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Oregon Health Authority

Public Health Division - Chapter 333

Division 19

INVESTIGATION AND CONTROL OF DISEASES: GENERAL POWERS AND RESPONSIBILITIES

[333-019-0000](#)

Responsibility of Public Health Authorities to Investigate Reportable Diseases

(1) The local public health administrator shall use all reasonable means to investigate in a timely manner all reports of reportable diseases, infections, or conditions. To identify possible sources of infection and to carry out appropriate control measures, the local public health administrator shall investigate each report following procedures outlined in the Authority's Investigative Guidelines or other procedures approved by the Authority. The Authority may provide assistance in these investigations.

(2) Investigations of outbreaks involving residents of multiple states or counties or exposures in multiple states of counties may be supervised by the Authority.

(3) Investigations by the Authority or local public health administrator shall be conducted in accordance with ORS 433.004 and these rules.

[Publications: Publications referenced are available from the agency.]

Statutory/Other Authority: ORS 413.042, 431.110, 433.004, 437.010, 616.010 & 624.005

Statutes/Other Implemented: ORS 433.004 & 437.030

History:

PH 10-2015, f. 7-2-15, cert. ef. 7-3-15

PH 7-2011, f. & cert. ef. 8-19-11

OHD 4-2002, f. & cert. ef. 3-4-02

HD 29-1994, f. & cert. ef. 12-2-94

HD 4-1987, f. 6-12-87, ef. 6-19-87

HD 15-1981, f. 8-13-81, ef. 8-15-81

[333-019-0002](#)

Cooperation with Public Health Authorities

(1) Health care providers, health care facilities, and licensed laboratories shall cooperate with local public health administrators and the Authority in the investigation and control of reportable diseases and conditions.

(2) Every health care provider attending a person with a reportable disease, infection, or condition shall instruct the person in measures appropriate to controlling the spread of the disease.

Statutory/Other Authority: ORS 413.042, 431.110, 433.004, 437.010, 616.010 & 624.005

Statutes/Other Implemented: ORS 433.004, 433.106 & 433.130

History:

PH 7-2011, f. & cert. ef. 8-19-11

PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

OHD 4-2002, f. & cert. ef. 3-4-02

[333-019-0003](#)

Providing Information to the Oregon Health Authority or Local Public Health Administrator

(1) The Authority or local public health administrator (LPHA) may, as necessary to investigate a case of a reportable disease, disease outbreak or epidemic, require a health care provider, public or private entity, or an individual to permit the inspection or provide copies of information necessary to the investigation.

(2) Information that may be inspected or provided to the Authority or LPHA includes but is not limited to:

(a) Individually identifiable health information and contact information related to:

(A) The case;

(B) An individual who may be the potential source of exposure or infection;

(C) An individual who has been or may have been exposed to or affected by the disease; or

(D) A control.

(b) Policies, practices, systems or structures that may have affected the likelihood of disease transmission.

(c) Factors that may influence an individual's susceptibility to the disease or likelihood of being diagnosed with the disease.

(3) In addition to requesting information the Authority or LPHA may inspect, sample or test real or personal property. The Authority or LPHA will request permission to inspect, sample or test real or personal property prior to taking any action. If an individual or entity refuses to allow access to real or personal property for this purpose, the Authority or LPHA may seek an administrative warrant in order to obtain access.

(4) The Authority or LPHA shall request the information required to be submitted orally or in writing and shall inform the individual or entity from whom the information is sought when the information is required to be submitted. In lieu of requesting that information be provided to the Authority or LPHA, the Authority or LPHA may request access to the information at the location where the information is located.

(5) A person who provides information in accordance with these rules is immune from civil or criminal liability that might otherwise be incurred or imposed with respect to providing information under this section.

(6) Pursuant to ORS 433.008, all information obtained by the Authority or LPHA in the course of an investigation is confidential, may only be released in accordance with ORS 433.008(2) through (6), and except as required for the administration of public health laws or rules, a state or local public health official or employee may not be examined in any administrative or judicial proceeding about the existence or contents of a reportable disease report or other information received by the Authority or LPHA in the course of an investigation of a reportable disease or disease outbreak.

Statutory/Other Authority: ORS 433.004

Statutes/Other Implemented: ORS 433.004

History:

PH 7-2011, f. & cert. ef. 8-19-11

333-019-0005

Conduct of Special Studies by Oregon Health Authority

The Authority may conduct special studies concerning the causes and prevention of diseases and other significant health conditions. Special studies include any collection of information about the health status or potential health risk factors of individuals or groups of individuals, other than the routine collection of birth, death, and marriage information, and are not restricted to reportable diseases, infections, or conditions. The Authority may collaborate with local public health authorities, other institutions, or other individuals in the conduct of these studies.

Statutory/Other Authority: ORS 413.042, 431.110, 433.004, 437.010, 616.010 & 624.005

Statutes/Other Implemented: ORS 433.006 & 433.065

History:

PH 7-2011, f. & cert. ef. 8-19-11

PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

OHD 4-2002, f. & cert. ef. 3-4-02

HD 9-1997, f. & cert. ef. 6-26-97

HD 4-1987, f. 6-12-87, ef. 6-19-87

HD 15-1981, f. 8-13-81, ef. 8-15-81

333-019-0010

Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions

(1) For purposes of this rule:

(a) "Evidence of immunity":

(A) To measles, mumps or rubella means meeting the criteria for presumptive evidence of immunity specified in the Morbidity and Mortality Weekly Report (MMWR) volume 64, issue RR04, issued June 14, 2013, available at www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm;

(B) To diphtheria or pertussis means having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 67, issue 2, dated April 27, 2018, available at www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm;

(C) To hepatitis A means having documentation of detectable serum antibodies directed against this virus; having laboratory documentation of having had the disease; or having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 55, issue RR07, issued May 19, 2006, available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm;

(D) To hepatitis B means having documentation of having been immunized as recommended in the Morbidity and Mortality Weekly Report (MMWR) volume 67, issue 1, issued January 12, 2018, available at www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm; or having documentation of ever having at least 10 milli-international units per milliliter of serum of antibodies to hepatitis B surface antigen.

(E) To COVID-19 means:

(i) Having received a complete series of COVID-19 vaccine as recommended by the Centers for Disease Control and Prevention;

(ii) Having received a dose of COVID-19 vaccine after having documented SARS-CoV-2 infection; or

(iii) Having had laboratory-confirmed SARS-CoV-2 infection within the preceding 90 days.

(b) "Exposed" for purposes of being susceptible to COVID-19 means having been:

(A) Within six feet of a confirmed COVID-19 case or presumptive COVID-19 case for 15 minutes or more within one day; or

(B) In contact with the infectious secretions or clinical specimens of a confirmed COVID-19 case or presumptive COVID-19 case.

(c) "Restrictable disease":

(A) As applied to food service facilities includes but is not limited to COVID-19, diphtheria, hepatitis A, hepatitis E, measles, Salmonella enterica serotype Typhi infection, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, infectious tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, any illness accompanied by diarrhea or vomiting.

(B) As applied to schools, children's facilities, and health care facilities, includes but is not limited to chickenpox, COVID-19, diphtheria, hepatitis A, hepatitis E, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, and infectious tuberculosis and may include a communicable stage of hepatitis B infection in a child, who, in the opinion of the local health officer, poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting).

(C) Includes any other communicable disease identified in an order issued by the Authority or a local public health administrator as posing a danger to the public's health.

(d) "Susceptible":

(A) For a child, means lacking documentation of immunization required under OAR 333-050-0050.

(B) For an employee of a school or child care facility, means lacking evidence of immunity to the disease.

(2) To protect the public health, an individual who attends or works at a school or child care facility, or who works at a health care facility or food service facility may not attend or work at a school or facility while in a communicable stage of a restrictable disease, unless otherwise authorized to do so under these rules.

(3) A school administrator shall exclude a susceptible child who attends a school or children's facility if the administrator has reason to suspect that the child has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, hepatitis B, or COVID-19, unless the local health officer determines, in accordance with section (6) of this rule, that exclusion is not necessary to protect the public's health.

(4) A school administrator shall exclude a susceptible employee of a school or children's facility if the administrator has reason to suspect that the employee has been exposed to measles, mumps, rubella, diphtheria, pertussis, hepatitis A, hepatitis B, or COVID-19, unless the local health officer determines, in accordance with section (6) of this rule, that exclusion is not necessary to protect the public's health.

(5) A school administrator may request that the local health officer determine whether an exclusion under section (3) or (4) of this rule is necessary.

(6) If a local health officer receives a request from a school administrator to determine whether an exclusion is appropriate under this rule, the local health officer, in consultation as needed with the Authority, may consider the following non-exclusive factors in making the determination:

(a) The severity of the disease;

(b) The means of transmission of the disease;

(c) The intensity of the child's or employee's exposure; and

(d) The exposed child's or employee's susceptibility to the disease.

(7) The length of exclusion under this rule is one incubation period following the child or employee's most recent exposure to the disease.

(8) A susceptible child may be excluded under this rule notwithstanding any claim of exemption under ORS 433.267(1).

(9) The infection control committee at each health care facility shall adopt policies to restrict employees with restrictable diseases from work in accordance with recognized principles of infection control.

(10) Nothing in these rules prohibits:

(a) A school or children's facility from adopting more stringent exclusion standards under ORS 433.284.

