

Health and Safety

RESOURCE

Oregon OSHA • September – October 2023 • Volume 83 – online

6 ▶ **Overdoses, opioids, and fentanyl – emerging issues in the workplace**

11 ▶ **In-person pesticide training**

12 ▶ **Oregon OSHA proposes new rules affecting penalties**



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.

Department of Consumer and Business Services
Andrew R. Stolfi, Director

Oregon OSHA
Renée Stapleton, Administrator

Resource editor Editor
Aaron Corvin Michael Plett

Designer
Dominic Groshong

Written content in this publication is in the public domain and may be used without permission for noncommercial, personal, or educational purposes. Source credit is requested, but not required.

Photos or other images in this publication that are explicitly identified as being created by Oregon OSHA may also be used for noncommercial, personal, or educational purposes. Source credit is requested, but not required. Any other photo or image in this publication may have been licensed by a third party and must not be used. For more information about photos or other images in this publication, contact Oregon OSHA at osha.resource@dcbs.oregon.gov.

Note: Oregon OSHA's online publications are frequently updated. If you copy and repost such content, check for updates to ensure the information is current. Better yet, link directly to the content rather than reposting.

Don't Miss...

- 3 Sign up for virtual workshops and mark your calendar for upcoming safety conferences

Did You Know?

- 4 Oregon OSHA offers an online course on "Everyday Ergonomics"

Datapoints

- 5 Oregon OSHA's top 10 workplace safety and health rule violations

Features

- 6 Overdoses, opioids, and fentanyl – emerging issues in the workplace

Ask Oregon OSHA

- 10 How do I make sure my employees are wearing the right protective footwear for the job?

Short Takes

- 11 Oregon Farm Bureau Health and Safety Committee, Oregon OSHA to provide in-person pesticide training Dec. 5
- 12 Oregon OSHA proposes new rules affecting penalties, discrimination protection

Incident Alert!

- 13 Working alone without emergency communication

Don't miss.....

Education:

Workshop classes are held either in person or virtually, but not both on the same day. All registered participants will receive a confirmation email. For virtual workshops, instructions on how to join will be provided two weeks before the workshop. A minimum of five registrants is needed for each workshop.

Register and attend

Using the [secure online registration portal](#), you can find and register for a variety of workshop topics.

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

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

Mark your calendar for these workplace safety and health conferences:

Western Pulp, Paper, & Forest Products Safety & Health Conference
Nov. 28-Dec. 1, 2023 • Portland

Mid-Oregon Construction Safety Summit
Jan. 29-30, 2024 • Bend

Cascade Occupational Safety & Health Conference
March 4-5, 2024 • Eugene

Northwest Safety & Health Summit by Region X VPPPA
May 14-16, 2024 • Anchorage, Alaska

Blue Mountain Occupational Safety & Health Conference
June 3-4, 2024 • Pendleton

Central Oregon Safety & Health Conference
Sept. 16-17, 2024 • Bend

Southern Oregon Safety & Health Conference
Oct. 15-17, 2024 • Ashland

To receive conference registration materials, exhibitor information, or sponsorship information, contact the Conference Section: oregon.conferences@dcbs.oregon.gov | 503-947-7411 | osha.oregon.gov/conferences



Did you know?

Oregon OSHA offers the “Everyday Ergonomics” online course, designed to provide an understanding of the basic principles of proper ergonomics in the workplace and while working at home.

A primary goal of ergonomics is to eliminate injuries associated with the overuse of muscles and tendons, generally known as musculoskeletal disorders (MSDs). You may also have heard MSDs described as overexertion injuries, cumulative traumas, repetitive motion injuries, or repetitive strain injuries.

Oregon OSHA’s online course encompasses MSDs, risk factors, workstation ergonomics (including the benefits of a neutral working posture), help with developing an ergonomics program, a quiz, certificate of completion, and more resources. The course includes 3D animated representations of human anatomy. It illustrates how ergonomic risk factors affect our bodies.

Oregon OSHA encourages employers and workers to use this [online course](#). ●



Quotable

Physical and mental health challenges, and finding intervention programs, are of great importance to ourselves, co-workers, organizations, and communities.

- **Donnie Hutchinson,**
a subject matter expert on work-life balance, discussing his keynote presentation – “Begin With Who, Not What, How, or Why, for Health and Well-being” – for the Central Oregon Occupational Safety and Health Conference in Bend.



