include using cleaners and soapy water to clean surfaces before applying a hospital-grade disinfectant registered with the U.S. Environmental Protection Agency (EPA) to frequently touched surfaces or objects. Employers with exceptional risk workplaces can 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 COVID-19.

Health Care-specific Workplace Measures

The Standard requires health care employers to follow specific measures to protect health care employees, support staff, patients and visitors from individuals known (or suspected) to be infected with COVID-19.

These employers must screen and triage all individuals entering their health care setting for COVID-19 symptoms. Individuals suspected of or known to be infected with COVID-19 must be required to wear face masks and be isolated in an examination room with the door closed to prevent transmission to others. Physical distancing must be followed if a room is not available at the time of entry.

The only exception to the quarantine and isolation provisions of this Standard exists when a health care provider who would otherwise be quarantined or isolated remains on the job under OHA guidelines.

Physical Distancing and Face Covering Requirements

All health care 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.

Health care employers must ensure that all individuals in the workplace wear a mask, face covering or face shield. Face coverings are not required if the individual:

- Is under the age of 5;
- Is eating or drinking; or
- Is engaged in an activity that makes wearing a face covering not feasible.



Employees may briefly remove their face coverings if their identity needs to be confirmed by visual comparison.

Employers must provide face coverings to employees at no cost to the employees. Employers may allow employees to wear their own masks, face shields or face coverings, but are not required to do so unless they choose to wear a respirator covered by the “voluntary use” provisions of the respiratory protection standard.

Health Care Personal Protective Equipment

Health care employers must provide all the equipment their workers must use to provide health care services. The equipment provided must be adequate for the procedure or service that is being performed. Health care PPE must follow all recommendations, guidelines and requirements set by this and any other applicable standard. Health care PPE must protect against exposure to COVID-19 through contact, droplets and airborne particles. Health care PPE must include eye protection.

However, both the OHA and Oregon OSHA are aware of current shortages for certain types of health care PPE. During enforcement activities, these agencies will consider any genuine PPE shortage, as well as good-faith efforts health care employers make, to comply with PPE requirements. Health care employers are encouraged to review the guidance published by these agencies on this issue (see: [OHA and Oregon OSHA Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings](#) and [CDC infection control guidance](#)).

Under the Standard, employers must provide their employees with gloves, gowns, eye protection (goggles or face shield) and either a NIOSH-approved respirator or a respirator with a current emergency use authorization from the U.S. Food and Drug Administration whenever employees provide direct patient care for a patient who is known (or suspected) to be infected with COVID-19. Employers are allowed to provide medical-grade masks instead of respirators if they can prove that the availability of respirators is genuinely limited.

Additional Infection Control Plan Requirements

The Standard requires exceptional risk workplaces to create and implement a written infection control plan that includes:

- The names of the people responsible for administering the plan (these people must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations); and
- Any updates resulting from necessary re-evaluations of the plan.

As frequently as necessary, exceptional risk workplaces must conduct a re-evaluation of their infection control plan. The re-evaluation must consider changes in the facility, employee job duties, new technologies or workplace policies that affect worker exposure to COVID-19. Re-evaluations may also be needed in response to updated, applicable OHA guidance.

A successful re-evaluation must include feedback from nonmanagerial, front-line employees who perform activities that reflect the workplace’s exceptional risk. Employers can obtain this feedback via a safety meeting, safety committee or supervisor, and they are not required to survey all affected employees. Effective June 3, 2021, health care employers must develop and implement a written PPE supply and crisis management plan in accordance with the OHA and [Oregon Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings](#).

Employers must make sure that copies of their infection control plan are accessible to employees.

COMPLIANCE BULLETIN



Enhanced HVAC Systems

HVAC systems for exceptional risk environments must be able to have six air changes in an hour. Existing systems that cannot handle this requirement must be set up to produce as many air changes per hour as possible. Employers can take the system's design and specifications into consideration for this purpose.

Source: [Oregon OSHA](#)