(b) A health care facility or food service facility from adopting additional or more stringent rules for exclusion of employees.

Statutory/Other Authority: ORS 624.005, ORS 413.042, 431.110, 433.004, 433.255, 433.260, 433.284, 433.329, 433.332 & 616.750

Statutes/Other Implemented: ORS 433.255, 433.260, 433.407, 433.411 & 433.419

History:

[PH 27-2021, temporary amend filed 06/29/2021, effective 06/29/2021 through 12/25/2021](#)

[PH 60-2020, amend filed 09/04/2020, effective 09/04/2020](#)

[PH 17-2020, amend filed 03/26/2020, effective 04/06/2020](#)

[PH 21-2017, amend filed 12/21/2017, effective 01/01/2018](#)

PH 24-2016, f. 8-8-16, cert. ef. 8-16-16

PH 10-2015, f. 7-2-15, cert. ef. 7-3-15

PH 1-2015(Temp), f. & cert. ef. 1-7-15 thru 7-5-15

PH 16-2013, f. 12-26-13, cert. ef. 1-1-14

PH 7-2011, f. & cert. ef. 8-19-11

PH 11-2005, f. 6-30-05, cert. ef. 7-5-05

OHD 4-2002, f. & cert. ef. 3-4-02

HD 15-1981, f. 8-13-81, ef. 8-15-81

333-019-0014

Disease Related School, Child Care, and Worksite Restrictions: Removal of Restrictions

(1) Worksite, child care, and school restrictions can be removed by statement of the local public health administrator that the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission.

(2) School or child care restrictions for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea, or vomiting may also be removed by a school nurse or health care provider.

(3) Restrictions at health care facilities for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea, or vomiting may also be removed by the facility's infection control committee when sufficient measures have been taken to prevent or minimize the transmission of disease, in accordance with written procedures approved by the committee.

(4) In general, restrictions on persons diagnosed with shigellosis or Shiga-toxigenic *Escherichia coli* (STEC) infection, including *E. coli* O157 infection, shall not be lifted until no pathogens are identified by a licensed laboratory in two

consecutive approved fecal specimens collected not less than 24 hours apart. Such restrictions may be waived or modified at the discretion of the local public health administrator.

(5) Individuals infected with *Salmonella enterica* serotype Typhi (with or without symptoms), hereinafter referred to as "typhoid cases," must, before having a restriction removed, submit fecal specimens and one urine specimen to a licensed laboratory for testing on a schedule specified by the local public health administrator.

(6) A restriction on a typhoid case who is not a chronic carrier must be lifted by the local public health administrator when *Salmonella enterica* serotype Typhi is not identified by a licensed laboratory in any of four successive approved fecal specimens, collected at least 24 hours apart and not earlier than one month after illness onset, and one urine specimen.

(7) A "chronic carrier" is an individual who has fecal specimens test positive for *Salmonella enterica* serotype Typhi more than one year after onset or first diagnosis or on two occasions at least one year apart. A restriction on a chronic carrier may only be removed when *Salmonella enterica* serotype Typhi is not identified by a licensed laboratory in any of six successive approved fecal specimens, collected at least 72 hours apart, and one urine specimen.

Statutory/Other Authority: ORS 413.042, 431.110, 433.004, 616.010 & 624.005

Statutes/Other Implemented: ORS 433.004, 433.260 & 433.273

History:

PH 10-2015, f. 7-2-15, cert. ef. 7-3-15

PH 16-2013, f. 12-26-13, cert. ef. 1-1-14

PH 7-2011, f. & cert. ef. 8-19-11

OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0017

Pet Licensing, Animal Bites, and Rabies: Rabies Vaccination for Animals

(1) Except where specifically exempt, all dogs at least three months old shall be immunized against rabies by the age of six months. The following are exempt:

(a) Dogs brought temporarily into the state for periods of less than 30 days and kept under strict supervision by their owners;

(b) Dogs for which rabies immunization is contraindicated for health reasons, as determined by a licensed veterinarian subsequent to an examination. The reasons for the exemption and a specific description of the dog, including name, age, sex, breed, and color, shall be recorded by the examining veterinarian on a Rabies Vaccination Certificate, which shall bear the owner's name and address. The veterinarian shall also record whether the exemption is permanent, and if it is not, the date the exemption ends;

(c) Dogs that are owned by dealers, breeders, or exhibitors exclusively for sale or exhibition purposes and that are confined to kennels except for transportation under strict supervision to and from dog shows or fairs.

(2) Vaccination of an animal against rabies is valid only when performed:

(a) By a licensed veterinarian as specified by ORS 686.350 through 686.370 and OAR 875-010-0006;

(b) By a veterinary technician (certified according to OAR 875-030-0010) under the direct supervision of a licensed veterinarian; or

(c) In the case of a need to vaccinate and the lack of an available veterinarian, by another person approved for this purpose by the State Public Health Veterinarian.

(3) To be considered immunized against rabies, dogs and cats must be vaccinated according to guidelines published by the U.S. Centers for Disease Control and Prevention in the Compendium of animal rabies prevention and control, 2016 from the National Association of State Public Health Veterinarians.

(4) A Rabies Vaccination Certificate shall be completed and signed by a licensed veterinarian; electronic signatures are acceptable. That individual shall give the original and one copy to the dog's owner and retain one copy for the period for which the vaccination is in force. The Certificate must include at least the following information: owner's name and address; dog description by age, sex, color, breed; date of vaccination; due date for revaccination; type and lot number of vaccine used; and name and address of vaccinator.

[Publications: Publications referenced are available from the agency.]

Statutory/Other Authority: ORS 413.042 & 433.365

Statutes/Other Implemented: ORS 433.365

History:

PH 24-2016, f. 8-8-16, cert. ef. 8-16-16

PH 5-2010, f. & cert. ef. 3-11-10
PH 11-2005, f. 6-30-05, cert. ef. 7-5-05
PH 6-2003, f. & cert. ef. 5-22-03
OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0019

Pet Licensing, Animal Bites, and Rabies: Dog Licensing

- (1) Each dog shall be licensed by the local animal control agency in whose jurisdiction its owner resides.
- (2) No dog shall be licensed until the owner of a vaccinated dog presents, in person or by mail, the original Rabies Vaccination Certificate to the County Clerk or designated animal control officer serving that jurisdiction.
- (3) Upon receipt of applicable fees (if any, pursuant to ORS 433.380), the local animal control agency shall issue a serially numbered tag legibly identifying an expiration date that may not exceed the vaccine coverage expiration date by more than two months. The tag shall be attached to a collar or harness that shall be worn by the dog at all times when off the premises of the owner.
- (4) The local animal control agency may request and file the Rabies Vaccination Certificate, cross-referenced to the tag number.
- (5) An unexpired tag shall be honored throughout Oregon.
- (6) A dog's rabies vaccination tag may, at the discretion of the local animal control agency, serve as the dog license, but not for more than two months beyond the immunity expiration date.
- (7) Nothing in these rules shall be construed to limit the power of any jurisdiction to enact more stringent requirements to regulate and control dogs.

Statutory/Other Authority: ORS 413.042, 431.110, 433.004 & 433.340

Statutes/Other Implemented: ORS 433.380

History:

OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0022

Pet Licensing, Animal Bites, and Rabies: Wolf-Dog Hybrids

For the purposes of dog licensing, immunization, and response to bites, wolf-dog hybrids shall be considered wild animals and not dogs. The status of an animal as a dog or as a wolf-dog hybrid shall be determined by a Licensed Veterinarian. Such determinations may consider descriptions of the animal in medical records and prior claims made by the owner, and shall be subject to review by the State Public Health Veterinarian or designee.

Statutory/Other Authority: ORS 413.042, 431.001, 433.004, 433.340, 686.010 & 686.020

Statutes/Other Implemented: ORS 433.004 & 433.380

History:

OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0024

Pet Licensing, Animal Bites, and Rabies: Management of Animal Bites

- (1) The circumstances surrounding bites of humans by mammals shall be investigated by the local public health administrator in accordance with the Investigative Guidelines published by the Authority.
- (2) Except as provided in section (3) of this rule, any dog, cat, or ferret that has bitten a person shall be held for observation until the 10th day following the bite. This observation shall be under the supervision of a licensed veterinarian or other person designated by the local public health administrator. Animals shall be held within an enclosure or with restraints deemed adequate by the local public health administrator to prevent contact with any person or other animals. At the discretion of the local public health administrator, properly vaccinated dogs used by public law enforcement agencies may be exempted from the observation period requirement; however, any law enforcement agency shall notify the local public health administrator immediately should any exempted dog develop abnormal behavior within 10 days of biting a person.
- (3) The local public health administrator may order the euthanasia and rabies testing of animals that have bitten humans when these animals are:
 - (a) Inadequately vaccinated dogs, cats, or ferrets that have inflicted an unprovoked bite to the face, head, or neck of a person; or

(b) Any other mammal suspected of having rabies or that has been in contact with an animal suspected of having rabies.

(4) Because it is preferable to hold such animals for observation, no person shall either euthanize any dog, cat, or ferret that has bitten a human or destroy the head of any mammal that has bitten a person without authorization by the local public health administrator.

[Publications: Publications referenced are available from the agency.]