Datapoints

The following data show the top 10 workplace safety and health rule violations so far in 2023. Oregon OSHA encourages employers to use free resources – including [consultation services](#) and [technical guidance](#) – to improve their safety and health programs, and compliance with rules. Check out our [classrooms and online training](#), too. Workers have a [right to safe and healthy workplace](#). They have a right to raise safety and health concerns [free of retaliation](#). They have a right to [file a complaint](#) with Oregon OSHA. ●

#	Rule violated	Rule name	Total violations	Total initial penalties
1	29 CFR 1910.1200(e)	Written hazard communication program	312	\$36,060
2	OAR 437-001-0765(1)	Rules about safety committees or safety meetings	244	\$22,865
3	OAR 437-003-1501(1)	Fall protection	231	\$660,620
4	OAR 437-001-0765(13)	Documentation of safety committee meetings	136	\$1,515
5	29 CFR 1926.1053(b)	Requirements for use of ladders	100	\$93,690
6	OAR 437-003-0503(2)	Certification of fall-protection training	100	\$2,310
7	OAR 437-002-0134(1)	Requirements for hazard assessment/equipment selection	70	\$14,590
8	OAR 437-002-0187(2)	Rules regarding inspection/maintenance of fire extinguishers	66	\$1,920
9	29 CFR 1910.1200(g)	Safety data sheets	63	\$4,830
10	29 CFR 1910.1030(c)	Bloodborne pathogens – exposure control requirements	57	\$19,990

Overdoses, opioids, and fentanyl – emerging issues in the workplace

By Ellis Brasch

Exposure risks and responding to an overdose are among the key concerns.

During the past two decades, the nation's overdose deaths have risen dramatically, fueled first by the over prescription of hydrocodone and oxycodone pain pills and then by cheap heroin, cocaine, methamphetamine – and now fentanyl. In 2021, overdoses of these drugs killed more than 106,000 people, a record high for the nation. More than 110,000 people died from drug overdoses in 2022.

Nationwide, overdoses in the workplace are also increasing. The U.S Bureau of Labor Statistics [reports](#) that there were 464 workplace deaths from unintentional overdoses due to nonmedical use of drugs or alcohol in 2021. This is a 19.6 percent increase from 2020 when there were 388 deaths – the ninth consecutive annual increase. Fentanyl was responsible for many of the overdose deaths.

By contrast, there have been two [initial reports](#) of workplace deaths from overdoses in Oregon since 2020 – both in 2023. However, this information is only preliminary. It is also difficult to get a clear understanding of workplace deaths from overdoses because the information

is typically not reported in Oregon's workers' compensation system or through Oregon OSHA's [requirement](#) to report fatalities.

What is fentanyl?

Fentanyl is a highly potent synthetic opioid that depresses breathing and the central nervous system. Synthetic opioids are made in a laboratory

but have the same effects on the brain as natural opioids such as morphine and codeine. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain. But fentanyl is also made illicitly and trafficked into this country by transnational criminal organizations.



Fentanyl is the most potent of all the opioids and is relatively easy to mix with other dangerous drugs or to press into tablets that look like legal drugs, which increases the overdose risk for unsuspecting users. As little as 2 milligrams (2,000 micrograms) of pure fentanyl can be fatal.

Estimates from the CDC's [National Center for Health Statistics](#) show that fentanyl and

other synthetic opioids accounted for 80,564 drug overdose deaths during the 12-month period ending April 2023. In [Oregon](#), there were 968 overdose deaths from fentanyl and other synthetic opioids during the same period. Fentanyl has now surpassed methamphetamine as the most frequent drug involved in overdose deaths in Oregon.

What workers have an increased risk of exposure to fentanyl?

Workers who have an increased risk of exposure include:

- Emergency medical responders who treat, stabilize, and transport people who have overdosed
- Law enforcement, including those who interact with people who use drugs or who have overdosed
- Crime lab workers who handle and evaluate confiscated drugs and drug paraphernalia
- Health care workers who treat overdose patients
- Environmental service workers who clean up crime scenes, spills, or abandoned drug labs
- Fire service workers who respond to fires at contaminated sites
- Public works employees who remove needles and drug paraphernalia from public roads, highways, and parks

How can workers be exposed to fentanyl?

