

# RESOURCE

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**9** Reduce the workplace risks of COVID-19 by understanding Oregon OSHA's temporary rule

**17** Was it really an accident? You will need to investigate

**20** Online safety guide for cannabis industry is now available



# Resource

Oregon Health and Safety Resource is published every other month by the Oregon Occupational Safety and Health Division of the Department of Consumer and Business Services.

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**Wear face  
mask**

# Challenging times bring out the best... in many of us

*By Michael Wood*

As we approach the anniversary of our first recognition of the COVID-19 pandemic as a genuine workplace health threat, I find myself reflecting more and more on the effect of these extraordinary times. We have faced unprecedented challenges together, and we, in Oregon, have even been able to point to some significant indicators of success.

As always, our success has been a direct result of our collaboration and creativity – and frequently of considerable sacrifice. Times like these certainly bring out

the best in many of our fellow workplace safety practitioners – and in many of our fellow Oregon residents. Many of them ... but, unfortunately, not all.

When I reflect on the arguments some have made against the simple practice of wearing a facial covering, I find myself impressed with their creativity and in despair about how they have applied that creativity. When we allowed the single most effective strategy against this particular disease to become a political football, we lost ground that we have yet to regain.

I despair when I receive phone calls where individuals explain to me patiently (or not so patiently) that I should do my own “research” – and then tell me about a YouTube video from an “OSHA expert” that confirms that masks violate the OSHA standard for oxygen-deficient atmospheres. They always seem both surprised and disappointed that I am familiar with the video. And they cannot understand why I not only have more personal



Oregon OSHA  
Administrator

expertise than that particular individual, but also choose to rely upon my access to genuine experts in both occupational health and in public health and infection control.

The morning before my (mild) heart attack earlier this year, a woman explained to me that she knew that only N-95s could do anything to prevent disease because her sister is a nurse. When I asked if her sister routinely wore masks around patients before this pandemic, she told me “of course” and then seemed puzzled by my query as to why her sister did that if they don’t do any good (the answer, of course, is that medical staff wear masks for the same reason we ask the public to wear facial coverings – primarily to protect others, not themselves).

I repeatedly see people argue that those who are worried should wear masks and when told that the purpose of the mask is to protect others they reply “that doesn’t make any sense.” And then I see them having the exact same conversation two days later.

I have people who tell me that I don’t understand how serious a problem a mask is for those with severe asthma – a condition with which both my daughter and I deal daily, and for which my daughter was advised early on in her life to wear a mask on cold days since cold air was a trigger for her.

Of course, those are the reasonable ones.





I've been called a liar for saying publicly that viruses cause disease (apparently they don't, which would be a surprise to every victim of polio, smallpox, measles, and Ebola, to name just a few). I've been told that I'm clearly being paid by George Soros (if so, the check must have been lost in the mail). I've been seriously compared to Nazis, and I've been told that I am ushering in both Armageddon and Bill Gates' plan to depopulate the world. I've been told by people who carry their GPS-enabled cellphones with them everywhere that they aren't going to be vaccinated because they know it is a plan to track their movements. I've been threatened with personal liability lawsuits, criminal prosecutions, and worse.

It's part of the job (not, admittedly, one of my favorite parts). But what really concerns me is that I know that everyone who is engaged in the fight against this pandemic confronts many of the same challenges, whether it is Oregon OSHA staff throughout the state or the individual construction safety director who is trying to get contractors and employees to do the right thing.

There is a great deal of room for disagreement over strategy and over the balance between moving forward and protecting our common health. We can certainly differ about those issues. But I've largely lost patience with the conspiracy peddlers and the nonsensical

arguments about facial coverings and viral transmission. I've lost patience with the confirmation bias and the outright selfishness that I see on display far too often.

It is tiring. But it's not exhaustion that tries my patience. The truth is that it's dangerous. It's as dangerous as taking down a stop sign on a blind intersection, because all this garbage encourages people to do their wrong thing.

The ignorance we see daily is laughable. But it's not amusing. It's dangerous.

And it makes our shared job so very, very much harder. But, through it all, we must rise to the challenge. We must keep up the good work. Because it truly matters.

Be safe. Be healthy. ●





# Don't miss.....

## Education:

Workshop classes will be held virtually until further notice.

A minimum of five registrants is needed to hold a virtual workshop.

Registered participants will receive an email if a cancellation is necessary.

## Register and attend

Using the [secure online registration portal](#), you can find classes. The workshop schedule changes every three months.

For more information, visit the [classroom workshops page](#).

Find more information about education resources by visiting Oregon OSHA's [education and training page](#).



Due to the effects of COVID-19, Oregon OSHA and its conference partners have made changes to the event schedule. Mark your calendar for these workplace safety and health conferences:

**Central Oregon Occupational Safety & Health Conference**  
Sept. 27 & 28, 2021 • Bend

**Southern Oregon Occupational Safety & Health Conference**  
October 2021 • Virtual event

**Western Pulp, Paper, and Forest Products Safety & Health Conference**  
Nov. 30-Dec. 3, 2021 • Portland

**Mid-Oregon Construction Safety Summit**  
Jan. 24 & 25, 2022 • Bend

**Northwest Safety & Health Summit by Region X VPPPA**  
May 10-12, 2022 • Boise, Idaho

**Blue Mountain Occupational Safety & Health Conference**  
June 6 & 7, 2022 • Pendleton

**Oregon GOSH Conference**  
March 6-9, 2023 • Portland

**To receive conference registration materials, exhibitor information, or sponsorship information,** contact the Conference Section:  
[oregon.conferences@oregon.gov](mailto:oregon.conferences@oregon.gov) | 503-947-7411 | [osha.oregon.gov/conferences](https://osha.oregon.gov/conferences)



# Did you know?

Employers now have a free and flexible resource to help them comply with rules aimed at curbing the spread of coronavirus in the workplace, thanks to an interactive online training course developed by Oregon OSHA.

