



September 4, 2020

To: Oregon OSHA  
Sent via email: [tech.web@oregon.gov](mailto:tech.web@oregon.gov)

From: Oregon Health & Fitness Alliance  
Fawn Barrie, [fbarrie@legadv.com](mailto:fbarrie@legadv.com)  
Kelsey Wilson, [kwilson@legadv.com](mailto:kwilson@legadv.com)

Re: Draft COVID-19 Temporary Standard dated Aug. 17, 2020

The Oregon Health & Fitness Alliance (OHFA) is a new and growing organization that advocates on behalf of the more than 450 health and fitness clubs throughout Oregon, including the more than 1 million club members who utilize their facilities, and the more than 20,000 Oregonians the industry employs. OHFA advocates for all Oregonians who work with and benefit from the health and fitness industry, including health clubs, boutique studios, fitness professionals, vendors and suppliers. OHFA sets the standard for excellence in health and fitness club operations.

As representatives of one of Oregon's largest industries, OHFA is grateful for the opportunity to submit the following comments and markup of OR-OSHA's draft COVID-19 Temporary Standard.

Oregon's health and fitness clubs have always held themselves and their industry to an extremely high standard of cleanliness and sanitation. That attention to detail and prioritization of club members' and employees' health and safety has never been more important than in the last six months, as our industry has been turned upside down by COVID-19 and the related shut down of businesses across the state.

Since the beginning of the pandemic, OHFA's partners have made every effort to adjust their operations and implement stringent measures to protect the health and safety of all patrons and staff at their clubs including implementing strict social distancing rules, ensuring all patrons comply with the statewide mask requirement, decreasing occupancy in their facilities and closing service offerings and facilities as required by the state's reopening guidelines in each phase. OHFA recognizes the need for OSHA to address and implement these same measures in workplaces across the state in order to slow the spread of COVID-19 and protect Oregon's fragile economy.

However, as you are well aware, each workplace is different, and it is not feasible to require all facilities to implement a "one size fits all" rule. Health and fitness clubs, for example, sometimes house multiple service offerings under one roof, including childcare, physical therapy, personal and small group training, restaurants, indoor and outdoor pools, fitness classes, spas, indoor and outdoor tennis, pickle ball and outdoor activities. It is not practical to install physical barriers in a facility like this where employees may be moving from space to space and need to interact with patrons in order to provide a specific service. Some clubs have already installed barriers at front desks and in other spaces to separate customers from employees, yet these new standards conflict with existing public health guidelines and could force clubs to remove their existing barriers and replace them with new ones in order to comply with these new requirements, adding an additional cost burden on employers already struggling through these challenging times.

In addition, the requirement that employers sanitize all high-touch surfaces and shared equipment between every use is completely unreasonable. Our clubs and their workers are making every effort to sanitize equipment and surfaces as often as possible, but it is not feasible to ask clubs to sanitize every door handle or restroom between each use.

Further, the rule as written does not identify a date by which employers would be required to come into compliance with the new regulations, even though the rules are expected to take effect “no later than September 14.” We strongly encourage OR-OSHA to include at least a 90-day grace period following the implementation of this Temporary Rule, allowing employers the time needed to fully comply with any new regulations, especially given the financial burden many of these new rules will impose on businesses that are already struggling from nearly six months of decreased operations, capacity and revenue.

Below, we have included a redline markup of our comments on the draft Temporary Rules, which adds on to concerns raised by the greater business community.

Thank you for your consideration and review of these comments.

Sincerely,

Fawn Barrie  
Kelsey Wilson  
Oregon Health & Fitness Alliance

# Oregon OSHA's **Draft** COVID-19 Temporary Standard

Written comments related to this draft temporary standard should be submitted as soon as possible to ensure appropriate consideration; comments will be accepted through Sept. 7, to Oregon OSHA's rulemaking team at: [tech.web@oregon.gov](mailto:tech.web@oregon.gov)

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## **COVID-19 Temporary Standard**