Statutory/Other Authority: ORS 413.042, 431.110, 433.004, 433.340 & 433.350

Statutes/Other Implemented: ORS 433.345 & 433.350

History:

PH 7-2011, f. & cert. ef. 8-19-11

OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0027

Pet Licensing, Animal Bites, and Rabies: Management of Possibly Rabid Animals

(1) An animal is considered to have been in close contact with an animal suspected of having rabies when, within the past 180 days, it has been bitten, mouthed, mauled by, or closely confined with a rabid animal or any mammal suspected of having rabies.

(2) The disposition of such animals and of animals suspected of having rabies that have not bitten humans shall be determined by the local public health authority as follows:

(a) Inadequately vaccinated dogs, cats, and ferrets shall be destroyed immediately, if the owner permits. If the owner does not agree to this, the animal shall be confined as prescribed by the local public health authority for a period of four months for dogs and cats and six months for ferrets under the observation of a licensed veterinarian or a person designated by the local public health authority. A rabies vaccine must be administered at the time of entry into quarantine to bring the animal up to current rabies vaccination status.

(b) Dogs, cats, and ferrets that are adequately vaccinated shall be revaccinated immediately and observed in confinement for 45 days by a person designated by the local public health authority. If the owner prefers, such animals can be destroyed (in lieu of confinement) with the concurrence of the local public health authority.

(c) Unless the owner prefers to hold any unvaccinated livestock or wild animals born and raised in captivity in confinement for six months, such animals shall be destroyed. Livestock that are current on rabies vaccination with a USDA-licensed vaccine approved for that species should be given a booster vaccination immediately and observed for 45 days.

(d) Unless otherwise specified, all other mammals shall be destroyed.

(e) For the purposes of this rule, confinement shall be within an enclosure or with restraints deemed adequate by the local public health authority to prevent contact with any member of the public or any other animal. Nothing in these rules or in OAR 333-019-0024 shall be interpreted to require any public authority to bear the costs of such confinement.

(3) Nothing in these rules is intended or shall be construed to limit the power of any city, city and county, county or district in its authority to enact more stringent requirements to regulate and control animals within its jurisdiction.

Statutory/Other Authority: ORS 413.042 & 433.360

Statutes/Other Implemented: ORS 433.360

History:

PH 24-2016, f. 8-8-16, cert. ef. 8-16-16

PH 5-2010, f. & cert. ef. 3-11-10

OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0031

Other Disease Specific Provisions: Acquired Immunodeficiency Syndrome/Human Immunodeficiency Virus

Investigation of cases of HIV infection or AIDS. Investigations of HIV infection or AIDS shall be conducted to the extent that resources permit. The Authority, or the local public health administrator, will ensure that each identified case is offered prevention, care, and partner counseling and referral services.

NOTE: Specific rules regarding reporting requirements for HIV and AIDS may be found in OAR 333-018-0015. Rules regarding informed consent for HIV testing and confidentiality of HIV test results may be found in OAR 333-022-0200 through 333-022-0315.

Statutory/Other Authority: ORS 431.110 & 433.004

Statutes/Other Implemented: ORS 431.110 & 433.004

History:

PH 16-2013, f. 12-26-13, cert. ef. 1-1-14

PH 7-2011, f. & cert. ef. 8-19-11

PH 7-2006, f. & cert. ef. 4-17-06

OHD 4-2002, f. & cert. ef. 3-4-02

OHD 22-2001, f. & cert. ef. 10-19-01

OHD 13-2001, f. & cert. ef. 7-12-01, Renumbered from 333-019-0223

HD 29-1994, f. & cert. ef. 12-2-94

HD 15-1988, f. 7-11-88, cert. ef. 9-1-88

HD 4-1987, f. 6-12-87, ef. 6-19-87

333-019-0036

Other Disease Specific Provisions: Special Precautions Relating to Pregnancy and Childbirth

(1)(a) Blood samples drawn from women during pregnancy or at delivery pursuant to ORS 433.017 shall be submitted for standard tests for reportable infectious diseases or conditions which may affect a pregnant woman or fetus. Routine tests submitted shall include syphilis, hepatitis B, and HIV. Tests using bodily fluids other than blood that have equal or better sensitivity and specificity may be substituted for the blood test.

(b) "Consent of the patient to take a sample of blood" (as stated in ORS 433.017, section 3) or other bodily fluid, is defined as notifying the patient or her authorized representative of the tests which will be conducted on that specimen. The patient or her authorized representative shall be informed that she may decline any or all of the tests.

(c) If a patient declines any of the offered tests, documentation shall be included in the medical record.

(2) Any health care provider attending the birth of an infant shall evaluate whether the newborn is at risk for gonococcal ophthalmia neonatorum. The primary means of assessing risk shall be review of results of prenatal testing and maternal history of risk factors for gonococcal. If the infant is determined to be at risk, or risk cannot be adequately assessed, the person attending the birth shall ensure that the newborn receives erythromycin or tetracycline ophthalmic ointment or silver nitrate 1 percent aqueous solution into each eye within two hours after delivery.

Statutory/Other Authority: ORS 413.042 & 433.017

Statutes/Other Implemented: ORS 433.017, 433.006 & 433.110

History:

PH 5-2010, f. & cert. ef. 3-11-10

PH 20-2005, f. 12-30-05, cert. ef. 1-1-06

OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0039

Other Disease Specific Provisions: Sudden Infant Death Syndrome

(1) In compliance with ORS 431.120(4), the Authority will conduct an epidemiologic investigation of each instance of sudden infant death syndrome.

(2) In order to promote support of this effort, the Authority will reimburse any county health department (or other agency providing public health services in lieu of a county health department for this purpose) to the extent of \$25 to help defray the cost of one home visit by a public health nurse to any family who has lost a member of the family to SIDS.

(3) In order for the home visit to be reimbursed the following procedure will be required:

(a) On receiving the death investigation report in which the cause of death is SIDS, the administrator of the local public health authority receiving the report will, if possible, assure the arrangement of a home visit to the affected family by a public health nurse at an appropriate time;

(b) The home visit will include:

(A) A nursing assessment of family needs related to the SIDS event;

(B) Grief counseling;

(C) Education regarding the state of knowledge regarding the cause of SIDS;

(D) Discussion of other support resources available to help meet family needs;

(E) Information alerting the family to expect to receive in the mail an epidemiologic investigation questionnaire, including an explanation of its purpose, of its confidentiality, and assurance of assistance in completing the form if

necessary.

(4) After the home visit has been completed, the local agency will notify the Authority in writing, including the name and birth date of the deceased infant, and the family name and address, and the date of the visit. This notice should be addressed to the Public Health Division, Center for Public Health Practice, 800 NE Oregon Street, Portland, OR 97232.

(5) On receipt of this written notice, the Authority will reimburse the agency in the amount of \$25. Reimbursement for repeat visits to the same family will not be available.

(6) An epidemiologic questionnaire will be mailed by the Authority to the parent(s) (guardian) of the deceased infant, with instructions as to its purpose and means of completing and a request that it be completed and returned.

(7) In the event that the completed questionnaire has not been returned in a reasonable length of time, the Authority will notify the county health department (or agency acting in lieu of the county health department) with a request for a follow-up contact with the family to ensure the highest possible rate of return and of accuracy.

(8) Completed questionnaires will be collected and tabulated and the information analyzed by the Authority. A report of the findings will be published biennially beginning in 1985.

Statutory/Other Authority: ORS 431.001 & 433.004

Statutes/Other Implemented: ORS 431.001 & 433.004

History:

PH 7-2011, f. & cert. ef. 8-19-11

OHD 4-2002, f. & cert. ef. 3-4-02

OHD 15-2001, f. & cert. ef. 7-12-01, Renumbered from 333-018-0025

HD 29-1994, f. & cert. ef. 12-2-94

HD 16-1991, f. & cert. ef. 10-10-91

HD 3-1983, f. & ef. 3-3-83

333-019-0041

Other Disease Specific Provisions: Tuberculosis

(1) As used in this rule:

(a) "Health care facility" has the meaning given that term in ORS 442.015;

(b) "Health care setting" includes the facility types described in "Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in Health-Care Settings," published by the Centers for Disease Control and Prevention (Morbidity and Mortality Weekly Report, Vol. 54, Number RR-17: 1-141; December 30, 2005) APPENDIX A, available at: <https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>.

(2) Each health care facility or health care setting shall formally assess the risk of tuberculosis transmission among staff (professional and volunteer) and patients at least annually and shall follow tuberculosis screening recommendations outlined in "Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in Health-Care Settings," published by the Centers for Disease Control and Prevention (Morbidity and Mortality Weekly Report, Vol. 54, Number RR-17: 1-141; December 30, 2005), incorporated by reference and available at: <https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf> and "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019," published by the Centers for Disease Control and Prevention (Morbidity and Mortality Weekly Report, 68(19);439-443; May 17, 2019), incorporated by reference and available at: <https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm>; or other guidelines or recommendations approved by the Authority.

(3) Notwithstanding section (2) of this rule, health care workers and volunteers providing services at COVID-19 testing and COVID-19 vaccination sites that are at locations other than a health care facility, pharmacy or medical office are not required to be screened for tuberculosis.

