

1) Scope and Application

- (a) This rule applies to all workplaces and workers 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 where an employee (including temporary and part-time employees) performs one or any combination of the following job duties:
 - (A) Direct patient care or environmental decontamination services in a healthcare setting;
 - (B) Aerosol-generating healthcare or postmortem procedures;
 - (C) Direct client service in residential care or assisted living facilities;
 - (D) In-home care, whether health care or personal care;
 - (E) Emergency first responder activities;
 - (F) 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.

"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.

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, bathrooms, 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.
- (c) Decontamination of Filtering Facepiece Respirators – A process approved by the Food and Drug Administration (FDA) that destroys pathogens and leaves integrity of PPE intact.
- (d) Direct patient care – means any employee job duties that include direct physical contact with a patient during the delivery of health care 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 health care 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 technologist, phlebotomist, respiratory therapist, dentists, dental hygienists, physical or occupational therapists, chiropractors, and other workers who otherwise provide in-person health care services.
- (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) 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.

- (g) Extended Use (of Personal Protective Equipment) – Extended use refers to wearing the same mask, respirator, or eye protection (goggles or face shield) for encounters with several different patients, without removing them between encounters.
- (h) 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. A covering that incorporates 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 mask.
- (i) 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 any definition of a masks, face shield, or face covering.
- (j) 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.
- (k) Healthcare setting – means any space at the workplace where a worker performs aerosol-generating healthcare or postmortem procedures, or direct patient care as defined by this rule. A healthcare setting does not include any establishment where only household services are provided in single family residents and single family dwellings.
- (l) 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, door knobs, digital kiosks, touch-screen enabled devices, light switches, handrails, elevator control panels, and steering wheels.
- (m) Household 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. Household services include, but are not limited to housekeeping, medication management, personal transportation (such as taking a client to an appointment), and other day-to-day living activities that may occur in a single family residence or single family dwelling and are not otherwise considered to be direct patient or personal care under this rule.
- (n) Limited Re-Use (of personal protective equipment) – The practice of using the same personal protective equipment for multiple encounters with different patients but removing it after each encounter.
- (o) 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.
- (p) 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.
- (q) SARS-CoV-2 – refers to a specific betacoronavirus (MERS-CoV and SARS-CoV are other betacoronaviruses) that causes what has been designated as the Coronavirus Disease 2019 (COVID-19).
- (r) 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.
- (s) Single Use (of personal protective equipment) – The practice of using personal protective equipment for one encounter with one patient, then discarding it.

- (t) Source Control – Use of protective equipment or other measures to prevent the spread of illness from an infectious person to others. A typical example is use of a mask, worn by an infectious person, to limit the spread of a respiratory illness.
- (u) 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. The employer must ensure that 6-foot physical distancing between all individuals in the workplace is implemented as follows:
 - (A) Both the work activities and workflow must be designed to eliminate the need for any worker to be within 6 feet of another individual in order to fulfill their job duties unless the employer determines and can demonstrate that such separation is not feasible for certain activities. In addition to the requirements of (3)(b) of this rule, the employer must ensure that all affected workers use masks, face shields, or face coverings in any instance where employees and other individuals cannot be separated by at least 6 feet, whether indoors or outside.
 - (B) Unless all individuals in the vehicle are wearing respirators in compliance with the Respiratory Protection Standard (29 CFR 1910.134) or Appendix B of this rule, a vehicle carrying individuals who are not in the same household is limited to half its legal passenger capacity or two individuals total, whichever is higher.
Note: Additional requirements related to vehicles are contained in (3)(b)(D) of this rule.
- (b) Mask, face shield, and face covering requirements. The employer must ensure that all individuals (including customers, vendors, patrons, contractors, etc.) 5 years of age and older and not actively eating, drinking, or smoking at the workplace or other premises subject to the employer's control wear a mask, face shield, or face covering as follows:
 - (A) The employer must provide masks, face shields, or face coverings for employees at no cost to the worker. If employees wish to wear their own mask, face shield, or face covering instead of those provided by the employer, the employer may allow them to do so (but is not required to allow them to do so unless the employee chooses to wear a respirator covered by the "voluntary use" provisions of the respiratory protection standard rather than a mask, face shield, or face covering). If employees choose to wear a mask, face shield or face covering even when it is not required, the employer must allow them to do so.
 - (B) In any room where an employee and at least one other individual is present and the available area is less than 35 square feet per individual, the employer must ensure that each individual in the space wears a mask, face shield, or face covering.
 - (C) In any room smaller than 20 square feet where an employee and at least one other individual is present in an indoor room that is smaller than 200 square feet, the employer must ensure that each individual in the space wears a mask, face shield, or face covering.
 - (D) When employees are transported in a motor vehicle for work purposes, regardless of the travel distance or duration involved, each individual in the vehicle must wear a respirator, mask, face shield, or face covering.
Note: This requirement does not apply when all individuals within the vehicle are members of the same household.
 - (E) The employer must ensure that all affected workers use masks, face shields, or face coverings in any instance where employees and other individuals cannot be reliably separated by at least 6 feet, whether indoors or outside.