The multimedia course, "[COVID-19 Training Requirements](#)," helps employers meet certain employee training requirements found in Oregon OSHA's temporary rule, which addresses the risks of COVID-19 in the workplace.

The temporary rule took effect Nov. 16, with certain parts phased in, and is expected to remain in effect until May 4, 2021.

The multimedia course is available in [English](#) and [Spanish](#). It provides an overview of the training requirements and explains the dangers of COVID-19. It illustrates the signs, symptoms, and spread of the virus and shows how to reduce its hazards through physical distancing, face coverings, sanitation, and proper ventilation. It concludes by covering several more topics.. ●

## Quotable

*"With this new training resource, Oregon OSHA continues to build on its highly successful PESO program. It offers yet another important bridge between English-speaking employers and Spanish-speaking workers on behalf of on-the-job safety.."*

– Roy Kroker, **consultation and public education manager** for Oregon OSHA, on the division's bilingual "**Residential Construction Building Safety**" training course.



# Datapoints

## Oregon OSHA's top 10 safety and health violations for 2020

### Top 10 safety violations

	Rule	Subject	Violations	Penalties	Penalty/violation
1	437-003-1501(1)	Fall protection	172	\$437,345	\$2,543
2	437-001-0765(13)	Documentation of safety committee meetings	81	\$780	\$10
3	1926.1053(b)	Requirements for use of ladders	66	\$61,645	\$934
4	437-001-0765(1)	Rules about safety committees or safety meetings	62	\$7,770	\$125
5	437-003-0503(2)	Certification of fall-protection training	62	\$1,300	\$21
6	437-001-0760(1)	Employers' responsibilities	51	\$59,085	\$1,159
7	1910.28(b)	Protection from fall hazards	26	\$91,515	\$3,520
8	1910.147(c)	Control of hazardous energy - general requirements	25	\$16,005	\$640
9	437-003-0503(1)	Fall protection training program	24	\$10,500	\$438
10	437-003-0134(8)	PPE - Requirements for eye and face protection	21	\$5,035	\$240



### Top 10 health violations

	Rule	Subject	Violations	Penalties	Penalty/violation
1	1910.1200(e)	Written hazard communication program	129	\$15,675	\$122
2	437-001-0765(1)	Rules about safety committees or safety meetings	55	\$1,155	\$21
3	1910.1200(h)	Employee information and training	36	\$4,860	\$135
4	1910.1200(g)	Safety data sheets	27	\$900	\$33
5	437-001-0760(1)	Employers' responsibilities	25	\$10,335	\$413
6	1910.1030(c)	Bloodborne pathogens - exposure control requirements	25	\$3,170	\$127
7	1910.134(c)	Respiratory protection program	23	\$1,915	\$83
8	437-002-0161(5)	Emergency eyewash and shower facilities	21	\$2,780	\$132
9	1910.1200(f)	Labels and other forms of warning	11	\$180	\$16
10	437-001-0765(11)	Frequency of safety meetings dependent on type of work	11	\$200	\$18

#### Notes

- Source: Oregon OSHA top 25 violations report: <https://www.oregon.gov/dcbs/reports/protection/Pages/osha-activities.aspx>
- Violations are summarized to the rule or first paragraph level and, therefore, may not reflect the complete rule cited by Oregon OSHA.
- Violation data for any calendar year will not be complete until July 1 of the following year.

Source: DCBS Information Technology and Research Section.

# An in-depth look at Oregon OSHA's temporary rule: Addressing COVID-19 Workplace Risks

## Oregon OSHA'S COVID-19 Temporary Standard for all workplaces



### Physical distancing

Workers must be separated by at least 6 feet



### Facial covering

When workers cannot be separated by six feet from other individuals, a proper face covering that covers the nose and mouth is required



### Exposure risk assessment

Talk to your employer about COVID-19 risks in the workplace



### Notify your employer when you feel sick

Cough, shortness of breath, fever, etc.



### Wash your hands often

**Workers:** If you have been quarantined due to COVID-19, contact your employer about available leave options.

You have the right to notify your employer or Oregon OSHA about workplace hazards. You may ask Oregon OSHA to keep your name confidential.

You have the right to report a work-related injury or illness, without being retaliated against.

You can file a complaint with the Oregon Bureau of Labor and Industries within 90 days, or with federal OSHA within 30 days, of discrimination by your employer for making safety and health complaints or for exercising your rights under the Oregon Safe Employment Act.

English 1-800-922-2689

[osha.oregon.gov](https://osha.oregon.gov)

Español 1-800-843-8086



The rule and other additional resources

440-5504 (9/20/CON)

By Ellis Brasch

Oregon OSHA's new temporary rule, *Addressing COVID-19 Workplace Risks* [437-001-0744], took effect Nov. 16, 2020, and will remain in effect until May 4, 2021. The rule is intended to reduce the risk of employee exposures to COVID-19 in Oregon workplaces and it is effective for only 180 days.

**Note:** Oregon OSHA has begun rulemaking on a permanent rule that largely maintains the risk-reducing measures required by the current temporary rule and will replace the temporary rule. See, "Oregon OSHA proposes permanent rule addressing COVID-19" on [Page 19](#) for more information about the proposed permanent rule.