Fentanyl is a water-soluble crystalline solid that is also easily suspended in air as a powder. The two most common routes of exposure are inhalation of airborne powders and aerosols, and absorption through skin.



- Inhaled fentanyl enters the body through the respiratory tract and is rapidly absorbed through the lungs into the bloodstream. Once it has entered the bloodstream, fentanyl can quickly exert its toxic effects on the body.
- Fentanyl in liquid or gel form (including paper that has been sprayed or soaked with fentanyl) can be absorbed through the skin into the bloodstream. However, small amounts of dry fentanyl are not likely to be absorbed through the skin. Nevertheless, it is important to remove any suspect dry product promptly and wash the area thoroughly under running water with skin-safe, low-pH soap. Do not use an alcohol-based hand cleaner because the alcohol can increase absorption through the skin.

What are the symptoms of overexposure?

Symptoms can occur with fentanyl doses as low as 2.5 micrograms, including:

- Shortness of breath
- Slowing (or stopping) of the central nervous system including breathing and pulse
- Drowsiness
- Reduced level or loss of consciousness
- Dizziness
- Nausea and vomiting

Responding to an overdose in the workplace

An opioid overdose is life-threatening and requires immediate emergency attention. Call 911 if you suspect someone has overdosed.

Signs of an opioid overdose:

- Difficulty or inability to wake up
- Slow or no breathing
- Bluish or pale lips and fingernails
- Pale or clammy skin
- Abnormal snoring or breathing sounds
- Vomiting or foaming at the mouth

Using naloxone as emergency treatment for an opioid overdose

Naloxone is a medication approved by the Food and Drug Administration that can quickly reverse an opioid overdose or an overdose of an opioid combined with other sedatives or stimulants, and recently has become available over the counter. [Naloxone](#) only works for opioid drugs – including heroin, morphine, oxycodone, oxymorphone, methadone, hydrocodone, codeine, and fentanyl. Naloxone is not effective in treating overdoses of benzodiazepines or stimulant overdoses involving cocaine and amphetamines.

- Naloxone can be given by nasal spray, into the muscle, under the skin, or by intravenous injection.
- Naloxone should always be readily available where overdose risks are possible.
- Oregon has a [Good Samaritan](#) law that protects individuals from civil prosecution if they give someone naloxone in a good faith effort to reverse opioid overdose.

As fentanyl overdoses continue to rise, it is becoming more common for workplaces to have naloxone on site to respond to an emergency. Those who provide naloxone should have first-aid training, be trained to recognize the signs of an opioid overdose, and [know how to administer the medication](#).



How to avoid fentanyl hazards in the workplace

Employers [must determine](#) if their employees could be exposed to hazards associated with fentanyl that cannot be eliminated or controlled without personal protective equipment (PPE). Those hazards typically include potential exposure to fentanyl powders, aerosols, and liquids.

If there are such hazards, employers must:

- Select the PPE that protects their employees from the hazards
- Communicate their selection decisions to each affected employee
- Ensure the PPE fits each employee
- Require employees to use the PPE when they are exposed to the hazards

Examples of PPE that employees might need include:

- NIOSH-approved disposable N95 or P100 respirator
- Protective eyewear
- Hypoallergenic disposable gloves
- Disposable shoe or boot covers and gowns to prevent fentanyl dusts from contaminating clothing

The Recovery Friendly Workplace initiative

In 2018, New Hampshire Gov. Chris Sununu launched the country's first "Recovery Friendly Workplace" initiative, which was intended to help those whose lives have been interrupted by drug and alcohol addiction. The initiative's goal is to encourage workplaces to provide support for those who have struggled with addiction and to give them an opportunity to work again.

Employers who invest in Recovery Friendly Workplace programs view substance abuse as a treatable medical condition and provide support for new employees. Currently, more than 25 states have started Recovery Friendly Workplace programs. To learn more about these programs, see the National Institute of Environmental Services' [Recovery Friendly Workplace](#) webpage.

