

Oregon OSHA's Proposal on Rules Addressing the COVID-19 Public Health Emergency in All Oregon Workplaces

January 2021

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437-001-0744 Addressing COVID-19 Workplace Risks

Unless otherwise indicated, the rule's provisions take effect [~~November 16, 2020. The rule will~~]**May 4, 2021, and** remain in effect until [~~May 4, 2021, unless~~]revised or repealed [~~before that date~~].

Note: Although the rule must be adopted as a permanent rule, its purpose is to address the COVID-19 pandemic. Oregon OSHA intends to repeal the rule when it is no longer necessary to address that pandemic. Because it is not possible to assign a specific time for that decision, Oregon OSHA will consult with the Oregon OSHA Partnership Committee, the Oregon Health Authority, and other stakeholders as circumstances change to determine when all or part of the rule can be appropriately repealed.

(1) Scope and Application

- (a) This rule applies to all employees working in places of employment subject to Oregon OSHA's jurisdiction. For clarity and ease of reference, this rule refers to "COVID-19" when describing exposures or potential exposures to SARS-CoV-2, the virus that causes Coronavirus Disease 2019.
- (b) The requirements of section (3) of this rule are applicable to all workplaces.
- (c) In addition to the requirements of section (3), the requirements of section (4) of this rule are applicable to all exceptional risk workplaces. For purposes of this rule, "workplaces at exceptional risk," include any setting (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: “Exceptional risk” does not include workers of other departments or job duties outside the scope and underlying definitions of (1)(c) 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 (1)(c), 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.

(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 ~~harm~~ **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. The worker may be providing direct patient care under their own licensure or certification, or may be providing care under the supervision of a licensed or certified worker. Workers involved in direct patient care include, but are not limited to, physicians, physician assistants, nurses, nurse practitioners, certified nursing aide, medical 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, natural disaster, including but not limited to law enforcement officers, firefighters, emergency medical technicians, and paramedics. Emergency first responder activities under this rule do not include tasks where only first aid is provided in accordance with OAR 437-002-0161.
- (f) **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 health care 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 (even if otherwise appropriate for respiratory protection) 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 [~~but~~] **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.

Note: Oregon OSHA remains in ongoing discussions with the Oregon Health Authority about the suitability of face shields as a minimally compliant means of source control. If the agencies determine that the balance between practical considerations and the hazards presented by aerosol transmission (as well as any other factors) require a change in this approach, the Oregon Health Authority may choose to revise its current mandatory guidance. If so, Oregon OSHA will enforce that more restrictive option, notwithstanding the language of this rule.

- (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 N-95 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 antiseptics.
- (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, [~~computer keyboards~~] 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 COVID-19 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, but only if the respirator does not have an exhalation valve (respirators with an exhalation valve can also be worn in combination with appropriate source control).
- (y) **Suspected to be infected with COVID-19** – means a person who has signs or symptoms of COVID-19 [disease] but has not tested positive for SARS-CoV-2 infection and no alternative diagnosis has been made consistent with Oregon Health Authority definitions.

(3) COVID-19 Requirements for All Workplaces

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

- (a) Physical distancing. All employers must ensure that both work activities and workflow are designed to eliminate the need for any employee to be within 6 feet of another individual in order to fulfill their job duties unless the employer determines and can demonstrate that such physical distancing is not feasible for certain activities.
- (b) Mask, face covering, or face shield requirements. Each employer must ensure that all individuals (including employees, part-time workers, temporary laborers, customers, vendors, patrons, contractors, etc.) at the workplace or other premises subject to the employer's control wear a mask, face covering, or face shield as source control in accordance with [the requirements of the Oregon Health Authority's Statewide Mask, Face Covering, Face Shield Guidance](#). Consistent with that guidance, it is strongly recommended, but not required, that individuals wear a mask or face covering as source control rather than relying upon a face shield alone.

Note: While reasonable accommodation for those unable to wear a mask, face covering, or face shield must be provided under applicable state and federal laws, such an accommodation does not include simply exempting individuals from the requirement to wear masks, face coverings, or face shields in public spaces.

- (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 shield, or face covering instead of those provided by the employer, the employer may allow it but is not required to do so ~~[unless the]~~.
- (B) **When an** employee chooses to wear a **filtering facepiece** respirator ~~[under]~~**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) ~~[the employer must require]~~, **provided** that ~~[appropriate source control be used in conjunction with an employee's voluntary use of a]~~:

- (i) **The employee provides their own respirator; and**
- (ii) **The respirator must not have an exhalation valve.**

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

- (C) ~~(H)~~ 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.
- (D) When employees are transported in a vehicle for work purposes, regardless of the travel distance or duration involved, **employers must use the hierarchy of hazard controls to minimize employee exposures by either:**
- (i) Considering, to the degree practical, eliminating the need for employees to share work vehicles and arranging for alternative means for employees to travel to work sites; or**
- (ii) When employees must share work vehicles because no other alternatives are available or when the work otherwise involves riding or operating a vehicles with other individuals present, employers must ensure the following measures are taken:**
- (I) When more than one person is in a vehicle,** all occupants in the vehicle must wear a mask, face covering, or face shield unless **all** employees are wearing respirators in accordance with the Respiratory Protection Standard (29 CFR 1910.134);
- (II) Outside air must be increased (for example, by opening windows when weather conditions permit, by not recirculating cabin air, etc.); and**
- (III) Maximize the separation of individuals in the vehicle to the degree possible (for example, by the use of occupancy limits, by seating occupants in alternate seats, etc.).**

Note: ~~[This requirement does]~~ **The requirements of (3)(b)(D) do** not apply when all occupants within the vehicle are members of the same **family or** household.

- (c) Cleaning and sanitation. The employer must 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) Such regular cleaning or sanitization must be implemented based on the following frequencies:
- (i) At least once every 24 hours if the workplace is occupied less than 12 hours a day; or
- (ii) At least every 8 hours while in use, if the workplace is occupied more than 12 hours a day.

Exception: In locations with only “drop-in” availability or minimal staffing, the employer is permitted to rely upon a regular schedule of cleaning and sanitation and directing employees to sanitize their own work surfaces before use.

- (B) Employers must provide employees with the supplies (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.
- (C) Employers must provide employees with the supplies (such as soap and water) and reasonable time necessary to perform hand hygiene before using shared equipment.
- (D) Except in healthcare settings where patients known or suspected to be infected with COVID-19 are being treated [~~for the disease~~], employers must clean and disinfect any common areas, high-touch-surfaces, and any shared equipment under the employer’s control that an individual known to be infected with COVID-19 used or had direct physical contact with. This requirement does not apply to areas, surfaces, or equipment that has been unoccupied or otherwise unused for seven days or more. [~~As a~~

Note: ~~It is recommended[, but not required, practice, employers should close-off]~~ **that** the area **is closed off** and [~~observe~~] a waiting period of at least 24 hours (or for as long as is feasible) **is followed** prior to cleaning and disinfecting.

Note: Oregon OSHA’s Hazard Communication standard (29 CFR 1910. 1200) may apply to the use of certain cleaning chemicals, sanitizers, and EPA-registered disinfectants.

Note: Additional sanitation requirements for exceptional risk workplaces are included in subsection (4)(d) of this rule.

- (d) Posting requirements. The “[COVID-19 Hazards Poster](#),” provided by Oregon OSHA must be posted in a conspicuous manner in a central location where workers can be expected to see it (for example, a location where employees report each day or at a location from which employees operate to carry out their activities). Employees working remotely must be provided with a copy of the COVID-19 Hazards Poster through electronic or equally effective means.
- (e) Building operators. [~~No later than November 23, 2020, those]~~ **Those** employers who operate or otherwise control buildings where the employees of other employers work must take the following steps in common areas to the extent that they have control over such areas:
 - (A) Ensure that the sanitation requirements under (3)(c)(A) are met; and
 - (B) Post signs in areas where masks, face coverings, or face shields are required. To meet this provision, the building operator may post a copy of the “[Masks Required](#),” sign developed by the Oregon Health Authority.

(f) ~~[Ventilation requirements. No later than January 6, 2021, the]~~ **Routine ventilation maintenance and evaluation.**

(A) **The** employer must optimize the amount of outside air circulated through its existing heating, ventilation, and air conditioning (HVAC) system(s), to the extent the system can do so when operating as designed, 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.

(B) The employer is not required to meet 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), but to the degree the employer does so it is in compliance with this paragraph. ~~[In accordance with the HVAC manufacturer’s instructions and the design specifics of the HVAC system and as frequently as is necessary, the employer must ensure the following:]~~

(C) **By June 1, 2021, all employers with more than 10 employees statewide and an existing HVAC system must certify in writing that they are operating that system in accordance with the rule.**

(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.**

(D) **On a quarterly basis beginning no later than June 1, 2021, 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; **and**

(iii) **Minimize air recirculation within indoor and enclosed areas to the greatest extent possible when the building is occupied.**

- (g) Exposure risk assessment. ~~[No later than December 7, 2020, all]~~ All employers must conduct a COVID-19 exposure risk assessment, without regard to the use of personal protective equipment, masks, face coverings, or face shields. If an employer has multiple facilities that are substantially similar, ~~[its]~~ 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) or that is covered by (1)(c) of this rule (workplaces at exceptional risk) must record their COVID-19 exposure risk assessment in writing by documenting the following information:
- (i) The name(s), job title(s), and contact information of the person(s) who performed the exposure risk assessment;
 - (ii) The date the exposure risk assessment was completed;
 - (iii) The employee job classifications that were evaluated; and
 - (iv) A summary of the employer's answers to each of the applicable exposure risk assessment questions in this subsection.
- (C) The risk assessment must address the following questions related to potential employee exposure to COVID-19 in the workplace:
- (i) Can employees telework or otherwise work remotely? How are employees encouraged or empowered to use those distance work options to reduce COVID-19 transmission at the workplace?
 - (ii) What are the anticipated working distances between employees? How might those physical working distances change during non-routine work activities?
 - (iii) What is the anticipated working distance between employees and other individuals? How might those working distances change during non-routine work activities?
 - (iv) How have the workplace or employee job duties, or both, been modified to provide at least 6-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 COVID-19 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 on-going 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 will make a [Risk Assessment template](#) and sample Risk Assessments available to assist employers in completing this task.

(h) Infection control plan. ~~[No later than December 7, 2020, all]~~ All employers must establish and implement an infection control plan based on the risks identified in subsection (3)(g) that implements the controls identified in (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. 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) or that is covered by (1)(c) of this rule (workplaces at exceptional risk) must document their infection control plan in writing and must ensure that a copy is accessible to employees at their workplace.

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

(B) The infection control plan must contain, at a minimum, the following elements:

- (i) A list of all job assignments or worker tasks requiring the use of personal protective equipment (including respirators) 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 multi-employer worksites regarding

an employee's exposure to an individual known or suspected to be infected with COVID-19 to whom other workers may have been exposed. 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 will make sample [Infection Control Plans](#) available to assist employers in completing this task.

- (i) Employee information and training. [~~No later than December 21, 2020~~], **All** employers must provide workers with information and training regarding COVID-19. 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 required 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 will provide training materials~~]**Oregon OSHA provides [training materials](#)** that can be used to complete this portion of the training.

- (H) The symptoms of the COVID-19 disease;

Note: [~~Oregon OSHA will provide training materials~~]**Oregon OSHA provides [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 will provide training materials~~]**Oregon OSHA provides [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 will provide training materials]~~ **Oregon OSHA provides training materials** that can be used to complete this portion of the training.

Note: To the degree training provided before the adoption of this rule complies with all or any portion of the required training, the employer does not need to repeat the training but ~~[may need to]~~ **must** take steps **as necessary** to ensure that additional information is covered and that appropriate employee feedback can be provided.

(j) COVID-19 infection notification process. Excluding settings where patients are hospitalized on the basis that they are known or suspected to be infected with COVID-19, the employer must establish a process to notify exposed employees (those who were within 6 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 must 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 must be established and implemented in accordance with all applicable federal and Oregon laws and regulations.

Note: The term “settings where patients are hospitalized on the basis that they are known or suspected to be infected,” is intended to be narrowly construed and applies only to those situations where patients are receiving health services primarily related to COVID-19 and where all workers are aware of that potential exposure. For example, patient care related to labor and delivery in a hospital that is also caring for COVID-19 patients is not subject to this exclusion.

Note: Employers can satisfy this requirement by adopting the [model procedure](#) ~~[to be]~~ published by Oregon OSHA ~~[before the effective date of the rule]~~.

Note: The reporting of COVID-19 cases is 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 occurs, the notification to exposed employees and the names of those notified are Employee Exposure records subject to the existing requirements of Oregon OSHA’s Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020), which requires that such records be retained for 30 years.

- (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: 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.

- (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 **given written notification that they are** entitled to return to their previous job duties if still available [~~and~~] without any adverse action as a result of participation in COVID-19 quarantine or isolation activities **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 [~~even~~] had the employee not been quarantined or isolated, but it does mean that the employer cannot fill the job with another employee and thereby make it unavailable.

- (C) Decisions regarding testing and return to work after an employee participates in COVID-19 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 [temporary] rule for COVID-19), making a complaint or causing any proceeding to be instituted under the Oregon Safe Employment Act, or exercising any rights under the law, including those conferred by this [temporary] COVID-19 rule.

Note: Notwithstanding the language of OAR 437-001-0700(10), 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) COVID-19 vaccination for workers.

- (A) 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 vaccination within the workplace is necessary.**
- (B) If such vaccination is conducted at the employer’s own direction, the employer is responsible for covering the costs of vaccination including but not limited to the employee time, and employee travel to vaccinated. However, if the employer does not request the vaccination, the employer is not expected to cover the direct cost of such vaccination or of any involved employee travel.**
- (C) Unless the local public health agency or Oregon Health Authority directs otherwise, employers need not require employees to accept the vaccination. If employees who are offered the vaccine decline to be vaccinated, the employer must document that declination.**

Note: Oregon OSHA will provide model declination forms for use by employers in documenting such declination.

Note: It is the considered opinion of both the Oregon Health Authority and Oregon OSHA that all individuals should accept vaccination unless it is medically contra-indicated. Allowing some workers to decline such a vaccination does not indicate any doubts on the part of the state or Oregon about the value of the vaccine and the importance of reaching a high vaccination rate to both public and worker health.

(n) Mandatory appendices. Employers covered by one or more of the mandatory industry-specific and activity-specific appendices that make up Appendix A of this rule must comply with those appendices. To the degree an appendix provides specific guidance regarding an issue addressed by this rule, it supersedes the general requirements of this rule. To the degree a situation is not addressed by the specific language of an appendix, the requirements of this rule apply as written.

Appendix A contains the following:

A-1: Restaurants, Bars, Brewpubs and Public Tasting Rooms at Breweries, Wineries and Distilleries

A-2: Retail Stores

A-3: Outdoor/Indoor Markets

A-4: Personal Services Providers

A-5: Construction Operations

A-6: Indoor and Outdoor Entertainment Facilities

A-7: Outdoor Recreation Organizations

A-8: Transit Agencies

A-9: Collegiate, Semi-Professional and Minor League Sports

A-10: Professional and PAC-12 Sports

A-11: Licensed Swimming Pools, Licensed Spa Pools and Sports Courts
Mandatory Workplace Guidance

A-12: Fitness-Related Organizations

A-13: K-12 Educational Institutions (Public or Private)

A-14: Early Education Providers

A-15: Institutions of Higher Education (Public or Private)

A-16: Veterinary Clinics

A-17: Fire Service and EMS

A-18: Law Enforcement

A-19: Jails and Custodial Institutions

(4) COVID-19 Requirements for Workplaces at Exceptional Risk Workplaces identified by subsection (1)(c) 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 [~~by December 21, 2020,~~]that includes the following provisions:
 - (A) The training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee’s job duties;
 - (B) The training material is appropriate in content and vocabulary to the education, literacy, and language of the affected workers; and
 - (C) 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 rule 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 multi-employer 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~~[required by December 7, 2020]~~:
- (A) The name(s) of the person responsible for administering the plan. This person must be knowledgeable in infection control principles and practices as they apply to the workplace and employee job operations; and
- (B) ~~[As]~~ **The plan must be reevaluated as** frequently as necessary~~[, a reevaluation of the plan]~~ to reflect changes in the facility, employee job duties, new technologies, or workplace policies established by the employer that affect worker exposure to COVID-19 or in response to updated guidance published by the Oregon Health Authority (**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) **Employers must develop and implement a written personal protective equipment (PPE) supply and crisis management plan in accordance with CDC guidance for conventional, contingency and crisis PPE provision.**
- (d) Additional sanitation requirements. Use appropriate sanitation measures in addition to the requirements of (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](#).