Statutory/Other Authority: ORS 431.110, 433.001-433.035 & 433.110-433.220

Statutes/Other Implemented: ORS 431.150, 431.155, 431.170, 433.001-433.035 & 433.110-433.220

History:

PH 23-2021, temporary amend filed 06/24/2021, effective 06/24/2021 through 12/20/2021

PH 66-2020, amend filed 09/25/2020, effective 09/25/2020

PH 12-2011, f. & cert. ef. 12-14-11

PH 7-2011, f. & cert. ef. 8-19-11

PH 9-2009, f. & cert. ef. 9-22-09

PH 10-2005, f. 6-15-05, cert. ef. 6-21-05

OHD 4-2002, f. & cert. ef. 3-4-02

333-019-0042

Other Disease Specific Provisions: Tuberculosis Screening in Correctional Facilities

(1) For purposes of this rule:

(a) "Correctional facility" means a facility operated by the Oregon Department of Corrections or a local correctional facility as that is defined in ORS 169.005; and

(b) "Symptoms of TB disease" means a cough longer than 3 weeks and/or coughing up blood in conjunction with fever, fatigue, night sweats or weight loss.

(2) A correctional facility shall screen all inmates upon admission for symptoms of tuberculosis (TB) disease. This screening and any follow-up shall be documented.

(3) Any inmate suspected of having TB disease or who has TB disease shall be isolated as appropriate and provided medical care and treatment that meets accepted standards of practice.

(4) Inmates detained or confined for 15 consecutive days or more in a correctional facility shall be screened for the following TB risk factors:

(a) HIV/AIDS;

(b) Immigration within the past five years from a country that has a high incidence of TB, including but not limited to immigration from Africa, Asia, Middle East, Latin America, Eastern Europe and South Pacific regions;

(c) Close contact to a person with infectious TB disease;

(d) History of injection drug use;

(e) History of homelessness; and

(f) Taking immunosuppressive medication.

(5) Inmates screened under section (4) of this rule who have TB risk factors and no documented history of prior positive screening tests for TB shall be screened with either a TB skin test or interferon gamma release assay (IGRA). Inmates with a documented previously positive TB skin test or IGRA, or a new positive result upon testing, shall receive a chest X-ray.

(6) Exceptions:

(a) A correctional facility is not required to retest an inmate at each admission under section (5) of this rule if:

(A) There is a documented record of a negative TB skin test or negative IGRA or normal chest X-ray within the past year; or

(B) There is a documented record of adequate TB treatment or compliance with a currently prescribed TB treatment.

(b) This exception does not apply if the inmate has symptoms of TB, evidence of new exposure to a person with infectious TB disease or a diagnosis of HIV/AIDS.

(7) Nothing in these rules prohibit any correctional facility from having more stringent TB screening requirements.

Statutory/Other Authority: ORS 431.110, 432.060, 433.001–433.035, 433.110–433.220 & 437.030

Statutes/Other Implemented: ORS 431.150, 431.155, 431.170, 433.001–433.035, 433.110–433.220 & 437.030

History:

PH 12-2011, f. & cert. ef. 12-14-11

333-019-0052

Other Disease Specific Provisions: Communication During Transfer of Patients with MDROs, C. difficile, or Any Organism Requiring Transmission-Based Precautions

(1) As used in this rule:

(a) "Facility" means:

(A) A healthcare facility as that term is defined in ORS 442.015;

(B) An infirmary (for example, in a jail or prison);

(C) A residential facility or assisted living facility as those terms are defined in ORS 443.400;

(D) An adult foster home as that term is defined in ORS 443.705;

(E) A hospice program as that term is defined in ORS 443.850; and

(F) Any other facility that provides 24-hour patient care.

(b) "Multidrug-resistant organism" (MDRO) means an organism causing human disease which has acquired antibiotic resistance, as listed and defined in the Centers for Disease Control and Prevention's Antibiotic Resistance Threats in the United States, 2013 (Atlanta, GA; 2013). MDROs include but are not limited to:

(A) Methicillin-resistant *Staphylococcus aureus* (MRSA);

(B) Vancomycin-resistant *Enterococcus* (VRE);

(C) Carbapenem-resistant *Enterobacteriaceae* (CRE), as that term is defined in OAR 333-017-0000 sections (10) and (24);

(D) Multidrug-resistant *Acinetobacter baumannii*;

(E) Multidrug-resistant *Pseudomonas aeruginosa*;

(F) Drug-resistant *Streptococcus pneumoniae*;

(G) Other Gram-negative bacteria producing extended-spectrum beta-lactamases (ESBL); and

(H) Toxin-producing *Clostridium difficile*.

(c) "Receiving facility" means the facility receiving or admitting the case patient into their care from another facility's care.

(d) "Referring facility" means the facility transferring or discharging the case patient out of its care and into another facility's care.

(e) "Standard Precautions" means the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. Standard Precautions include:

(A) Hand hygiene;

(B) Use of personal protective equipment (for example, gloves, gowns, facemasks), depending on the anticipated exposure;

(C) Respiratory hygiene and cough etiquette;

(D) Safe injection practices; and

(E) Safe handling of potentially contaminated equipment or surfaces in the patient environment.

(f) "Transmission Based Precautions" means infection control practices that are implemented in addition to Standard Precautions in patients with known or suspected colonization or infection of highly transmissible or epidemiologically important infectious pathogens (for example, CRE, norovirus, *Neisseria meningitidis*) or syndromes (for example, diarrhea) when there is strong evidence that the pathogen or syndrome may be transmitted from person to person via droplet, contact, or airborne routes in healthcare or non-healthcare settings (Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007).

(2) When a referring facility transfers or discharges a patient who is infected or colonized with a multidrug-resistant organism (MDRO) or pathogen which warrants Transmission Based Precautions, it must include written notification of the infection or colonization to the receiving facility in transfer documents. The referring facility must ensure that the documentation is readily accessible to all parties involved in patient transfer (for example, referring facility, medical transport, emergency department, receiving facility).

(3) When a facility becomes aware that it received in transfer one or more patients with an MDRO or pathogen that warrants Transmission Based Precautions, and that was isolated from a patient specimen collected within 48 hours after transfer, it must notify the referring facility.

(4) When a facility becomes aware that it transferred or discharged one or more patients who have an MDRO or pathogen that warrants Transmission Based Precautions, the referring facility must notify the receiving facility.

(5) If a facility transfers or discharges a patient with laboratory-confirmed, carbapenemase-producing *Enterobacteriaceae*, the facility must notify the local health department communicable disease staff within one working day of the date and destination of the transfer or discharge.

Statutory/Other Authority: ORS 413.042, 431.110, 433.004 & 433.010

Statutes/Other Implemented: ORS 433.004, 433.006, 433.010, 433.110, 442.015, 443.400, 443.705 & 443.850

History:

PH 16-2013, f. 12-26-13, cert. ef. 1-1-14

333-019-0061

Infection Prevention in Health Care Settings

(1) As used in this rule:

(a) "Health care setting" means:

(A) A health care facility as that term is defined in ORS 442.015;

(B) An infirmary (for example, in a jail or prison);

(C) A residential facility or assisted living facility as those terms are defined in ORS 443.400;

(D) An adult foster home as that term is defined in ORS 443.705;

(E) A hospice program as that term is defined in ORS 443.850; or

(F) Any other inpatient or outpatient facility that provides health services as that term is defined in ORS 442.015.

(b) "Health care provider" means an individual licensed by the:

(A) Oregon State Board of Nursing;

(B) Oregon Medical Board;

(C) Oregon Board of Dentistry;

(D) Board of Direct Entry Midwifery;

(E) Respiratory Therapist and Polysomnographic Technologist Licensing Board; or

(F) The Oregon Health Authority to the extent that the authority licenses emergency medical services providers.

(2) To control the spread of communicable disease, health care providers working in a health care setting must strictly adhere to "standard precautions" described in the Centers for Disease Control and Prevention (CDC) "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)"

(<https://www.cdc.gov/infectioncontrol/guidelines/isolation/>).

Statutory/Other Authority: 413.042, 431.110, 433.004, 442.015, 443.400, 443.705 & 443.850

Statutes/Other Implemented: 431.110, 433.004, 443.400, 443.705 & 443.850

History:

PH 21-2017, adopt filed 12/21/2017, effective 01/01/2018

333-019-1005

Public Health and Safety Requirements for Child Care Providers and Youth Programs

(1) For purposes of this rule, the following definitions apply:

(a) "Child care providers" includes but is not limited to certified child care, child care programs operated by political subdivisions or governmental agencies caring for children under 13 years of age, unlicensed temporary emergency child care, recorded programs, and registered family providers.

(b) "Certified child care" means programs with an active certification as defined in ORS 329A.250(2).

(c) "Day camp" means a defined setting or facility that youth (K-12) attend for an established period of time, leaving at the end of the program day, which may or may not be licensed under ORS chapter 446.

(d) "Enrichment programs" mean programs that provide care for school-age children (K-12), primarily for a single enrichment activity for eight hours or less a week.

(e) "Exposed" has the meaning given that term in OAR 333-019-0010.

(f) "Fever" means a temperature of 100.4 degrees Fahrenheit or higher.

(g) "Local public health authority" or "LPHA" has the meaning given that term in ORS 431.003.