More information

- The Oregon Health Authority's [Fentanyl Facts](#) webpage provides much useful information about illicitly manufactured fentanyl, including its prevalence in Oregon, strategies to prevent an accidental overdose, and Oregon support and treatment resources.
- The Oregon Health Authority's [Naloxone Rescue for Opioid Overdose](#) webpage provides information about naloxone, including frequently asked questions and training protocols.
- The [Save Lives Oregon](#) initiative brings together organizations and tribal communities to reduce harm caused by drug use. The initiative provides qualifying organizations with supplies, training, and resources to support their life-saving work.
- National Safety Council's [Respond Ready Workplace](#) program is intended to raise awareness about the importance of naloxone in preventing overdose deaths and training necessary to administer it.
 - The National Safety Council's [cost calculator](#) gives employers information about the cost of substance use in their workplaces.
 - Oregon OSHA's [Personal Protective Equipment Hazard Assessment](#) guide explains why an assessment is important and how to do one. ●





Ask **OSHA** | Oregon OSHA

How do I make sure my employees are wearing the right protective footwear for the job?

The first thing to do is to determine what hazards your employees are likely to encounter that require protective footwear. It is an important part of what is called a [personal protective equipment hazard assessment](#) and all general industry, construction, or agricultural employers are required to do one.

Workplace hazards that typically require protective footwear include:

- Heavy objects that might roll onto or fall on a worker's feet
- Sharp objects that could pierce the soles or uppers of ordinary shoes

- Molten metal
- Hazards caused by energized electrical equipment and static electricity
- Wet, or slippery surfaces

The protective footwear for these hazards could include:

- Steel-toe shoes
- Boots or shoes with metatarsal guards
- Boots or shoes with slip resistant soles
- Boots or shoes with puncture resistant soles
- Chemical resistant boots or boot covers
- Rubber boots or closed-top shoes
- Nonconductive electrical hazard-rated shoes

You must select the footwear that will protect your employees when they are on the job and provide it to them at no cost; you must also tell them what protective footwear you have selected, ensure that it fits them, and require them to wear it if they are exposed to a hazard.

You do not have to pay for:

- Non-specialty safety-toe protective footwear (including steel-toe shoes or steel-toe boots) if you allow your employees to wear it off the job-site
- Shoes or boots with built-in metatarsal protection if you provide the metatarsal guards ●

Short take

Oregon Farm Bureau Health and Safety Committee, Oregon OSHA to provide in-person pesticide training Dec. 5

By Aaron Corvin

The Oregon Farm Bureau (OFB) Health and Safety Committee and Oregon OSHA are providing an in-person training workshop for four core credits that are required by the Oregon Department of Agriculture as part of the pesticide licensing process.

The workshop is intended to help employers in the farming and ranching industries achieve compliance with certain requirements.

The workshop will be held 1 p.m. to 5 p.m., Tuesday, Dec. 5, at the 2023 OFB annual meeting at the Embassy Suites – Washington Square, 9000 S.W. Washington Square Road in Tigard.

The workshop provides four core credit hours, which are recertification credits that pesticide handlers and applicators are required to earn to maintain their licenses.

For OFB members, the cost of the workshop is \$40. The cost for nonmembers is \$100. Only credit cards are accepted. Each participant must register individually. **Online registration closes at noon on Dec. 4.** To register, [go online](#).

More resources are online:

Oregon OSHA

[Worker Protection Standard](#) (a rule to reduce the risk of pesticide poisoning among farmworkers and pesticide handlers)

[A-to-Z topic page about pesticides](#)

Oregon Department of Agriculture

[Pesticide and fertilizer programs](#) and [pesticide licensing](#)

[Learn more](#) about the Oregon Farm Bureau Health and Safety Committee ●



REGISTER



Short take

Oregon OSHA proposes new rules affecting penalties, discrimination protection

By Ellis Brasch

The proposed rulemaking would adopt two new [Division 1](#) rules and amend 15 others to meet the requirements in [Senate Bill 592](#) and [Senate Bill 907](#), which were enacted by the Oregon Legislature earlier this year.

Senate Bill 592 requires Oregon OSHA to:

- Increase civil penalties for violations of workplace safety and health rules and adjust them to changes in the Western Consumer Price Index
- Add new penalties for violations that caused or contributed to the work-related fatality of an employee
- Conduct a comprehensive inspection when an employer has three willful or repeat violations in one year, or for a violation that caused or contributed to a work-related fatality

Senate Bill 907 requires Oregon OSHA to clarify a rule ([OAR 437-001-0295](#)) that currently provides discrimination protection to an employee when the employee refuses to perform work that could cause serious injury or death arising from a hazardous condition. Oregon OSHA is proposing to revise the rule so that it says an employee can refuse to perform a task that would expose the employee to imminent danger or serious physical harm when they are unable to obtain a correction of the hazard. The [Oregon Bureau of Labor and Industries](#) would investigate these cases.

