

COVID-19 Public Health Emergency in All Oregon Workplaces

437-001-0744 Rule Addressing COVID-19 Workplace Risks

Note: Oregon OSHA's temporary rule addressing COVID-19 in the workplace expired May 4, 2021, 180 days after its adoption. Under the Oregon Administrative Procedures Act, a temporary rule cannot be renewed or extended beyond 180 days. Therefore, in order to extend protections for workers against COVID-19, which remains a significant concern, Oregon OSHA initially adopted this rule following the normal process for permanent rulemaking. However, the purpose of this rule is to address the COVID-19 pandemic in Oregon workplaces. Oregon OSHA will repeal the rule when it is no longer necessary to address the pandemic. Because it is not possible to assign a specific time for that decision, Oregon OSHA will continue to consult with the Oregon OSHA Partnership Committee, the Oregon Health Authority, the two Infectious Disease Rulemaking Advisory Committees, and other stakeholders as circumstances change to determine when all or part of the rule can be appropriately repealed. Oregon OSHA and its stakeholders will consider indicators and other information such as (but not limited to) Executive Orders issued by the Governor, guidance issued by the Oregon Health Authority and the Centers for Disease Control, infection rates (including the rate of spread of COVID-19 variants), test positivity rates, and vaccination rates, as well as indicators of severity such as hospitalizations and fatalities.

In accordance with its commitment to repeal the rule when it is no longer necessary, on March 18, 2022, Oregon OSHA amended this rule to remove the indoor masking requirements and most of the other provisions no longer appropriate for that stage of the pandemic. The changes were in response to Governor Brown's announcement of updated health guidance on February 28, 2022, and direction from the Oregon Health Authority. In order for these changes to take immediate effect, they were effectuated via a temporary rule. As stated above, a temporary rule cannot be renewed or extended beyond 180 days. Therefore, in order to preserve the changes made on March 18, 2022, and to remove some additional requirements as advised by the Oregon Health Authority, Oregon OSHA is adopting this rule following the normal process for permanent rulemaking. Failure to adopt this rule would result in the rule reverting to its form as of December 21, 2021 (Administrative Order 14-2021).

(1) Scope and Application.

- (a) This rule applies to all employees working in places of employment subject to Oregon OSHA's jurisdiction and exposed to one or more other individuals outside their household. For clarity and ease of reference, this rule refers to "COVID-19" when describing exposures or potential exposures to SARS-CoV-2, the virus that causes Coronavirus Disease 2019.
- (b) The requirements of sections (3) and (4) of this rule are applicable to exceptional risk workplaces. For purposes of this rule, workplaces at exceptional risk include any setting (whether a healthcare setting or not) where an employee (including temporary and part-time employees) performs one or any combination of the following job duties:
 - (A) Direct patient care;

- (B) Environmental decontamination services in a healthcare setting;
- (C) Aerosol-generating healthcare or postmortem procedures;
- (D) Direct client service in residential care or assisted living facilities;
- (E) Emergency first responder activities;
- (F) Personal care activities that involve very close contact with an individual, such as toileting or bathing; or
- (G) Handling, packaging, cleaning, processing, or transporting human remains or human tissue specimens or laboratory cultures collected from an individual known or suspected to be infected with COVID-19.

Note: "Contact tracing" requirements as described in subsections (3)(l) and (4)(i) of this rule are not applicable for law enforcement covered in the emergency first responder definition of subsection (2)(e), personal care activities in (1)(b)(F), and handling, packaging, cleaning, processing, or transporting human remains or human tissue specimens or laboratory cultures in (1)(b)(G).

Note: "Exceptional risk" does not include workers of other departments or job duties outside the scope and underlying definitions of subsection (1)(b) of this rule. For example, employees in the accounting department at a hospital would be covered by the requirements applicable to all workplaces, while other workers at the same hospital who actually perform any of those job operations listed under subsection (1)(b), such as direct patient care, would be subject to the supplementary requirements for workplaces at exceptional risk in addition to the requirements for all workplaces.

Note: It is important to recognize other regulatory bodies may have additional requirements relating to exceptional risk beyond Oregon OSHA requirements.

- (c) The requirements of section (5) of this rule are applicable to all workplaces not otherwise covered under the exceptional risk workplace requirements of sections (3) and (4).

(2) Definitions.

- (a) **Aerosol-generating healthcare or postmortem procedure** - means a medical, dental, or postmortem procedure on human patients or remains that is likely to result in exposure to small droplet nuclei in high concentration, presenting a risk for airborne transmission of COVID-19.
- (b) **Common areas** - means building lobbies, reception areas, waiting rooms, restrooms, break rooms, eating areas, smoking areas, locker rooms, bathing areas, transit lounges, conference rooms, or other locations indoors or outdoors that multiple individuals may use or congregate that employers operate or control.

- (c) **Decontamination of filtering facepiece respirators (FFR)** - means a process approved by the U.S. Food and Drug Administration (FDA) that reduces the number of pathogens, does not negatively affect the fit or filtration performance of the FFR, and presents no residual chemical hazard.
- (d) **Direct patient care** - means any employee job duties that include direct physical contact with a patient during the delivery of healthcare services. A worker performs direct patient care under the authority granted by a license or certification issued by federal, state, or local entities to provide healthcare services within the scope of practice. Workers may be providing direct patient care under their own licensure or certification, or may be providing care under the supervision of a licensed or certified worker. Workers involved in direct patient care include, but are not limited to, physicians, physician assistants, nurses, nurse practitioners, certified nursing aides, medical technologists, phlebotomists, respiratory therapists, dentists, dental hygienists, physical or occupational therapists, chiropractors, and other workers who otherwise provide in-person healthcare services. Direct patient care does not include customer service activities provided in retail settings that have embedded healthcare offices, such as retail pharmacies.
- (e) **Emergency first responder activities** - means those job duties that require an employee to be able to arrive first and provide assistance at the scene of an emergency, such as an accident, fire, or natural disaster. First responders include but are not limited to law enforcement officers, firefighters, emergency medical technicians, and paramedics. Emergency first responder activities under this rule do not include tasks where only first aid is provided in accordance with OAR 437-002-0161.
- (f) **Employee** - means any individual, including a minor whether lawfully or unlawfully employed, who engages to furnish services for a remuneration, financial or otherwise, subject to the direction and control of an employer; any salaried, elected and appointed official of the state, state agencies, counties, cities, school districts and other public corporations; and any individual who is provided with workers' compensation coverage as a subject worker pursuant to ORS chapter 656, whether by operation of law or election.