- (h) "Overnight camp" means a youth program with youth staying overnight at accommodations on site, which may or may not be licensed under ORS chapter 446.
- (i) "Recorded programs" means programs with an active record issued pursuant to ORS 329A.255 or 329A.257.
- (j) "Registered family providers" means programs with an active registration as defined in ORS 329A.250(11).
- (k) "Susceptible" has the meaning given that term in OAR 333-019-0010.
- (l) "Unlicensed temporary emergency child care" means programs approved to provide emergency child care pursuant to Executive Order 20-19 and who remain in operation and unlicensed pursuant to Executive Order 21-15.
- (m) "Youth programs" means:
- (A) Day camps;
 - (B) Summer camps;
 - (C) Overnight camps;
 - (D) Enrichment programs serving children 0 to 18 years of age.
 - (E) Programs operated by political subdivisions or governmental entities that offer programming only for middle school-age children ages 11 years and older;
 - (F) Any enrolled gathering of children from primarily ages 13 to 18 years for a defined period of daytime hours with teen or adult supervision. These gatherings can include children as young as age 11, provided they are part of a mixed-age cohort.
- (2) Child care providers and youth programs must:
- (a) Develop and follow a written communicable disease management plan for preventing and controlling communicable disease, including COVID-19, and provide the plan to the Oregon Health Authority or local public health authority, that includes:
 - (A) A protocol to notify the LPHA of any confirmed COVID-19 cases among children or staff.
 - (B) A protocol for exclusion of individuals with COVID-19 or susceptible to COVID-19 consistent with OAR 333-019-0010.
 - (C) A protocol to end program activities if cases warrant or if recommended by the Oregon Health Authority or LPHA.
 - (D) A process for keeping daily logs and record-keeping to assist the Oregon Health Authority or LPHA contact tracing, consistent with subsection (2)(h) of this rule.
 - (E) A designated COVID-19 Point of Contact to facilitate communication, maintain healthy operations, and respond to COVID-19 questions from state or local public health authorities, state or local regulatory agencies, families and staff.
 - (b) Provide to all staff and families the contact information for the COVID-19 Point of Contact.
 - (c) Exclude from the program any child or staff member who has COVID-19, regardless of vaccination status, for at least 10 days after onset of illness or, if the individual is asymptomatic, at least 10 days after they tested positive, or as otherwise directed by the LPHA or health care provider. If after 10 days the individual still has a fever, they may not return until 24 hours after the fever is gone, without use of fever-reducing medication.
 - (d) Exclude from the program any child or staff member who is susceptible and who is exposed to COVID-19. Exclusion for individuals who are susceptible must be for 14 days after the last exposure to a person with COVID-19 unless the LPHA authorizes a shortened period for individuals without symptoms.
 - (e) Inform all families, staff, and individuals who enter the child care or youth program that they should not enter if they are unvaccinated and have been exposed to a COVID-19 case.
 - (f) Notify the LPHA immediately if anyone who has been on the premises of the program is diagnosed with COVID-19.
 - (g) Notify as soon as possible, in coordination with the LPHA, all families and other individuals if there has been a case of COVID-19 on the premises.
 - (h) Log the following information on a daily basis, to assist with contact tracing, and provide the information to the Oregon Health Authority or LPHA, upon request:
 - (A) Name and phone number of adult completing drop-off and pick-up.
 - (B) Name of child attending program and arrival and departure date and times.

(C) Name and phone number of any staff or person coming in contact with program children, and their arrival and departure date and times.

(D) If transportation is provided by the program, name and phone number of all riders.

Statutory/Other Authority: ORS 413.042, 431.110 & 433.004

Statutes/Other Implemented: ORS 433.004

History:

PH 27-2021, temporary adopt filed 06/29/2021, effective 06/29/2021 through 12/25/2021

333-019-1010

COVID-19 Vaccination Requirement for Healthcare Providers and Healthcare Staff in Healthcare Settings

(1) It is vital to this state that healthcare providers and healthcare staff be vaccinated against COVID-19. COVID-19 undergoes frequent mutations as it replicates, which over time has resulted in variants that are more transmissible or cause more severe disease. As of the time this rule was adopted, Delta was the variant making up more than 98 percent of sequenced specimens in Oregon. The Delta variant is approximately two to three times more infectious than early wild-type COVID-19 variants. There is emerging evidence that people infected with the Delta variant have similar viral loads regardless of vaccination status suggesting that even vaccine breakthrough cases may transmit this variant effectively. Being vaccinated, is therefore critical to prevent spread of Delta. Healthcare providers and healthcare staff have contact with multiple patients over the course of a typical day and week, including providers that provide care for people in their homes. Individuals cared for in these settings are more likely than the general public to have conditions that put them at risk for complications due to COVID-19. COVID-19 variants are running through the state's unvaccinated population and causing an increase in breakthrough cases for those who are fully vaccinated. This rule is necessary to help control COVID-19, protect patients, and to protect the state's healthcare workforce.

(2) For purposes of this rule, the following definitions apply:

(a) "Contractor" means a person who has healthcare providers or healthcare staff on contract to provide services in healthcare settings in Oregon.

(b) "COVID-19" means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

(c) "Fully vaccinated" means having received both doses of a two-dose COVID-19 vaccine or one dose of a single-dose COVID-19 vaccine and at least 14 days have passed since the individual's final dose of COVID-19 vaccine.

(d) "Healthcare providers and healthcare staff":

(A) Means individuals, paid and unpaid, working, learning, studying, assisting, observing or volunteering in a healthcare setting providing direct patient or resident care or who have the potential for direct or indirect exposure to patients, residents, or infectious materials, and includes but is not limited to any individual licensed by a health regulatory board as that is defined in ORS 676.160, unlicensed caregivers, and any clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, student and volunteer personnel.

(B) Does not mean parents, family members, guardians or foster parents residing in the home and providing care to a child or foster child in the home.

(e) "Healthcare setting":

(A) Means any place where health care, including physical or behavioral health care is delivered and includes, but is not limited to any health care facility or agency licensed under ORS chapter 441 or 443, such as hospitals, ambulatory surgical centers, birthing centers, special inpatient care facilities, long-term acute care facilities, inpatient rehabilitation facilities, inpatient hospice facilities, nursing facilities, assisted living facilities, residential facilities, residential behavioral health facilities, adult foster homes, group homes, pharmacies, hospice, vehicles or temporary sites where health care is delivered (for example, mobile clinics, ambulances), and outpatient facilities, such as dialysis centers, health care provider offices, behavioral health care offices, urgent care centers, counseling offices, offices that provide complementary and alternative medicine such as acupuncture, homeopathy, naturopathy, chiropractic and osteopathic medicine, and other specialty centers.

(B) Does not include any setting described in paragraph (A) of this subsection where the responsible party is a part of state government as that is defined in ORS 174.111.

(C) Does not include a person's private home if the home is not otherwise licensed, registered or certified as a facility or home listed in paragraph (A) of this subsection.

(f) "Medical exception" means that an individual has a physical or mental impairment that prevents the individual from receiving a COVID-19 vaccination.

(g) "Religious exception" means that an individual has a sincerely held religious belief that prevents the individual from receiving a COVID-19 vaccination.

(h) "Proof of vaccination" means documentation provided by a tribal, federal, state or local government, or a health care provider, that includes an individual's name, date of birth, type of COVID-19 vaccination given, date or dates given, depending on whether it is a one-dose or two-dose vaccine, and the name/location of the health care provider or site where the vaccine was administered. Documentation may include but is not limited to a COVID-19 vaccination record card or a copy or digital picture of the vaccination record card, or a print-out from the Oregon Health Authority's immunization registry.

(i) "Responsible party" means a person or persons who have control or responsibility for the activities of healthcare providers or healthcare staff in a healthcare setting.

(3) After October 18, 2021:

(a) A health care provider or healthcare staff person may not work, learn, study, assist, observe, or volunteer in a healthcare setting unless they are fully vaccinated or have provided documentation of a medical or religious exception.

(b) An employer of healthcare providers or healthcare staff, a contractor, or a responsible party may not employ, contract with, or accept the volunteer services of healthcare providers or healthcare staff persons who are working, learning, studying, assisting, observing or volunteering at a healthcare setting unless the healthcare providers or healthcare staff persons are fully vaccinated against COVID-19 or have a documented medical or religious exception.

(4) On or before October 18, 2021, healthcare providers and healthcare staff must provide their employer, contractor or responsible party with either:

(a) Proof of vaccination showing they are fully vaccinated; or

(b) Documentation of a medical or religious exception.

(A) A medical exception must be corroborated by a document signed by a medical provider, who is not the individual seeking the exception, on a form prescribed by the Oregon Health Authority (OHA) or a similar form that contains all of the information required in the OHA form, certifying that the individual has a physical or mental impairment that limits the individual's ability to receive a COVID-19 vaccination based on a specified medical diagnosis, and that specifies whether the impairment is temporary in nature or permanent.

(B) A religious exception must be corroborated by a document, on a form prescribed by the Oregon Health Authority (OHA) or a similar form that contains all of the information required in the OHA form, signed by the individual stating that the individual is requesting an exception from the COVID-19 vaccination requirement on the basis of a sincerely held religious belief and including a statement describing the way in which the vaccination requirement conflicts with the religious observance, practice, or belief of the individual.