Note: Oregon OSHA's Hazard Communication standard (29 CFR 1910.1200) may apply to the use of certain cleaning chemicals, sanitizers, and EPA-registered disinfectants.

- (e) Healthcare personal protective equipment. Depending on the requirements of the procedure (for example, aerosol generating procedures) in question and the disease status of the involved patient(s), employers must use a combination of standard precautions, contact precautions, droplet precautions, airborne precautions, and eye protection (for examples, 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 During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#). 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 a ~~[medical-grade mask or a NIOSH-approved respirator]~~ **NIOSH-approved respirator. If the employer can demonstrate that the availability of respirators are 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 guidance outlined in the [Oregon Health Authority and Oregon OSHA Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings](#).

- (C) In lieu of (A) and (B) above, hospitals and ambulatory surgical centers may follow [Guidance for Non-Emergency and Elective Procedures Recommendations to the Oregon Health Authority July 20, 2020](#). If PPE availability is limited, such employers may follow [OHA- Oregon OSHA Interim Guidance: Use of Personal Protective Equipment by Healthcare Personnel in Resource Constrained Settings](#).

Note: The CDC does not have a comprehensive list of AGPs in a healthcare setting. Employers should refer to [CDC infection control guidance](#).

- (f) Heightened risk ventilation requirements. [~~No later than January 6, 2020, and in~~] **In** addition to the **ventilation** provisions of **subsection** (3)(f) above (**including any applicable certification provisions**), certain heightened risk facilities must [~~meeting~~] **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 [~~providing~~] skilled [~~and/~~] or intermediate level nursing care must be operated 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.
- (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 6 feet of other patients seeking care and should be encouraged to wait in a personal vehicle or outside the healthcare setting where they can be contacted by mobile 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. The employer must screen and triage all individuals entering its healthcare setting for symptoms of COVID-19. Although screening for symptoms may not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who may have COVID-19 so appropriate precautions can be implemented. At a minimum, each employer must:
- (A) Limit and monitor points of entry to the healthcare setting where direct patient care, or aerosol-generating healthcare or postmortem procedures are performed by workers. Consideration must be given to establishing stations at the healthcare setting entrance to screen individuals before they enter; and
 - (B) Screen all individuals and employees (other than emergency responders entering with a patient) entering the healthcare setting for symptoms consistent with COVID-19. This can be achieved by asking the affected individual about symptoms of COVID-19 and asking if they have been advised to self-quarantine because of exposure to someone with COVID-19 or if they have been told to isolate after testing positive for COVID-19.
 - (C) Develop a triage and screening protocol that isolates patients known or suspected to be infected with COVID-19 from other non-COVID-19 patients; procedures for transporting patients known or suspected to be infected with COVID-19 within the facility and between facilities as applicable; implementation of temporary air infection isolation rooms (AIIRs) as available.**

- (i) Medical removal provisions in healthcare settings. The only exception to the quarantine and isolation provisions of 3(l) 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.

Stat. Auth.: ORS 654-025(2) and 656.726(4).

Stats. Implemented: ORS 654.001 to 654.295.

Hist: OR OSHA Admin. Order 31-2020, f. 11/6/20, ef. 11/16/20.

Appendix A Mandatory Workplace Guidance for Industry-Specific And Activity-Specific Activities

[A-1: Restaurants, Bars, Brewpubs and Public Tasting Rooms at Breweries, Wineries and Distilleries](#)

[A-2: Retail Stores](#)

[A-3: Outdoor/Indoor Markets](#)

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[A-16: Veterinary Care](#)

[A-17: Fire Service and EMS](#)

[A-18: Law Enforcement](#)

[A-19: Jails and Custodial Institutions](#)

Appendix A-1 Mandatory Workplace Guidance for Restaurants, Bars, Brewpubs, And Public Tasting Rooms At Breweries, Wineries, And Distilleries

Application: This appendix applies to restaurants, bars, breweries, brewpubs, wineries, tasting rooms and distilleries. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing and use of masks, face coverings, or face shields of the COVID-19 [temporary] Rule (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: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended, but not required, that individuals wear a mask or face covering as source control instead of a face shield alone.

Note: The Oregon Health Authority guidance on which this appendix is based applies to counties that have reached Phase Two Reopening. Such operations in Phase One counties are covered by separate Oregon Health Authority provisions not necessarily reflected by this appendix.

- A. Physical Distancing Measures.** To ensure appropriate physical distancing, employers operating such facilities must do the following:
1. Ensure tables are spaced at least 6 feet apart so that at least 6 feet between parties is maintained, including when customers approach or leave tables;
 2. Businesses must determine the appropriate seating configuration to comply with these physical distancing requirements. If available, businesses may allow for footprint expansion to outside space for service, while maintaining the physical distancing requirements of at least 6 feet;
 3. Remove or restrict seating to facilitate the requirement of at least 6 feet of physical distance between people not in the same party;
 4. If booth seating is back-to-back, business must use no more than every other booth, unless a barrier is installed in accordance with the following: Install acrylic (Plexiglas, Lexan, etc.) or other impermeable physical barrier that is easily cleaned, if the barrier is at least 1 foot higher than head level for customers seated and at least 3 feet wide or at least the width of the seat if the seat is wider than 3 feet; and
 5. Abide by any applicable gathering size or capacity limitations imposed by the Oregon Health Authority.

B. Masks, face coverings, and face shields. To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields in all indoor spaces, and in all outdoor spaces whenever at least 6 feet of physical distancing cannot be consistently ensured.

Note: While reasonable accommodation for those unable to wear a mask, face covering or face shield must be provided under applicable state and federal laws, such an accommodation does not include exempting individuals from the requirement to wear such masks, face coverings, or face shields.

C. Signage. To reinforce the need to minimize COVID-19 risks, employers operating such facilities must do the following:

1. Post [clear signs](#) listing COVID-19 symptoms, asking employees, volunteers, and visitors with symptoms to stay home and whom to contact if they need assistance;
2. Use [clear signs](#) to encourage physical distancing;
3. Post [clear signs](#) about the mask, face covering, or face shield requirements; and
4. For drive-through operations, post signs at the drive-through entrance advising customers to wear masks, face shields, or face coverings when interacting with employees during any transactions and delivery of product (beyond such required posting, employers need not take additional steps to enforce requirements that customers wear masks, face coverings, or face shields while using the drive-through).

D. Special provisions for Video Lottery Terminals (VLTs). To minimize risks associated with the use of VLTs, employers with such terminals must do the following:

1. Place VLTs at least 6 feet apart. If VLTs cannot be spaced at least 6 feet apart, businesses may install an acrylic (Plexiglas, Lexan, etc.) or other non-permeable physical barrier that is easily cleaned, between VLTs in lieu of having 6 feet of distance, if the barrier is at least 1 foot higher than head level for customers seated and at least 3 feet wide or at least the width of the VLT if wider than 3 feet;
2. Require individuals to request VLT access from an employee before playing; an employee must then clean and disinfect the machine to allow play. A business must not allow access to VLTs or change VLTs without requesting access from an employee;

3. Consider a player at a VLT machine the same as a customer seated for table service; and
4. Limit one player at or around a VLT.

Note: Oregon Lottery will not turn on VLTs until the agency is satisfied that all necessary conditions have been met.

Additional Resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Guidance for the General Public](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

Appendix A-2 Mandatory Workplace Guidance for Retail Stores

Application: This appendix applies to retail stores. To the degree this appendix provides specific guidance, it supplements, but does not replace, the requirements of the [temporary] COVID-19 Rule (OAR 437-001-0744).

Note: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

A. Physical Distancing Measures. To ensure appropriate physical distancing, employers operating retail stores must limit the number of customers in the retail store and focus on maintaining at least 6 feet of distance between people and employees in the store. Store management must determine maximum occupancy to maintain at least 6 feet of physical distancing, considering areas of the store prone to crowding (such as aisles and certain sections or display areas) and limit admittance accordingly.

Note: Employers operating retail stores are encouraged, but not required, to use the following additional practices to encourage appropriate physical distancing:

- Consider offering alternatives, such as “order ahead” or “curbside pickup,” as appropriate and applicable.
- Consider placing clear plastic or glass barriers in front of cashiers or customer service counters, or in other places where maintaining 6 feet of physical distance between employees and customers is more difficult.
- Encourage one-way flow with marked entrances and exits, but do not block fire exits. Use signs to direct one-way flow of traffic.
- Use signs and tape on the floor to maintain physical distancing while waiting for cashiers.

B. Masks, Face Shields and Face Coverings. To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields in all indoor spaces, and in all outdoor spaces whenever at least 6 feet of physical distancing cannot be consistently ensured.

Note: While reasonable accommodation for those unable to wear a mask must be provided, such an accommodation does not include exempting individuals from the requirement to wear masks, face coverings, or face shields in the store.

C. Sanitation and Cleaning. To reduce the risks from surface contact, employers operating such facilities must comply with the sanitation provisions of the rule and must frequently clean and sanitize work areas, high-traffic areas, and commonly touched surfaces in both customer/public and employee areas of store.

Note: Employers operating retail stores are encouraged, but not required, to take the following sanitation measures:

- Prohibit customers from trying on items that are worn on the face (masks, scarves, headwear, and eyewear).
- When processing returns, employees should wash hands or use hand sanitizer before and after handling items. Retailer may set items aside for a day or longer if concerned about perceived risks of exposure.
- Decide whether to re-open fitting rooms. If fitting rooms are re-opened, customers should wash hands or use hand sanitizer before and after trying on clothes. Retailers should provide hand sanitizer or hand washing stations near fitting rooms.

Note: Applicable Oregon Health Authority guidance in place at the time this rule was adopted requires the wiping down of changing room doorknobs, walls, and seating between each customer use.

D. **Signage.** To reinforce the need to minimize COVID-19 risks, employers operating retail stores must do the following:

1. Post [clear signs](#) listing COVID-19 symptoms, asking employees, volunteers, and visitors with symptoms to stay home and whom to contact if they need assistance;
2. Use [clear signs](#) to encourage physical distancing; and
3. Post [clear signs](#) about the mask, face covering, or face shield requirements.

Additional resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

[Oregon Health Authority Guidance for the General Public](#)

Appendix A-3 Mandatory Workplace Guidance for Outdoor And Indoor Markets

Application: This appendix applies to employers who operate or who provide goods and services in indoor and outdoor markets and street fairs. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, the use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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. To the degree the market or street fair engages in activities covered by other appendices, such as food and beverage service or personal services, those appendices must also be followed.

Note: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

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

Indoor and outdoor markets means indoor or outdoor spaces where agriculture products, food, merchandise, or services are sold by vendors, generally from booths or tables, and vendors may pay a fee to participate. Indoor and outdoor markets may include but are not limited to farmers markets, flea markets, craft fairs, and other markets that do not include interactive rides or exhibits. Indoor and outdoor markets do not include retail stores, shopping centers, or malls.

Operator means a person responsible for management and operation of an indoor or outdoor market space or street fair.

Street fair means an outdoor public event requiring a street closure where food, merchandise or services may be sold, and vendors may pay a fee to participate. A street fair does not include interactive rides or exhibits.

Vendor means a business that sells food, merchandise or services at an indoor market, outdoor market or street fair and may or may not pay a fee to participate.

A. **General Operations.** Employers operating indoor and outdoor markets and street fairs are required to implement the following measures:

1. Ensure that ventilation systems operate properly. Increase air circulation and ventilation as much as possible by opening windows and doors. Fans should be used indoors only when windows or doors are open to the outdoors in order to circulate indoor and outdoor air. Do not open windows and doors if doing so poses a safety risk to employees or customers; and

2. Provide separate facilities, including restrooms, if there is more than one indoor or outdoor market or street fair operating at the same time at the same location. Customers, vendors and market/fair staff must use only the facilities for their designated market or fair.

B. Physical Distancing Measures. To ensure appropriate physical distancing, employers operating indoor and outdoor markets and street fairs are required to implement the following measures:

1. Abide by any applicable gathering size or capacity limitations imposed by the Oregon Health Authority;
2. Ensure customers, staff and vendors maintain physical distance of at least 6 feet from other individuals who are not part of the same party. A distance of at least 6 feet must be maintained between parties;
3. Implement one-way flow with marked entrances and exits, but do not block egress for fire exits. Use signs to direct one-way flow of traffic;
4. Use signs or markings on the ground to maintain physical distancing while waiting for cashiers;
5. Assign one physical distancing monitor per 50 people to ensure physical distancing requirements and gathering capacity limits are maintained at all times for both indoor and outdoor spaces, including at entrances, exits, restrooms and any other area where people may congregate;
6. Determine seating and configuration to comply with all physical distancing requirements;
7. Do not combine parties or allow shared seating for individuals not in the same party;
8. Remove or restrict seating and standing areas to facilitate the requirement of at least 6 feet of physical distance between parties; and
9. Prohibit people in different parties from congregating in any area of the facility, both indoor and outdoor, including in parking lots.

Note: Employers operating indoor and outdoor markets and street fairs are encouraged, but not required, to take the following additional steps to encourage physical distancing and minimize contact.

- Consider placing clear plastic or glass barriers in front of cashiers or customer service counters, or in other places where maintaining 6 feet of physical distance between employees and customers is more difficult.
- Provide separate entrances/exits for employees and/or vendors, if possible.
- Consider offering alternative order ahead and pick up options, such as curbside pickup, as appropriate and applicable.

- Use touchless or cashless payment options, without contact with customers.

C. **Masks, Face Coverings, and Face Shields.** To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields in all indoor spaces, and in all outdoor spaces whenever at least 6 feet of physical distancing cannot be consistently ensured.

Note: While reasonable accommodation for those unable to wear a mask must be provided, such an accommodation does not include exempting individuals from the requirement to wear masks, face coverings, or face shields.

D. **Sanitation and Cleaning.** To reduce the risks from surface contact, employers operating indoor and outdoor markets and street fairs must implement the following:

1. Must comply with the sanitation provisions of the rule and regularly clean and sanitize work areas, high- traffic areas, and commonly touched surfaces in both customer/public and employee areas of the market or fair. For example, wipe down seating areas between each customer use. Use disinfectants that are included on the Environmental Protection Agency (EPA) approved list for the SARSCoV-2 virus that causes COVID-19 (No product will be labeled for COVID-19 virus yet, but many products will have a label or information available on their websites about their effectiveness for human coronavirus);
2. Ensure that vendors frequently clean and sanitize work areas, high-traffic areas, and commonly touched surfaces in the vendor areas. For example, wipe down seating areas between each customer use. Use disinfectants that are included on the Environmental Protection Agency (EPA) approved list for the SARS- CoV-2 virus that causes COVID-19. (No product will be labeled for COVID-19 virus yet, but many products will have a label or information available on their websites about their effectiveness for human coronavirus);
3. Assign at least one sanitation attendant whose sole duties are to clean restrooms hourly and ensure adequate sanitary supplies (for example, soap, toilet paper, 60-95% alcohol content hand sanitizer) are available during all events; and
4. Assign at least one sanitation attendant whose sole duties are to frequently clean and disinfect work areas, high-traffic areas, and commonly touched surfaces in areas accessed by employees and customers.

Note: Employers who operate indoor/outdoor markets and street fairs are encouraged but not required to take the following additional sanitation measures:

- Strongly encourage vendors/attendees/participants to wash hands with soap and water for at least 20 seconds or to use hand sanitizer (60-95% alcohol content) regularly.
- Provide hand sanitizer (60-95% alcohol content) at entrances.

E. **Signage.** To reinforce the need to minimize COVID-19 risks, employers operating indoor and outdoor markets must do the following:

1. Post [clear signs](#) listing COVID-19 symptoms, asking employees, volunteers, and visitors with symptoms to stay home and listing whom to contact if they need assistance;
2. Use [clear signs](#) to require physical distancing throughout market or fair including, but not limited to, eating areas and near restrooms; and
3. Post [clear signs](#) about the mask, face covering, or face shield requirements.

Additional resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

[Oregon Health Authority Guidance for the General Public](#)

Appendix A-4 Mandatory Workplace Guidance for Personal Services Providers

Application: This appendix applies to employers of personal services providers. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, the use of masks, face coverings, and face shields, and sanitation of the COVID-19 [temporary] Rule (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: In accordance with Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

Note: Applicable Oregon Health Authority guidance, which also applies to personal services providers who are not employees subject to Oregon OSHA jurisdiction, is not affected by the adoption of this rule.

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

Personal services providers is defined as barber shops, hair salons, esthetician practices, medical spas, facial spas and day spas, non-medical massage therapy services, nail salons, tanning salons, and tattoo/piercing parlors.