**Draft Publication Date:** August 17, 2020

### **(1) Scope and Application**

- (a) COVID-19 safety precautions for all workplace. Subsection (2) of this rule applies to all places of employment or workplaces as defined in these rules or ORS Chapter 654, unless specific exceptions are noted.
- (b) COVID-19 safety precautions for workplaces at heightened risk. Subsection (3) of this rule includes additional requirements for those workplaces where employees perform heightened risk of exposure activities because they perform a close-in tactile person-to-person work activity that falls outside those activities covered by (1)(c) below. This includes any job duty or work operation that requires an employee to be within 6-feet of another individual for longer than 15 minutes and that includes the direct touching of the individual with the employee's hands or by the use of instruments or tools (examples of such activities include, but are not limited to tattooing, massage, hair dressers, barbers, beauticians, and make-up artists).
- (c) COVID-19 safety precautions for workplaces at exceptional risk. Subsection (4) of this rule includes additional requirements for those workplaces where employees perform exceptional risk of exposure activities because they are involved the medical or healthcare industries and perform at least one of the following:
- (A) Direct patient care in a healthcare setting;
  - (B) Aerosol-generating healthcare or postmortem procedures;
  - (C) Emergency first responder activities;
  - (D) Handling, packaging, cleaning, processing, or transporting of "contaminated materials" as defined by this rule; or
  - (E) Handling, packaging, cleaning, processing, or transporting human remains or human tissue specimens or laboratory cultures collected from an individual suspected or known to have COVID-19.
- (d) All workplaces must comply with the requirements in subsection (2) of these rules.
- (e) Workplaces at heightened risk must comply with the requirements in subsections (2) and (3) of these rules.
- (f) Workplaces at exceptional risk must comply with the requirements in sections (2) (3) and (4) of these rules.

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**(2) COVID-19 Requirements for All Workplaces**

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

*Exemption: Any educational establishment that develops and fully implements a written program consistent with guidance issued by the Oregon Department of Education is*

exempt from the requirements of this rule with regard to those activities covered by such guidance.

(a) Social Distancing. The employer must ensure proper distancing between all individuals in the workplace.

(A) Employer must ensure that work activities can be performed without the need for any employee to be within six feet of another individual in order to fulfill their duties.

(B) The six-foot distancing requirement is satisfied when employees are not able to maintain six feet of space but are separated from other individuals by an impermeable barrier that creates a “droplet buffer” that provides at least six feet in distance between the employee and other individuals. Such a droplet buffer must be calculated using the shortest distance around or through gaps in the barrier. Note: see attachment X for examples of proper barriers.

(C) Whenever employees are transported in a motor vehicle for work purposes, the center points of passenger seats, must be separated by at least three feet. This requirement does not apply if all passengers are part of the same household.

(D) If neither distancing or barriers are a practical option, the employer must ensure that face coverings are worn and that as much distance as practical is maintained between individuals.

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<#>Both the work activities and the workplace must be designed to eliminate the need for any worker to be within 6-feet of another individual in order to fulfill their duties. To the extent that the employer determines and can demonstrate that such separation is not a practical option, the employer must ensure that face coverings are worn in accordance with (2)(b) of this subsection and that as much distance as practical is maintained between individuals.¶

<#>The 6-foot distancing requirement of (2)(a)(A) has been met when employees are separated from other individuals by an impermeable barrier that creates a “droplet buffer” that provides at least 6-feet in distance between the mouths of the affected individuals. Such a droplet buffer must be calculated using the shortest distance around or through gaps in the barrier.¶

**Deleted:** *Note: For purposes of such calculations, the top of the face should be assumed to be at the top of the head and the bottom of the face should be assumed to be 12 inches below the top of the head. Given the inevitable likelihood of at least minor side-to-side movement, the distance from the center to the side of the face should be assumed to be 6 inches.*¶

¶

*Example 1: Two individuals work side by side, standing, on a production line. Their work stations are 3-linear-feet apart. However, they are separated by an impermeable barrier that extends from 2-feet above the floor up to 9-feet above the floor and that extends from 2-feet in front of them to 4-feet behind them. The workers’ faces will always be separated by a “droplet buffer” of at least 6 feet:¶*

*<#>To the front, they are separated by 2-feet plus 3-feet plus 2-feet for a total of 7-feet.¶*

*<#>To the rear, they are separated by 4-feet plus 3-feet plus 4-feet for a total of 11-feet.¶*

*<#>Over the barrier, the separation will depend on the height of the individuals but even two 7-foot tall individuals would be separated by 2-feet plus 3-feet plus 2-feet for a total of 7-feet.¶*

*<#>Below the barrier, the separation will again depend upon the height of the individuals but even two 4-foot-9-inches tall individuals would be separated by 1-foot-9-inches plus 3-feet plus 1-foot-9-inches for a total of 6-feet-six-inches.¶*

... [1]

(b) Face coverings. The employer must ensure that everyone in the workplace or other premises subject to the employer's control wears face coverings whenever the six foot distancing requirement described in (2)(a) of this subsection cannot be consistently assured. Such face coverings must meet the definition of a face covering, mask or face shield in these rules.