(g) **Employer** - means any person who has one or more employees, any sole proprietor or member of a partnership who elects workers' compensation coverage, or any corporation in relation to the exposure of its corporate officers except for corporations without workers' compensation coverage under ORS 656.128 and whose only employee is the sole owner of the corporation, or any successor or assignee of an employer as described in OAR 437-001-0015.

(h) **Employment, Place of** - has the meaning provided in OAR 437-001-0015 and excludes any place where the only employment involves workers not covered by workers' compensation and employed in or around a private home, as well as any corporate farm where the only employment involves the farm's family members

Note: The employment of home care and home healthcare workers by a resident of the home in which they work is not subject to workers' compensation (even though the employees receive such coverage through the Home Care Commission) and therefore their employment is not covered by Oregon OSHA. Such workers who are employed by private home health or in-home care agencies are subject to workers' compensation and therefore their employment is covered by Oregon OSHA. Private homes, such as adult foster care homes, where the only employment is for the care and comfort of the residents are also not required to obtain workers' compensation and are therefore not subject to Oregon OSHA unless the employer has opted to provide workers' compensation coverage under ORS 656.039.

(i) **Environmental decontamination services** - means the work performed by janitorial, custodial, maintenance, or similar employees who are responsible for cleaning equipment, surfaces, or other items in direct patient care healthcare settings. This includes routine and non-routine cleaning or disinfecting of high-touch surfaces as defined by this rule, equipment, or procedural tools that are used in patient care areas in healthcare settings, including those settings in which aerosol-generating procedures are performed.

(j) **Face covering** - means a cloth, polypropylene, paper or other covering that covers the nose and the mouth and that rests snugly above the nose, below the mouth, and on the sides of the face. Coverings that incorporate a valve that is designed to facilitate easy exhalation or mesh masks or other covers with openings, holes, visible gaps in the design or material, or vents are not appropriate face coverings because they allow droplets to be released from the covering.

- (k) **Face shield** - means a transparent plastic shield that covers the wearer's forehead, extends below the chin, and wraps around the sides of the face. Devices that place a shield in front of only the user's nose and mouth do not meet the definition of a mask, face covering, or face shield. Face shields are normally used as protection for the face and eyes and their use as a means of "source control" should be discouraged when more suitable alternatives are available, but they remain a compliant (although not preferred) means of "source control" in relation to COVID-19.
- (l) **Feasibility** - refers to the ability of an employer to implement any requirement in a rule. Oregon OSHA rules never prohibit work. Whether feasibility is mentioned in a provision of the rule or not, if the employer can demonstrate that it is functionally impossible to comply or if doing so would prevent completion of the work, the employer need not comply, but must take any available reasonable alternative steps to protect the employees involved.
- (m) **Filtering facepiece respirator** - means a tight-fitting, negative pressure, particulate respirator, where the particulate filter is the facepiece itself. Such respirators are often referred to as "dust masks," but dust masks that are not certified by the National Institute for Occupational Safety and Health are not respirators. The most common filtering facepiece respirators for general use are known as N95 respirators.
- (n) **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.
- (o) **Healthcare setting** - means any space at the workplace where a worker routinely provides direct patient care as defined by this rule or performs aerosol-generating healthcare or postmortem procedures. A healthcare setting does not include any establishment where only personal support services are provided or places where direct patient care is provided to a patient outside the healthcare setting itself.
- (p) **High-touch surface** - means equipment or surfaces that are handled frequently throughout the day by multiple individuals. High-touch surfaces can include, but are not limited to, countertops, tabletops, credit card terminals, doorknobs, door handles, digital kiosks, touch-screen enabled devices, light switches, handrails, elevator control panels, and steering wheels in work vehicles.

- (q) **Individual** - means any person who is present in the place of employment, whether an employee or not.
- (r) **Mask** - means a U.S. Food and Drug Administration (FDA) cleared surgical, medical procedure, dental, or isolation mask (commonly referred to as a "surgical mask"). Masks are medical grade masks that function as a physical barrier to protect workers from hazards such as splashes of large droplets of blood or bodily fluids; they do not provide reliable protection to the wearer against aerosols or airborne pathogens.
- (s) **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.
- (t) **Personal support services** - means the work performed by a caretaker or similar employee who is responsible for assisting individuals with day-to-day living issues that are not direct patient care activities. Personal support services include, but are not limited to housekeeping, assisting with medication, personal transportation (such as taking a client to an appointment), and other day-to-day living activities that may occur in an individual's private residence are not otherwise considered to be direct patient care under this rule.
- (u) **Respirator** - means a type of personal protective equipment that protects against respiratory hazards by removing specific air contaminants from the ambient (surrounding) air or by supplying breathable air from a safe source. Respirators that remove contaminants from the ambient air are called air-purifying respirators. Respirators that supply air from a safe source other than the ambient air are called atmosphere-supplying respirators. Masks, face coverings, and face shields are not respirators.
- (v) **SARS-CoV-2** - refers to a specific betacoronavirus (MERS-CoV and SARS-CoV are other betacoronaviruses) that causes what has been designated as Coronavirus Disease 2019 (COVID-19).
- (w) **Shared equipment** - means devices or tools that are used by multiple employees or other individuals including, but not limited to, elevators, computers, phones, gym or personal fitness devices, escalators, and work vehicles.