- A. **General Operations – Advance Screening.** Employers of personal services providers must ensure that the following screening measures are taken:
1. The provider or another representative of the employer must contact the client prior to an appointment and ask the following questions:
 - ✓ Have you had a new or worsening cough?
 - ✓ Have you had a fever?
 - ✓ Have you had shortness of breath?
 - ✓ Have you been in close contact with anyone with these symptoms or anyone who has been diagnosed with COVID-19 in the past 14 days?
 2. Reschedule an appointment if the client answers “yes” to any of the questions above until the client’s symptoms (cough, fever and shortness of breath) have been resolved, and fever has been resolved without medication for at least 24 hours, or (in the case of the final question) at least 14 symptom-free days after contact with a person sick with cough, fever, or diagnosed COVID-19.
 3. During the conversation with the client, [review information about how COVID-19 is spread](#) from one person to another: namely, through coughing, sneezing, touching, or via objects touched by someone with the virus.

4. Record client contact information, date and time of appointment and provider for each client. If there is a positive COVID-19 case associated with the business, public health may need the business to provide this information for a contact tracing investigation. Unless otherwise directed, this information may be destroyed after 60 days from the appointment.

Note: To the extent possible, employers of such providers are encouraged, but are not required, to use touchless infrared thermometers to check the temperature of each client who enters the business and then explain to any client who has a temperature above 100.0°F that services cannot be provided, and the appointment will be rescheduled until at least 24 hours after fever and other symptoms have resolved without medication. If the client must wait for a ride home, provide a space where the client may self-isolate away from employees and other clients.

- B. **General Operations – Other Practices.** Employers of personal services providers must immediately send home any employee with COVID-19 like symptoms (cough, fever, shortness of breath, etc.) and not allow the employee to return to work until at least 24 hours after fever and other symptoms have resolved without medication.

Note: To the extent possible, employers of such providers are encouraged but not required to use touchless infrared thermometers to check temperature of each employee before their shift begins, immediately send home any employee who has a temperature above 100.0°F, and not allow the employee to return to work until at least 24 hours after fever and other symptoms have resolved without medication.

- C. **Physical Distancing Measures.** To ensure appropriate physical distancing, employers operating such facilities must adopt the following measures:
 1. Determine the maximum occupancy of the business to maintain at least 6 feet of physical distancing between clients and limit admittance accordingly;
 2. Limit the overall number of providers and clients in the business (including waiting areas) at any one time and focus on maintaining at least 6 feet of physical distance between people in the facility, except when required to provide services such as massage, haircuts, etc.;
 3. Have clients wait in their car or outside to be contacted when the provider is ready for the appointment;
 4. Limit visits to scheduled appointments. Provide curbside pick-up arranged ahead of time for product purchases outside of scheduled service appointments;
 5. Assign one provider per client throughout the encounter;

6. Ensure at least 6 feet of physical distance between pairs of provider/clients. If necessary, use limited number of stations and stagger shifts to adhere to physical distance requirements. Maintain at least 6 feet of distance between provider and client unless providing service that requires provider to be within 6 feet of client; and

7. Ensure that providers minimize face-to-face contact within 6 feet of clients.

D. Masks, Face Coverings, and Face Shields. To reduce the risk of transmission from potentially infected individuals, employers of personal services providers must take the following steps:

1. Review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#), except as otherwise provided by this appendix; if at any point such guidance is no longer available, employers must require all employees and visitors five years of age and older to wear masks, face coverings, or face shields except as otherwise provided by this appendix;

Note: While reasonable accommodation for those unable to wear a mask, face covering, or face shield must be provided, such an accommodation does not include exempting individuals from the requirement to wear a mask, face covering, or face shield.

2. Allow clients wearing face coverings to remove the covering when appropriate to or necessary for certain services; for example, a client does not need to wear a face covering when face-down on a massage table. And some services, such as mustache or beard trims, may require the cloth, paper or disposable face covering to be temporarily removed; and

3. Allow employees to wear medical grade masks if they choose to do so when providing services.

Note: To the extent possible, providers are encouraged but not required to take the following additional measures to minimize the risks of face-to-face contact:

- Provide at no cost to the employee and require the use of medical grade masks by employees when providing services that require close contact (within 6 feet), such as in the case of a haircut, massage or pedicure.
- Provide at no cost to the employee and require the use of both face shields and a face covering for face-to-face services, such as mustache trims and brow waxing.

E. Client Service Sanitation. To reduce the risks from physical contact between clients and personal services providers, such employers must employ the following sanitation measures in relation to each client service:

1. Drape each client in a clean cape, if applicable, for the service. Businesses may consider using disposable capes for one-time use;

2. Wear a clean smock with each client. Businesses may consider using disposable smocks/gowns for one-time use;

3. Wash hands with soapy, warm water, for a minimum of 20 seconds between each client service;
 4. Wear disposable gloves when providing client services and change gloves between each client;
 5. Request that clients wash hands with soapy, warm water, for a minimum of 20 seconds prior to receiving service;
 6. Ask clients to wash their own hair prior to arriving for their appointment; and
 7. Change into clean clothes between clients if providing services that require extended close client contact such as massage therapy and tattoo artistry.
- F. **Sanitation and Cleaning.** To reduce the risks from surface contamination, such employers must employ the following sanitation and cleaning measures:
1. Remove all unnecessary items such as magazines, newspapers, service menus, and any other unnecessary items such as paper products, snacks, and beverages;
 2. Provide training, educational materials (available at healthoregon.org/coronavirus), and reinforcement on proper sanitation, handwashing, cough and sneeze etiquette, and using other protective equipment and measures to all employees;
 3. Wash hands after using the telephone, computer, cash register and/or credit card machine, and wipe these surfaces between each use;
 4. Ensure all sinks in the workplace have soap and paper towels available;
 5. Change into clean clothes before leaving the business each day;
 6. Ensure breakrooms are thoroughly cleaned and disinfected and that employees do not congregate in them;
 7. Thoroughly clean restroom facilities at least once daily and ensure adequate sanitary supplies (soap, toilet paper, hand sanitizer) throughout the day;
 8. Thoroughly clean and disinfect all areas of business prior to reopening after extended closure due to COVID-19. Disinfect all surfaces, tools, and linens, even if they were cleaned before the business was closed;
 9. Use disinfectants that are Environmental Protection Agency (EPA)-registered and labeled as bactericidal, viricidal or fungicidal. Products are unlikely to be labeled for COVID-19 yet, but many will have human coronavirus efficacy either on the label or available on their website. The EPA has a list of disinfectant products that meet EPA criteria for use against the virus that causes COVID-19. If in doubt of the product's effectiveness, check the EPA website;

10. Mix and change disinfectant for immersion of tools daily and replace sooner if it becomes contaminated throughout the workday. Disinfectant only works on a clean surface, so clean all surfaces and tools with hot soapy water, other appropriate cleaner or cleaning wipes (if using wipes, be sure to cover surface thoroughly) before disinfecting;
11. Observe contact time on the label so disinfectant will work. Contact time refers to how long the disinfectant is visibly wet on the surface, allowing it to thoroughly destroy pathogens. Typical contact time for immersion/sprays is ten (10) minutes, for disinfectant wipes, time is 2-4 minutes;
12. Clean and disinfect all workstation and treatment room surfaces, including countertops, cabinets and doorknobs, chairs, head rests and arm rests. Clean and disinfect all reusable tools and store in airtight container. Clean and disinfect all appliances (including cords), shears, clippers, clipper guards, clippies, rollers, combs, brushes, rolling carts and any other items used to provide client services;
13. Check to make sure all products at workstations, such as lotions, creams, waxes, scrubs, and any other similar supplies have always been in a closed container. If not, discard and replace. Remove and discard any products that could have been contaminated by unsanitary use and replace with new product;
14. Clean and disinfect hard non-porous surfaces, glass, metal and plastic, including work areas, high-traffic areas, and commonly touched surfaces in both public and employee-only areas of the business;
15. Use porous/soft surfaces (such as cardboard files, buffers, drill bits, etc.) only once and then discard because they cannot be disinfected;
16. Launder all linens, blankets, towels, drapes, and smocks in hot soapy water and dry completely at the warmest temperature allowed. Store in an airtight cabinet after each client use. Store all used/dirty linens in an airtight container;
17. Clean and disinfect all linen hampers and trash containers and only use a container that can be closed and use with liners that can be removed and discarded;
18. Clean and disinfect all retail areas at least daily, including products. Try to keep clients from touching products that they do not plan to purchase;
19. Provide hand sanitizer and tissues for employees and clients, if available;

20. Clean and disinfect all restroom surfaces including floors, sinks, and toilet bowls. Store paper products in a closed cabinet and provide hand soap. Place trashcan by the door. Remove anything that does not have to be in the restrooms;
21. Clean and disinfect all bowls, hoses, spray nozzles, hoist handles, shampoo chairs and arm rests between each use. Wipe down all back-bar products and shelves. Discard and replace any products that have not been stored in a closed container prior to reopening after extended closure; and
22. Empty all wax pots and disinfect before refilling them with new wax prior to reopening after extended closure. Purchase new single-use applicators that can be disposed of in an airtight trash can. The airtight trash can must have a lid and be lined with a disposable plastic bag.

Note: To the extent possible, employers of such providers are encouraged but not required to take the following additional measures to reduce risks of surface contamination:

- Use plastic covers for cloth-covered seating because they cannot be properly cleaned and disinfected.
- Discontinue use of paper appointment books or cards and replace with electronic options.
- Limit the exchange of cash, and wash hands thoroughly after each transaction. Credit/debit transactions or other electronic means of payment are preferred, using touch/swipe/no signature technology.

G. Signage. To reinforce the need to minimize COVID-19 risks, employers of personal services providers must do the following:

1. Post [clear signs](#), listing COVID-19 symptoms, asking employees, volunteers, and visitors with symptoms to stay home and whom to contact if they need assistance;
2. Use [clear signs](#) to encourage physical distancing;
3. Post [clear signs](#) about the mask, face coverings, and face shields requirements; and
4. Post handwashing signs in restrooms.

Additional resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

Appendix A-5 Mandatory Workplace Guidance for Construction Operations

Application: This appendix applies to employers engaged in construction activities.

To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing and use of masks, face coverings, or face shields of the COVID-19 [temporary] Rule (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: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

- A. **General Operations – Advance Screening.** Each construction employer who controls access to a site must develop and implement a system to screen employees and visitors accessing the site using a pre-screening checklist consistent with recommendations from the Centers for Disease Control and Prevention.
- B. **Physical Distancing Measures.** To ensure appropriate physical distancing, construction employers must do the following:
 - 1. Ensure that workers maintain at least 6-feet of physical distance between themselves and their co-workers on all construction sites, except as otherwise provided;
 - 2. Limit work in occupied areas of a home or other structure to only those tasks that are strictly necessary; and
 - 3. When it is not practical to maintain a physical distance of at least 6 feet, ensure that workers remain separated to the largest degree practical and that the duration of such activity is kept as short as possible.

Construction employers are encouraged, but not required, to redesign workflow, including access to stairwells, floor levels, etc., to maximize distance between workers; one-way routes, if used, should include signage.

- C. **Masks, Face Coverings, and Face Shields.** To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields in all indoor spaces, and in all outdoor spaces whenever at least 6 feet of physical distancing cannot be consistently ensured.

Note: While reasonable accommodation for those unable to wear a mask, face coverings, or face shields must be provided, such an accommodation does not include exempting individuals from the requirement to wear a mask, face covering, or face shield.

Additional resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

Appendix A-6 Mandatory Workplace Guidance for Indoor And Outdoor Entertainment Facilities

Application: This appendix applies to indoor and outdoor entertainment facilities, including zoos, museums, drive-in movie theaters, raceways, outdoor gardens, and aquariums. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, the use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

Definitions: For the purposes of this appendix, the following definition applies:

Raceways refers to a special racing track used for the sport of high-speed racing of specialized vehicles or motorcycles. It does not include go-kart tracks or other recreational go-karting facilities.

- A. **General Operating Conditions.** Employers operating such facilities must ensure they are ready to operate and that all equipment is in good condition, in accordance with any applicable maintenance and operations manuals and standard operating procedures
- B. **Physical Distancing Measures.** To ensure appropriate physical distancing, employers operating such facilities must do the following:

Note: Notwithstanding the practicality and feasibility provisions of this rule, applicable Oregon Health Authority guidance in place at the time of the adoption of this rule requires covered facilities to cease operations and close the facility if they are unable to maintain the physical distancing requirements in this appendix or if unable to comply with all other requirements in this appendix. The requirement to close the facility applies to both indoor and outdoor operations for entities that have both.

1. Abide by any applicable gathering size or capacity limitations imposed by the Oregon Health Authority;
2. Limit activities to parties consisting of 10 people or fewer. Do not combine parties/guests at shared seating situations who have not chosen to attend together;
3. Ensure physical distancing of at least 6 feet between people of different parties (members of the same party can participate in activities together, stand in line together, and do not have to stay 6 feet apart);

4. Set-up seating and/or game configuration to comply with all physical distancing requirements;
5. Remove or prohibit (using barriers or other effective means) seating/consoles/lanes etc. to make sure people not in the same party remain at least 6 feet apart;
6. Prohibit people in different parties from gathering in any area of the facility, both indoor and outdoor, including in parking lots;
7. Keep common areas with chairs benches and tables (for example, picnic tables, day-use shelters, and buildings open to the public) arranged so that parties can keep at least 6 feet of physical distance. Post clear signs to reinforce physical distancing requirements between visitors of different parties;
8. Prohibit operation and use of all play areas/ball pits/indoor play structures/playgrounds; and
9. Do not operate drop-in child care within the facility.

Note: Employers operating such facilities are encouraged, but not required, to use the following additional practices to encourage appropriate physical distancing:

- Encourage reservations or advise people to call in advance to confirm facility capacity. Consider a phone reservation system that allows people to wait in cars and enter facility only when a phone call or text indicates space is available.
- Assign a designated greeter or host to manage visitor flow and monitor physical distancing while waiting in line, ordering, and during entering and exiting. Do not block access to fire exits.
- Assign staff to monitor physical distancing requirements, so that parties are no larger than 10 people, and to help visitors follow these requirements.
- Assign staff to monitor visitor access to common areas such as restrooms so that visitors do not gather.
- Route foot traffic in a one-way direction to minimize close contact between visitors. Post signs for one-way walking routes to attractions, if feasible.
- Limit the number of staff who serve or interact with each party.
- Encourage visitors to recreate with their own household members rather than with those in their extended social circles.
- Encourage visitors to recreate safely and avoid traveling to or recreating in areas where it is difficult to keep at least 6 feet from others not in their household.
- Place clear plastic or glass barriers in front of cashiers or visitor center counters, or in other places where keeping 6 feet between employees, volunteers and visitors is more difficult.

- Consider closing every other parking spot to facilitate at least 6 feet of physical distance between parties. This is especially useful in the case of drive-in theaters or other activities where the visitors are likely to remain in or near, or frequently return to, their vehicles.

C. Masks, face coverings, and face shields. To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields in all indoor spaces, and in all outdoor spaces whenever at least 6 feet of physical distancing cannot be consistently ensured.:

Note: While reasonable accommodation for those unable to wear a mask, face covering, or face shield must be provided, such an accommodation does not include exempting individuals from the requirement to wear a mask, face covering, or face shield.

Note: Employers operating such facilities are encouraged, but not required, to provide appropriate masks, face coverings, or face shields for customers and other visitors.

D. Sanitation and Cleaning. To reduce the risks from surface contact, employers operating such facilities must do the following:

1. Clean and sanitize work areas, high-traffic areas, and commonly touched surfaces in both customer and employee areas in indoor and outdoor facilities, using disinfectants that are included on the [Environmental Protection Agency \(EPA\) approved list](#) for the SARS-CoV-2 virus that causes COVID-19 (products are unlikely to be labeled specifically for COVID-19, but many products will have a label or information available on their websites about their effectiveness for human coronavirus);
2. Thoroughly clean restroom facilities at least twice daily and, to the extent possible, ensure adequate sanitary supplies (soap, toilet paper, hand sanitizer) are available in such areas throughout the day. Restroom facilities that cannot be cleaned twice daily should be kept closed or a sign should be posted stating that the restroom is unable to be cleaned twice daily; and
3. Train all employees on cleaning operations and best hygiene practices including washing their hands often with soap and water for at least 20 seconds.

Note: Employers operating such facilities are encouraged, but not required, to consider providing hand-washing facilities for customer use in and around the facility. Hand sanitizer is effective on clean hands; businesses may make hand sanitizer (60-95% alcohol content) available to customers. Hand sanitizer must not replace hand washing by employees.

Note: Employers operating outdoor facilities are encouraged, but not required, to encourage visitors to bring their own food, water bottles and hygiene supplies (including hand sanitizer) and/or to encourage visitors to take their trash with them when they leave.