- (A) Face coverings must be worn by employees and other individuals whenever customers, contractors, or other visitors are present and six feet of distance cannot be maintained or barriers are not in place that physically prevent individuals from approaching within six feet of one another.
- (B) Face coverings must be worn by employees when the work requires them to be within six feet of one or more individuals for more than 5 minutes in a singular instance.
- (C) Face coverings must be worn by employees working in office settings when not at their or whenever six foot distancing cannot be reliably maintained between individuals (for example, face coverings must be worn in corridors, restrooms, elevators, and stairwells).
- (D) Face coverings must be worn by all individuals in a vehicle whenever two or more employees are transported in a motor vehicle for work purposes, regardless of the distance involved, unless all individuals in the vehicle are members of the same household.
- (E) Face coverings must be worn when individuals are performing tasks that require continuous singing, shouting, or other forceful exhalations and they are not separated from other individuals to their front by at least 12-feet.

**Deleted:** *above the counter; the barrier is 30-inches wide, as is the counter itself, separating the workers from the customers:¶*

**<#>***The distance below the barrier is not an issue because the barrier and the counter together create a barrier all the way to the floor.¶*

**<#>***The distance above the barrier, however, will not provide 6-foot separation unless both individuals are shorter than average. If both individuals are 5-foot-6-inches, for example, the separation would be 1-foot-6-inches plus 2-foot-6-inches plus 1-foot-6-inches, totaling only 5-foot-6-inches.¶*

**<#>***In addition, the distance to either side of the barrier would have to be calculated based on the possible locations where an individual (particularly where the customer might stand), rather than assuming both individuals would remain exactly at the center of the barrier – particularly as merchandise is passed around the side of the barrier.¶ Therefore, such a barrier would not be in compliance with the 6-foot distancing requirement.¶*

**¶***Example 3: A bank teller works in a window that is 18-inches deep but that has been covered by a transparent barrier that combines with the existing fixtures to create a barrier that is 12-feet wide, with one teller ... [2]*

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**Commented [PS2]:** Every member I have heard from has concerns about this section. It should be made clear that incidental "exertions" do not apply.

- (c) Sanitation. All employers must ensure that all high contact are thoroughly cleaned daily.
- (A) Employees must clean work stations at the end and beginning of their shifts. Employers must provide supplies and instructions for cleaning
- (B) Employees must clean all shared equipment and high-touch surfaces before and after use. Employer must provide supplies and instructions for cleaning.
- (C) Employers must ensure that employees have sufficient supplies and facilities for proper hand hygiene.
- (d) Social distancing officer. All employers with at least 25 FTE employees must designate at least one employee who will be responsible to assist the employer ensuring these rules are implemented. The social distancing officer must have the authority to take prompt action or to implement measures to eliminate or otherwise minimize exposure to COVID-19. Employers with fewer than 25 FTE employees may choose to appoint such a social distancing officer to assist the employer in complying with the requirements of this rule.
- (e) Building operators. Employers who operate or otherwise control buildings where the employees of other employers work must ensure that building traffic flow allows appropriate social distancing.
- (A) Notices regarding social distancing and facial coverings should be placed in any common areas, including but not limited to shared entrances, waiting rooms, corridors, restrooms and elevators.
- (B) To the degree the building operator is reasonably able to do so, they must enforce the requirements of these rules.
- (f) Employee information and training.
- (A) Employers must post the "COVID-19 Hazards Poster" provided by Oregon OSHA in a central location where workers can be expected to see it. Employers can satisfy this requirement by providing the poster or same information through electronic or equally effective means.
- (B) Employers must notify their employees about the social distancing requirements and how they will be implemented in the workplace, and employers must provide an opportunity for employee feedback about those practices (through communication with the Social Distancing Officer, a meeting of the Safety Committee, or an interactive safety meeting. Such notification must be conducted in a manner and language commonly used by the employer to communicate with employees.
- (C) Employers must provide employees with information about the employer's policies and procedures for employees to report signs or symptoms of COVID-19. Such information must be provided in a manner and language commonly used by the employer to communicate with employees.
- (D) Employers must provide information to their employees their rights under these rules.