- (x) **Source control** - means the use of protective equipment or other measures such as face coverings to prevent the spread of illness from a potentially infectious person to others. A typical example of source control for COVID19 is to use a mask or face covering to limit the spread of respiratory droplets and aerosols from the wearer to others. Respirators can be used as source control in addition to providing protection for the wearer.
 - (y) **Suspected to be infected with COVID-19** - means a person who has signs or symptoms of COVID-19 but has not tested positive for SARS-CoV-2 infection and no alternative diagnosis has been made consistent with Oregon Health Authority definitions.
- (3) COVID-19 Requirements for Exceptional Risk Workplaces. Except as otherwise provided by this rule, the following requirements in section (3) apply to exceptional risk workplaces.
- (a) Physical distancing. Oregon OSHA no longer requires employers to implement physical distancing.
 - (b) Masks, face coverings, or face shields. The specific requirements for masks, face coverings, and face shields are covered under subsection (4)(l) of this rule.
 - (c) Cleaning and sanitation. Except for healthcare settings, which are covered under subsection (4)(d) of this rule, Oregon OSHA no longer requires employers to regularly clean or sanitize all common areas, shared equipment, and high-touch surfaces as defined by this rule that are under its control and that are used by employees or the public.
 - (A) Employers must provide employees with the supplies (such as soap and water) and the reasonable time necessary to clean or sanitize more frequently than would otherwise be required if the worker chooses to do so.
 - (B) Employers must provide employees with the supplies (such as soap and water) and reasonable time necessary to perform hand hygiene before using shared equipment.
- Note:** Additional sanitation requirements for exceptional risk workplaces are included in subsection (4)(d) of this rule.
- (d) Posting requirements. Oregon OSHA no longer requires the COVID-19 poster to be posted in the workplace.

- (e) Building operators. Oregon OSHA no longer requires building operators to take the additional steps related to sanitation and posting of signs.
- (f) Routine ventilation maintenance and evaluation. Employers covered by section (3) of this rule must optimize the amount of outside air circulated through its existing heating, ventilation, and air conditioning (HVAC) system(s), to the extent the system(s) can do so when operating as designed and maintaining healthy indoor temperatures, whenever there are employees in the workplace and the outdoor air quality index remains at either "good" or "moderate" levels.

Note: This does not require installation of new ventilation equipment.

Note: While not required, ventilation systems that are installed and maintained in accordance with the provisions of the American National Standards (ANSI)/American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standards 62.1 and 62.2 (ASHRAE 2019a, 2019b) meet this requirement.

- (A) All employers covered by section (3) of this rule with more than ten employees statewide and an existing HVAC system must certify in writing that they are operating that system in accordance with the rule, to the best of their knowledge. Although not required, such certifications can be made using the sample format provided by Oregon OSHA.
 - (i) The certification must be dated and must include the name of the individual making the certification; and
 - (ii) Such certification records must be maintained as long as this rule is in effect.
- (B) On a quarterly basis, all employers must ensure the following:
 - (i) All air filters are maintained and replaced as necessary to ensure the proper function of the ventilation system; and
 - (ii) All intake ports that provide outside air to the HVAC system are cleaned, maintained, and cleared of any debris that may affect the function and performance of the ventilation system.

- (g) Exposure risk assessment. All employers covered by section (3) of this rule must conduct a COVID-19 exposure risk assessment, without regard to the use of personal protective equipment, masks, face coverings, or face shields. A risk assessment conducted in compliance with the Oregon OSHA temporary COVID-19 rule adopted November 6, 2020, satisfies this requirement and need not be repeated. If an employer has multiple facilities that are substantially similar, the assessment 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 assessment.
- (A) The exposure risk assessment must involve participation and feedback from employees. This feedback may be achieved via a safety meeting, safety committee, supervisor, process negotiated with the exclusive bargaining agent (if any), or any other similarly interactive process.
- (B) Each employer with more than ten employees statewide (including temporary and part-time workers) that is covered by subsection (1)(b) of this rule (workplaces at exceptional risk) must record their COVID-19 exposure risk assessment in writing by documenting the following information
- (i) The name(s), job title(s), and contact information of the person(s) who performed the exposure risk assessment;
- (ii) The date the exposure risk assessment was completed;
- (iii) The employee job classifications that were evaluated; and
- (iv) A summary of the employer's answers to each of the applicable exposure risk assessment questions in this subsection.
- (C) The risk assessment must address the following questions related to potential employee exposure to COVID19 in the workplace:
- (i) Can employees telework or otherwise work remotely? How are employees encouraged or empowered to use those distance work options to reduce COVID-19 transmission at the workplace?
- (ii) What are the anticipated working distances between employees? How might those physical working distances change during non-routine work activities?

- (iii) What is the anticipated working distance between employees and other individuals? How might those working distances change during non-routine work activities?
- (iv) How have the workplace or employee job duties, or both, been modified to provide at least six feet of physical distancing between all individuals?
- (v) How are employees and other individuals at the workplace notified where and when masks, face coverings, or face shields are required? How is this policy enforced and clearly communicated to employees and other individuals?
- (vi) How have employees been informed about the workplace policy and procedures related to reporting COVID19 symptoms? How might employees who are identified for quarantine or isolation as a result of medical removal under this rule be provided with an opportunity to work at home, if such work is available and they are well enough to do so?
- (vii) How have engineering controls such as ventilation (whether portable air filtration units equipped with HEPA filters, airborne infection isolation rooms, local exhaust ventilation, or general building HVAC systems) and physical barriers been used to minimize employee exposure to COVID-19?
- (viii) How have administrative controls (such as foot-traffic control) been used to minimize employee exposure to COVID-19?
- (ix) What is the procedure or policy for employees to report workplace hazards related to COVID-19? How are these hazard reporting procedures or policies communicated to employees?
- (x) How are sanitation measures related to COVID-19 implemented in the workplace? How have these sanitation practices been explained to employees and other individuals at the workplace?
- (xi) How have the industry-specific or activity-specific COVID-19 requirements in Appendix A of this rule and applicable guidance from the Oregon Health Authority been implemented for workers? How will periodic updates to such Oregon Health Authority guidance documents be incorporated into the workplace on an ongoing basis?

- (xii) In settings where the workers of multiple employers work in the same space or share equipment or common areas, how are the physical distancing, mask, face covering, or face shield requirements; and sanitation measures required under this rule communicated to and coordinated between all employers and their affected employees?
- (xiii) How can the employer implement appropriate controls that provide layered protection from COVID-19 hazards and that minimize, to the degree possible, reliance on individual employee training and behavior for their efficacy?

Note: [Oregon OSHA](#) has made a [Risk Assessment template](#) and [sample Risk Assessments](#) available to assist employers in completing this task.