E. **Signage.** To reinforce the need to minimize COVID-19 risks, employers operating such facilities must do the following:

1. Post [clear signs](#) listing COVID-19 symptoms, asking employees, volunteers, and visitors with symptoms to stay home and whom to contact if they need assistance;
2. Use [clear signs](#) to encourage physical distancing; and
3. Post [clear signs](#) about the mask, face covering, or face shield requirements.

Note: Retail facilities and other activities operated within Indoor and Outdoor Entertainment Facilities but not addressed by this Appendix must comply with the requirements applicable to those activities.

Note: Applicable Oregon Health Authority guidance in place at the time of the adoption of this rule requires covered facilities to cease operations no later than 10 p.m.

Additional Resources:

[Oregon Health Authority Guidance for the General Public](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

[Centers for Disease Control and Prevention Guidance for Administrators in Parks and Recreational Facilities](#)

Appendix A-7 Mandatory Workplace Guidance for Outdoor Recreation Organizations

Application: This appendix applies to outdoor recreation organizations, including (but not limited to) outdoor sports. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, the use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

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

Full-contact sports means sports that involve a requirement or substantial likelihood of routine, sustained close proximity or physical contact between participants, and include but are not limited to football, rugby, wrestling, cheerleading, basketball, hockey, dance, water polo, and men's lacrosse.

Minimal- and medium-contact sports include but are not limited to softball, baseball, soccer, volleyball, women's lacrosse, and flag football.

Non-contact sports include but are not limited to tennis, swimming, golf, cross country, track and field, sideline/no contact cheer and dance.

Note: Applicable Oregon Health Authority guidance in place at the time of the adoption of this rule prohibits full- contact sports.

- A. **General Operating Conditions.** Employers operating such facilities and reopening after extended closure must ensure all parks and facilities are ready to operate and that all equipment is in good condition, according to any applicable maintenance and operations manuals and standard operating procedures
- B. **Physical Distancing Measures.** To ensure appropriate physical distancing, employers operating such facilities must do the following:
 1. Prohibit parties (a group of 10 or fewer people that arrived at the site together) from congregating in parking lots for periods longer than reasonable to retrieve/return gear and enter/exit vehicles;
 2. Reinforce the importance of maintaining at least 6 feet of physical distance between parties (a group of 10 or fewer people that arrived at the site together) on hiking trails, beaches and boat ramps through signs and education;

3. Ensure compliance with the [OHA Guidance for Gatherings](#), while that guidance remains in effect;
4. Ensure that physical distancing of at least 6 feet between people of different parties is maintained at outdoor playgrounds, including splash pads; and
5. Keep any common areas such as picnic tables not in shelters/structures, day-use shelters, and buildings open to the public arranged so there is at least 6 feet of physical distance between parties (chairs, benches, tables).

Note: Employers operating such organizations are encouraged, but not required, to use the following additional practices to encourage appropriate physical distancing:

- Consider closing alternating parking spots to facilitate at least 6 feet of physical distance between parties.
- Consider opening loop trails in a one-way direction to minimize close contact between hikers. Designate one-way walking routes to attractions if feasible.
- Encourage the public to visit parks and recreation areas during off-peak use times as defined and publicized by park or recreation area management.
- Encourage the public to visit parks and recreation areas close to home, avoid overnight trips and minimize travel outside their immediate area for recreation. Caution the public to not travel outside of their home area if they live in an area with a high number of reported COVID-19 cases.
- Encourage visitors to bring their own food, water bottles and hygiene supplies (including hand sanitizer), as well as to take their trash with them when they leave.
- Encourage the public to recreate with their own household members rather than with those in their extended social circles.
- Encourage the public to recreate safely and avoid traveling to or recreating in areas where it is difficult to maintain at least 6 feet from others not in their party.
- Position staff to monitor physical distancing requirements, ensure groups are no larger than 10 people, and provide education and encouragement to visitors to support adherence.
- Consider placing clear plastic or glass barriers in front of cashiers or visitor center counters, or in other places where maintaining 6 feet of physical distance between employees, volunteers and visitors is more difficult.

C. Masks, Face Coverings, and Face Shields. To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields indoors and outdoors whenever at least 6 feet of physical distancing cannot be consistently ensured.

Note: While reasonable accommodation for those unable to wear a mask, face coverings, or face shields must be provided, such an accommodation does not include exempting individuals from the requirement to wear a mask, face covering, or face shield.

D. Sanitation and Cleaning. To reduce the risks from surface contact, employers operating such facilities must do the following:

1. Encourage hand washing in and around the outdoor playground or play field, including splash pads. Hand sanitizer is effective on clean hands. Outdoor recreation organizations may make hand sanitizer (60-95% alcohol content) available to people using the outdoor playgrounds or play fields;
2. Thoroughly clean restroom facilities at least twice daily and, to the extent possible, ensure adequate sanitary supplies (soap, toilet paper, hand sanitizer) throughout the day. Restroom facilities that cannot be cleaned twice daily should be kept closed or a sign should be posted stating that the restroom is unable to be cleaned twice daily;
3. Comply with the sanitation provisions of the rule and frequently clean and disinfect work areas, high-traffic areas, and commonly touched surfaces in both public and non-public areas of parks and facilities; and
4. Close sandboxes as they are not allowed at this time.

Note: Employers operating such organizations are encouraged, but not required, to provide handwashing stations or hand sanitizer in common areas such as picnic areas, day-use shelters, and buildings open to the public.

E. Signage. To reinforce the need to minimized COVID-19 risks, employers operating such organizations must do the following:

1. Post [clear signs](#) listing COVID-19 symptoms, asking employees, volunteers, and visitors with symptoms to stay home and whom to contact if they need assistance; and
2. Post clear signs in or around common areas to reinforce physical distancing requirements between visitors of different parties.
3. Post clear signs in or around common areas about the mask, face covering, and face shield requirements.

Additional resources:

[Signs you can post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)
[CDC's Guidance for Administrators in Parks and Recreational Facilities](#)

Appendix A-8 Mandatory Workplace Guidance for Transit Agencies

Application: This appendix applies to public transit agencies and providers statewide. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, the use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

A. Physical Distancing Measures. To ensure appropriate physical distancing, transit agencies must do the following:

1. Require at least 3 feet of physical distance between passengers **who are not members of the same household**;
2. Require at least 6 feet of physical distance between the driver and passengers (except during boarding and when assisting those with mobility devices); cordon off seats as necessary to reinforce this requirement;
3. Use physical partitions or visual cues (for example, floor decals, colored tape, or signs) to discourage passengers from standing or sitting within 3 feet of other passengers, and within 6 feet of drivers and other transit employees on the bus or train;
4. Determine and post maximum occupancy for each bus; and
5. For rail systems, make verbal announcements about maximum occupancy before and after each stop.

Note: Transit agencies are encouraged, but not required, to use the following additional practices to encourage appropriate physical distancing:

- Implement one-way flow of traffic with front door boarding and rear exiting.
- Consider installing clear plastic barriers between driver and passengers when 6 feet of physical distance cannot be maintained.
- Establish a policy and practice for providing alternate transportation for riders who are ill and need transportation to obtain medical care that limits possible exposure to transit employees and other members of the public.

- B. **Masks, Face Coverings, and Face Shields.** To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings or face shields indoors, and outdoors whenever at least 6 feet of physical distancing cannot be consistently ensured.

~~[Every effort should be made to obtain]~~ **Because of the challenges of enforcing the facial covering requirement with regard to passengers, transit employers must ensure that any employees exposed to individuals without facial coverings are provided appropriate NIOSH-approved respiratory protection (including N95 respirators or better) in accordance with the rule.**
~~[for public facing transit workers at no cost to the employee]~~

Note: While reasonable accommodation for those unable to wear a mask, face covering, or face shield must be provided, such an accommodation does not include exempting individuals from the requirement to wear a mask, face covering, or face shield.

- C. **Sanitation and Cleaning.** To reduce the risks from surface contact, transit agencies must do the following:
1. Provide transit employees access to soap, clean running water, and drying materials, or at least 60-95% alcohol-based hand sanitizer at their worksite; and
 2. Clean buses/trains and transit stations frequently. Conduct targeted cleanings every 4 hours, with a focus on disinfecting frequently touched surfaces of the bus/train and at transit stations.
- Note:** Transit agencies are encouraged, but not required, to install hand sanitizer stations with 60-95% alcohol-based hand sanitizer solution in each bus/train to the extent possible.
- D. **Signage.** To reinforce the need to minimize COVID-19 risks, transit agencies must do the following:
1. Post [clear signs](#), in more than one language, listing COVID-19 symptoms, asking employees, volunteers, and visitors with symptoms to stay home and whom to contact if they need assistance;
 2. Use [clear signs](#) to encourage physical distancing;
 3. Post [clear signs](#) about the mask, face covering, and face shield requirements; and
 4. For rail systems, post maximum occupancy for each train car using clear, prominently placed signs.

Note: Transit agencies are encouraged, but not required, to use signs at high-traffic stops to encourage physical distancing while riders are waiting for a bus or train.

Additional Resources:

[Oregon Health Authority Guidance for the General Public](#)

[Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#)

Appendix A-9 Mandatory Workplace Guidance for Collegiate, Semi-Professional And Minor League Sports

Application: This appendix applies to collegiate (other than Division 1, Pac-12, Big Sky, and West Coast Conference), semi-professional, and minor league sports practice, training and play for specified sports statewide (including athletes and teams based outside of Oregon that travel to Oregon to play). To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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. In addition, certain activities (for example, those involving education) may be addressed by other appendices. When such sports involve the use of pools, such employers must also follow Appendix A-10, “Licensed Swimming, Licensed Spa Pools and Sports Courts.”

Note: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

Note: Applicable Oregon Health Authority guidance in place at the time of the adoption of this rule prohibits full- contact sport play; training and conditioning for full contact sports are allowed. Training and conditioning, such as weightlifting, running drills and intra-squad scrimmaging, cannot include full contact of any kind.

Definitions: For purposes of this guidance, the following definitions apply:

Full-contact sports means sports that involve a requirement or substantial likelihood of routine, sustained close proximity or physical contact between participants, and includes but is not limited to football, rugby, wrestling, cheerleading, basketball, hockey, dance, water polo, men’s lacrosse.

Minimal- and medium-contact sports include but are not limited to softball, baseball, soccer, volleyball, women’s lacrosse, flag football.

Non-contact sports include but are not limited to tennis, swimming, golf, cross country, track and field, sideline/no contact cheer and dance.

A. **General Operations.** Employers engaged in such sports must do the following:

1. Ensure facility ventilation systems operate properly. Increase air circulation as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if doing so poses a safety risk to staff, spectators or athletes;

2. Communicate all policies and facility [facilities] information to athletes, participants, parents, guardians and caregivers prior to resuming or beginning the season;
3. Prohibit staff and athletes who have any [symptoms of COVID-19](#) from entering the premises or sporting location; and
4. Discourage any person, including athletes, at increased risk for complications from COVID-19 (for example, people with chronic health conditions) from attending any sporting activities (If an athlete, volunteer or spectator displays symptoms of COVID-19, a staff member should ask them to leave the premises, provide the individual with a mask, face covering, or face shield, and help the individual minimize their contact with others before leaving the facility).

B. Physical Distancing Measures. To ensure appropriate physical distancing, employers engaged in such sports must do the following:

1. Abide by any applicable gathering size or capacity limitations imposed by the Oregon Health Authority.
2. Maintain physical distancing of at least 6 feet per person. A mask, face covering, or face shield, must be used in addition to physical distancing;
3. Develop and implement a written plan to limit the number of spectators admitted into the premises so that all staff, volunteers, contractors and spectators can keep 6 feet of physical distance;
4. Assign a designated monitor to make sure that spectators keep 6 feet of physical distance, including at entrances, exits, restrooms and any other area where people may gather;
5. Encourage everyone at the sports facility, including all athletes, coaches, referees, volunteers and independent contractors, to keep a physical distance of at least 6 feet from individuals not residing in the same household, especially in common areas;
6. Assign designated areas for managers and coaches, when not practicing or playing, to ensure they can maintain physical distance; and
7. When multiple sporting events occur at the same sports complex or venue at the same time, leagues, coaches and trainers are required to ensure athletes and spectators for sporting events do not share space, including but not limited to restrooms, hallways, concession stands.

Note: Employers engaged in such sports are encouraged, but not required, to use the following additional practices to encourage appropriate physical distancing:

- Stagger arrival and departure times for staff, athletes and spectators to minimize congregating at entrances, exits and restrooms to follow required physical distancing requirements.
- Schedule enough time between practices and games so all people from a previous practice can leave the premises before the next group enters. This minimizes gathering at entrances, exits and restrooms while providing sufficient time to sanitize the facilities/equipment.
- Require or encourage attendees, athletes, and their families to stay outside of the premises (for example, in vehicles) until scheduled practice or play time (allowing people to leave the premises before others enter and minimizing gathering).
- Require people to enter the premises through a designated entrance and exit through a designated exit. Do not block fire exits. Use signs to direct one-way flow of traffic. Consider scheduling and staggering arrival times to the premises to minimize large numbers of individuals arriving and exiting at the same time.
- Provide separate entrances/exits for staff, athletes and spectators.
- Take steps to ensure that there is only contact among participants/athletes needed to play the game (refraining from handshakes, high fives, fist/elbow bumps, chest bumps, and group celebrations).
- Space out athletic equipment to prevent athletes coming into direct contact with one another.
- Allow only trainers, coaches and athletes to attend practices to ensure physical distancing and prevent people from gathering.
- Train or play outside if it can be done safely, when it does not violate any local ordinances.

C. Masks, Face Shields and Face Coverings. To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings or face shields indoors, and outdoors whenever at least 6 feet of physical distancing cannot be consistently ensured.

Note: While reasonable accommodation for those unable to wear a mask, face covering, or face shield must be provided, such an accommodation does not include exempting individuals from the requirement to wear a mask, face covering, or face shield.

D. Sanitation and Cleaning. To reduce the risks from surface contact, such employers must do the following:

1. Close water fountains, except for those designed to refill water bottles without contact between the bottle and fountain. Encourage athletes to bring prefilled water bottles;

2. Frequently clean and disinfect shared equipment, including but not limited to bats and rackets. All surfaces of each piece of shared equipment must be cleaned and disinfected frequently, as appropriate for the sport (for example, between athletes, sets, periods, or games). This includes, but is not limited to, equipment such as bats and rackets. Clean all equipment that directly contacts the head, face and hands with extra attention and detail;
3. Use disinfectants that are included on the [Environmental Protection Agency \(EPA\) approved list](#) for the SARS-CoV-2 virus that causes COVID-19;
4. Require employees to practice good hygiene including washing their hands frequently and covering their sneezes and coughs. Wash hands often with soap and water for at least 20 seconds, especially after touching shared objects or blowing your nose, coughing or sneezing. Avoid touching your eyes, nose and mouth;
5. If soap and water are not readily available, use a hand sanitizer that contains 60-95% alcohol content. (Users need to cover all surfaces of their hands and rub them together until they are dry);
6. Encourage athletes to bring their own hand sanitizer for personal use. Comply with the sanitation provisions of the rule and frequently clean and disinfect high-traffic areas, and commonly touched surfaces in areas accessed by staff, athletes and spectators;
7. Ensure restrooms are cleaned and disinfected prior to and after any league activity and/or at least twice daily;
8. If an athlete, volunteer or spectator displays symptoms of COVID-19, immediately disinfect all areas used by the sick person;
9. If teams and spectators at the same sporting event share a restroom, leave **the restroom** [entrance/exit] doors open, if possible, and regularly clean and sanitize commonly touched surfaces such as stall door handles and faucets; and
10. When multiple sporting events occur at the same sports complex or venue at the same time, leagues, coaches and trainers are required to clean and sanitize commonly touched surfaces, such as door handles, between subsequent games and events and to clean and sanitize high-traffic areas such as entrances, exits, check-in tables, restrooms and concession areas between subsequent games or events.

Note: Such employers are encouraged, but not required, to take the following measures to further minimize the risks from surface contact:

- Provide handwashing stations and/or hand sanitizer (beyond the existing handwashing requirements for all workplaces in Oregon OSHA's permanent rules).

- Encourage athletes to use only their own equipment when feasible. Avoid or minimize equipment sharing, when feasible
- Encourage athletes and/or their family members to clean and disinfect equipment after each use, where feasible.