## What employers are covered by the rule?

Nearly all employers in Oregon are covered by the rule. There are additional requirements for *workplaces at exceptional risk*.

The rule covers:

- Employers with one or more employees
- Sole proprietors or members of a partnership with workers' compensation coverage
- Employers providing private home health or in-home care

The rule does not cover:

- Places of employment in a private home where workers are not covered by workers' compensation insurance
- Corporate farms where the only employment involves the farm's family members

## What are workplaces at exceptional risk?

*Workplaces at exceptional risk* are settings where employees (including temporary and part-time employees) perform one more of the following jobs:



- Direct patient care
- Environmental decontamination services in a health care setting
- Aerosol-generating healthcare 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, such as toileting or bathing
- Handling, packaging, cleaning, processing, or transporting human remains or human tissue specimens or laboratory cultures from an individual known or suspected to be infected with COVID-19

> You will find the requirements for *workplaces at exceptional risk* in section 437-001-0744(4) of the rule.

## Requirements for all workplaces

### Physical distancing

Work activities and workflow must be designed to eliminate the need for any employee to be within six feet of another person to do their job, unless the employer can demonstrate that physical distancing is not feasible for certain activities.

### Masks, face shields, and face coverings

All people – including employees, part-time workers, temporary laborers, customers, vendors, patrons, and contractors – must wear a mask, face covering, or face shield in accordance with the requirements of the Oregon Health Authority's [Statewide Mask, Face Covering, Face Shield Guidance](#).

- Employers must provide masks, face coverings, or face shields to employees at no cost to the employee.
- When employees are transported in a vehicle for work, they must wear a mask, face covering, or face shield, unless all occupants are members of the same household.

### Cleaning and sanitation

Clean or sanitize all common areas, shared equipment, and high-touch surfaces that are used by employees or the public.

- Clean or sanitize at least once every 24 hours if the workplace is occupied less than 12 hours a day.
- Clean or sanitize at least once every eight hours if the workplace is occupied more than 12 hours a day.

Provide employees with supplies such as soap and water to clean or sanitize more frequently if they choose to do so.

### Posting requirements

- Display the Oregon OSHA "COVID-19 Hazards Poster" in a central location at the workplace where employees will see it.
- Provide employees working remotely with an electronic or paper copy of the poster.

### Building operators

Employers that operate or control buildings where the employees of other employers work must:

- Regularly clean and sanitize for common areas used by employees or the



public – at least once every 24 hours for workplaces occupied less than 12 hours a day; and at least once every eight hours for workplaces occupied more than 12 hours a day.

- Post signs in areas where masks, face coverings, or face shields are required. The Oregon Health Authority's "Masks Required" sign is acceptable.

### Ventilation

Optimize the amount of outside air circulated through existing HVAC systems when there are employees in the workplace and the outdoor air quality index is "good" or "moderate."

- Replace air filters as often as necessary to ensure the HVAC system works efficiently.
- Clean and maintain all intake ports that provide outside air to the HVAC system.



### Exposure risk assessment

The exposure risk assessment evaluates employees' potential exposure to COVID-19 in the workplace. All employers must prepare a COVID-19 exposure risk assessment with participation and feedback from employees.

**Employers that have more than 10 employees statewide (including temporary and part-time employees) and all workplaces at exceptional risk must put their COVID-19 exposure risk assessments in writing.** Include:

- The names, job titles, and contact information of the people who performed the exposure risk assessment
- The date the exposure risk assessment was completed
- The employee job classifications that were evaluated
- The answers to 13 questions about employees' potential exposure to COVID-19 in the workplace

> Oregon OSHA has a sample a risk assessment template that you can modify for your workplace.

### Infection control plan

The infection control plan describes how employers will protect their employees from COVID-19 hazards. Employers must develop infection control plans based on their exposure risk assessments.

**Employers that have more than 10 employees statewide (including temporary and part-time employees) and all workplaces at exceptional risk must put their infection control plans in writing.** Include:

- A list of all job assignments or employee tasks requiring the use of personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19
- The procedures used to ensure that there is an adequate supply of masks, face coverings, or face shields, and personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19

- A list and description of the hazard control measures that will be used to minimize employee exposure to COVID-19
- A description of the requirements for COVID-19 masks, face coverings, and face shields at the workplace and the method of informing people entering the workplace where they are required
- The procedures used to tell employees about potential exposures to an individual known or suspected to be infected with COVID-19
- The procedures used to provide employees with the employee information and training part of this rule

> Oregon OSHA has sample infection control plans available to help employers.

### Employee information and training

Provide employees with information and training about COVID-19 in a manner and a language they understand. Information and training can be provided electronically, but must provide an opportunity for questions and feedback from employees.

Training topics must include:

- Physical distancing requirements that apply to the employee's workplace and job
- Mask, face covering, or face shield requirements that apply to the employee's workplace and job
- COVID-19 sanitation requirements as they apply to the employee's workplace and job
- Procedures for reporting COVID-19 signs and symptoms at the workplace
- The COVID-19 infection notification process required by this rule
- Medical removal required by this rule
- The characteristics and methods of transmission of the SARS-CoV-2 virus
- The symptoms of the COVID-19 disease
- The ability of pre-symptomatic and asymptomatic COVID-19 people to transmit the SARS-CoV-2 virus



- COVID-19 safe work practices and controls – including physical distancing, sanitation, and disinfection practices

> Oregon OSHA has training materials you can use to complete this requirement.