- (h) Infection control plan. All employers covered by section (3) of this rule must establish and implement an infection control plan based on the risks identified in subsection (3)(g) of this rule that implements the controls identified in subparagraph (3)(g)(C)(xiii) including, but not limited to, ventilation, staggered shifts, redesigning the workplace to accommodate physical distancing, reducing use of shared surfaces and tools, limiting the number of employees and other individuals in work areas, personal protective equipment, etc. An infection control plan developed in compliance with the Oregon OSHA temporary COVID-19 rule adopted November 6, 2020, satisfies this requirement and need not be repeated. If an employer has multiple facilities that are substantially similar, its infection control 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. Employers may also rely upon materials developed by associations, licensing agencies, and franchisors to assist with compliance and provided that mechanisms for appropriate employee feedback and involvement are provided.
- (A) Each employer with more than ten employees statewide (including temporary and part-time workers) and every employer, regardless of size, that is covered by subsection (1)(b) of this rule (workplaces at exceptional risk) must document their infection control plan in writing and must ensure that a copy is accessible to employees at their workplace.

Note: Additional requirements related to the infection control plan, which are applicable only to those employers covered by subsection (1)(b) of this rule (workplaces at exceptional risk), are contained in subsection (4)(c) of this rule.

- (B) The infection control plan must contain, at a minimum, the following elements:
- (i) A list of all job assignments or worker tasks requiring the use of personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19;
 - (ii) The procedures the employer will use 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;
 - (iii) A list and description of the specific hazard control measures that the employer installed, implemented, or developed to minimize employee exposure to COVID-19;
 - (iv) A description of the employer's COVID-19 mask, face covering, and face shield requirements at the workplace, and the method of informing individuals entering the workplace where such source control is required;
 - (v) The procedures the employer will use to communicate with its employees and other employers in multiemployer worksites regarding an employee's exposure to an individual known or suspected to be infected with COVID-19 to whom other workers may have been exposed. This includes the communication to individuals identified through COVID-19 contact tracing and general communication to the workplace at large; and
 - (vi) The procedures the employer will use to provide its workers with the initial employee information and training required by this rule.

Note: [Oregon OSHA](#) has made sample [Infection Control Plans](#) available to [assist employers](#) in completing this task.

- (i) Employee information and training. All employers covered by section (3) of this rule must provide workers with information and training regarding COVID-19. Infection control training conducted in compliance with the Oregon OSHA temporary COVID-19 rule adopted November 6, 2020, satisfies this requirement. This information and training can be provided remotely or using computer-based models but must be provided in a manner and language understood by the affected workers. Employers must ensure that the training provides an opportunity for feedback from employees about the topics covered in the training, which must include at least the following elements:
- (A) Physical distancing requirements as they apply to the employee's workplace and job function(s);
 - (B) Mask, face covering, or face shield requirements as they apply to the employee's workplace and job function(s);
 - (C) COVID-19 sanitation requirements as they apply to the employee's workplace and job function(s);
 - (D) COVID-19 signs and symptom reporting procedures that apply to the employee's workplace;
 - (E) COVID-19 infection notification process as **suggested** by this rule;
 - (F) Medical removal as required by this rule;
 - (G) The characteristics and methods of transmission of the SARS-CoV-2 virus;
Note: Oregon OSHA has provided [training materials](#) that can be used to complete this portion of the training.
 - (H) The symptoms of the COVID-19 disease;
Note: Oregon OSHA has provided [training materials](#) that can be used to complete this portion of the training.
 - (I) The ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2 virus; and
Note: Oregon OSHA has provided [training materials](#) that can be used to complete this portion of the training.
 - (J) Safe and healthy work practices and control measures, including but not limited to, physical distancing, sanitation and disinfection practices.
Note: Oregon OSHA has provided [training materials](#) that can be used to complete this portion of the training.

- (j) COVID-19 infection notification process. All employers covered by section (3) of this rule should establish and implement a process to notify exposed employees (those who were within six feet of a confirmed COVID-19 individual for a cumulative total of 15 minutes or more, regardless of whether one or both of them were wearing source control) that they had a work-related contact with an individual who has tested positive for COVID-19, as well as to notify affected employees (those who worked in the same facility or in the same well-defined portion of the facility such as a particular floor) that an individual who was present in the facility has confirmed COVID-19. This notification process should include the following elements:
- (A) A mechanism for notifying both exposed and affected employees within 24 hours of the employer being made aware that an individual with COVID-19 was present in the workplace while infectious or otherwise may have had work-related contact with its employee(s) while infectious; and
- (B) This notification process should be established and implemented in accordance with all applicable federal and Oregon laws and regulations.
- Note:** Employers can satisfy this requirement by adopting the model procedure published by Oregon OSHA.
- Note:** The reporting of COVID-19 cases may be required under existing Oregon Health Authority rules regarding reporting of disease cases. OAR 333-018-0016 requires such cases to be reported by healthcare providers and laboratories within 24 hours of identification.
- Note:** Whenever an exposure notification as described by this rule is provided in writing, the notification may be subject to the existing requirements of Oregon OSHA's Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020).
- (k) COVID-19 testing for workers. The employer must cooperate by making its employees and appropriate space available at no cost to the workers whenever a local public health agency or Oregon Health Authority indicate that COVID-19 diagnostic testing within the workplace is necessary. If such testing is conducted at the employer's own direction, the employer is responsible for covering the costs of testing, including but not limited to the COVID-19 test itself, employee time, and employee travel. However, if the employer is not requesting the test, the employer is not expected to cover the direct cost of such testing or of any involved employee travel.

- (l) **Medical removal.** Whenever the Oregon Health Authority, local public health agency, or medical provider recommends an employee be restricted from work due to quarantine or isolation for COVID-19, such as through identification during contact tracing activities, the affected worker(s) must be directed to isolate at home and away from other non-quarantined individuals.

Note: There are additional medical removal provisions for healthcare settings in subsection (4)(j) of this rule.

Note: Other than the obligation to provide such direction and to remove such employees from the workplace, the employer has no obligation to enforce the employee's quarantine or isolation.

Note: "Contact tracing" requirements as described in subsections (3)(l) and (4)(i) of this rule are not applicable for law enforcement covered in the emergency first responder definition of subsection (2)(e), personal care activities in (1)(c)(F), and handling, packaging, cleaning, processing, or transporting human remains or human tissue specimens or laboratory cultures in (1)(c)(G).