E. **Special Requirements related to Travel.** To reduce the risks from out of state travel, such employers must do the following:

1. Limit exposure to those outside the travel unit during transit by ensuring that all members of a travel unit including staff, athletes, coaches and drivers, if on a bus or in a car, wear a mask, face covering, or face shield;
2. Allow drivers to transport multiple travel units if wearing a mask and sanitizing hands before and after each driving each group. Vehicles must be cleaned between transport of each travel unit following **Oregon Health Authority transportation guidelines**;
3. Limit travel to those who have been in regular contact and are considered essential personnel (specifically athletes, coaches, and medical staff);
4. When engaged in air travel, such employers must employ the following additional measures:
 - a. When able, consider charter flights instead of commercial air travel. Commercial air travel should be on a carrier with robust infection control methods and enforcement of universal masking requirements. Avoid traveling on the same private plane with a different team.
 - b. Require travelers to carry hand sanitizer that contains 60-95% alcohol content at all times and to use it frequently.
 - c. Require travelers to wear masks or face coverings at all times and minimize removal for eating or drinking.
 - d. Document the names of all passengers including the driver, pilot and flight staff, along with the date and time of the trip and the vehicle number/license, if ~~applicable~~ **feasible**; and
5. After returning from travel to other states, such employers must encourage good hand hygiene, physical distancing, and wearing face masks or face coverings, and must ensure that all staff and students have a robust process for self-monitoring/reporting COVID-19 symptoms. If those who return from other states experience **COVID-19 symptoms**, either they or their employer must contact health care provider to ensure appropriate testing.

Note: Such employers whose staff and players travel out of state are encouraged, but not required, to take the following measures to further minimize the risks from such travel:

- Aim to travel and play the same day to avoid overnight stays, when feasible.

- For overnight stays or same-day travel, prepackaged meals or room service should be considered. If restaurant dining is the only option, consider take-out food or outdoor eating as preferable alternatives.
- Encourage those who have traveled to limit their exposure to others for 10 days after travel.

Additional Resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

Appendix A-10 Mandatory Workplace Guidance for Professional, Division 1, Pac-12, West Coast Conference And Big Sky Conference Sports

Application: This appendix applies to professional and Division 1, Pac-12, West Coast Conference and Big Sky Conference sports practice, training and play for specified sports statewide. Professional and Pac-12 conference athletes and teams based outside of Oregon that travel to Oregon for play must follow the guidance laid out in this document. To the degree this appendix, or the documents protocols developed in response to it, provides specific guidance, it supersedes the requirements of the COVID-19 [temporary] Rule (OAR 437-001-0744); to the degree a situation is not addressed by the specific language of this appendix or the protocols, the requirements of the rule apply.

General Operations. Professional and Pac-12 sports teams wishing to play in the State of Oregon must submit protocols to Oregon Health Authority (OHA), Oregon OSHA, and the Governor’s office to ensure training, competition and play is in alignment with all public and workplace health guidance and county phase requirements. Training, competition and play cannot resume until protocols are reviewed and approved by OHA, Oregon OSHA, and the Governor’s office.

To the degree such protocols have been approved and address the issues covered by this [temporary] COVID-19 rule, those protocols will represent compliance with the provisions of this rule.

Additional Resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

Appendix A-11 Mandatory Workplace Guidance for Employers Operating Licensed Swimming Pools, Licensed Spa Pools, And Sports Courts

Application: This appendix applies to employers who operate or otherwise use general- and limited-use pools and sports courts. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, the use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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. In addition, certain activities (for example, those involving education) may be addressed by other appendices.

Note: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

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

Full-contact sports means sports that require or are likely to have routine or sustained close proximity or physical contact between participants, and includes but is not limited to football, rugby, wrestling, cheerleading, basketball, hockey, dance, water polo, men’s lacrosse.

General-use pools are licensed swimming pools, typically involving larger facilities such as municipal swimming pools or community center pools.

Limited-use pools are licensed swimming pools operated in connection with a companion facility, such as an apartment complex, hotel/motel, private club, association or organizational camp where the pool is limited to residents, patrons or members.

Minimal- and medium-contact sports include but are not limited to softball, baseball, soccer, volleyball, women’s lacrosse, flag football.

Non-contact sports include but are not limited to tennis, swimming, golf, cross country, track and field, sideline/no contact cheer and dance.

Sports court means any public or privately-owned facilities for the use of sports.

Note: Applicable Oregon Health Authority guidance in place at the time of the adoption of this rule prohibits full-contact sport play; training and conditioning for full contact sports are allowed. Training and conditioning, such as weightlifting, running drills and intra-squad scrimmaging, cannot include full contact of any kind.

A. **General Operations.** Employers operating pools and sport courts must take the following steps:

1. Prohibit workers with any of the COVID-19 symptoms (fever, cough, shortness of breath, etc.) from working or entering premises;
 2. Prohibit visitors with any of the symptoms associated with the COVID-19 virus from entering the premises. If a visitor has symptoms of COVID-19, staff must ask them to leave the pool, provide the visitor with a face covering or mask, and help the visitor minimize their contact with staff and other visitors before exiting the facility. Immediately disinfect all areas used by the sick visitor; and
 3. Ensure equipment is in good condition, according to any applicable maintenance and operations manuals and standard operating procedures.
- B. Physical Distancing Measures.** To ensure appropriate physical distancing, employers operating such facilities must do the following:
1. Maintain physical distancing of at least 6 feet between people;
 2. Inform visitors that members of the same party can participate in activities together and do not have to stay 6 feet apart;
 3. Assign a physical distancing monitor to ensure compliance with all distancing requirements, including at entrances, exits, restrooms and any other area where people may gather;
 4. Develop a plan to limit the number of visitors admitted into the pool and/or sport court area so that 6 feet of physical distancing can be maintained. Operators may consider requiring reservations to limit the number of individuals in the pool area;
 5. Alter pool deck layouts to ensure visitors and staff can keep 6 feet of physical distance;
 6. If using the pool for lap swim, design and implement a plan so that swimmers enter and exit the pool on opposite ends and maintain 6 feet of physical distance between one another. Prohibit the gathering of people within the facility, including at the ends of lanes;
 7. Designate a waiting area for swimmers that allows for 6 feet physical distancing;
 8. If locker room use is allowed, develop and implement a plan to limit the number of individuals using showers and changing rooms at the same time;
 9. If locker room use is allowed, develop and implement a plan to keep at least 6 feet of physical distance between people within the locker room(s);

10. Ensure that the any locker room use does not exceed maximum occupancy. Use the total square footage of the locker room to determine the maximum occupancy of the locker room based on a minimum of 35 square feet per person; and

11. For spa pools, limit the use of the pool to one household unit at a time. Operators may consider scheduling reservations in 15-minute increments.

- C. **Masks, Face Coverings, and Face Shields.** To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields in all indoor spaces, and in all outdoor spaces whenever at least 6 feet of physical distancing cannot be consistently ensured.

Note: While reasonable accommodation for those unable to wear a mask, face covering, or face shield must be provided, such an accommodation does not include exempting individuals from the requirement to wear a mask, face covering, or face shield.

- D. **Sanitation and Cleaning.** To reduce the risks from surface contact, such employers must do the following:

1. Require employees to practice healthy hygiene to reduce the spread of COVID-19 including washing their hands frequently and covering their sneezes and coughs;
2. Close water fountains, except for those designed to refill water bottles in a contact-free manner. Water bottles may not come into contact with the water fountain;
3. For sports courts, frequently clean and disinfect shared equipment. This includes, but is not limited to, equipment such as bats, balls and rackets. Use disinfectants that are included on the Environmental Protection Agency (EPA) approved list for the SARS-CoV-2 virus that causes COVID-19;
4. Use disinfectants that are included on the [Environmental Protection Agency \(EPA\) approved list](#) for the SARS-CoV-2 virus that causes COVID-19. No product will be labeled for COVID-19 yet, but many products will have a label or information available on their websites about their effectiveness for human coronavirus;
5. Comply with the sanitation provisions of the rule and frequently clean and disinfect work areas, high-traffic areas, and commonly touched surfaces in areas accessed by staff and visitors, including counters, tables, lounge chairs handrails, door handles, water fountains, showers, pool toys and other commonly touched surfaces;

6. Regularly clean restrooms and ensure they are supplied with soap, paper towels and hand sanitizer for planned use;
 7. Ensure hand sanitizer is available at locations around the facility for both staff members and visitors;
 8. Have maintenance staff or a pool maintenance company regularly check the pool recirculation equipment for proper operation and disinfectant levels prior to the opening of the pool;
 9. Prohibit lifeguards from cleaning and sanitizing while on duty;
 10. Thoroughly clean all areas of pool and sport courts prior to reopening after extended closure. Specifically, for pools, flush your water system, both hot and cold water, until the hot water reaches its maximum temperature (take care minimize splashing and aerosol generation during flushing); and
 11. After extended closure, clean other water-using devices, such as ice machines, may require additional cleaning steps in addition to flushing, such as discarding old ice. Follow water-using following device manufacturers' instructions.
- E. **Signage.** To reinforce the need to minimize COVID-19 risks, such employers must do the following:
1. Post clear signs listing COVID-19 symptoms, asking staff and visitors with symptoms to stay home, and listing whom to contact if they need assistance. Operators may post warning signs in visible locations of how to stop the spread of COVID-19 virus (including the sharing of items such as goggles, and other hard to clean items);
 2. [Use signs](#) to require physical distancing throughout facility, including but not limited to reception areas, eating areas and near restrooms; and
 3. Post [clear signs](#) about the mask, face covering, and face shield requirements.

Additional Resources:

[Oregon Health Authority Signs You Can Post](#)
[OHA Statewide Mask, Face Covering, and Face Shield Guidance](#)
[OAR 333, Division 60 \(Public Swimming Pools\)](#)

Appendix A-12 Mandatory Workplace Guidance for Employers Operating Fitness-Related Organizations

Application: This appendix applies to fitness-related organizations including but not limited to gyms, fitness centers, personal training, dance studios, and martial arts centers. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, the use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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. In addition, certain activities, such as the operation of swimming pools, spa pools or sport courts may be addressed by other appendices.

Note: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended, but not required, that individuals wear a mask or face covering as source control instead of a face shield alone.

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

Full-contact sports means sports that involve a requirement or substantial likelihood of routine, sustained close proximity or physical contact between participants, and includes but is not limited to football, rugby, wrestling, cheerleading, basketball, hockey, dance, water polo, men’s lacrosse.

Minimal- and medium-contact sports include but are not limited to softball, baseball, soccer, volleyball, women’s lacrosse, flag football.

Non-contact sports include but are not limited to tennis, swimming, golf, cross-country, track and field, sideline/no-contact cheer and dance.

A. **General Operations.** Employers operating fitness-related organizations must ensure that the following screening measures are taken:

1. Ensure all facilities and equipment are safe to operate and are in good condition after the extended closure. Maintenance and operations manuals and standard operating procedures should guide this work;
2. Close water fountains, except for those designed to refill water bottles in a contact-free manner. Strongly encourage clients to bring their own water bottles to the facility;
3. Ensure that ventilation systems operate properly. Increase air circulation and ventilation as much as possible by opening windows and doors. In indoor spaces, fans should be used only when windows or doors are open to the outdoors in order to circulate indoor and outdoor air. Do not open windows and doors if doing so poses a safety risk to employees, children or customers; and

4. Flush water pipes weekly while the building is vacant and prior to resuming normal building use (stagnant water in pipes can create conditions that favor the growth and spread of Legionella and other harmful bacteria (see [Guidance for Reopening Building Water Systems after Prolonged Shutdown](#)).

Note: Applicable Oregon Health Authority guidance in place at the time this rule was adopted prohibits full- contact sports. Gymnasiums must be used only for non-contact sports or individual skills development not requiring contact with other people.

Note: Applicable Oregon Health Authority guidance in place at the time this rule was adopted requires saunas and steam rooms to remain closed. It also requires that drop-in child care remain closed.

- B. General Operations – Client Screening.** Employers operating such facilities must record client contact information, date and time for client facility use. If there is a positive COVID-19 case associated with the facility, public health officials may need the business to provide this information for a contact tracing investigation. Unless otherwise required, this information may be destroyed after 60 days from the session date.

Note: Employers operating such facilities are encouraged, but not required, to take the following additional steps:

- Screen clients prior to start of their session in the facility such as asking:
 - ✓ Have you had a new or worsening cough?
 - ✓ Have you had a fever?
 - ✓ Have you had shortness of breath?
 - ✓ Have you been in close contact with anyone with these symptoms or anyone who has been diagnosed with COVID-19 in the past 14 days?

Appropriate Response: If the client responds “yes” to any of the screening questions, ask them to return home and wait to return to the facility until all symptoms, including fever have been resolved for at least 24 hours without medication, or at least 14 days after contact with a person with a cough, fever, or diagnosed with COVID-19.

- Strongly encourage a client exhibiting symptoms of illness to immediately leave the facility and not return until at least 24 hours after symptoms have resolved without medication.
- Strongly encourage clients at higher risk for severe COVID-19 complications (persons over age 60 or with underlying medical conditions) to continue to stay home to reduce their risk of exposure.

- C. Physical Distancing Measures.** To ensure appropriate physical distancing, employers operating such facilities must do the following:
1. Abide by any applicable gathering size or capacity limitations imposed by the Oregon Health Authority;
 2. Limit fitness class size to maximum occupancy of the room (as long as it ensures 6 feet of separation);

3. Position staff to monitor physical distancing and disinfecting requirements;
4. Consider holding fitness activities or classes outdoors if it can be done safely, when it does not violate any local ordinances, and when participants and instructors can maintain 6 feet of physical distance;
5. Limit exercise equipment stations to those located at least 6 feet apart;
6. Establish one-way traffic flow, where possible, for equipment circuits, tracks, etc. Use signs to direct one-way flow of traffic; and
7. For one-to-one personal training, maintain 6 feet of physical distance between trainer and client.

Note: Applicable Oregon Health Authority guidance in place at the time this rule was adopted requires equipment to be blocked from being used if it cannot be moved to facilitate physical distancing.

- D. Masks, Face Coverings, and Face Shields.** To reduce the risk of transmission from potentially infected individuals, employers operating such facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields in all indoor spaces, and in all outdoor spaces whenever at least 6 feet of physical distancing cannot be consistently ensured.:

Note: While reasonable accommodation for those unable to wear a mask, face covering, or face shield must be provided, such an accommodation does not include exempting individuals from the requirement to wear a mask, face covering, or face shield.

Note: Employers operating fitness-related organizations are encouraged, but are not required, to implement the following additional measures to further minimize the risk of infection due to interpersonal contact:

- Place clear plastic or glass barriers in front of reception counters, or in other places where maintaining 6 feet of physical distance between employees and clients is more difficult.
- Schedule gym time by appointment to limit number of people in the facility.
- Encourage use during non-peak times as determined and publicized by facility management.
- Offer virtual fitness classes, especially for persons at higher risk for severe COVID-19 complications such as people over 60 years of age or individuals with underlying medical conditions.
- Encourage one-way flow with marked entrances and exits, but do not block egress for fire exits. Use signs to direct one-way flow of traffic.

- E. Sanitation and Cleaning.** To reduce the risks from surface contact, such employers must do the following:

1. Thoroughly clean all areas of fitness-related organization prior to reopening after extended closure;
2. Use disinfectants that are included on the [Environmental Protection Agency \(EPA\) approved list](#) for the SARS-CoV-2 virus that causes COVID-19. No product will be labeled for COVID-19 yet, but many will have human coronavirus efficacy either on the label or available on their website;
3. Require employees or facility guests to wipe down all equipment (for example, balls, weights, machines, etc.) immediately before and after each use with a disinfectant provided by the gym that is included on the EPA-approved products for the SARS-CoV-2 virus that causes COVID-19. A solution of 60%-95% alcohol content also works;
4. Comply with the sanitation provisions of the rule and frequently clean and disinfect work areas, high-traffic areas, and commonly touched surfaces in areas accessed by workers and public;
5. Thoroughly clean restrooms at least twice daily and ensure adequate sanitary supplies (e.g., soap, toilet paper, 60-95% alcohol content hand sanitizer) throughout the day; and
6. Provide handwashing stations or hand sanitizer (60-95% alcohol content) throughout the facility for use by employees and clients.

Note: Employers who operate fitness-related organizations are encouraged, but not required to take the following steps to further increase sanitation:

- Strongly encourage clients to wash hands with soap and water for 20 seconds and/or use hand sanitizer (60- 95% alcohol content) immediately before and after gym session as well as several times during the session.
- Further minimize the risks of one-to-one personal training by having the trainer and client thoroughly wash hands with soap and warm water or use hand sanitizer (60-95% alcohol content) immediately before and after appointment.