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(g) Medical Removal.

(A) When a health care provider or public health official recommends that an employee isolate as a result of contact tracing that revealed close contact with someone who tested positive for COVID-19 or the employee tested positive for COVID-19 unless the employee has received a negative COVID-19 test since the date of the close, the employer must reassign the affected employee(s) to duties that do not involve in-person contact with other employees or the public so the employee doesn't risk infecting others in the workplace. Such reassignment must continue until the need for isolation no longer exists, based on guidance from the employee's medical provider or from the involved public health officials.

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(B) To the degree reassignment to other duties is not possible, the employer must remove the employee from the workplace.

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(C) Employees who are removed from the workplace under medical removal may use leave to which they are entitled under the sick leave provisions of the Families First Coronavirus Response Act (FFCRA) which requires that employers provide up to two weeks of sick leave because the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis.

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(D) Employees who are removed from the workplace and the employer is not covered by the sick leave provisions of the FFCRA must 1) exhaust unused sick leave or 2) be paid for up to two weeks of leave. Such leave will be provided at 40 hours per week for full-time employees and on a pro-rata basis for part-time employees.

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*Exception 1: Employers who would otherwise be required to provide paid leave may count any benefits currently available that were not available prior to March 1, 2020 toward the paid reassignment leave requirement.*

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*Exception 2: Employers who would otherwise be required to provide paid reassignment leave who experienced a reduction of more than 20 percent (20%) in gross revenue between the 2<sup>nd</sup> (second) calendar quarter of 2019 and the 2<sup>nd</sup> (third) calendar quarter of 2020.*

Commented [P55]: This could be interpreted to be the beginning of the 2<sup>nd</sup> quarter of 2020 which was April, this should extend beyond that. Many businesses have seen steady decreases that could be 20% now.

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(E) Whenever an employee participates in such reassignment or removal the employee shall be entitled to return to previous or equivalent job duties to the extent those exist without loss of benefits, seniority, or reduction in pay as a result of the medical removal.

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(F) Decisions regarding testing and return to work must be made in accordance with the direction of any involved public health official and

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must be otherwise consistent with guidance from the employee's medical provider.

(G) Employers may require negative COVID-19 test results or medical verification that the employee no longer poses a health risk to the workplace before the employee returns to their former duties or to the workplace.

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### **(3) COVID-19 Requirements for Workplaces at Heightened Risk**

Except as otherwise provided by this rule, “workplaces at heightened risk” must meet the following requirements, in addition to those in subsection (2) of this rule.

- (a) Exposure Risk Assessment. Each employer covered by this subsection must conduct a COVID-19 exposure risk assessment, without regard to the use of personal protective equipment or face coverings, that considers the following risk elements:
  - (A) The anticipated or actual working distance between all employees.
  - (B) The anticipated or actual working distance between employees and non-employees.
  - (C) The social distancing, face covering, and sanitation measures that the employer developed, implemented, or provided to minimize worker exposure to COVID-19 in accordance with subsections (2)(a), (2)(b), and (2)(c) of this rule respectively.
  - (D) The frequency, duration, and variety of close-in tactile person-to-person work activities performed by employees.
  - (E) The frequency, duration, and variety of those work tasks or operations listed under the scope of (1)(c) of this rule. Specifically, this includes employees who perform or directly assist with:
    - (i) Direct patient care in a healthcare setting;
    - (ii) Aerosol-generating healthcare or postmortem procedures;
    - (iii) Emergency first responder activities;
    - (iv) Handling, packaging, cleaning, processing, or transporting of “contaminated materials” as defined by this rule; or
    - (v) Handling, packaging, cleaning, processing, or transporting human remains or human tissue specimens or laboratory cultures collected from an individual suspected or known to have COVID-19.
  - (F) The effectiveness of hazard control measures that the employer developed, implemented, or installed to eliminate or minimize worker exposure to COVID-19.
- (b) Each employer covered by subsection (3)(a) of this rule must document their exposure risk assessment in writing and include the following information:
  - (A) The name(s), job title(s), and contact information of the person(s) who performed the exposure risk assessment;
  - (B) The date the exposure risk assessment was completed;
  - (C) The employee job classifications that were evaluated;
  - (D) The employee job classifications where exposure to COVID-19 is reasonably anticipated to be routine, frequent, or is otherwise expected; and
  - (E) The employee job classifications where exposure to COVID-19 is not reasonably anticipated to be routine, frequent, or otherwise expected.