- (A) Whenever an employee participates in quarantine or isolation for COVID-19, the employer must allow the affected employee(s) to work at home if suitable work is available and the employee's condition does not prevent it.
- (B) Whenever an employee participates in quarantine or isolation, whether as a result of the requirements of this rule or because the employer chooses to take additional precautions, the affected worker(s) must be notified that they are entitled to return to their previous job duties if still available without any adverse action as a result of participation in COVID-19 quarantine or isolation activities. The employee must be advised in writing of the right to return as described and should be provided any relevant information about the employer's paid time off, sick leave, or any other available benefits in accordance with local, state, or federal law.

Note: The prohibition on "adverse action" does not require the employer to keep a job available that would not otherwise have been available had the employee not been quarantined or isolated, but it does mean that the employer cannot fill the job with another employee and thereby make it unavailable.

- (C) Decisions regarding testing and return to work after an employee participates in COVID-19 quarantine or isolation activities must be made in accordance with applicable public health guidance and must be otherwise consistent with guidance from the employee's medical provider.

Note: This provision does not require a negative COVID-19 test or a separate contact with the medical provider.

Note: Employees are protected from discrimination or retaliation under ORS 654.062(5). This includes protections for actions against employees for opposing any practice forbidden under the Oregon Safe Employment Act and related statutes and rules (including this rule for COVID-19), making a complaint or causing any proceeding to be instituted under the Oregon Safe Employment Act, or exercising any rights under the law, including those conferred by this Rule Addressing COVID-19 Workplace Risks (OAR 437-001-0744).

Note: Notwithstanding the language of OAR 437-001-0700(10), employers do not need to record such "medical removal" cases on their OSHA 300 log(s) simply because the medical removal required by this rule occurred. Cases must be recorded only if the infection of a worker is determined to be "work-related" in accordance with OAR 437-001-0700.

- (m) Mandatory appendix Employers covered by the mandatory industry-specific requirements for Emergency Medical Services: First Responders, Firefighters, Emergency Medical Services and Non-Emergency Medical Transport must comply with this appendix. To the degree the appendix provides specific guidance regarding an issue addressed by this rule, it supersedes the general requirements of this rule. To the degree a situation is not addressed by the specific language of the appendix, the requirements of this rule apply as written.
- (4) Additional COVID-19 Requirements for Workplaces at Exceptional Risk. Workplaces identified by subsection (1)(b) of this rule must adhere to the following specific provisions and additional requirements.
- (a) Infection control training. In addition to the employee information and training requirements for all workplaces under subsection (3)(i) of this rule, employers of workplaces at exceptional risk must provide infection control training that includes the following provisions:
 - (A) The training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties;
 - (B) The training material is appropriate in content and vocabulary to the education, literacy, and language of the affected workers; and
 - (C) The training provides an opportunity for interactive questions and answers (must be "live" in order to allow immediate response and further clarification but need not be in person) with a person knowledgeable in the training program's subject matter and basic epidemiology as it relates to the workplace and employee job duties.

- (b) Infection control training for employees required under this subsection must include the following elements:
- (A) An explanation of this rule and its applicable appendices and provisions;
 - (B) An explanation of contact, droplet, and airborne modes of transmission of COVID-19, including how workers can recognize hazardous work activities that may involve exposure to COVID-19 and how employees can take precautionary measures to minimize their exposure;
 - (C) An explanation of the basic risk factors associated with COVID-19 transmission including, but not limited to, behavioral risk factors (this may include non-work activities that are higher-risk activities such as attending large social gatherings); physiological risk factors; demographic risk factors; and environmental risk factors;
 - (D) An explanation of the employer's COVID-19 exposure risk assessment required by this rule and which employee job classifications, tasks, or job duties were considered as part of that risk assessment;
 - (E) An explanation of the employer's physical distancing; mask, face covering, and face shield requirements; and COVID-19 sanitation requirements at the workplace. Where applicable, this information must include any multiemployer worksite agreements related to the use of common areas and shared equipment that affect employees at the workplace;
 - (F) Information on the types, use, storage, removal, handling, and maintenance of masks, face coverings, face shields and personal protective equipment (including respirators) provided to employees by the employer; and
 - (G) An explanation of the use and limitation of COVID-19 hazard control measures implemented or installed by the employer. Hazard control measures include engineering, administrative, or work practice controls that eliminate or otherwise minimize employee exposure to COVID-19.
- (c) Additional infection control plan requirements. In addition to the infection control plan requirements for all workplaces, each employer covered by section (4) of this rule must provide the following in its infection control plan:

- (A) The name(s) of the person responsible for administering the plan. This person must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations; and
 - (B) The plan must be reevaluated as frequently as necessary to reflect changes in the facility, employee job duties, new technologies, or workplace policies established by the employer that affect worker exposure to COVID-19 or in response to updated guidance published by the Oregon Health Authority (including increases in COVID-19 community spread) that is applicable to the employer's workplace. This reevaluation and update of the infection plan must include feedback from non-managerial, front-line employees who perform activities that reflect the employer's exceptional risk under this rule. This feedback is not required from all employees and may be achieved via a safety meeting, safety committee, supervisor, process negotiated with the exclusive bargaining agent (if any), or any other similarly interactive process.
 - (C) Healthcare employers must develop and implement a written personal protective equipment (PPE) supply and crisis management plan in accordance with Oregon Health Authority and Oregon OSHA Interim Guidance: Use of CDC's Optimizing Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings.
- (d) Additional sanitation requirements. Use appropriate sanitation measures in addition to the requirements of subsection (3)(c) of this rule to reduce the risk of COVID-19 transmission. Each employer must:
- (A) Develop and implement procedures for routine cleaning and disinfection that are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed (for example, using cleaners and EPA-registered, hospital-grade disinfectants for frequently touched surfaces or objects in accordance with manufacturer instructions and contact time specifications). Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2; and

- (B) Follow standard practices for disinfection and sterilization of medical devices contaminated with COVID-19, as described in the CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.
- (e) Healthcare personal protective equipment. Depending on the requirements of the procedure (for example, aerosol generating procedures, a.k.a. AGPs) in question and the disease status of the involved patient(s), employers must use a combination of standard precautions, contact precautions, droplet precautions, airborne precautions, and eye protection (for example, goggles, face shields) to protect healthcare workers with exposure or potential exposure to COVID-19.
 - (A) When an employee performs an aerosol-generating healthcare or post-mortem procedure for a patient without evidence of COVID-19 infection, the employer must provide PPE in accordance with CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel. Oregon OSHA recognizes that risk of infection in asymptomatic patients can vary based on clinical presentation, level of COVID-19 transmission in the community, recent COVID-19 testing results, and other factors. These factors must be considered in clinical judgment by healthcare personnel involved in direct patient care and medical examiners in making decisions about use of transmission-based precautions.
 - (B) Whenever an employee provides direct patient care for a patient known or suspected to be infected with COVID-19, the employer must provide the affected worker with gloves, a gown, eye protection (goggles or face shield), and either a NIOSH-approved respirator or a respirator with a current emergency use authorization by the United States Food and Drug Administration (FDA). If the employer can demonstrate that the availability of respirators is genuinely limited, the employer must ensure that a medical-grade mask is used in place of the respirator.