F. **Signage.** To reinforce the need to minimize COVID-19 risks, such employers must do the following:

1. Post clear signs listing COVID-19 symptoms, asking staff and visitors/clients with symptoms to stay home, and listing whom to contact if they need assistance. Operators may post warning signs in visible locations of how to stop the spread of COVID-19 virus (including the sharing of items such as goggles, and other hard to clean items);
2. [Use signs](#) to require physical distancing throughout facility, including but not limited to reception areas, eating areas, locker rooms, and near popular equipment; and
3. Post [clear signs](#) about the mask, face covering, and face shield requirements.

- G. **Special Requirements for Locker Rooms.** If the fitness-related organization allows locker room use, fitness-related organizations are required to take the following additional steps:
1. Develop and implement a plan to limit the number of individuals using showers and changing rooms at the same time;
 2. Develop and implement a plan to keep at least 6 feet of physical distance between people;
 3. Ensure that the locker room does not exceed maximum occupancy. Use the total square footage of the locker room to determine the maximum occupancy of the locker room based on a minimum of 35 square feet per person; and
 4. Assign a physical distancing monitor to ensure individuals follow all physical distancing requirements, including at entrances, exits, restrooms and any other area where people may gather.

Additional Resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

Appendix A-13 Mandatory Workplace Guidance for K-12 Educational Institutions (Whether Public Or Private)

Application: This appendix applies to employers who operate schools or other educational institutions for children from kindergarten through the 12th grade (or any portion thereof). To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, the use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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. In addition, certain activities (for example, those involving recreation and sports) may be addressed by other appendices.

Note: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended, but not required, that individuals wear a mask or face covering as source control instead of a face shield alone.

Note: Although this appendix is based upon the workplace health portions of [Ready Schools, Safe Learners](#), published by the Oregon Department of Education and the Oregon Health Authority, it does not address many other issues included in that document, including those related specifically to student health and to decisions about whether to open on-site educational activities. Employers operating schools therefore must be familiar with that guidance as well. Additional guidance can be found in the U.S. Centers for Disease Control and Prevention’s [“Strategies for Protecting K-12 School Staff from COVID-19”](#)

A. **General Operations.** As districts plan and implement the requirements and recommendations included in this guidance, **they** will necessarily need to consider a continuum of levels of risk when some requirements (or recommendations) cannot be fully accommodated. When it is necessary to adjust implementation of this appendix because it is not possible to fully comply, school operators must take other steps to mitigate the risks.

For example, **while** maintaining physical distance (6 feet apart from others) is best. There [will] **may** be [times] **instances** when [this] **such separation** is not possible based on a necessary activity or the available space is limited. Steps to minimize the risks of such close proximity activities could include ensuring it is for a short duration, ensuring handwashing immediately before and after, avoiding touching your face, teaching safe etiquette for coughing and sneezing, and using **source control such as a** [the required] mask, face covering, or face shield (unless the nature of the interaction also makes their use impossible).

B. **General Operations – Screening and Advanced Quarantine.** In order to reduce the risks of outbreaks within the school, such employers must do the following whenever they are aware of a person required to isolate or quarantine for COVID-19:

1. Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian. Staff members can self-screen and attest to their own health;
 2. Direct students and staff to stay home if they, or anyone in their home or community living spaces, have primary COVID-19 symptoms (cough, fever greater than 100.0°F, chills, shortness of breath, or difficulty breathing) or if anyone in their home or community living spaces has COVID-19. Staff or students with a chronic or baseline cough that has worsened or that is not well-controlled with medication should be excluded from school, but do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (for example, asthma, allergies, etc.);
 3. Direct any person (student, staff member, or volunteer) who has tested positive or who is a presumptive case for COVID-19 to remain at home to isolate until their medical provider indicates it is safe for them to return or at least 10 days have passed and they have experienced at least 24 hours with no fever without the use of fever-reducing medication;
 4. Direct any person who has been in close contact (less than 6 feet away for more than 15 minutes) with a person with a confirmed COVID-19 to remain home to isolate until their medical provider indicates it is safe for them to return or 14 symptom-free days have passed since they were last exposed (those who have been exposed only to another person who was themselves exposed to a person with COVID-19 are not required to isolate); and
 5. Whenever a COVID-19 positive case occurs, implement the detailed Ready Schools, Safe Learners guidance related to communication, isolation, and quarantine, in consultation with the local public health agency.
- C. **Physical Distancing Measures.** To ensure appropriate physical distancing, employers operating such facilities must do the following:
1. Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation. This also applies to employee training and staff gatherings or meetings;
 2. Support physical distancing in all daily activities and instruction, maintaining 6 feet between individuals to the maximum extent possible;
 3. Minimize time individuals stand in lines and take steps to ensure that 6 feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc.;

4. Schedule modifications to limit the number of students in the building (for example, rotating groups by days or location, staggered schedules to avoid hallway crowding and large gathering);
5. Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; punitive discipline should not be used;
6. Maintain physical distancing during all staff meetings and conferences or consider remote web-based meetings;
7. Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to ensure requirements for physical distancing can be met;
8. Minimize the movement of individuals in hallways and other common areas to the extent possible; create hallway procedures to promote physical distancing and minimize gatherings.

Note: Employers engaged in such sports are encouraged, but not required, to use the following additional practices to encourage appropriate physical distancing:

- Consider utilizing outdoor spaces, common areas, and other buildings in planning.
- In high schools or settings where students require individualized schedules or elective classes, ways to reduce mixing among cohorts should be considered.
- Reinforce health and safety protocols. Daily activities and curriculum should support physical distancing.

D. Use of Cohorts to Supplement Physical Distancing Measures. Schools must take the following steps to establish stable cohort groups, a key strategy in reducing the spread of disease:

1. Identify and establish cohort groups in each school. Students can be part of more than one stable cohort during the school day, but with each new cohort there is increased risk;
2. Minimize interaction between students in different stable cohorts (for example, access to restrooms (including all-gender or gender-neutral restrooms), activities, and common areas);
3. Establish a system to ensure that contact tracing can be completed each cohort; daily individual student or cohort logs are required;
4. Where feasible, establish stable cohort groups that are no larger than can be accommodated by the space available to allow at least 35 square feet per person, including staff; and
5. Ensure that no student is part of any single cohort, or part of multiple cohorts, that exceed a total of 100 people within the educational week.

Note: To increase the effectiveness of cohorts in reducing risks of disease, schools are encouraged, but not required, to take the following additional steps:

- A smaller cohort size of 24-36 individuals is recommended for public health and safety, and schools are encouraged to create and maintain even smaller sized cohorts when feasible.
- When feasible, stable cohorts should remain in one classroom environment for the duration of the learning day, including lunch, with teachers of specific academic content areas rotating (instead of students) to the maximum extent possible.

Note: As indicated by the detailed guidance in [Ready Schools, Safe Learners](#), students should not be placed into full-time cohort groups based on any demographic or disability criteria (for example, students with complex medical needs, students with IEPs, students receiving language services, etc.).

E. Special Precautions Related to Volunteers and Visitors. Schools must take the following steps when allowing volunteers or other visitors into the workplace:

1. Restrict the presence of non-essential visitors or volunteers (examples of essential visitors include DHS Child Protective Services, Law Enforcement, etc.; examples of non-essential visitors include Parent Teacher Association, classroom volunteers, etc.); and
2. Screen all visitors/volunteers for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19.

Note: Volunteers and other visitors must maintain 6-foot physical distancing, wear masks, face coverings, or face shields and adhere to all other provisions of this guidance.

F. Masks, Face Coverings, and Face Shields. To reduce the risk of transmission from potentially infected individuals, schools must take the following actions:

1. Provide and require the use of masks, face coverings, or face shields by all staff, contractors, other service providers, or visitors or volunteers. Individuals may remove their face coverings while working alone in private offices;
2. Require masks, face coverings, or face shields for all students in Kindergarten and up (Ready Schools, Safe Learners provides more detailed guidance addressing the use of masks, face coverings, or face shields by students); and
3. Provide and require the use of face masks by school nurse or other personnel when providing direct patient care or in-person monitoring of staff/students displaying symptoms for COVID-19. Personnel also must wear appropriate personal protective equipment (PPE) suitable to their activities.

G. Sanitation and Cleaning. To reduce the risks from surface contact, schools must do the following:

1. Encourage all persons to engage in appropriate hand hygiene (wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol) on entry to school every day and frequently throughout the day;
2. Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use;
3. Establish policies for personal property being brought to school (for example, refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner;
4. Provide time and supplies for the cleaning and disinfecting of high-touch surfaces between multiple student uses, even in the same cohort;
5. Ensure that staff who interact with multiple stable cohorts wash/sanitize their hands between interactions with different stable cohorts; and
6. Ensure appropriate cleaning whenever a COVID-19 positive case is reported. The size of the cleaning area depends on the number of people infected and where they and their close contacts spent time. For example, it may only be necessary to clean (beyond normal procedures) one part of the building if those who tested positive spent time only in that area of the school.

Additional Resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

Oregon Department of Education and OHA, [Ready Schools, Safe Learners](#)

U.S. Centers for Disease Control and Prevention "[Strategies for Protecting K-12 School Staff from COVID-19](#)"

Appendix A-14 Mandatory Workplace Guidance for Employers Operating Child Care And Early Education Programs

Application: This appendix applies to employers who operate any of the following types of child care and early education programs:

- ✓ All licensed programs, including Certified Center (CC), Certified Family (CF), and Registered Family (RF).
- ✓ All child care and preschool provided in public school settings.
- ✓ All Recorded Programs, including school-age.
- ✓ Oregon Pre-Kindergarten (Prenatal to Kindergarten), Preschool Promise, and Baby Promise.
- ✓ Oregon Relief Nurseries.
- ✓ Early Intervention and Early Childhood Special Education (EI/ECSE) provided in a child care or early education setting.

To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, the use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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. In addition, certain activities (for example, those involving recreation and sports) may be addressed by other appendices.

Note: Although this appendix is based upon the workplace health portions of [Health & Safety Guidelines for Child Care and Early Education Operating During COVID-19](#), published by the Oregon Department of Education Early Learning Division and the Oregon Health Authority, it does not address many other issues included in that document, including those related specifically to child health and to decisions about whether to open on-site activities. Employers operating child care and early education must therefore be familiar with that guidance as well.

Note: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

- A. **General operations.** Operate ventilation systems properly and/or increase circulation of outdoor air as much as possible by opening windows and doors, using fans (but only when windows and doors are open), and other methods.
- B. **Special requirements during drop-off and pick-up.** Employers operating such programs must implement the following procedures when parents or caregivers are dropping off or picking up children:

1. Require parents or caregivers to drop-off or pick-up children from program staff outside of the facility. Registered Family (RF) or Certified Family (CF) providers may allow parents or caregivers to enter when only one staff member is on site, but they must wait for the previous family to exit the home before entering;
2. Require parents or caregivers to wear a mask, face covering, or face shield during drop-off or pick-up;
3. Require parents or caregivers during drop-off or pick-up to maintain physical distancing when not engaged in hand-off of children to staff;
4. Provide hand hygiene stations at the entrance of the facility – outside or immediately inside – so that children and staff can clean their hands as they enter. If a sink with soap and water is not available, provide hand sanitizer between 60%-95% alcohol at the entrance. Keep hand sanitizer out of children’s reach and supervise use; and
5. Sanitize or switch out writing utensils used for drop-off and pick-up between uses by different people.

Note: Employers operating such programs are encouraged, but not required, to implement the following additional measures to provide further protection during drop-off and pick-up.

- Schedule staggered drop-off and pick-up times for families.
- Encourage families to have the same person drop children off and pick them up every day.
- Suggest to families that those at higher-risk of contracting COVID-19 not serve as the designated person for drop-off or pick-up.
- Consider low or no contact sign-in and -out methods such as a different sheet, pen, or clipboard for each child, or have staff complete the sign-in and -out process.

C. Daily health check and isolation/quarantine requirements. Employers operating such programs must conduct a daily health check for any children, staff, or other individuals (parents, maintenance staff, etc.) coming into the facility:

1. Require designated staff to take temperature of all entering children and other individuals coming into contact with a stable group. If they have a temperature of 100.0°F or over, they must be excluded. Staff may self-screen and attest to their temperature on a daily basis.
2. Ask all entering adults and children (or, if the child is not able to reliably answer, ask the adults who are dropping off the child):
 - ✓ Has the adult or child been exposed to a person with a positive case of COVID-19 in the past 14 days?

Required response: If the answer is “yes,” they must quarantine for 14 days from the date of last contact with the COVID-19 case (the required quarantine cannot be shortened by either a negative COVID-19 test or a note from a medical professional).

- ✓ Has the adult or child been exposed in the past 14 days to a person with a presumptive case of COVID-19 as defined by Oregon Health Authority?

Required response: If the answer is “yes,” they must quarantine for 14 days from the date of last contact with the COVID-19 case (the required quarantine cannot be shortened by either a negative COVID-19 test or a note from a medical professional).

- ✓ Is the adult or child experiencing a fever of 100.0°F or greater?

Required response: If the answer is “yes,” they must be excluded from the program for at least 10 days, and they must be free of fever (without fever-reducing medication) for at least 24 hours before their return.

- ✓ Is the adult or child experiencing an unusual cough (not normal for this person due to issues such as allergies or asthma) or shortness of breath?

Required response: If the answer is “yes,” they must be excluded from the program until they have been checked by a medical professional is cleared or they have been symptom-free for at least 24 hours, they can remain in or return to the program following the documented direction of the medical professional.

- ✓ Is the adult or child experiencing diarrhea, vomiting, headache, sore throat, or rash?

Required response: If the answer is “yes,” they must be excluded from the program until they have been checked by a medical professional is cleared or they have been symptom-free for at least 24 hours, they can remain in or return to the program following the documented direction of the medical professional.

3. Require staff members to self-screen and attest to their own health on a daily basis.
4. Document that a daily health check was completed on every person entering; write down “pass” or “fail” only. Do not record symptoms or temperature, in order to maintain privacy.
5. If a person develops these symptoms while at the facility or learns while at the facility that they have been exposed to a positive case, separate them until they can leave the facility and send them home as soon as possible.

- D. Group Size and Stable Groups.** Employers operating such programs are required to reduce the risk of COVID-19 transmission by managing group size and the use of stable groups:
1. Assign and keep children in stable groups with the same assigned adults. A new child may be added or moved to a different stable group if it is a permanent change.
 2. Require staff to practice physical distancing of at least 6 feet at all times within the facility with parents or other adult visitors, as well as other staff who are not usually with the same stable group.
 3. Require staff assigned to a stable group to practice physical distancing with children from other stable groups and take precautions to ensure children do the same. Staff and children are not required to physically distance from adults or children within their stable group.
 4. Only staff assigned to a stable group may be inside of classrooms, except that additional adults outside of the stable group may be allowed into the classroom in order to provide any of the following services:
 - ✓ Specialized services to children such as those associated with Early Intervention or Early Childhood Special Education.
 - ✓ Meet monitoring requirements of publicly funded or regulated programming.
 - ✓ Maintain ratios during staff breaks, including through the use of “floaters.”
 - ✓ Service to the facility that cannot take place outside of program hours.
 5. When providing outdoor activities, there cannot be more than one stable group of children in one outside area at a time. Programs may have separate areas as long as stable groups are kept apart and there is at least 75 square feet per child in that area. Recorded programs may use a visual barrier to define the outside space.
 6. No facility may serve more than 250 children.
 7. Staff-to-child ratios and maximum group sizes must adhere to those specified in licensing rules by provider type and by the provider’s license (which may be for fewer children).

Note: Early learning and child care employers are encouraged, but not required, to take the following additional steps to reduce the risk of COVID-19 transmission:

- Reduce time spent in whole or large group activities.
- Limit the number of children in each program space, such as learning centers.

- Depending on the size of the group and the age of the children, separate learning environments into individual spaces for each child.
- Minimize time standing in lines and take steps to ensure that distance between the children is maintained.
- Incorporate additional daily outside time (complying with the outside space requirements).
- Sanitize outdoor play equipment between groups of children.
- Increase the distance between children during table work.
- Plan activities that do not require close physical contact between multiple children.
- Provide children with their own materials and equipment if possible (for example, writing utensils, scissors, high chairs).
- Incorporate assigned mats at circle time.
- For sensory activities, staff can arrange the room for individually planned sensory activities that utilize totes or trays so each child can have their own.