### COVID-19 infection notification process

Establish a process to notify exposed employees and affected employees when they had a work-related contact with a person who tested positive for COVID-19. Employees must be notified within 24 hours after the employer became aware that a person with COVID-19 was present in the workplace or may have had work-related contact with its employees.

- Exposed employees are those who were within six feet of a confirmed COVID-19 person for a cumulative total of 15 minutes or more – regardless of whether one or both of them were wearing masks, face shields, or face coverings.
- Affected employees are those who worked in the same facility as the person who tested positive for COVID-19.

> Oregon OSHA developed a sample notification procedure that you can use to satisfy this requirement.

Reporting COVID-19 cases is required under existing Oregon Health Authority rules; cases must be reported by health care providers and laboratories within 24 hours of the time they were identified.

### COVID-19 testing for workers

When a local public health agency or the Oregon Health Authority indicates that COVID-19 diagnostic testing in the workplace is necessary, the employer

must make its employees and appropriate space available for testing at no cost to the employees.

- If the employer requires testing, then the employer is responsible for the cost of the test, as well as employee time and travel necessary to take the test.
- If the employer does not require testing, then the employer is not expected to cover the cost of testing or employee time and travel necessary to take the test.

### Medical removal

When the Oregon Health Authority, a local public health agency, or a medical provider recommends an employee be restricted from work for quarantine or isolation for COVID-19, the employee must isolate at home and away from other nonquarantined people. When an employee participates in quarantine or isolation, the employer must:

- Allow the employee to work at home if suitable work is available and the employee's condition does not prevent it.
- Allow the employee to return to their previous job; there is no requirement to keep the position open, but the employer cannot fill the position with another employee and make it unavailable.

Decisions about testing and returning to work after an employee participates in COVID-19 quarantine or isolation must be made in accordance with applicable public health guidance and must be consistent with guidance from the employee's medical provider.

Medical removal cases must be recorded only if the



employee's case is work-related – see *Recording Workplace Injuries and Illnesses* ([437-001-0700](https://www.oregon.gov/oha/ohd/occupational%20disease/437-001-0700)).

### Appendix A (Mandatory appendices)

Appendix A includes appendices that have requirements for 19 industry-specific activities. Employers covered by one or more of the appendices must follow those requirements.

### Requirements for workplaces at exceptional risk

Workplaces at exceptional risk must follow these requirements and the requirements for all workplaces.

#### Infection control training

Provide employees with infection control training that:

- Is overseen or conducted by a person knowledgeable about infection control as it relates to the employees' jobs
- Is appropriate for the education, literacy, and language of the affected employees
- Gives employees the opportunity to ask questions about the training content as it relates to their workplace and job duties. Training that cannot be delivered in person must live-streamed.

#### Elements of infection control training

Infection control training must include:

- An explanation of this rule and its applicable appendices.
- An explanation of how COVID-19 is transmitted – including how employees can recognize hazardous work activities that may involve exposure to COVID-19 and how employees can take minimize their exposure.
- An explanation of the basic risk factors associated with COVID-19 transmission, including behavioral, physiological, demographic, and environmental factors.





- An explanation of the employer's COVID-19 exposure risk assessment and the job classifications, tasks, or jobs were considered in the assessment.
- An explanation of the employer's requirements for physical distancing; masks, face coverings, and face shields; and COVID-19 sanitation.
- Information about the types, use, storage, removal, handling, and maintenance of masks, face coverings, face shields, and personal protective equipment (including respirators) available to employees.
- An explanation of the use and limitation of COVID-19 hazard controls implemented or installed. Hazard controls include engineering, administrative, or work practice controls that eliminate or minimize employee exposure to COVID-19.

### Additional infection control plan requirements

Workplaces at exceptional risk must include the following information in their infection control plans in addition to the infection control plan requirements for all workplaces:

- The name of the person responsible for administering the plan. The person must know about infection control principles and practices as they apply to the workplace and employees' jobs.
- A re-evaluation of the plan, as frequently as necessary, to reflect changes in jobs, new technologies, policies, or updated guidance published by the Oregon Health Authority. The re-evaluation must include feedback from nonmanagement, front-line employees.

### Additional sanitation requirements

In addition to the sanitation requirements for all workplaces, workplaces at exceptional risk must:

- Develop procedures for routine cleaning and disinfection that are appropriate for SARS-CoV-2 in health care settings. Refer to [List N](#) on the Environmental Protection Agency's website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Follow standard practices for disinfection and sterilization of medical devices contaminated with COVID-19, described in the [CDC Guideline for Disinfection and Sterilization in Healthcare Facilities](#), 2008.

### Health care personal protective equipment

Employers must use a combination of standard precautions, contact precautions, droplet precautions, airborne precautions, and eye protection to protect health care workers with exposure or potential exposure to COVID-19.

- When an employee performs an aerosol-generating health care or post-mortem procedure for a patient without evidence of COVID-19 infection, the employer must provide personal protective equipment in accordance with CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).
- When an employee provides direct patient care for a patient known or suspected to be infected with COVID-19, the employer must provide the employee with gloves, a gown, eye protection (goggles or face shield), and a medical-grade mask or a NIOSH-approved respirator.

Hospitals and ambulatory surgical centers have the option of following [Guidance for Non-Emergency and Elective Procedures Recommendations to the Oregon Health Authority July 20, 2020](#). If PPE availability is limited, these employers may follow [OHA-Oregon OSHA Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings](#).

## Heightened risk ventilation requirements

In addition to the ventilation requirements for all workplaces:

- Existing ventilation systems in hospitals, ambulatory surgical centers, and long-term care facilities providing skilled or intermediate level nursing care must be operated, if possible, in accordance with the provisions of the *American National Standards Institute (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b) and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a)*. Installation of new ventilation equipment is not required.
- Existing ventilation systems in other health care facilities must be upgraded to a minimum MERV 13 rating, provided that the upgrade will not significantly reduce the performance of the system.