- (c) Enhanced employee information and training. In addition to the training requirements for all workplaces under subsection (2)(e) of this rule, enhanced employee training must include the following provisions:
  - (A) The training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the workers' workplace, service, or job operations;
  - (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 program's subject matter and basic epidemiology as it relates to the workplace, service, or operations.
- (d) Enhanced employee training must include the following elements:
  - (A) An accessible copy of this rule;
  - (B) An explanation of contact, droplet, and airborne modes of transmission of COVID-19, including how workers can recognize hazardous activities that may involve exposure to COVID-19 and how to take precautionary measures to minimize their exposure;
  - (C) An explanation of 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; sharing contaminated equipment or items), physiological risk factors, demographic risk factors, and environmental risk factors;
  - (D) An explanation of the employer's exposure risk assessment and which employee job classifications, tasks, or work duties were considered as part of that risk assessment;
  - (E) An explanation of the use and limitations of COVID-19 hazard control measures implemented or installed by the employer;
  - (F) Information on the types, use, storage, removal, handling, and maintenance of face coverings and personal protective equipment (including respirators) provided to employees by the employer; and
  - (G) An explanation of the employer's sanitation policies and procedures. This must include a discussion of an employer's or building operator's policies related to the use of shared equipment or common areas.
- (e) Enhanced sanitation. In addition to those sanitation measures required in all workplaces under subsection (2)(c) of this rule, each employer covered by this subsection must develop and implement an appropriate schedule for routine cleaning and decontamination of contaminated materials between each customer and between each employee shift change.

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

Except as otherwise provided by this rule, "workplaces at exceptional risk" must meet the following requirements, in addition to those in Subsections (2) and (3) of this rule.

- (a) Infection Control Plan. Each employer covered by this subsection must establish and implement a written 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.
- (b) The infection control plan must contain, at a minimum, the following elements:
  - (A) The name(s) or title(s) of the person(s) responsible for administering the plan. This person must be knowledgeable in infection control principles and practices as they apply to the facility, service, or job operations;
  - (B) A list of all job assignments or worker tasks requiring the use of personal protective equipment (including respirators);
  - (C) A list and description of the specific hazard control measures that the employer installed, implemented, or developed to minimize employee exposure to COVID-19;
  - (D) A description of the face covering requirements to be implemented in the facility, service, or operation, and the method of informing individuals entering the work setting what face coverings are required;
  - (E) 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 suspected or known to be infected with COVID-19 to whom other workers may have been exposed to. This includes the communication to individuals identified through contact tracing and general communication to the workplace at large;
  - (F) The procedures the employer will use to ensure that there is an adequate supply of face coverings and personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19; and
  - (G) The procedures the employer will use to provide initial training to employees in accordance with subsection (3)(c) of this rule.
- (c) The employer must ensure that a copy of the infection control plan is accessible to employees in accordance with 29 CFR 1910.1020(e).
- (d) An employer's infection control plan must be reevaluated and updated as frequently as necessary to reflect changes in the facility, service, or operation or in response to new technologies, policies, procedures, or guidance documents from the Oregon Health Authority that affect employee exposure to COVID-19. This reevaluation and update of the plan must include involvement from non-managerial, front-line employees who perform activities that reflect the employer's exceptional risk under this rule. Such employees must be consulted through the Safety Committee or other equally effective interactive mechanisms, or both, regarding the plan's effectiveness, implementation, and areas of possible improvement.

## **(5) Definitions**

**Commented [PS6]:** It would be helpful if these were at the beginning of the rules, rather than the end.

**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.

**Close Contact** – Per CDC guidance, close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.

**Common areas** – means areas of a building where multiple visitors, guests, employees, and the public use the space or congregate. For example: lobbies, reception areas, waiting rooms, bathrooms, break rooms, dining halls, locker rooms, bathing areas, transit lounges, or other locations inside a building.