Note: If PPE availability is genuinely limited, a procedure cannot be deferred, and appropriate, good-faith efforts are made by the employer to ensure the safety and protection of the healthcare workers, Oregon OSHA will evaluate the situation based on PPE availability and the employer's adherence to CDC's Optimizing Personal Protective Equipment (PPE) Supplies During the COVID-19 Pandemic.

- (C) In lieu of (A) and (B) above, and if PPE availability is limited, such employers may follow CDC's Optimizing Personal Protective Equipment (PPE) Supplies During the COVID-19 Pandemic.

Note: The CDC does not have a comprehensive list of AGPs in a healthcare setting. Employers should refer to the AGP list maintained by Oregon Health Authority.

- (f) Heightened risk ventilation requirements. In addition to the ventilation provisions of subsection (3)(f) of this rule (including any applicable certification provisions), certain heightened risk facilities must meet the following requirements to the degree that they are under the employer's control:
- (A) Existing ventilation systems in hospitals, ambulatory surgical centers, and long-term care facilities that provide skilled or intermediate level nursing care must be operated, when possible, in accordance with local building codes and applicable 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), which include requirements for outdoor air ventilation in most residential and nonresidential spaces, and ANSI/ASHRAE/ASHE Standard 170 (ASHRAE 2017a) covers both outdoor and total air ventilation in healthcare facilities.
- Note:** This does not require installation of new ventilation equipment.
- (B) Existing ventilation systems in other healthcare facilities must be upgraded to a minimum MERV 13 rating, provided that such an upgrade will result in no significant performance reduction of the system.
- Note:** This does not require installation of new ventilation equipment.
- (g) Barriers, partitions, and airborne infection isolation rooms in healthcare settings. The employer must employ the following measures to protect healthcare employees, support workers, patients, and visitors from individuals known or suspected to be infected with COVID-19:
- (A) When available, use airborne infection isolation rooms (AIIRs) with proper ventilation to house patients known or suspected to be infected with COVID-19;

- (B) Patients known or suspected of being infected with COVID-19 must don a face covering and be isolated in an examination room with the door closed. If an examination room is not immediately available, such patients must not be allowed to wait within six feet of other patients seeking care and should be encouraged to wait in a personal vehicle or outside the healthcare setting where they can be contacted by mobile device when it is their turn to be evaluated. During a medical emergency, all measures may not be feasible, but must be implemented in whole or in part as the patient's condition and necessary medical care allow. 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 workers, respectively;
- (C) Use physical barriers or partitions in triage areas to guide patients when appropriate; and
- (D) Use curtains to separate patients in semi-private areas.
- (h) Screening in healthcare settings. Oregon OSHA no longer requires employers to screen and triage all individuals entering its healthcare setting for symptoms of COVID-19.
- (i) Exposure notification process in certain healthcare settings. Oregon OSHA no longer requires exposure notification in healthcare settings.
- (j) Medical removal provisions in healthcare settings. The only exception to the quarantine and isolation provisions of subsection (3)(l) of this rule exists when a healthcare provider, emergency responder, or other worker who would otherwise be quarantined or isolated remains on the job under Oregon Health Authority guidelines.
- (k) Physical distancing. Oregon OSHA no longer requires healthcare employers to implement physical distancing.
- (l) Mask, face covering, or face shield requirements.
 - (A) Healthcare employers must ensure that all individuals in the workplace wear a mask, face covering, or face shield unless otherwise exempt under paragraph (4)(l)(B) of this rule.
 - (B) Masks, face coverings, or face shields are not required if the individual:
 - (i) Is under 5 years of age (or is under 2 years of age and using public transportation or in transportation hubs),

- (ii) Is eating or drinking,
- (iii) Is engaged in an activity that makes wearing a mask, face covering or face shield not feasible, such as when taking a shower,
- (iv) Is sleeping,
- (v) Is in a room or vehicle shared only with members of the same household, or
- (vi) Is required to briefly remove their mask, face covering, or face shield because their identity needs to be confirmed by visual comparison, such as at the bank or if interacting with law enforcement. During such instances, individuals should limit speaking while the mask, face covering, or face shield is removed or displaced.

Note: While reasonable accommodation for those unable to wear a mask, face covering, or face shield due to a disability must be provided under applicable state law (ORS 659A.103 to 659A.145) and federal law (42 U.S.C. Chapter 126), such an accommodation does not include simply exempting individuals from the requirement to wear masks, face coverings, or face shields in public spaces or places of employment.

- (C) The employer must provide masks, face coverings, or face shields for employees at no cost to the worker. If an employee chooses to wear their own mask, face shield, or face covering instead of those provided by the employer, the employer may allow it but is not required to do so.
 - (D) When an employee chooses to wear a filtering facepiece respirator instead of a mask, face covering, or face shield, the employer must allow that use and follow the "voluntary use" provisions of the Respiratory Protection Standard (29 CFR 1910.134).

Note: An employer is not obligated to provide filtering facepiece respirators to employees under this section, nor are employers required to provide or allow any other type of respirator, unless required by another part of this rule.
 - (E) If an employee chooses to wear a mask, face shield, or face covering even when it is not required, the employer must allow them to do so.
- (m) Medical removal protection benefits. Medical removal protection benefits as described by this subsection must be provided whenever employees covered by this subsection are unable to work due to the medical removal provisions outlined under subsections (3)(l) and (4)(j) of this rule.