## Barriers, partitions, and airborne infection isolation rooms in healthcare settings

To protect health care employees, support workers, patients, and visitors from people known or suspected to be infected with COVID-19:

- Use airborne infection isolation rooms (when available) with proper ventilation to house patients known or suspected to be infected with COVID-19.
- Require patients known or suspected of being infected with COVID-19 to wear a face covering and remain isolated in an examination room with the door closed. If an examination room is not immediately available, patients must not wait within six feet of other patients seeking care and should be encouraged to wait in a personal vehicle or outside the health care setting until they are contacted by mobile device when it is their turn to be evaluated. If a patient cannot tolerate any form of face covering due to a medical condition, strict physical distancing and appropriate PPE must be used to protect patients and employees.
- Use physical barriers or partitions in triage areas to guide patients when appropriate.
- Use curtains to separate patients in semi-private areas.

## Screening in health care settings

Screen and triage all people entering health care settings for symptoms of COVID-19:

- Limit and monitor points of entry to the health care setting where direct patient care, aerosol-generating health care, or postmortem procedures are performed. Consider establishing stations at the health care setting entrance to screen people before they enter.
- Screen all people and employees (other than emergency responders entering with a patient) entering the health care setting for symptoms consistent with COVID-19. For example, ask people if they have symptoms of COVID-19 and if they have been advised to self-quarantine because of exposure to someone with COVID-19, or if they have been told to isolate after testing positive for COVID-19.

## Medical removal provisions in health care settings

The only exception to the quarantine and isolation requirements of this rule applies when a health care provider, emergency responder, or other worker who would otherwise be quarantined or isolated, remains on the job under Oregon Health Authority guidelines.

## More information

You will find more information about the temporary rule addressing COVID-19 workplace risks on Oregon OSHA's [COVID-19 webpage](#), including:

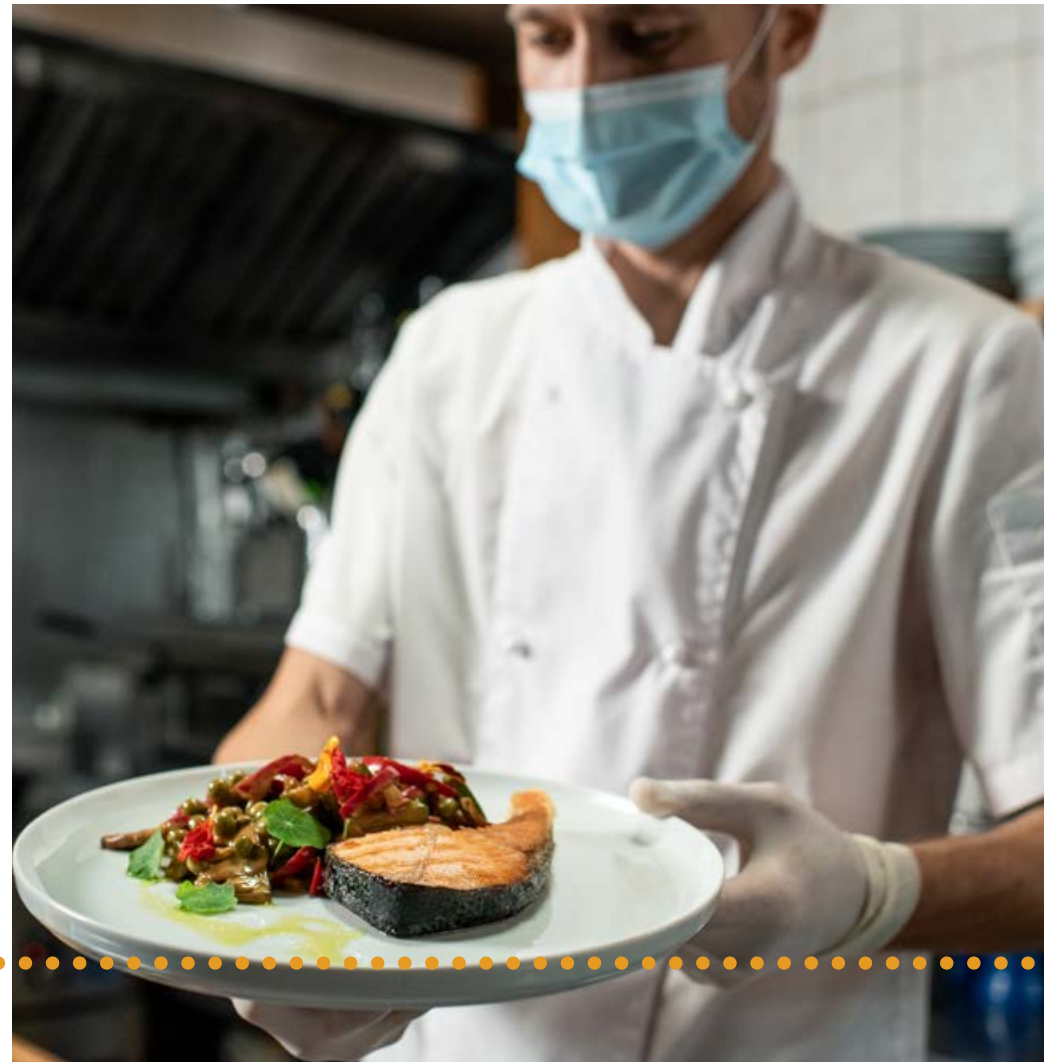
- [Questions and answers about the temporary rule addressing COVID-19 workplace risks](#)