Note: Although face shields are normally used as personal protective equipment to protect the eyes, the rule allows them to be used as source control. However, such use should be minimized and generally limited to those who cannot wear a mask or face covering because

masks and most face coverings are more effective at source control and also provide a certain amount of protection against aerosols to the wearer.

- (F) A mask, face covering or face shield is not required to be worn during an examination, procedure or service in which access to parts of the face that are covered by a face mask, face covering or face shield is necessary. A mask, face covering or face shield is required to be worn as soon as the examination, procedure or service in question has completed.
- (G) In situations where identity needs to be confirmed by visual comparison, the affected individual may briefly remove their face covering. When possible, limit speaking while the facial cover is off.
- (H) Masks, face coverings, or face shields are not required and should not be worn when individuals are sleeping.
- (c) Sanitation. All employers must regularly clean all common areas under their control and accessible to employees or the public.
 - (A) When occupied or otherwise used by any individual, every 24 hours for workplaces occupied fewer than 12 hours, or at least every 8 hours for workplaces occupied 12 hours or more, the employer must clean or sanitize the following areas, equipment, and surfaces:
 - (i) Common areas as defined by this rule;
 - (ii) Shared equipment used to perform tasks; and
 - (iii) All high-touch surfaces as defined by this rule.
 - (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.
 - (C) Employers must provide employees with the supplies **and the time** necessary to perform hand hygiene before using shared equipment, applying cosmetics, eating, or smoking.
 - (D) Unless the area in question has been unoccupied for seven or more days, and except in health care settings where known COVID-19 patients are being treated for the disease, employers must clean and disinfect areas where individuals known or suspected to be infected with COVID-19 have been present prior to allowing other employees access to the areas. A period of 24 hours should be observed prior to cleaning and sanitization.**
- (d) Posting requirements. The “COVID-19 Hazards Poster,” provided by Oregon OSHA must be permanently posted in a conspicuous manner in central location(s) 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 8, 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 shields, or face coverings 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 December 21, 2020**, 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. In accordance with the 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 November 21, 2020**, all employers must conduct a COVID-19 exposure risk assessment, without regard to the use of personal protective equipment or masks, face shields, or face coverings.
- (A) The exposure risk assessment must involve feedback and participation 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 assessing 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 has the workplace or employee job duties or both been modified to provide at least 6-feet of physical distancing between all individuals?
 - (v) What is the COVID-19 mask, face shield, or face covering policy at the workplace? How is this policy communicated to employees and other individuals at the workplace?
 - (vi) How have employees been informed about the workplace policy and procedures related to reporting COVID-19 signs and symptoms? How might employees who are identified for quarantining 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 local exhaust ventilation systems, airborne infection isolation rooms, 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 reporting procedures or policies communicated to employees?
 - (x) How are sanitation methods related to COVID-19 implemented in the workplace? How have these sanitation practices been explained to employees and other individuals that enter 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 are periodic updates to such guidance documents incorporated into the workplace on an on-going basis?
 - (xii) In settings where the workers of multiple employers are present, how are the physical distancing; mask, face shield, or face covering requirements; and sanitation provisions

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?

(h) Infection control plan. No later than November 21, all employers must establish and implement an infection control plan that is specific to the type of work performed by employees on a facility-by-facility basis. If an employer has multiple facilities that are substantially similar, its 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.

(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);
- (ii) A list and description of the specific hazard control measures that the employer installed, implemented, or developed to minimize employee exposure to COVID-19;
- (iii) A description of the COVID-19 mask, face shield, or face covering requirements at the workplace, and the method of informing individuals entering the workplace when and where masks, face shields, or face coverings are required;
- (iv) 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 to. This includes the communication to individuals identified through COVID-19 contact tracing and general communication to the workplace at large;
- (v) The procedures the employer will use to ensure that there is an adequate supply of masks, face shields, or face coverings and personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19; and
- (vi) The procedures the employer will use to provide initial training to employees as required by this rule.

(i) Employee information and training. No later than December 5, 2020, employers must provide information and training regarding COVID-19. This information and training 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 shield, or face covering 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; and
- (E) Medical removal as required by this rule.

(F) In addition, employers subject to the overtime restrictions of ORS 652.020(3) related to manufacturing and those under ORS 653.265 related to canneries, driers and packing plants must

inform their employees about their ability to refuse certain overtime requests using materials supplied for the purpose by the Bureau of Labor and Industries.