(5) Employers of healthcare providers or healthcare staff, contractors and responsible parties who grant an exception to the vaccination requirement under section (4) of this rule must take reasonable steps to ensure that unvaccinated healthcare providers and healthcare staff are protected from contracting and spreading COVID-19.

(6) On or before October 18, 2021, all employers of healthcare providers or healthcare staff, contractors, and responsible parties must have documentation that all healthcare providers and healthcare staff are in compliance with section (4) of this rule.

(7) Nothing in this rule is intended to prohibit employers of healthcare providers or healthcare staff, contractors and responsible parties from:

(a) Complying with the Americans with Disabilities Act and Title VII of the Civil Rights Act, and state law equivalents, for individuals unable to be vaccinated due to a medical condition or a sincerely held religious belief.

(b) Having more restrictive or additional requirements, including but not limited to requiring healthcare providers and healthcare staff to have documentation of an additional or booster dose of a COVID-19 vaccine if that is recommended by the U.S. Centers for Disease Control and Prevention.

(c) Imposing these requirements at an earlier date.

(8) The vaccination documentation and documentation of medical and religious exceptions described in section (4) of this rule must be:

(a) Maintained in accordance with applicable federal and state laws;

(b) Maintained for at least two years; and

(c) Provided to the Oregon Health Authority upon request.

(9) Employers of healthcare providers or healthcare staff, contractors and responsible parties who violate any provision of this rule are subject to civil penalties of \$500 per day per violation.

Statutory/Other Authority: ORS 413.042, ORS 431A.010, ORS 431.110 & ORS 433.004

Statutes/Other Implemented: ORS 431A.010, ORS 431.110 & ORS 433.004

History:

[PH 42-2021, temporary adopt filed 09/01/2021, effective 09/01/2021 through 01/31/2022](#)

[PH 38-2021, temporary adopt filed 08/25/2021, effective 08/25/2021 through 01/31/2022](#)

[PH 34-2021, temporary adopt filed 08/05/2021, effective 08/05/2021 through 01/31/2022](#)

333-019-1011

Masking Requirements to Control COVID-19 in Health Care Settings

(1)(a) COVID-19 infection is caused by a virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This virus undergoes frequent mutations as it replicates, which over time has resulted in variants that are more transmissible, cause more severe disease or have other features of public health concern such as decreased vaccine effectiveness. In July 2021, the B.1.617.2 (Delta) variant became the dominant variant in Oregon and nationwide.

(b) The Delta variant is approximately two to three times more transmissible than early wild-type COVID-19 variants. People infected with the Delta variant have higher viral loads and a shorter incubation period. There is emerging evidence that people infected with the Delta variant have similar viral loads regardless of vaccination status suggesting that even vaccine breakthrough cases may transmit this variant effectively. Masking in addition to vaccination is, therefore, critical to slowing the spread of Delta.

(c) Health care providers have contact with multiple patients over the course of a typical day, including providers who provide care for people in their homes. Individuals cared for by health care providers are more likely than the general public to have conditions that put them at risk for complications of COVID-19. Consistent masking by health care providers in these settings provides protection to the health care provider as well as to the people they care for. Masks act as source control if the provider has COVID-19 and provide a protective effect if a patient has COVID-19.

(2) This rule applies, except as described in section (3) of this rule:

(a) To any health care setting where health care personnel are providing care or services and the Oregon Occupational Health and Safety Division (Oregon OSHA) rule, OAR 437-001-0744, does not apply because the setting is not a place of employment subject to Oregon OSHA's jurisdiction.

(b) To the extent it contains requirements that are more restrictive or are in addition to Oregon OSHA's rule, OAR 437-001-0744.

(3) The Oregon Department of Human Services has established mask and face covering requirements for health care providers and visitors in settings that it licenses or certifies. Therefore, this rule does not apply to:

(a) Adult foster homes licensed by the Oregon Department of Human Services (ODHS) under ORS 443.705 to 443.825.

(b) Developmental disability child foster homes certified by ODHS under ORS 443.830 to 443.835.

(c) Residential training homes and residential training facilities licensed by ODHS, as defined in ORS 443.400.

(4) To the extent there is a conflict between this rule and OAR 333-019-1025, a more restrictive requirement in this rule applies.

(5) For purposes of this rule, the following definitions apply:

(a) "Face covering" means a cloth, paper or disposable face covering that covers the nose and mouth and includes a medical-grade face mask.

(b) "Face mask" means a medical-grade face mask.

(c) "Health care personnel":

(A) Means individuals, paid and unpaid working, learning, studying, assisting, observing, or volunteering in a health care setting providing direct patient or resident care or who have the potential for direct or indirect exposure to patients, residents, or infectious materials, and includes but is not limited to any individual licensed by a health regulatory board as that is defined in ORS 676.160, unlicensed caregivers, and any clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, student and volunteer personnel.

(B) Does not mean parents, guardians or foster parents providing care to their children or foster children in the home.

(d) "Health care setting" means any place where health care, including physical or behavioral health care is delivered and includes, but is not limited to any health care facility or agency licensed under ORS chapter 441 or 443, such as

hospitals, ambulatory surgical centers, birthing centers, special inpatient care facilities, long-term acute care facilities, inpatient rehabilitation facilities, inpatient hospice facilities, nursing facilities, assisted living facilities, and residential facilities, behavioral health residential facilities, home health care, hospice, pharmacies, in-home care, vehicles or temporary sites where health care is delivered (for example, mobile clinics, ambulances, secure transportation, and street based medicine), and outpatient facilities, such as dialysis centers, health care provider offices, behavioral health care offices, urgent care centers, counseling offices, school-based health centers, offices that provide complementary and alternative medicine such as acupuncture, homeopathy, naturopathy, chiropractic and osteopathic medicine, and other specialty centers.

(e) "Responsible party":

(A) Includes a person who has control or responsibility for the activities of health care personnel in a health care setting.

(B) Includes a person who has control or responsibility for the activities within a health care setting.

(C) Does not include an individual who hires, employs, or otherwise receives care from health care personnel in their own home.

(6) A responsible party must:

(a) Develop and follow a policy that requires all patients, residents, clients and visitors to comply with the applicable provisions of this rule.

(b) Develop and follow a policy that if a patient, resident or client cannot tolerate any form of face covering due to a medical condition, strict physical distancing of at least six feet be observed from other non-health care personnel to the greatest extent possible.

(c) Require health care personnel to wear a face mask when entering, exiting and while they are in the health care setting in accordance with the requirements of this rule.

(7) Health care personnel must wear a face covering when entering, exiting and while they are in a health care setting except as described in section (8) of this rule.

(8) A face covering is not required when the individual:

(a) Is under five years of age.

(b) Is sleeping.

(c) Is actively eating or drinking.

(d) Is engaged in an activity or receiving health care that makes wearing a face covering or face shield not feasible, such as receiving a physical examination of the throat or having dental work.

(e) Is alone in a closed room.

(f) Is a patient or resident in their designated room with their door closed.

(9) Nothing in this rule is intended to prohibit an employer of healthcare personnel from making reasonable accommodations in order to comply with the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act, ORS 659.850 or applicable provisions of ORS chapter 659A.

(10) Responsible parties and health care personnel who violate any provision of this rule may be subject to a civil penalty of \$500 per day per violation.

(11) A responsible party licensed by the Authority under ORS chapter 441 or 443 is subject to a licensing action under ORS 441.030, ORS 443.045, ORS 443.325, ORS 443.864, ORS 443.869 and any rules adopted pursuant to any of those authorities, for a violation of this rule.

Statutory/Other Authority: ORS 413.042, ORS 431.110, ORS 431A.010, ORS 433.004, ORS 441.025, ORS 443.085, ORS 443.340 & ORS 443.860

Statutes/Other Implemented: ORS 431.110, ORS 431A.010, ORS 433.004, ORS 441.025, ORS 443.085, ORS 443.860, ORS 441.030, ORS 443.045, ORS 443.325, ORS 443.864 & ORS 443.869

History:

[PH 37-2021, temporary adopt filed 08/20/2021, effective 08/20/2021 through 02/15/2022](#)

333-019-1015

Masking Requirements in Schools

(1) The Oregon Health Authority has the authority to adopt rules to prescribe measures and methods for controlling reportable diseases, including COVID-19. Children are required to attend school, which is a congregate setting where COVID-19 can spread easily if precautions are not taken. Two of the most important tools the state has to control COVID-19 are vaccination and masking. However, currently children under the age of 12 are not eligible to receive the COVID-19 vaccines authorized for emergency use. In order to protect students under age 12, individuals who are not vaccinated, and those with underlying health conditions that make them more susceptible to complications from COVID-19, as well as to minimize the disruption of student education in schools because of exposure to a confirmed or suspected case of COVID-19, requiring universal use of masks or face coverings inside schools is necessary.

(2) For purposes of this rule the following definitions apply:

(a) "COVID-19" means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

(b) "Face covering" means a cloth, polypropylene, paper or other face 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.

(c) "Face shield" means a clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face.

(d) "Mask" means a medical grade mask.

(e) "Private individual workspace" means an indoor space within a school used for work by one individual at a time that is enclosed on all sides with walls from floor to ceiling and with a closed door.

(f) "School" means a public, private, parochial, charter or alternative educational program offering kindergarten through grade 12 or any part thereof.