- [Provisions with Delayed Effective Dates 12/4/2020 – fact sheet](#)
- [COVID-19 Temporary Rule for All Workplaces – fact sheet](#)
- [Sample Risk Assessment/Sample Items to Consider for Risk Assessment](#)
- [Sample Infection Control Plan/Sample Items to Consider for Infection Control Plan](#)
- [COVID-19 Training Requirements – online course](#) ●





## Was it really an accident? You'll need to investigate.

By Ellis Brasch

Your business hasn't had a workplace injury or illness for years and then, suddenly, one of your best employees is in the hospital with a broken arm. It happened while he was doing a task that he had done many times and he had never been injured. Was it really an accident or could it have been prevented? Although most work-related injuries and illness are preventable – even when they are called accidents – the only way to know for sure is to investigate.

If you have an employee who loses time from work because of a workplace injury or illness, you must determine why it happened; and, if your workplace has a safety committee, the safety committee must recommend how to prevent similar events from happening again.

Accident investigations are key to determining how, and why, injuries happen. How do you do one? Let's review the seven steps necessary to investigate any workplace injury or illness.

1. **Establish an investigation team.** Include employees who have been trained to conduct an investigation. If you have a safety committee, the safety committee representatives must be trained in incident investigation principles and know how to apply them.
2. **Secure and preserve the scene.** Secure the

scene by making it inaccessible to others as soon as possible after the incident happened; securing the scene preserves any remaining evidence and keeps others away from existing hazards.

3. **Identify what happened.** Identifying the sequence of events that led up to the incident helps you determine possible causes. Photographs, measurements, and interviews with employees help identify what happened.
4. **Determine the root causes.** A root cause is the underlying reason for an injury – poor supervision, inadequate training, and lax safety policies are examples. After you determine the root cause – or causes – of an injury or illness, you can prevent it from happening again.
5. **Report the findings.** Include who was involved, where the incident happened, when it happened, and the root causes. Recommend how to prevent the incident from happening again. When a worker is injured at



a multi-employer worksite, the investigation findings should be shared with each employer at the site.

6. **Act on the report's recommendations.** Have management review the report and determine what will be done to prevent similar incidents from happening in the future.
7. **Follow up.** Ensure that appropriate corrective action was taken to prevent similar incidents from happening again.

### What about temporary workers?

Temporary workers are entitled to the same workplace protections as other workers. If a temporary worker is injured, both the host employer and the staffing agency should promptly know about the injury. The staffing agency and the host employer should investigate the incident.

## Do you have incident investigation plan?

If you don't have one, you should. An incident investigation plan will help you ensure that any workplace injury or illness is reported on time to Oregon OSHA and properly investigated. Your plan should state:

- How and when management will be notified about the incident.
- When Oregon OSHA will be notified about the incident.
- Who is authorized to notify fire, police, and other responders about the incident.
- Who will conduct incident investigations and the training they have received.
- Who will get the investigation report.
- Who will be responsible for acting on recommendations.
- The deadlines for reporting investigation findings and acting on recommendations.

**Remember:** Oregon OSHA requires employers to report work-related injuries or illnesses that cause the loss of an eye, an amputation or avulsion that includes bone or cartilage loss, in-patient hospitalization, fatality, or catastrophe. Report fatalities or catastrophes within eight hours. Report in-patient hospitalization, loss of an eye, and amputations or avulsions that result in bone loss within 24 hours.

**Did you know?** Oregon OSHA's [accident investigation online course](#) teaches your employees the



fundamentals of conducting an accident investigation. Employees who complete all three courses – Safety Meetings and Committees, Accident

Investigation, and Hazard Identification – satisfy the basic requirements for training safety committee members. ●





# Ask Oregon OSHA

## **Does Oregon OSHA permit employees to use personal fall-arrest systems that have components made by different manufacturers – such as an anchorage, connectors, and a full-body harness?**

Yes. Employees may use personal fall-arrest systems that have components made by different manufacturers if those components meet the compatibility requirement in Oregon OSHA's Subdivision M, *Fall Protection Systems Criteria and Practices* [1926.502(d)(5)]; this requirement says that only locking snaphooks can be used, which must be "designed and used to prevent disengagement of the snaphook ..."

The best judge of compatibility is a competent person. In fact, any substitution or change to a personal fall-arrest system should be fully evaluated or tested by a competent person before the modified system is put in use.

Also, remember that a personal fall-arrest system is effective only if you know how all of the components work together to stop a fall. Every time you use a personal fall-arrest, restraint, or positioning-device system, inspect the components for damage or excessive wear. Replace any component that looks damaged. And don't use a personal fall-arrest system that has arrested a fall unless a competent person has determined that the system is safe to use. ●



## Short take

# Oregon OSHA proposes permanent rule addressing COVID-19

Seeking to extend protections for workers against the coronavirus disease, Oregon OSHA is proposing a permanent rule that largely maintains – with some improvements – the risk-reducing measures required by the current temporary emergency rule. It would replace the temporary rule, which expires on May 4.

The proposed permanent rule will receive virtual public hearings later this month and in early March. Although the rule must be adopted as a permanent rule because the law does not allow a temporary rule to be extended, Oregon OSHA expects to repeal the permanent rule once it is no longer needed to address the coronavirus pandemic.