E. Masks, Face Coverings, and Face Shields, and Personal Protective Equipment for Children and Adults. To reduce the likelihood that potentially infected individuals will transmit disease, early education and child care employers are required to take the following steps:

1. Require all staff, contractors, other service providers, or visitors or volunteers who are in the facility or in the designated child care section of the child care provider's home, to wear a mask, face covering or face shield as defined by the rule;
2. Require all children who are in grades Kindergarten and up who are in the child care facility or the designated child care section of Registered Family (RF) or Certified Family (CF) program to wear a mask, face covering or face shield as defined in the rule;
3. Require all adults and children who are kindergarten age and up to wear a mask, face covering or face shield when outside, if 6 feet of physical distance cannot be maintained;
4. Allow a child between two years and Kindergarten to wear a mask, face covering or face shield, if: requested by the parent/guardian, the mask, face covering or face shield fits the child's face measurements, and the child is able to remove the mask, face covering or face shield themselves without assistance;
5. If a child removes a mask, face covering or face shield, or demonstrates a need to remove the mask, face covering or face shield for a short-period of time, staff must supervise the child to maintain 6 feet or more of physical distancing from all adults and children while the mask, face covering or face shield is removed. If needed, show the child how to effectively wear a mask, face covering or face shield. Guide the child to re-engage in safely wearing a mask, face covering, or face shield. Children should not be disciplined for their inability to safely wear a mask, face covering, or face shield;

6. Allow children in grades Kindergarten and up to not wear a mask, face covering, or face shield:
 - ✓ If they have a medical condition that makes it difficult for them to breathe with a mask, face covering, or face shield as documented by their doctor's order.
 - ✓ If they experience a disability that prevents them from wearing a mask, face covering, or face shield, as documented by their doctor's order.
 - ✓ If they are unable to remove the mask, face covering, or face shield independently.
 - ✓ While sleeping.
7. Ensure children under two never wear a mask, face covering, or face shield;
8. Require staff or child to wash hands before putting on a mask, face covering, or face shield, after taking masks, face coverings, or face shields off, and anytime the mask, face covering, or face shield is touched. Hand-sanitizing products with 60-95% alcohol content may be used as an alternative to washing hands. Children must be supervised when using hand sanitizer, and it must be stored out of reach of children when not in use;
9. Require masks or face coverings to be washed daily or a new mask or face covering to be worn daily. After removal of a soiled mask or face covering, it should be put away into a secure place that is not accessible to others. For example, it could be placed into a plastic bag or plastic container that is inaccessible to children prior to being cleaned;
10. A face shield must be wiped down with disinfectant at the end of the day after use;
11. Require disposable masks, face coverings, or face shields to be worn only once;
12. Masks or face coverings must be changed after a daily health check if the adult interacted with a sick child;
13. Face shields must be sanitized after the daily health check if the adult interacted with a sick child. For Certified Centers and Recorded Programs, face shields must be sanitized after the daily health checks are completed;
14. For Certified Centers and Recorded Programs only, require adults who engage in health and safety checks to wear a clean, outer layer of clothing (for example, a larger size, long sleeve button down shirt, a smock, or an apron) during the daily health checks; and

15. For Certified Centers and Recorded Programs only, require adults, such as floaters or early interventionists, who interact with multiple, stable groups to wear a clean, outer layer of clothing when moving to a new group.

F. Cleaning and Sanitation – Hand Hygiene.

1. Require staff and children to wash hands for at least 20 seconds (hand sanitize with alcohol content between 60-95% is allowed when an asterisk* appears):
 - ✓ Before and after eating, preparing food, and or bottle preparation.
 - ✓ Before and after administering medication.
 - ✓ After toileting or assisting with toileting.
 - ✓ Before and after diapering.
 - ✓ After wiping a nose, coughing, or sneezing.*
 - ✓ After coming in from outside.*
 - ✓ Upon entering and leaving the child care facility.*
 - ✓ If staff are moving between stable groups.*
 - ✓ After sharing toys, learning materials, etc.*
2. Make handwashing materials easily accessible to each stable group.
3. Store hand sanitizer out of reach of children when not in use.

G. Cleaning and Sanitation – Building and Surfaces. Child care and early education employers must implement the following cleaning and disinfectant measures to reduce the risks from surface contamination:

1. Require those engaged in cleaning and disinfecting surfaces to employ the following practices:
 - ✓ Wear disposable gloves when cleaning and disinfecting surfaces (instead of disposables, you can wear reusable rubber gloves except when cleaning and disinfecting areas around a sick person or when in contact with diapers, stool, blood, and other bodily fluids).
 - ✓ Wash hands with soap and water as soon as you remove the gloves.
 - ✓ Clean dirty surfaces using a detergent or soap and water prior to disinfection.

- ✓ Use products approved by the EPA for use against SARS-CoV-2 for household disinfectant: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>. Follow instructions on the label (such as concentration, application method, and contact time).
 - ✓ Diluted household bleach solutions are also allowable when appropriate for the surface. If using bleach, mix water (not hot water) with bleach using instructions on the bleach bottle. Leave diluted bleach mixture on the surface for at least one minute.
 - ✓ Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that may be very dangerous to breathe.
 - ✓ If using bleach, make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
 - ✓ Use bleach products sparingly and, when possible, when children are not in the facility or room; if possible, use wipes or apply product directly to a dampened towel, rather than using spray when there are children or adults with asthma.
2. Keep all disinfectants locked up. Keep hand sanitizers out of the reach of children.

3. Clean in accordance with the “Required Cleaning Schedule” table below and on the following pages:

Item	Sanitize or Disinfect?		Frequency <i>Note: At times, it may be necessary to clean, rinse, sanitize, and/or disinfect more frequently</i>			Notes
	Sanitize	Disinfect	Daily	Weekly	Before/After Each Use	
Child Care Areas						
Toys	X		X		X	<ul style="list-style-type: none"> • Collect “mouthed” toys after each use by a child. • Collect all other toys daily or as they become dirty.
Objects intended for the mouth	X				X	<ul style="list-style-type: none"> • Thermometers, pacifiers, teething toys, and similar objects must be cleaned and reusable parts sanitized between uses. • Pacifiers may not be shared.
Soft surfaces (e.g., carpeted floor, rugs, and drapes)		X	X			<ul style="list-style-type: none"> • Vacuum carpeted floor and rugs daily. • Disinfect if soft surfaces are contaminated, using products approved by EPA for use against SARS-CoV-2.
High touch surfaces (e.g., doorknobs, light switches, non-food countertops, handles, desks, phones, keyboards, and toilets)		X	X			<ul style="list-style-type: none"> • Disinfect at the end of each day.
<p>Specific additional requirements for Registered Family (RF) and Certified Family (CF) Providers</p> <ul style="list-style-type: none"> • Spaces must be cleaned between the times when household members utilize the space and the times when a group of children utilize the designated child care space. • Items used for child care must be washed separately from items used by family or household members. 						

Item	Sanitize or Disinfect?		Frequency <i>Note: At times, it may be necessary to clean, rinse, sanitize, and/or disinfect more frequently</i>			Notes
	Sanitize	Disinfect	Daily	Weekly	Before/After Each Use	
Sleeping Areas						
Linens, clothing, and other items that go in the laundry				X		<ul style="list-style-type: none"> Clean at least weekly and in between use by another child.
Bed sheets, pillow cases, cribs, cots, mats, and blankets	X			X		<ul style="list-style-type: none"> Clean and sanitize bed sheets, pillow cases, cribs, cots, mats, and blankets before use by another child and at least weekly.
Toilet and Diapering Areas						
Handwashing sinks and faucets		X			After each use	
Changing tables		X			After each use	
Potty chairs		X			After each use	
Diaper trash cans		X	X			
Bathroom floors		X	X			<ul style="list-style-type: none"> At the end of the day.
Countertops			X			<ul style="list-style-type: none"> At the end of the day.
Toilets			X			

Item	Sanitize or Disinfect?		Frequency Note: At times, it may be necessary to clean, rinse, sanitize, and/or disinfect more frequently			Notes
	Sanitize	Disinfect	Daily	Weekly	Before/After Each Use	
Food Areas						
Food preparation surfaces	X				X	
Eating utensils and dishes	X				After each use	
Tables and high chair trays	X				X	
Countertops	X		at end of day		After each use clean	
Food Preparation Appliances	X		X		After each use	
Mixed use tables	X					• Before serving food.
Refrigerator	X					• Clean monthly.
Food preparation sinks	X		X			
Kitchen floors	X		X			
Electronics						
Electronics		X				• Follow manufacturer's instructions.

Note: Child care and early education employers are encouraged, but not required, to put a cleanable cover on electronics, such as tablets, touch screens, keyboards, and remote controls.

H. **Recordkeeping.** Child care and early education employers must maintain the following records specific to COVID-19 issues:

1. Keep daily logs separated by or indicating each stable group (people in that group or people who came in contact with that group). In addition to the reasons for recordkeeping under child care rules, additional requirements support potential contact tracing. Registered Family (RF) and Certified Family (CF) providers only: all visitors during program hours must be recorded and a log of residents kept. Residents of the home over the age of 12 do not need to be included in the daily child care attendance records – they are assumed to be present;
2. Indicate in each daily log: Child name. Adult name(s) completing drop-off and pick-up (no signature is required). Arrival and departure date and times. Name of any staff or person coming in contact with a stable group, arrival and departure date and times. Document daily health checks on all children, staff, and any person coming into the program (see Daily Health Check requirements for detailed guidance). Record only that the check was a pass or fail – not specific information. If transportation is provided by the program, document names of all other riders, and their contact information (if not recorded elsewhere);
3. Daily logs must be retained for 2 years for all children (the usual amount of time per child care rules); and
4. If a program is part of a K-12 school, this information can be recorded and incorporated into the school’s records for contact tracing.

Note: Child care and early education employers are encourage, but not required, to minimize potential spread of disease from sharing writing utensils by having staff complete all required documentation, rather than parents or caregivers.

Appendix A-15 Mandatory Workplace Guidance for Institutions Of Higher Education (Whether Public Or Private)

Application: This appendix applies to on-campus activities at public universities listed in Oregon Revised Statute (ORS) 352.002, community colleges operated under ORS chapter 341, and degree-granting private colleges and universities that operate in Oregon (referred to collectively in this document as “colleges and universities”). To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing, sanitation, and use of masks, face coverings, or face shields of the COVID-19 Rule; to the degree a situation is not addressed by the specific language of this appendix, the general requirements of the COVID-19 [temporary] Rule (OAR 437-001-0744) apply. In addition, certain activities (for example, those involving food and beverage service and sports) are addressed by other appendices.

Note: Although this appendix is based upon the workplace health portions of [Guidance for the Conduct of In- Person Instructional, Residential, and Research Activities at Oregon Colleges and Universities](#) published by the Oregon Higher Education Coordination Commission and the Oregon Health Authority, it does not address many other issues included in that document, including those related specifically to student health, student congregate, and decisions about whether and how to open on-site educational activities. Colleges and Universities therefore must be familiar with that guidance as well.

Note: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

A. **General Operations:** Colleges and universities must:

1. Allow campus spaces and buildings to be open only for official college or university business. Campus spaces and buildings should not be open to the general public. Colleges and universities may allow campus use for authorized community programs that lack alternative venues, if such programs adhere to the requirements in this and other applicable appendices or guidance;
2. Ensure facility ventilation systems operate properly. Increase air circulation as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if doing so poses a safety risk to staff, spectators or athletes; and
3. Consider modification or enhancement of building ventilation to increase air circulation and filtration where feasible.

Note: Guidance on ventilation and filtration is provided by CDC (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>) and American Society of Heating, Refrigerating, and Air- Conditioning Engineers (ASHRAE) (<https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic>).

- B. General Operations -- Entry and Self-Screening.** Require students, staff, and faculty to conduct a self-check for COVID-19 symptoms before coming to a campus.
1. Instruct students, faculty, and staff to stay at their residence if they have one or more of the following: cough, fever or chills, shortness of breath, or difficulty breathing. Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19, but are non-specific. More information about COVID-19 symptoms is available from CDC [here](#).
 2. Emergency signs and symptoms that require immediate medical attention: trouble breathing, persistent pain or pressure in the chest, new confusion or inability to awaken, bluish lips or face, other severe symptoms.
 3. Faculty, staff, or students who have a chronic or baseline cough that has worsened or is not well-controlled with medication to stay at their place of residence. Those who have other symptoms that are chronic or baseline symptoms should not be restricted.
- C. Instructional Activities.** For all general instruction offered for courses that lead to a lead certificate or degree, colleges and universities must:
1. Establish a minimum of 35 square feet per person when determining room capacity, calculated based only on usable classroom space. In-person classroom instruction must not exceed 50 persons, or greater than 25 persons in counties that are at Baseline or in Phase 1;
 2. Modify the physical layout of classrooms to permit students to maintain at least 6 feet of distance between one another and the instructor(s). This may include changes to traffic flow, desk or chair arrangements, or maximum capacity. Where instruction requires instructors and students to work less than 6 feet from each other require physical barriers or face masks, face coverings, or face shields, and follow all applicable CDC/OHA guidelines and industry safety standards;
 3. Utilize markings and/or signage to indicate physical distancing requirements within instructional settings;

4. For settings with higher risk of spread, such as laboratories, computer labs, music/performance classes, studios, and locker rooms, implement enhanced measures such as greater physical distancing, physical barriers (for example, clear plastic), increased fresh air ventilation, moving instructional activities outdoors, and enhanced cleaning measures as feasible;
5. Physical barriers are acceptable instead of, or in addition to 6 feet or more of spacing between people; and
6. Permit remote instruction/telework or make other reasonable accommodations for students and employees who are at higher risk for severe illness from COVID-19 including those with any of the following characteristics:
 - ✓ People 65 years and older
 - ✓ People with chronic lung disease (other than mild asthma)
 - ✓ People who have serious heart conditions
 - ✓ People who are immunocompromised
 - ✓ People with obesity (body mass index [BMI] of 30 or higher);
 - ✓ People with diabetes;
 - ✓ People with chronic kidney disease undergoing dialysis;
 - ✓ People with liver disease; and
 - ✓ Any other medical conditions identified by OHA, CDC or a licensed health care provider.

D. Special Requirements for Instruction in the Health Professions. For all instruction and assessment in fields leading to certificates and degrees in the healthcare professions, colleges and universities must:

1. For laboratory instruction or demonstration of clinical skills without physical contact:
 - ✓ Modify the physical layout of classrooms to permit students to maintain at least 6 feet of distance between each other and the instructor(s);
 - ✓ Ensure monitoring and enforcement of physical distancing requirements at all times; and
 - ✓ Perform enhanced cleaning before and after each session.
2. For standardized patient simulations or laboratory instruction in close quarters or practicing clinical skills with physical contact:

- ✓ Provide mandatory instruction on infection control practices and the appropriate use of personal protective equipment (PPE);
 - ✓ Require use of appropriate PPE for all personnel that come within 6 feet of each other; and
 - ✓ Perform enhanced cleaning before and after each session.
3. For preceptorships, observerships, and direct patient care:
- ✓ Provide mandatory instruction on infection control practices and the appropriate use of personal protective equipment (PPE);
 - ✓ Strictly adhere to the clinical facility's infection control protocols;
 - ✓ Confirm that the clinical facilities have the appropriate personal protective equipment (PPE) for their students who are involved in direct patient care within those facilities;
 - ✓ Conduct regular symptom monitoring of students;
 - ✓ Follow the facility's occupational health protocols if exposed and/or symptoms develop, including immediate exclusion from all patient care, testing for SARS-CoV-2, and mandatory reporting to university or college student health unit; and
 - ✓ Perform cleaning and disinfecting per the facility's protocols.
- E. **Special Requirements for Research Activities.** Colleges and university must ensure the following measures are implemented for research activities:
1. Research offices, labs, core facilities, and field locations must be modified to ensure appropriate physical distancing, consistent with state and local public health guidelines, and with reduced capacity as necessary; and
 2. Human subjects research must be permitted only if 6-foot physical distancing can be maintained or can be completed with minimal physical contact while using appropriate PPE or physical barriers, or both. Ensure that additional restrictions are used to further to protect vulnerable populations.
- F. **Masks, Face Coverings, and Face Shields.** To reduce the risk of transmission from potentially infected individuals, colleges and universities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields in all indoor spaces, and in all outdoor spaces whenever at least 6 feet of physical distancing cannot be consistently:

- G. **General facilities.** Colleges and universities must do the following:
1. Clean and disinfect facilities frequently, generally at least daily when there is activity, to prevent transmission of the virus from surfaces. CDC provides guidance on disinfecting public spaces. See CDC’s [“Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes;”](#)
 2. Encourage students, staff, and faculty to perform appropriate hand hygiene upon their arrival to campus every day: washing with soap and water for 20 seconds or using an alcohol-based hand sanitizer with 60- 95% alcohol; and
 3. Provide hand hygiene stations with alcohol-based hand sanitizer in high use areas such as entrances to buildings and classrooms and other areas, as feasible. Strongly encourage students to use hand sanitizer on entry and exit to each room.
- H. **Signage.** To reinforce the need to minimize COVID-19 risks, such employers must do the following:
1. Post clear signs listing COVID-19 symptoms, asking students, staff, and faculty with symptoms to stay home, and listing whom to contact if they need assistance;
 2. Use signage and other communications to remind students, faculty, and staff about the utmost importance of hand hygiene and respiratory etiquette;
 3. [Use signs](#) to require physical distancing as necessary, including but not limited to reception areas, eating areas, locker rooms, and near popular equipment; and
 4. Post [clear signs](#) about the mask, face covering, and face shield requirements.
- I. **Special provisions related to isolation or quarantine.** Colleges and universities must take steps to ensure that if a student, staff, or faculty member develops or reports primary COVID-19 symptoms while on campus:
1. The person should immediately return to their place of residence or isolate in a designated isolation area until they can safely return to their residence or be transported to a health care facility. Students whose place of residence is within a campus residence hall must be isolated in a designated isolation area, with staff support and any in-person symptom monitoring conducted by an individual wearing appropriate personal protective equipment (PPE);
 2. The person should seek medical care and COVID-19 testing from their regular health care provider or through the local public health agency. They should follow instructions from their local public health agency regarding isolation;

3. If the person has a positive COVID-19 diagnostic test, they should remain at their place of residence for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving;
4. If the person has a negative COVID-19 diagnostic test and if they have multiple tests, all tests are negative all tests are negative, they should remain at their place of residence until 72 hours after the fever is gone, without use of fever reducing medicine and other symptoms are improving;
5. If the person does not undergo COVID-19 testing, the person should remain at their place of residence until 72 hours after the fever is gone, without use of fever reducing medicine, and other symptoms are improving; and
6. Any faculty, staff, or student known to have been exposed (for example, by a household member) to COVID- 19 within the preceding 14 days should stay in their place of residence and follow instructions from local public health agency.