- (A) Except as otherwise provided by paragraph (4)(m)(B), medical removal protection benefits as outlined under paragraph (4)(m)(C) apply to all employees engaged in direct patient care or in direct support of such care, including patient intake or admission, patient food services, equipment and facility maintenance, housekeeping services, healthcare laundry services, medical waste handling services, and medical equipment cleaning or reprocessing services. This provision does not apply to office or administrative functions that do not involve contact with patients or patient care spaces, such as bookkeeping, payroll, or accounting services.
- (B) The medical removal protection benefits of this subsection do not apply to the following:
- (i) Employers with 10 or fewer employees,
 - (ii) Employees whose COVID-19 illness or quarantine cannot reasonably have resulted from a workplace exposure,
 - (iii) Individuals who are not in compliance with Oregon Health Authority COVID-19 vaccination requirements, without regard to the effective date of those requirements,
 - (iv) The provision of first aid by an employee who is not otherwise a healthcare provider,
 - (v) The dispensing of prescriptions by pharmacists in retail settings,
 - (vi) Non-hospital ambulatory care settings where all non-employees are screened prior to entry and individuals with suspected or confirmed COVID-19 are not permitted to enter those settings,
 - (vii) Well-defined ambulatory care settings within hospitals where all employees are fully vaccinated and all nonemployees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings,
 - (viii) Home healthcare settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present,
 - (ix) Healthcare support services not performed in a healthcare setting (for example, off-site laundry, off-site food preparation), or

- (x) Telehealth services performed outside of a setting where direct patient care occurs.
- (C) When an employee subject to this subsection is subject to medical removal as required by the rule and the required isolation or quarantine prevents the employee from working, the following medical removal protection benefits must be provided:
 - (i) The employer must continue to provide the benefits to which the employee would normally be entitled when working;
 - (ii) For employers with 500 or more employees, the employer must pay the employee the same regular (non-overtime) pay the employee would have received had the employee not been absent from work, up to a maximum of \$1,400 per week, until the employee is able to return to work as described in subsection (3)(l) of this rule;
 - (iii) For employers with fewer than 500 employees, the employer must pay the employee benefit described in subparagraph (4)(m)(C)(ii) of this rule, but beginning in the third week of an employee's removal, the employer is permitted to reduce the amount to only two-thirds of the same regular pay the employee would have received had the employee not been absent from work, up to \$200 per day (\$1,000 per week in most cases).
- (D) The employer's obligation under paragraph (4)(m)(C) of this rule is reduced by the amount of compensation for lost earnings that the employee receives from any other source, such as a publicly or employer-funded compensation program (for example, workers compensation, paid sick leave, administrative leave, or other employer-provided leave that does not carry a cash value). The employer cannot take such benefits into account until they have actually been received by the employee.

Note: It is important to recognize other regulatory bodies may have additional requirements relating to exceptional risk beyond Oregon OSHA requirements.

- (5) COVID-19 Requirements for all workplaces not covered under exceptional risk workplaces sections (3) and (4), as defined in section (1)(b).
 - (a) Masks, face coverings, and face shields.

- (A) The employer must provide masks, face coverings, or face shields for employees at no cost to the worker. If an employee chooses to wear their own mask, face covering, or face shield instead of those provided by the employer, the employer may allow it but is not required to do so.
- (B) When an employee chooses to wear a filtering facepiece respirator to protect against COVID-19, the employer must allow that use and follow the "voluntary use" provisions of the Respiratory Protection Standard (29 CFR 1910.134).

Note: An employer is not obligated to provide filtering facepiece respirators to employees under this section, nor are employers required to provide or allow any other type of respirator, unless required by another part of this rule.

- (C) When an employee chooses to wear a mask, face covering, or face shield even when it is not required, the employer must allow them to do so.

Note: Employees are protected from discrimination or retaliation under ORS 654.062(5). This includes protections for actions against employees for opposing any practice forbidden under the Oregon Safe Employment Act and related statutes and rules (including this rule for COVID-19), making a complaint or causing any proceeding to be instituted under the Oregon Safe Employment Act, or exercising any rights under the law, including those conferred by this Rule Addressing COVID-19 Workplace Risks (OAR 437-001-0744).

- (b) COVID-19 testing for workers. If COVID-19 testing is conducted at the employer's own direction, the employer is responsible for covering the costs of testing including but not limited to the COVID-19 test itself, employee time, and employee travel. However, if the employer is not requesting the test, the employer is not expected to cover the direct cost of such testing or of any involved employee travel.
- (c) Routine ventilation maintenance and evaluation. Employers covered by section (5) of this rule, should optimize the amount of outside air circulated through its existing heating, ventilation, and air conditioning (HVAC) system(s), in accordance of subsection (3)(f).

- (d) COVID-19 infection notification process. The employers covered by this section (5) of this rule, should establish and implement a process to notify exposed employees (those who were within six feet of a confirmed COVID-19 individual for a cumulative total of 15 minutes or more, regardless of whether one or both of them were wearing source control) that they had a work-related contact with an individual who has tested positive for COVID-19, as well as to notify affected employees (those who worked in the same facility or in the same well-defined portion of the facility such as a particular floor) that an individual who was present in the facility has confirmed COVID-19. This notification process should include the following elements:
- (A) A mechanism for notifying both exposed and affected employees within 24 hours of the employer being made aware that an individual with COVID-19 was present in the workplace while infectious or otherwise may have had work-related contact with its employee(s) while infectious; and
- (B) This notification process should be established and implemented in accordance with all applicable federal and Oregon laws and regulations.
- Note:** Employers may use the model procedure published by Oregon OSHA.
- Note:** The reporting of COVID-19 cases may be required under existing Oregon Health Authority rules regarding reporting of disease cases. OAR 333-018-0016 requires such cases to be reported by healthcare providers and laboratories within 24 hours of identification.
- Note:** Whenever an exposure notification as described by this rule is provided in writing, the notification may be subject to the existing requirements of Oregon OSHA's Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020).
- (e) Medical removal. Employers covered by section (5) of this rule should follow Oregon Health Authority, public health, or medical provider recommendations for isolation or quarantine of employees for COVID-19.