As with the [temporary rule](#), which took effect Nov. 16, 2020, the proposed permanent rule maintains such requirements as physical distancing; use of face coverings; employee notification and training; and formal exposure risk assessment and infection control planning. The proposed permanent rule would allow employers to rely upon the risk assessments, infection control plans, and infection control training already completed.

However, the permanent rule would add measures and strengthen provisions in certain areas. Those proposed changes include:

- Requiring employers to consider alternatives to transporting multiple people in a single

vehicle, although such transportation would not be prohibited.

- Slightly modifying the ventilation measures so that employers with more than 10 employees – and that have existing ventilation systems – must certify in writing that they are running their systems in line with current requirements. The proposed rule does not require the purchase or installation of new ventilation systems.
- Requiring employers to provide written notification to employees of their rights to return to work when employees must quarantine.
- Requiring employers to cooperate with public health authorities that ask to arrange for vaccination in the workplace. This proposed requirement is similar to the temporary rule's provision mandating cooperation with public health officials if COVID-19 testing in the workplace is necessary.
- Requiring health care employers to provide respirators to employees working with known or suspected COVID-19-positive patients unless they demonstrate there is a genuine shortage that they are working to resolve.

The [proposed permanent rule](#) was developed in consultation with two rulemaking advisory committees. It largely reflects the provisions of the current temporary rule, which was based to a large extent on the guidance produced by the Oregon Health Authority. The temporary rule was developed following an extensive stakeholder and public comment process last summer, which is not normally the case when temporary rules are developed.

Oregon OSHA encourages a careful reading of the proposed permanent rule. Virtual public hearings will be held at 10 a.m. on Feb. 23 and Feb. 26, and at 5 p.m. on March 3 and March 4. Details on how to sign up for the hearings – as well as other options for commenting on the proposed rule – [are now available](#). The comment period will close on April 2.





## Short take

### Oregon OSHA creates online safety and health guide for cannabis growers, processors, and retailers



Oregon OSHA has created a comprehensive online safety and health guide for cannabis growers, processors, and retailers. The guide is intended to help growers, processors, and retailers identify hazards associated with their work and determine how to correct them.

The guide also helps these employers determine which Oregon OSHA rules apply to their businesses and highlights seven core requirements that apply to all employers.

Information on hazards and hazard-related topics is listed separately for growers, processors, and retailers. Information for growers includes requirements for agricultural labor housing and seasonal workers. Cannabis processors will find safety-related information on extraction equipment and the three main extraction processes: Hydrocarbon, ethanol, and carbon dioxide.

The guide is at <https://osha.oregon.gov/essentials/cannabis/Pages/default.aspx>. ●



## Short take

# Winter brings an increased risk of carbon monoxide poisoning at home and work

Although carbon monoxide's reputation as a silent killer is well known, it continues to find unsuspecting victims – especially during the winter. While home furnaces and heaters are responsible for many victims of carbon monoxide poisoning, it is also a threat in the workplace.

Too many workers still don't know that small gas-powered engines produce large quantities of carbon monoxide that can have deadly consequences when they are operated in poorly ventilated areas.

## What's the problem with carbon monoxide?

Carbon monoxide robs oxygen from your blood when it enters your lungs. That means there's less oxygen for your heart, brain, and other vital organs – and without oxygen, they will shut down. Aside from subtle warning signs – headache, fatigue, dizziness, and drowsiness – you won't know you are ill because carbon monoxide is colorless and odorless.

Large amounts of carbon monoxide can overcome you without warning, causing you to lose consciousness and suffocate. The National Institute for Occupational Safety and Health (NIOSH) notes that carbon monoxide levels above 1,200 parts per million could cause death or irreversible health effects within 30 minutes, known as "immediately dangerous to life and health."

## Know the risks

Your risk of becoming a carbon monoxide victim depends on a number of factors, including the concentration of carbon monoxide in the air, how long you are exposed, and your exertion level. Oregon OSHA doesn't allow a worker to be exposed to more than 50 parts per million averaged over an eight-hour time period (carbon monoxide is measured in parts per million or "ppm"). However, other safety and health organizations have established guidelines at lower exposure levels. For example, the American Conference of Governmental Industrial Hygienists (ACGIH) has assigned carbon monoxide a threshold limit value or "TLV" of 25 ppm for an eight-hour workday.

Those numbers aren't likely to help you, however, unless you have access to personal air monitoring equipment. If you are using gas-powered equipment, play it safe and stay away from poorly ventilated areas – even in places you might consider safe, such as parking garages and warehouses.

## Tips for staying safe

- Know the sources of carbon monoxide poisoning and its symptoms (gasoline, natural gas, oil, propane, coal, and wood all produce carbon monoxide).







- Keep internal-combustion equipment in good operating condition.
- Prohibit the use of gasoline-powered tools and engines in poorly ventilated areas.
- Test the air regularly in poorly ventilated areas and use mechanical ventilation when possible to keep carbon monoxide levels below safe levels.
- Provide personal CO detectors for workers in areas where carbon monoxide exposure is possible.
- Consider converting from gasoline-powered equipment to equipment powered by electricity or batteries when possible.
- Educate workers on the dangers of carbon monoxide poisoning and the symptoms and control of CO.

#### Do not

- Run a car or truck inside a garage attached to your house, even if you leave the door open.
- Burn anything in a stove or fireplace that isn't vented.
- Heat your house with a gas oven.



- Use a generator, charcoal grill, camp stove, or other gasoline or charcoal-burning device inside your home, basement, or garage or outside within 20 feet from a window, door, or vent.