J. Faculty and staff. Colleges and universities must:

1. Ensure that campus health care providers have the personal protective equipment that they need to see students safely. As appropriate, provide face masks, face coverings, face shields, filtering facepiece respirators (e.g. N95, P95, or R95), gloves, and protective clothing for healthcare professionals and other personnel who might interact with ill staff or students. Local public health can help if colleges and universities are unable to obtain PPE through usual channels; and
2. If feasible, arrange for fit testing for N95 respirators and PPE for healthcare and other personnel who might interact with ill faculty, staff, or students.

Additional Resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

[Oregon Higher Education Coordinating Commission and Oregon Health Authority COVID-19 Guidance](#)

Appendix A-16 Mandatory Workplace Guidance for Veterinary Care

Application: This appendix applies to veterinarians licensed under ORS 686, and to their assistants and other employees. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing and for the use of masks, face coverings, or face shields, and sanitation of the COVID-19 [temporary] Rule (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: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

Note: These workplace health and safety requirements are distinct from Oregon Health Authority guidance about reopening status and the resumption of non-emergency care, which may be restricted separate and apart from this appendix or the rule to which it applies.

A. Physical Distancing Measures. To ensure appropriate physical distancing, veterinary facilities are required to take the following steps:

1. Adopt a curbside model, bringing the animal patient into the facility while the owner remains in the vehicle, strictly enforce 6-foot physical distancing in the waiting area, or employ a combination of the two;
2. Allowing owners and animal caretakers into veterinary facilities:
 - a. Owners and caretakers may come into the facility exam room for the purpose of euthanasia;
 - b. Owners and caretakers may come into the facility exam room for the purpose of receiving instruction as to providing home care for pets including but not limited to giving medication, fluids, managing feeding tubes or catheters, etc.;
 - c. In the case of examining or treating animals that may pose a threat to the veterinary worker, the animal owner or caretaker may be allowed into the veterinary facility as long as source control is observed;
3. Further minimize human-to-human contact by not allowing clients in the examination rooms other than under the circumstances listed above; and
4. Limit situations where any veterinarian workers or other individuals are in within 6 feet to those necessary to safely handle and treat the animal patient.

- B. Masks, Face Coverings, and Face Shields and Personal Protective Equipment.**
To minimize the risk of airborne spread of the disease, veterinary facilities must review and implement [OHA Statewide Mask, Face Covering, Face Shield Guidance](#); if at any point such guidance is no longer available, such employers must require all employees, patrons, and other visitors five years of age and older, unless they are eating or drinking, to wear masks, face coverings, or face shields in all indoor spaces, and in all outdoor spaces whenever at least 6 feet of physical distancing cannot be consistently ensured.

Personal protective equipment must be provided and used in accordance with the guidance in the table at the end of this appendix.

Additional Resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

[Oregon Health Authority Veterinary Facility Guidance](#)

[Centers for Disease Control and Prevention Companion Animal Veterinary Guidance](#)

Reproduced from

[“Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response,”](#) published by the United States Centers for Disease Control and Prevention (last updated August 12, 2020)

Animal History	Mask	Eye Protection (face shield or goggles)	Gloves	Gown or Coveralls	N95 respirator or suitable alternative
Healthy companion animal without exposure to a person with COVID-19 compatible symptoms	No	No	No	No	No
Companion animal with an illness that is not suspicious of SARS-CoV-2 infection AND without exposure to a person with COVID-19 compatible symptoms	No	No	No	No	No
Companion animal that is not suspicious for SARS-CoV-2 infection BUT has exposure to a person with COVID-19 compatible symptoms	Yes	No	Yes	No	No
Companion animal with an illness that is suspicious for SARS-CoV-2 infection	Yes	Yes	Yes	Yes	No
Aerosol-generating procedure for any animal without an exposure to a person with COVID-19 compatible symptoms	Yes	Yes	Yes	Yes	No
Aerosol-generating procedure for any animal with an exposure to a person with COVID-19 compatible symptoms	No	Yes	Yes	Yes	Yes
Any procedure on an animal that is known to be currently infected with SARS-CoV-2 through detection by a validated RT-PCR assay	No	Yes	Yes	Yes	Yes
Any procedure where a person with known or suspected of being infected with COVID-19 will be present	No	Yes	Yes	Yes	Yes

Appendix A-17 Mandatory Workplace Guidance for Emergency Medical Services: First Responders, Firefighters, 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 for physical distancing and for the use of masks, face coverings, or face shields of the COVID-19 [temporary] Rule (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: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

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 must therefore be familiar with that guidance as well.

Definitions.

Emergency Communication Centers means 911 Public Safety Answering Points/Emergency 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 if they have a subjective fever or a measured temperature above 100.0°F or have COVID-19-compatible symptoms as described by Oregon Health Authority.
3. Direct employees who experience such symptoms to withdraw from patient or other public contact and don a face mask.
4. 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. To the degree work stations cannot be separated by at least 6 feet, supplemental measures such as shields or barriers must be considered and installed, if feasible; [~~no later than December 21, 2020~~]
2. Whether shields or barriers have been installed, ECC communications personnel are not required to wear face coverings while handling emergency calls, but must be allowed to do so at their discretion;
3. PSAPs 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?
4. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR) are indicated
5. 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.
 6. If the patient does not meet criteria, discontinue questioning and follow appropriate case entry.
 7. If call volumes increase to the point that screening is interfering with the timely processing of calls, consider suspending EIDS screening.
- C. **General Operations – Fire Departments and Ambulance Agencies.** Fire Departments and Ambulance Agencies must comply with the provisions of the rule, with the following specific provisions and exceptions:
1. Spacing requirements do not need to be followed on any Agency apparatus when responding to or returning from a call, although respiratory protection must be worn as necessary.
 2. To the degree 6-foot distancing cannot be reliably maintained in common living areas in a fire station or ambulance agency facility, the personnel residing there are not required to wear masks, face coverings or face shields (this exception applies only to shared living areas; it does not apply to break rooms, shared toilet facilities, or other common areas used by other employees or individuals other than those residing in the living areas). **However, though not required in such living areas, personnel are encouraged to use facial coverings whenever not sleeping, eating, or drinking to reduce the risk of transmitting COVID-19 between employees [residents].**
 3. The driver of an emergency response vehicle may adjust or remove a mask or face covering that impedes their vision or distracts from the safe operation of the vehicle.
- D. **Personal Protective Equipment, Masks, Face Coverings, Face Shields.** EMS providers must apply the following procedures when engaged in emergency medical services or other patient care on all calls.
1. All patients are initially assessed from a distance of 6 feet to reduce potential for exposure of workers to COVID-19 or other infectious illness. There will be situations in which this option will be automatically excluded by the acuity of the call;

2. Patients and family members must be asked to wear their own mask, face covering, or face shield (if tolerated) prior to the arrival of EMS personnel and throughout the duration of the encounter, including during transport. If they do not have a mask or face covering, they should be offered a mask or face covering, as supplies allow. Bystanders and family will be asked to maintain the minimum of 6-foot physical separation from EMS workers;
3. Masks or face coverings should not be placed on: children under the age of 2 years old, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask or face covering without assistance;
4. When circumstances permit, only one provider will directly assess the patient;
5. If circumstances allow, interview the patient outside the residence in open air;
6. The minimal expected amount of equipment will be brought to the patient's side, however, SPO2 is required;
7. The interview should be done from the maximal distance that still allows for clear communication;
8. Avoid standing directly in front of the patient;
9. If a nasal cannula is used, a mask should (ideally) be worn over the cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures;
10. 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;
11. During direct patient care in the EMS setting, use of respirators without exhalation valves is preferred but not required. Respirators with exhalation valves must not be used except in combination with appropriate source control, as they allow unfiltered exhaled breath to escape; and
12. 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 be done in accordance with the Respiratory Protection standard (29 CFR 1910.134). [~~When respirators are used, in must be done in concussion with a complete respirator protection program.~~]

E. 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 N-95 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.

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.

Additional Resources:

[Oregon Health Authority Signs You Can Post](#)

[Oregon Health Authority Statewide Mask, Face Covering, and Face Shield Guidance](#)

[United States Centers for Disease Control and Prevention Flyer on Quarantine and Isolation](#)

[COVID-19 Strategies for Emergency Medical Services Surge](#)

[Fire Marshal Information Bulletin 2020-02 Personal Protective Equipment Advisory](#)

[Oregon Health Authority Oregon EMS Directors and Medical Directors, EMS Healthcare Exposure, Work Exclusion Guidance](#)

[Oregon Fire Marshall Quarantine Guidance for Fire and EMS Responders](#)

Appendix A-18 Mandatory Workplace Guidance for Law Enforcement Activities

Application: This appendix applies to the activities of law enforcement officers in the performance of their duties. To the degree this appendix provides specific guidance, it supersedes the requirements for physical distancing and the use of masks, face coverings, or face shields of the COVID-19 [temporary] Rule (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: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

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

Law enforcement agency means the Oregon State Police, a county sheriff's office, a municipal police department, a police department established by a university under ORS 352.121 or 353.125, or an agency that employs one or more parole and probation officers as defined in ORS 181A.355.

Law enforcement officer means a member of the Oregon State Police, a sheriff or deputy sheriff, a municipal police officer, an authorized police officer of a police department established by a university under ORS 352.121 or 353.125, or a parole or probation officer as defined in ORS 181A.355.

- A. **Physical Distancing Measures.** To ensure appropriate physical distancing, law enforcement agencies must implement appropriate physical distancing as required by the rule in locations under their control and must do so to the extent their duties allow in other locations. However, based on the nature of the law enforcement officer's duties, the physical distancing requirements of the rule do not apply to emergency situations or other situations where the safety of law enforcement officers or others involved make contact within 6 feet necessary.
- B. **Masks, Face Coverings, and Face Shields.** To reduce the risk of transmission from potentially infected individuals, law enforcement agencies must require masks, face coverings, or face shields in spaces under their control and when employees interact with other individuals. However, the following specific modifications apply to certain law enforcement activities:
1. Law enforcement agencies must ensure that all employees, visitors, and persons in custody wear a mask, face covering, or face shield as required in this rule unless enforcing this requirement would require the use of physical force or place an employee or member of the public at greater risk of COVID-19 exposure;

2. Law enforcement agencies must provide masks and face shield to law enforcement officers to wear in combination in situations when a person in custody refuses to wear a face covering;
3. Law enforcement officers are permitted adjust or remove the face mask, face covering, or face shield while interviewing a member of the public when necessary to establish sufficient rapport with the interviewee;
4. Law enforcement officers driving during an emergency response or pursuit may adjust or remove a mask, face covering, or face shield that impedes their vision or distracts from the safe operation of the vehicle;
5. Law enforcement officers are permitted to remove their mask, face covering, or face shield when the officer's ability to clearly communicate is impaired by the mask, face covering, or face shield; and
6. Law enforcement employees transporting a person in custody or a member of the public must ensure that that person wears a mask, face covering, or face shield unless compliance would require the use of force or place law enforcement employees or a member of the public at greater risk for COVID-19 exposure or physical jeopardy.

Appendix A-19 Mandatory Workplace Guidance for Jails, Prisons, And Other Custodial Institutions

Application: This appendix applies to jails, prisons, and other custodial institutions. To the degree this appendix provides specific guidance, it supersedes the requirements for use of masks, face coverings, or face shields, of the COVID-19 [temporary] Rule (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: In accordance with [Oregon Health Authority Statewide Mask, Face Covering, Face Shield Guidance](#) and subsection (3)(b) of the [temporary] Rule for COVID-19, it is strongly recommended but not required that individuals wear a mask or face covering as source control instead of a face shield alone.

A. Masks, Face Coverings, and Face Shields. To reduce the risk of transmission from potentially infected individuals, jails, prisons, and other custodial institutions must require masks, face coverings or face shields within the premises. However, the following specific modifications apply within the secure perimeter of the jail, prison, or other custodial institution:

1. Jails, prisons, and other custodial institutions must require all person entering the secure perimeter of the jail to wear a mask, face shield, or face covering when within 6 feet of other individuals, if there are no physical barriers between them, with the following exceptions:
 - ✓ During scheduled mealtimes when eating or drinking;
 - ✓ If a physical or mental condition or disability limits the ability to wear a mask, face covering, or face shield;
 - ✓ When an order from the Oregon Judicial Department, presiding judge, or local health authority provides an exception to the wearing of masks, face coverings or face shields;
 - ✓ In a housing unit where all adults in custody have been in quarantine for a minimum period of time established by the local health authority after considering CDC and OHA guidelines, provided that all staff members wear a mask or face covering at all times while in the unit;
 - ✓ In youth correctional facility common areas when all youth in custody have been in quarantine for a minimum period of time established by the Oregon Health Authority, provided that all non-youth-in-custody individuals wear a face covering and the Oregon Health Authority has authorized such practice; or

- ✓ During an emergency, such as when responding to a spontaneous use of force event, a medical emergency, or a suicide attempt in a housing unit.
 - 2. The jail, prison, or other custodial institution must not charge individuals in custody for masks, face coverings or face shields, except in the case of knowing damage or destruction to the mask, face covering, or face shield in violation of institution rules.
 - 3. The jail, prison, or other custodial institution must not charge employees for masks, face coverings or face shields.
 - 4. Custodial institution employees transporting a person in custody or a member of the public must ensure that that person wears a mask, face covering, or face shield unless compliance would require the use of force or place law enforcement employees or a member of the public at greater risk for COVID-19 exposure or physical jeopardy.
- B. **Meal Times.** [~~During any period of time when masks, face coverings or face shield are required under this standard~~] **To allow for eating and drinking without a facial coverings,** provide adults in custody meals in their cell if possible. If in-cell meals are not possible, use appropriate physical distancing for mealtimes within the constraints of the facility.
- C. **Physical Distancing Measures.** To ensure appropriate physical distancing, correctional facilities must implement appropriate physical distancing as required by the rule in locations under their control and must do so to the extent their duties allow in other locations. However, based on the nature of correctional duties, the physical distancing requirements of the rule do not apply to emergency situations or other situations where the safety of involved individuals make closer contact necessary.

(D) Unless the local public health agency or Oregon Health Authority directs otherwise, employers need not require employees to accept the vaccination. If employees who are offered the vaccine decline to be vaccinated, the employer must document that declination.

Note: Oregon OSHA will provide model declination forms for use by employers in documenting such declination.

Note: It is the considered opinion of both the Oregon Health Authority and Oregon OSHA that all individuals should accept vaccination unless it is medically contra-indicated. Allowing some workers to decline such a vaccination does not indicate any doubts on the part of the state or Oregon about the value of the vaccine and the importance of reaching a high vaccination rate to both public and worker health.

(n) Mandatory appendices. Employers covered by one or more of the mandatory industry-specific and activity-specific appendices that make up Appendix A of this rule must comply with those appendices. To the degree an appendix provides specific guidance regarding an issue addressed by this rule, it supersedes the general requirements of this rule. To the degree a situation is not addressed by the specific language of an appendix, the requirements of this rule apply as written.