(3) Schools must ensure that all individuals, including but not limited to staff, students, contractors and visitors wear a mask or face covering, except as provided in sections (6) and (7) of this rule, when in an indoor setting:

(a) At school during regular school hours;

(b) Engaged in educational activities such as field trips or off-campus classes during regular school hours; and

(c) At school engaged in educational activities outside of regular school hours.

(4) Schools must ensure that all individuals, including but not limited to staff, students, volunteers, contractors and visitors wear a mask or face covering when in an outdoor setting, if the individuals cannot or do not consistently maintain at least six feet of distance from individuals not in their household, including, but not limited to athletic events, performances, open houses and school carnivals, except as provided in sections (5), (6) and (7) of this rule.

(5) An individual is not required to wear a mask or face covering under section (4) of this rule if the individual is:

(a) Outdoors at recess or for a mask or face covering break and is generally able to maintain at least six feet of distance from other individuals.

(b) Outdoors participating in classroom instruction and able to maintain at least six feet of distance from other individuals.

(c) Outdoors at arrival and dismissal and able to maintain at least six feet of distance from other individuals not in their household.

(6) A face shield may be worn instead of a mask or face covering if an individual cannot wear a mask or face covering for medical reasons.

(7) An individual is not required to wear a mask or face covering under section (3) or (4) of this rule if the individual is:

(a) Is under five years of age or not yet in kindergarten; unless an individual is using public transportation or in transportation hubs in which case an individual under two years of age is not required to wear a mask, face covering or face shield.

(b) Is sleeping.

(c) Is actively eating or drinking.

(d) Is engaged in an activity that makes wearing a mask, face covering or face shield not feasible, such as when actively swimming.

(e) Is in a private individual workspace.

(f) Must remove the mask or face covering briefly because the individual's identity needs to be confirmed by visual comparison.

- (g) Is practicing or playing a competitive sport at any level.
- (h) Is officiating a competitive sport that requires a high level of physical exertion by the official.
- (i) Is performing, including but not limited to playing music, delivering a speech to an audience, and theater. This exception does not apply to teaching.
- (8) Nothing in this rule is intended to prohibit a school from complying with the Americans with Disabilities Act (ADA), the Rehabilitation Act, the Individuals with Disabilities Education Act., Title VII of the Civil Rights Act, ORS 659.850 or applicable provisions of ORS chapter 659A.
- (9) A school that violates this rule is subject to a civil penalty of \$500 per day per violation.
- (10) The Oregon Health Authority will review the continued need for this rule on a monthly basis, based on scientific information related to the spread and control of COVID-19.

Statutory/Other Authority: ORS 413.042, ORS 431.110, ORS 431A.010 & ORS 433.004

Statutes/Other Implemented: ORS 431.110, ORS 431A.010 & ORS 433.004

History:

[PH 44-2021, temporary adopt filed 09/03/2021, effective 09/03/2021 through 01/28/2022](#)

[PH 36-2021, temporary adopt filed 08/13/2021, effective 08/13/2021 through 01/28/2022](#)

[PH 33-2021, temporary adopt filed 08/02/2021, effective 08/02/2021 through 01/28/2022](#)

333-019-1025

Masking Requirements for Indoor and Outdoor Spaces

- (1)(a) It is vital to this state that individuals wear a mask or face covering when in public indoor and outdoor spaces with people from other households. COVID-19 undergoes frequent mutations as it replicates, which over time has resulted in variants that are more transmissible, cause more severe disease, or have other features of public health concern such as decreased vaccination effectiveness. As of the time this rule was adopted, Delta was the variant making up more than 98 percent of sequenced specimens in Oregon. The Delta variant is approximately two to three times more infectious than early wild-type COVID-19 variants. There is emerging evidence that people infected with the Delta variant have similar viral loads regardless of vaccination status suggesting that even vaccine breakthrough cases may transmit this variant effectively.
- (b) COVID-19 infection is transmitted predominately by inhalation of respiratory droplets generated when people cough, sneeze, sing, talk, or breathe. Studies show that masks and face coverings block the release of respiratory droplets into the environment and can also reduce the wearer's exposure to droplets. COVID-19 viral particles spread between people more readily indoors and when people are closer together for longer periods of time indoors and outdoors. Individuals infected with the Delta variant have more viral particles in their respiratory passages and can transmit the virus more easily to those around them. There are increasing examples where transmission occurred in crowded outdoor settings, even though the risk for transmission in these locations is likely lower than indoors.
- (c) This rule is necessary to help control COVID-19, reduce hospitalizations and deaths, and provide general health protection to people in Oregon.
- (2) Nothing in this rule is intended to:
 - (a) Prohibit an individual or person from complying with a more restrictive mask requirement.
 - (b) Prohibit a person, including a business or governmental entity from applying more restrictive requirements.
- (3) For the purposes of this rule, the following definitions apply:
 - (a) "Business" includes an individual, organization or entity engaged in commercial, industrial, non-profit or professional activities.
 - (b) "Common or shared space" means an area where individuals may interact such as a restroom, breakroom, hallway, elevator, lobby, classroom, large room with cubicles, meeting rooms, conference rooms and any area open to the public.
 - (c) "Face covering" means a cloth, polypropylene, paper or other face 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.
 - (d) "Face shield" means a clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face.
 - (e) "Household" means individuals who live together in a single residence.
 - (f) "Indoor spaces" means anywhere indoors, including but not limited to public and private workplaces, businesses, indoor areas open to the public, building lobbies, common or shared spaces, classrooms, elevators, bathrooms,

transportation services and other indoor space where people may gather for any purpose. An indoor space does not include a private residence or a private automobile being used for personal use and that is not used for ride sharing services.

(g) "Mask" means a medical grade mask.

(h) "Organizer of an event or gathering" is a person or governmental entity that arranges, facilitates, or is responsible for an event or gathering.

(i) "Outdoor space" means anywhere outdoors where people from separate households may gather for any purpose, including but not limited to public and private workplaces, shared or common spaces, outdoor sports fields, venues, parks, and rooftop terraces. An outdoor space does not include outdoor areas that are part of a private residence or houseless encampments.

(j) "Person responsible for an indoor space" means any person or governmental entity responsible for the activities within an indoor space.

(k) "Person responsible for an outdoor space" means any person or governmental entity responsible for activities within an outdoor space.

(l) "Private individual workspace" means an indoor space within a public or private workplace used for work by one individual at a time that is enclosed on all sides with walls from floor to ceiling and with a closed door.

(m) "Public and private workplaces" means indoor or outdoor places where people work, including but not limited to businesses, banks, food processing plants, manufacturing facilities, construction sites, warehouses and farms.

(n) "Public transportation" means any form of transportation open to the public including but not limited to trains, buses, trolleys, street cars, vans, school buses, airplanes, boats, ride sharing services. Public transportation does not include private vehicles unless the private vehicle is being used for public transportation such as ride sharing services.

(o) "Ride sharing services" means transportation services, whether public or private, where a driver transports an individual or a group of people in a vehicle and charges a fare or bills for services. Ride sharing services include, but are not limited to, taxicabs, Uber, and Lyft.

(p) "Transportation hub" means any airport, bus terminal, marina, seaport or other port, subway station terminal (including any fixed facility at which passengers are picked-up or discharged), train station, U.S. port of entry, or any other location that provides transportation subject to the jurisdiction of the United States.

(4) Individuals, regardless of vaccination status, are required to wear a mask, face covering or face shield except as exempted in section (5) or (6) of this rule when:

(a) In an indoor space; and

(b) In an outdoor space if the individuals cannot or do not consistently maintain at least six feet of distance from individuals not in their household.

(5) A mask, face covering, or face shield is not required when an individual:

(a) Is under five years of age or not yet in kindergarten; unless an individual is using public transportation or in transportation hubs in which case an individual under two years of age is not required to wear a mask, face covering or face shield.

(b) Is sleeping.

(c) Is actively eating or drinking.

(d) Is engaged in an activity that makes wearing a mask, face covering or face shield not feasible, such as when actively swimming.

(e) Is in a private individual workspace.

(f) Must remove the mask, face covering or face shield briefly because the individual's identity needs to be confirmed by visual comparison, such as at a bank or if interacting with law enforcement.

(g) Is practicing or playing a competitive sport at any level.

(h) Is officiating a competitive sport that requires a high level of physical exertion by the official.

(i) Is performing, including but not limited to playing music, delivering a speech to an audience, and theater.

(6) The requirement to wear a mask, face covering or face shield in an outdoor space does not apply in the following circumstances, though schools and child care providers are expected to make reasonable and best efforts to encourage

physical distancing in outdoor spaces:

- (a) At school during regular school hours.
 - (b) At school when individuals are engaged in educational or child care activities outside of regular school hours.
 - (c) At a registered or certified child care as those are defined in ORS 329A.250, or at an exempt family child care provider as that is defined in ORS 329A.430, during the hours the child care is operating.
 - (d) At school-age and preschool recorded programs as those are defined in ORS 329A.250.
- (7) A person responsible for an indoor space must:
- (a) Ensure that employees, contractors, and volunteers comply with this rule within the indoor space.
 - (b) Make reasonable efforts to ensure customers, guests, visitors and other individuals comply with this rule within the indoor space.
 - (c) Post signs at every entrance to the indoor space that masks, face coverings or face shields are required as described in this rule.
- (8) A person responsible for an outdoor space must post signs at every entrance to the outdoor space that masks, face coverings or face shields are required as described in this rule.
- (9) An organizer of an event or gathering in an outdoor space must:
- (a) Ensure that employees, contractors, and volunteers comply with this rule during the event or gathering.
 - (b) Post signs at every entrance to the event or gathering that masks, face coverings or face shields are required as described in the rule, if they are not already posted.
- (10) Nothing in this rule is intended to prohibit an employer or place of public accommodation from making reasonable accommodations in order to comply with the Americans with Disabilities Act (ADA), Title VII of the Civil Rights Act, ORS 659.850 or applicable provisions of ORS chapter 659A
- (11) Penalties: Any person who violates any provision of this rule is subject to civil penalties of up to \$500 per day per violation.