Learn more about Senate Bills 592 and 907 and Oregon OSHA's proposed rules on Oregon OSHA's [Proposed Rules](#) page. You can also attend one of Oregon OSHA's four virtual public hearings scheduled in [October](#):

- Friday, Oct. 20, 2023, 10 a.m.
- Monday, Oct. 23, 2023, 5:30 p.m.
- Wednesday, Oct. 25, 2023, 6:30 p.m. (in Spanish only)
- Thursday, Oct. 26, 2023, 2 p.m.

If you want to comment on the proposed rules, you can do so until Nov. 3, 2023, at 5 p.m. – by mail, email, or fax:

- Mail: Oregon OSHA; PO BOX 14480; Salem OR; 97309-0405
- Email: OSHA.rulemaking@dcbs.oregon.gov
- Fax: 503-947-7461. ●





Incident Alert!

Company Residential care provider
 Hazard..... Working alone without
 emergency communication
 Employee Direct support worker
 Incident date April 2023

What happened?

A [confidential complaint](#) to Oregon OSHA in April 2023 alleged that employees were working alone at a residential care home that provided residential care to individuals with developmental disabilities and were at risk of being injured by the home's two behaviorally challenged residents.

The two residents at the home had acted aggressively in the past, and the company had documented instances of them biting, kicking, and pushing employees. While some of the six employees who worked at the home said they felt uncomfortable working alone with the two residents, others did not object and said the company's behavioral support plan helped control the residents' aggressive behavior.

Oregon OSHA fined the company because it failed to implement its emergency medical plan during an incident that happened two months earlier.

In February, an employee who arrived at the home at 10:30 p.m. to begin her swing shift was met by one of the two residents – a distraught,

non-verbal client – who led her to an injured employee in the bathroom. The employee's head was wrapped in a blood-soaked sweatshirt, and she had a severe gash in her forehead. Although the injured employee was semi-conscious and could not clearly recall what happened to her, she managed to tell her co-worker she had tried to help the resident log in to a computer in the living room. The login failed, and the resident pinched her. The injured employee said she started walking away but had only a vague memory of the resident behind her.

In the living room near the computer, emergency responders found broken eyeglasses and blood on the floor, on the corner of a baseboard, and on a throw rug. The responders took the employee to a nearby hospital where she died from injuries related to the incident on March 27. However, it was not possible to determine to what extent the resident was involved because the employee was unable to recall details about how the incident happened.

Key findings

Employee safety concerns were not addressed. After investigating issues related to the complaint, the compliance officer determined that, "The employer's processes and procedures which do exist have the potential to be appropriate; however, employee faith in management's ability to facilitate enough resources to resolve their safety concerns, is low." Employees were not expressing their safety concerns to the company about working alone because they felt the company would not act on them. The compliance officer also found that:

- Matters concerning residents were handled by the company's Cognitive Behavior Support Team, but there was no communication between the team and the safety committee about protecting employees from aggressive residents.
- The company investigated the incident, but did not offer recommendations for preventing future incidents.

- The safety committee reviewed the company's investigation report, but did not offer recommendations to the company for preventing future incidents.

In a separate "hazard letter" addressed to the company, Oregon OSHA recommended that:

- Management develop a written program that describes its expectations, procedures, and methods to reduce work-related injuries caused by residents.
- Management listen to employees' concerns about residents' aggressive behavior and ensure that the safety committee knows about them.
- Management establish a "buddy system" so that employees do not have to work alone at the home.

The company did not follow its emergency medical plan. The company's emergency medical plan required employees to carry cordless phones at all times when they were working in the home, but neither the injured employee nor her co-worker had one when the incident happened, which made it impossible to quickly call for help during the emergency. Furthermore, the company had not identified this as a problem in its investigation report of the incident. After reviewing the company's report, the compliance officer noted, "By not having a means of communication ... the victim was not able to implement the emergency [medical] plan." Oregon OSHA determined that because the company did not follow the emergency medical plan, it could not ensure the ready availability of [emergency medical services](#) to treat the injured employee.

Violation

OAR 437-002-0161(3)(a) Medical Services and First Aid: The employer did not ensure the ready availability of emergency medical services for the treatment of all injured employees. ●