**Contaminated material** – means an item or surface that is known or expected to be contaminated with COVID-19. Examples of these items are: biomedical waste, soiled laundry, medical instruments, or medical equipment, countertop, bedframe, patient examination table or laboratory bench. This term does not apply to face coverings used as a method of source control.

**COVID-19** - means the Coronavirus Disease 2019, caused by the SARS-CoV-2 virus.

**Decontamination** – means the use of physical or chemical means to remove, inactivate, irradiate, neutralize, or destroy SARS-CoV-2 on contaminated material to the point where it is no longer capable of transmitting SARS-CoV-2 and the surface or item is rendered safe for handling, use, or disposal without the need for personal protective equipment.

**Direct patient care** – means any employee job duties that include direct physical contact with a patient during the delivery of health care services (mental or physical). 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, dentists, dental hygienists, physical or occupational therapists, chiropractors, and other workers who otherwise provide in-person health care services.

**Droplet buffer** – means a distance of at least six feet between the mouth of an employee and another individual around an impermeable (nonporous) barrier that can block respiratory droplets produced by either individual.

**Emergency first responder** – means an employee whose primary job duties are that they be able to arrive first and provide assistance at the scene of an emergency, such as an accident, fire, or natural disaster. Examples include, but are not limited to, law enforcement officers,

**Deleted:** Cloth face covering – means any commercially produced or homemade garment, scarf, gator, bandana, or item made from textile or fabric that covers the nose and mouth of the wearer.

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firefighters, emergency medical technicians, and paramedics. Employee – has the meaning provided in ORS Chapter 654.

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Exceptional risk of exposure – means activities in a medical or healthcare workplace with known or expected exposure to COVID-19 that include at least one of the following: direct patient care in a healthcare setting; aerosol-generating healthcare or postmortem procedures; emergency first responder activities; handling, packaging, cleaning, or transporting human remains or human tissue specimens or laboratory cultures collected from an individual suspected or known to have COVID-19.

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Face covering – means a cloth, paper or disposable face covering that covers the nose and mouth of the wearer. Face coverings with an exhalation valve do not meet this requirement.

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Face shield – means a clear plastic shield that covers the wearer’s forehead, extends below the chin, and wraps around the sides of the face. Devices that only cover the user’s nose and mouth do not meet any definition of a face covering.

Deleted: **Facemask** – means a U.S. Food and Drug Administration (FDA) cleared surgical, medical procedure, dental, or isolation mask (commonly referred to as a “surgical mask”). Facemasks 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. ¶

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. Compliant handwashing facilities are those that meet the requirements of OAR 437-002-0141(5).

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Health care provider – means a physician, physician assistant, registered nurse, nurse practitioner or licensed registered nurse.

Heightened risk of exposure - means activities that involve an employee performing tasks that require close-in tactile person-to-person contact. This includes any job duty or task that requires an employee to be within six feet of another individual for longer than 15 minutes and that includes the direct touching of the individual with the employee’s hands or by the use of instruments or tools. Examples of heightened risk activities include tattooing, massage, hair styling and cutting, facial hair cutting and removal, skin treatments, and make-up application.

High contact surfaces - means door handles, faucets, telephones, cash registers, shared computers, drinking fountains, seatbelts, elevator buttons, stair rails and other surfaces regularly touched by multiple people in a workplace.

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Mask – means medical grade masks.

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.

**Public health official** – means an employee or specifically appointed representative of a state, county or city public health agency tasked with tracing exposure or diagnosing infection of COVID-19.

**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).

**Shared equipment** – means devices or tools that are used by multiple employees or non-employees including, but not limited to, elevators, escalators, keyboards, computer, company vehicles.

**Suspected to be infected with SARS-CoV-2** – 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.

**Workplace** – means every place, whether fixed or movable or moving, whether indoors or out or underground, and the premises and structures connected or adjacent to where an employee works or is intended to work; and every place where there is carried on any process, operation or activity related, directly or indirectly, to an employer's industry, trade, business or occupation. It does not include any place where the only employment involves nonsubject workers employed in or about a private home; and any corporate farm where the only employment involves the farm's family members including parents, spouses, sisters, brothers, daughters, sons, daughters-in-law, sons-in-law, nieces, nephews, or grandchildren.

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We shouldn't have to provide an explanation of the policies and procedures. We will provide THE policies and procedures.

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