Statutory/Other Authority: ORS 413.042, ORS 431A.010, ORS 431.110 & ORS 433.004

Statutes/Other Implemented: ORS 431A.010, ORS 431.110 & ORS 433.004

History:

[PH 41-2021, temporary adopt filed 08/27/2021, effective 08/27/2021 through 02/08/2022](#)

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333-019-1030

COVID-19 Vaccination Requirements for Teachers and School Staff

- (1) Children are required to attend school, which is a congregate setting where COVID-19 can spread easily if precautions are not taken. COVID-19 undergoes frequent mutations as it replicates, which over time has resulted in variants that are more transmissible or cause more severe disease. As of the time this rule was adopted, Delta was the variant making up more than 98 percent of sequenced specimens in Oregon. The Delta variant is approximately two to three times more infectious than early wild-type COVID-19 variants. There is emerging evidence that people infected with the Delta variant have similar viral loads regardless of vaccination status suggesting that even vaccine breakthrough cases may transmit this variant effectively. Being vaccinated, is therefore critical to prevent spread of Delta. COVID-19 variants are running through the state's unvaccinated population and causing an increase in breakthrough cases for those who are fully vaccinated. This rule is necessary to help control COVID-19, and to protect students, teachers, school staff, and volunteers.
- (2) For purposes of this rule, the following definitions apply:
- (a) "COVID-19" means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
 - (b) "Fully vaccinated" means having received both doses of a two-dose COVID-19 vaccine or one dose of a single-dose COVID-19 vaccine and at least 14 days have passed since the individual's final dose of COVID-19 vaccine.
 - (c) "Medical exception" means that an individual has a physical or mental impairment that prevents the individual from receiving a COVID-19 vaccination.
 - (d) "Religious exception" means that an individual has a sincerely held religious belief that prevents the individual from receiving a COVID-19 vaccination.

(e) "Proof of vaccination" means documentation provided by a tribal, federal, state or local government, or a health care provider, that includes an individual's name, date of birth, type of COVID-19 vaccination given, date or dates given, depending on whether it is a one-dose or two-dose vaccine, and the name/location of the health care provider or site where the vaccine was administered. Documentation may include but is not limited to a COVID-19 vaccination record card or a copy or digital picture of the vaccination record card, or a print-out from the Oregon Health Authority's immunization registry.

(f) "School":

(A) Means a public, private, parochial, charter or alternative educational program offering kindergarten through grade 12 or any part thereof.

(B) Does not mean stand-alone preschool program that goes up through kindergarten.

(g) "School-based program" means a program serving children or students that takes place at or in school facilities.

(h) "School-based program staff and volunteers":

(A) Means anyone age 16 and older:

(i) Who is employed by a school-based program or who is not employed but is otherwise engaged to provide goods or services to a school-based program through any formal or informal agreement, whether compensated or uncompensated, and includes but is not limited to teachers, administrative staff, child care staff, cleaning staff, coaches, school-based program drivers, family volunteers; and

(ii) Providing goods or services at or for a school-based program that includes direct or indirect contact with children or students.

(B) Does not mean short-term visitors or individuals making deliveries.

(i) "Teachers, school staff and volunteers":

(A) Means anyone age 16 and older:

(i) Who is employed at a school or anyone who is not employed but is otherwise engaged to provide goods or services to or at a school through any formal or informal agreement, whether compensated or uncompensated, and includes but is not limited to teachers, administrative staff, cleaning staff, coaches, school bus drivers, family volunteers and substitute teachers; and

(ii) Providing goods or services at or for a school that includes direct or indirect contact with students.

(B) Does not mean short-term visitors, individuals making deliveries, or school board members unless they are also volunteering in a school.

(3) After October 18, 2021:

(a) Teachers, school staff and volunteers may not teach, work, learn, study, assist, observe, or volunteer at a school unless they are fully vaccinated or have provided documentation of a medical or religious exception.

(b) A school may not employ, contract with, or accept the volunteer services of teachers, school staff or volunteers who are teaching, working, learning, studying, assisting, observing, or volunteering at a school unless the teachers or school staff are fully vaccinated against COVID-19 or have a documented medical or religious exception.

(4) On or before October 18, 2021, teachers, school staff and volunteers must provide their school, employer or contractor with either:

(a) Proof of vaccination showing they are fully vaccinated; or

(b) Documentation of a medical or religious exception.

(A) A medical exception must be corroborated by a document signed by a medical provider, who is not the individual seeking the exception, on a form prescribed by the Oregon Health Authority, certifying that the individual has a physical or mental impairment that limits the individual's ability to receive a COVID-19 vaccination based on a specified medical diagnosis, and that specifies whether the impairment is temporary in nature or permanent.

(B) A religious exception must be corroborated by a document, on a form prescribed by the Oregon Health Authority, signed by the individual stating that the individual is requesting an exception from the COVID-19 vaccination requirement on the basis of a sincerely held religious belief and including a statement describing the way in which the vaccination requirement conflicts with the religious observance, practice, or belief of the individual.

(5) Schools that grant an exception to the vaccination requirement under section (4) of this rule must take reasonable steps to ensure that unvaccinated teachers, school staff and volunteers are protected from contracting and spreading

COVID-19.

(6) On or before October 18, 2021, schools must have documentation that all teachers, school staff and volunteers are in compliance with section (4) of this rule.

(7) After October 18, 2021:

(a) School-based program staff and volunteers may not teach, work, provide care, learn, study, assist, observe, or volunteer for a school-based program unless they are fully vaccinated or have provided documentation of a medical or religious exception.

(b) A school-based program may not employ, contract with, or accept the volunteer services of school-based program staff or volunteers who are teaching, working, providing care, learning, studying, assisting, observing, or volunteering at a school-based program unless the staff or volunteers are fully vaccinated against COVID-19 or have a documented medical or religious exception.

(8) On or before October 18, 2021, school-based program staff and volunteers must provide their school-based program with either:

(a) Proof of vaccination showing they are fully vaccinated; or

(b) Documentation of a medical or religious exception.

(A) A medical exception must be corroborated by a document signed by a medical provider, who is not the individual seeking the exception, on a form prescribed by the Authority, certifying that the individual has a physical or mental impairment that limits the individual's ability to receive a COVID-19 vaccination based on a specified medical diagnosis, and that specifies whether the impairment is temporary in nature or permanent.

(B) A religious exception must be corroborated by a document, on a form prescribed by the Oregon Health Authority, signed by the individual stating that the individual is requesting an exception from the COVID-19 vaccination requirement on the basis of a sincerely held religious belief and including a statement describing the way in which the vaccination requirement conflicts with the religious observance, practice, or belief of the individual.

(9) School-based programs that grant an exception to the vaccination requirement under section (8) of this rule must take reasonable steps to ensure that unvaccinated school-based program staff and volunteers are protected from contracting and spreading COVID-19.

(10) On or before October 18, 2021, school-based programs must have documentation that all school-based program staff and volunteers are in compliance with section (8) of this rule.

(11) A school may request that a school-based program operating at that school, attest to whether it is, or is not, in compliance with this rule. If a school-based program receives such a request from a school, it must respond.

(12) A school-based program may request that a school at which they intend to operate, attest to whether it is, or is not, in compliance with this rule. If a school receives such a request from a school-based program, it must respond.

(13) Nothing in this rule is intended to prohibit schools or school-based programs from:

(a) Complying with the Americans with Disabilities Act and Title VII of the Civil Rights Act, and state law equivalents, for individuals unable to be vaccinated due to a medical condition or a sincerely held religious belief.

(b) Having more restrictive or additional requirements, including but not limited to requiring teachers, school staff and volunteers, and school-based program staff and volunteers to have documentation of an additional or booster dose of a COVID-19 vaccine if that is recommended by the U.S. Centers for Disease Control and Prevention.

(c) Imposing these requirements at an earlier date.

(d) Allowing a school district or other governing body to collect the documentation required under sections (4), (6), (8) and (10) of this rule.

(14) The vaccination documentation and documentation of medical and religious exceptions must be:

(a) Maintained in accordance with applicable federal and state laws;

(b) Maintained for at least two years; and

(c) Provided to the Oregon Health Authority upon request.

(15) Schools and school-based programs that violate any provision of this rule are subject to civil penalties of \$500 per day per violation.

Statutory/Other Authority: ORS 413.042, ORS 431A.010, ORS 431.110 & ORS 433.004

Statutes/Other Implemented: ORS 431A.010, ORS 431.110 & ORS 433.004

History:

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