- (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 affected employees that they had a work-related contact with an individual who has tested positive for COVID-19. This notification process must include the following elements:
 - (A) A mechanism for notifying affected employees within 24 hours of the employer being made aware of the positive test result that an individual with COVID-19 was present in the workplace or otherwise may have had work-related contact with its worker(s); and
 - (B) This notification process must be established in accordance with all applicable federal and Oregon laws and regulations.
- (k) COVID-19 testing for workers. Whenever the Oregon Health Authority or a local public health agency indicates that testing within the workplace is necessary, the employer must cooperate by making its employees and appropriate space available at no cost to the employees. 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. However, if such testing is conducted at its 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 travel.
- (l) Medical removal. Whenever the Oregon Health Authority or 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 isolate at home and away from other non-quarantined individuals. Such restriction must continue until the need for the employee's medical provider or an appointed public health authority determines the employee can return to work.
 - (A) Whenever an employee participates in isolation or quarantining due to 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 quarantining 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 quarantining or isolation activities must be made in accordance with the direction of the involved public health authorities and must be otherwise consistent with guidance from the employee's medical provider.

***Note:** Employees are protected from discrimination or retaliation under ORS 654.062(5). This includes protections 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) the employer does 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) 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 this rule apply as written.

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

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

- (a) Infection control training. In addition to the employee information and training requirements for all workplaces under subsection (3)(j) of this rule, employers of workplaces at exceptional risk must provide infection control training **by November 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) 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.
- (b) Infection control training for employees required under rule must include the following elements:
- (A) An explanation of this 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 shield, or face covering 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 impact employees at the workplace;
 - (F) Information on the types, use, storage, removal, handling, and maintenance of masks, face shields, or face coverings 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 the infection control plan required by November 21, 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 to 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 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.

(C) An assessment of appropriate control measures that will be used, including but not limited to those explicitly required by this rule, with preference for those measures that do not rely upon individual employee behavior for their effectiveness.

(d) Enhanced ventilation requirements. No later than December 21, 2020, the employer must use existing HVAC system(s), portable air purifiers equipped with high efficiency particulate air (HEPA) filters, or both to supply enough air to at least provide 12 air changes per hour in all indoor healthcare settings under the employer's control where a worker performs aerosol-generating healthcare or postmortem procedures, or direct patient care. If the existing ventilation system cannot supply 12 air changes per hour, then it must be set-up to supply as much air as the system can safely handle depending on the manufacturer's instructions or design specifications.

Note: How to calculate air changes per hour

Q = air flow rate in cubic feet/hour

V = room volume in cubic feet

Q / V = Air changes per hour (ACH)

(e) Screening in Exceptional Risk Settings. The employer must screen and triage all individuals entering a healthcare setting for signs of COVID-19. Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who could 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 AGPs are performed by workers. Consideration must be given to establishing screening stations outside the facility to screen individuals before they enter any indoor portion of the healthcare setting.

(B) Screen all individuals and employees entering for symptoms consistent with COVID-19. This can be achieved by taking the individual's temperature and asking the affected individual if they have been advised to self-quarantine because of exposure to someone with COVID-19.

(f) Barriers, partitions and isolation rooms. The employer must employ the following measures to protect healthcare workers, patients, and visitors from individuals with suspected or confirmed COVID-19.

(A) When available, use available 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 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 phone when it is their turn to be evaluated.

(C) Use physical barriers or partitions in triage areas to guide patients when appropriate;

(D) Use curtain to separate patients in semi-private areas;

(g) Exceptional risk personal protective equipment. Depending on the requirements of the medical 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, airborne precautions, and eye protection (for examples, goggles, face shields) to protect healthcare workers with exposure or potential exposure to COVID-19.

(A) Caring for a patient known or suspected to be infected with COVID-19, whenever an employee provides direct patient care for a patient known or suspected to be infected with COVID-19, the employer must provide gloves, a gown, eye protection (goggles or face shield), and a NIOSH-approved filtering facepiece respirator or a higher level of respiratory protection).

(B) Aerosol generating healthcare or postmortem procedures. Regardless of the patient's infection status, whenever an employee performs any aerosol-generating health care or postmortem procedure, the employer must provide gloves, a gown, eye protection (goggles or face shield), and a NIOSH-approved filtering facepiece respirator or a higher level of respiratory protection).

Note: If PPE availability is genuinely limited, a procedure cannot be deferred, and appropriate, good-faith efforts are made 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 [OHA- Oregon OSHA Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings](#).

(h) Cleaning and Sanitation in health care settings. Use appropriate sanitation measures to reduce the risk of COVID-19 transmission. Each employer must:

(A) Develop procedures for routine cleaning and disinfection (for example), using cleaners and water to pre-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.

(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](#).