### Install a carbon monoxide detector in your home

Carbon monoxide detectors are essential for any home with fuel-burning appliances such as a furnace, water heater, range, cooktop, or grill. All-electric homes should have carbon monoxide detectors, too, because carbon monoxide can leak into a house from an attached garage or from a nearby backup generator used during a power outage.

Consider buying a detector with a digital readout, which can also tell you the highest level of carbon monoxide concentration in your home.

Replace your carbon monoxide detector every five years.

### More information

Check out Oregon OSHA's A-to-Z topic page on [carbon monoxide](#) for more information about carbon monoxide. ●



## Short take

### Oregon OSHA to receive Hard Hat Safety Award on March 11

Oregon OSHA is one of 17 honorees chosen by the Daily Journal of Commerce to receive a [Hard Hat Safety Award](#) this year for its effort to keep workers and the public safe during the unprecedented challenges caused by the COVID-19 pandemic.

The program annually recognizes companies, organizations, and individuals that lead the way in their “commitment to innovative measures to improve safety culture” in Oregon.

The DJC started the Hard Hat Safety Awards program in 2019 to inform the public about how local organizations are prioritizing safety and finding innovative ways to reduce workplace injuries. This year’s sponsor is the Associated General Contractors’ Oregon-Columbia chapter.

The Hard Hat Awards ceremony will be held virtually on Thursday, March 11, 2021, at 11:30 a.m. Learn more about the event and the other honorees at <https://djcoregon.com/news/2021/02/08/meet-2021-hard-hat-safety-award-honorees/>. ●

HARD HAT  
SAFETY  
AWARDS  
— 2021 —





# Incident Alert! .....

**Employer** ....CBD processing facility.

**Incident** .....Explosion.

**Issue** .....Pipe fitting fails on CBD extraction machine.

## Pipe fitting fails on CBD extraction machine

### What happened?

A fitting on a pipe containing pressurized liquid carbon dioxide failed while a new industrial-grade CBD (Cannabidiol) liquid carbon dioxide extraction machine was being tested. The pipe separated from the machine, then struck and seriously injured one person; a simultaneous release of pressurized gas from the pipe seriously injured a second person.

### How did it happen?

A new CBD processing facility had recently purchased two identical industrial-grade carbon dioxide extraction machines. Representatives of the machines' manufacturer were on site testing the machines to ensure they were working properly.

The manufacturer's representatives had successfully run one of the machines through two test cycles that lasted about 2.5 hours without product. Then, they began another test cycle with product as a training exercise for processing facility employees who were watching nearby.

The machine was designed to operate at 500 to 1,000 psi; however, as the test cycle approached

850 psi, a section of pipe containing pressurized liquid carbon dioxide gas broke loose, released a large cloud of gas, and then struck an employee of the processing facility, severely lacerating the upper left side of his head. One of the manufacturer's representatives was thrown backwards into a wall by the force of the explosion and received multiple injuries.

The carbon dioxide gas cloud reduced visibility and made it difficult for people to see where they were going in their attempt to escape. One person was so disoriented that she ran for the nearest door, thinking it was an exit – but it led to a supply closet. Carbon dioxide detectors and automatic ventilation had not been installed because the processing facility had not finished installing the extraction equipment.

### What caused the incident?

The owner of the processing facility believed that the incident may have been caused because ferrules, which should have secured the pipe, appeared to have been installed backward or were

“out-of-spec parts.” The owner noted that there were grooves on one end of the pipe where the ferrules were swaged to ensure a secure fit, but there were no grooves on the other end of the pipe.

### What did the processing facility and the equipment manufacturer do to prevent future incidents?

- The manufacturer provided additional securing clamps and retainers for both machines.
- The owner of the processing facility personally secured the clamps and retainers.
- The processing facility installed safety guards and shields around all pressurized pipes and fittings.
- Processing facility employees were required to wear hard hats in production areas. ●

# Keeping your Distance

Resources in the  
time of **coronavirus**

In light of the ongoing public health crisis triggered by the COVID-19 pandemic, Oregon OSHA is offering this special informational page – “Keeping Your Distance” – to reflect the call to practice safety.

The page includes links to helpful resources related to COVID-19, and workplace health and safety. [These resources](#), which encompass [Spanish-language information](#), include:

## Rule updates related to COVID-19

- [Temporary rule and appendix addressing workplace risks](#)
- [Overview table for the temporary rule](#)
- [Questions and answers about the temporary rule](#)
- [Fact sheet: COVID-19 temporary rule for all workplaces](#)
- [Fact sheet: Provisions with Delayed Effective Dates](#)
- COVID-19 hazards poster: [English](#) / [Spanish](#)
- Model policy for notification of employees when COVID-19 exposure occurs: [English](#) / [Spanish](#)
- Exposure risk assessment form ([PDF](#))
- Infection control plan ([PDF](#))
- The following risk assessment and infectious control plan examples should be used only as





references and not as replacements for developing an assessment or plan specific to your employees and workplace:

- [Example risk assessment](#)
- [Sample items to consider for risk assessment](#)
- [Example infection control plan](#)
- [Sample items to consider for infection control plan](#)
- COVID-19 training requirements online course: [English](#) / [Spanish](#)

## **Oregon OSHA [consultation services](#) – free and confidential**

- Consultants are [ready to connect virtually](#) to provide services specific to COVID-19

## **Oregon OSHA [technical staff](#)**

- o Experts can answer questions and help you understand how to apply our rules to your workplace

## **Oregon Health Authority – [COVID-19 updates](#)**

**[Coronavirus.oregon.gov](https://coronavirus.oregon.gov) - Office of the Governor (includes status of activities by county and current risk level by county)**