Statutory/Other Authority: ORS 654.025(2), ORS 654.035, ORS 656.726(4), ORS 654.025(3)(a)

Statutes/Other Implemented: ORS 654.001 through 654.295

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Appendix A to 437-001-0744: Emergency Medical Services: First Responders, Firefighters, Emergency Medical Services and Non-Emergency Medical Transport

Application: This appendix applies to first responders, firefighters, emergency medical services, and non-emergency medical transport employers. It also provides direction specific to Emergency Communication Centers. To the degree this appendix provides specific guidance, it supersedes the requirements of the Rule Addressing COVID-19 Workplace Risks (OAR 437-001-0744); to the degree a situation is not addressed by the specific language of this appendix, the requirements of the rule apply.

Note: Although this appendix is based upon the workplace health portions of [Quarantine Guidance for Fire and EMS Responders](#) and [Information Bulletin 2020-02 on Personal Protective Equipment Advisory](#), published by the Office of the Oregon State Fire Marshal, it does not address many other issues included in that document. Employers of first responders, firefighters, EMS, and non-emergency medical transport should therefore be familiar with that guidance as well.

Definitions. For purposes of this appendix, the following definitions apply:

Emergency Communication Centers means 911 Public Safety Answering Points/Emergence Communication Centers (PSAP/ECCs).

Emergency Medical Services Provider (EMS Provider) means a person who has received formal training in prehospital and emergency care, and is licensed to attend to any person who is ill or injured or who has a disability. Police officers, fire fighters, funeral home employees and other persons serving in a dual capacity, one of which meets the definition of "emergency medical services provider" are "emergency medical services providers" within the meaning of ORS chapter 682.

Fire Department means public and private employers who engage in structural fire service activities, including emergency first response, who are covered under OAR 437-002-0182.

- A. General Operations Screening, Isolation and Quarantine.** In order to reduce the risks of outbreaks within the workplace and the broader community, EMS employers must take the following steps:
1. Instruct employees to self-monitor for symptoms consistent with COVID-19;

2. Screen employees for fever and symptoms prior to each shift, excluding them from the workplace as appropriate based on guidance from the Oregon Health Authority; and
3. Exclude any employees from the workplace if they test positive via a COVID-19 diagnostic test.

Note: [Quarantine Guidance for Fire and EMS Responders](#) provides detailed information on monitoring, quarantine, isolation, and subsequent return to work.

B. General Operations – Emergency Communication Centers. Emergency Communication Centers (ECC) must comply with the provisions of the rule, with the following specific provisions and exceptions:

1. ECC should implement an EIDS or screen for fever, cough, difficulty breathing, and diarrhea for all calls, when feasible, if local triggers determined by the PSAP director have been met. Additionally, PSAPs should ask:
 - Is anyone in the call location a known or suspected COVID-positive individual undergoing either quarantine or isolation?
 - Is the call location a long-term care facility known to have COVID-19 cases?
2. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (for example, CPR) are indicated.
3. If the patient meets the above criteria, then PSAPs should:
 - a. Provide medical care per protocol.
 - b. Alert responding agencies of the possibility of a respiratory pathogen as soon as possible.
 - c. Follow LPHA policies for reporting and follow up of healthcare workers with contact to suspected cases.
 - d. For ill travelers at US international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry CDC Quarantine Station Contact List for planning guidance.
4. If the patient does not meet criteria, discontinue questioning and follow appropriate case entry.
5. If call volumes increase to the point that screening is interfering with the timely processing of calls, consider suspending EIDS screening.

C. Personal Protective Equipment. Masks or respirators must be worn by EMS providers while they are engaged in emergency medical services or other patient care. Face coverings must not be used as a substitute for a mask or respirator when respiratory protection (droplet precautions for a mask, airborne precautions for a respirator) is required. EMS providers must apply the following guidance:

1. During direct patient care in the EMS setting, use of respirators without exhalation valves is preferred but not required; and
2. When dealing with an individual known or suspected of being infected with COVID-19, EMS providers must wear a NIOSH-approved N95 or equivalent or a higher-level respirator, a gown, gloves, and eye protection (face shield or goggles).

Note: The use of respirators must comply with the Respiratory Protection standard (29 CFR 1910.134).

Note: The use of face coverings, masks, or respirators are not required when EMS employees are not involved in direct patient care, unless the conditions for the Special Provisions for the Transport of Patients of this appendix apply.

D. Special Provisions for the Transport of Patients (Emergency and Non-Emergency) with Suspected or Confirmed COVID-19.

For any patient meeting any of following criteria:

- Symptoms of lower respiratory infection, such as fever, cough, or shortness of breath;
- Recent contact with someone with known COVID-19; or
- Call location is a long-term care facility known to have COVID-19 cases.

EMS providers must apply the following procedures when engaging in transporting, whether emergency or non-emergency:

1. Involve the fewest EMS personnel required to minimize possible exposures; others riding in the ambulance must be limited to those essential for the patient's physical or emotional well-being or care (for example, care partner or parent);
2. Ensure that the patient is masked. The patient mask must not have an exhalation valve, as it would allow unfiltered, exhaled breath to escape;
3. Provide medical care per protocol;
4. Ensure that personnel use contact, droplet, and airborne precautions, as follows:

- a. Wear a single pair of disposable patient examination gloves.
 - b. Wear disposable isolation gown. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, and care activities where splashes and sprays are anticipated.
 - c. Use respiratory protection (an N95 or higher-level respirator). If respirator supplies have been depleted, facemasks are an acceptable alternative. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols.
 - d. Wear eye protection (goggles or a disposable face shield that fully covers the front and sides of the face).
5. Use caution with aerosol-generating procedures and ventilate ambulance if possible;
 6. Notify the receiving hospital (according to local protocols) of potential infection as soon as possible;
 7. Disinfect using EPA registered Disinfectants for Use Against SARS-CoV-2; and
 8. Drivers, if they provide direct patient care (for example, moving patients onto stretchers), must wear the PPE listed above.
 - a. After completing patient care and before entering an isolated driver's compartment, the driver must remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - b. If the transport vehicle does not have an isolated driver's compartment, the driver must remove the face shield or goggles, gown, and gloves and perform hand hygiene, but continue to wear a respirator, mask, or face covering during transport.

Patients who do not meet the criteria listed above can be cared for using standard precautions, with use of transmission-based precautions determined by clinical presentation.