Date: June 30, 2021

Mask, Face Covering, and Face Shield Requirements for Health Care Offices

While the Governor has rescinded many of the Executive Orders, the declaration of emergency remains in effect and masks are still required in health care settings. See Executive Order 21-15. In addition, health care offices must continue to follow all applicable state and federal regulatory requirements related to masking, including Oregon-OSHA rules addressing COVID-19 workplace risks.

Authority: ORS 433.441, ORS 433.443, ORS 431A.010 and ORS 431A.015

Applicability: These requirements apply to:

- All health care personnel in health care offices, as defined below.
- All patients and visitors in health care offices, as defined below.

Definitions:

- “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.
- “Face mask” means a medical grade mask.
- “Face shield” means a clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face.
- “Healthcare Personnel (HCP)” means all paid and unpaid persons serving in healthcare offices who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
- “Health care office” means:
  - Any non-licensed medical, dental, or other health care office where health care is provided to patients, including but not limited to primary care offices, specialty care offices, chiropractic offices, acupuncture offices, naturopathic offices, dental offices, and urgent care settings.
- Hospital satellites that provide services other than inpatient care.

- “Source control: means the use of a face covering or face mask to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing.

- “Physical Distancing” means maintaining a space of 6 feet or more in all directions between individuals.

**Health Care Offices**

**Health care offices are required to:**

- Have policies and enforce policies that require all individuals who enter the health care office to wear a face mask, face covering or face shield while inside, including when in a private examination room, except as follows:
  - If a patient cannot tolerate any form of face mask, face covering or face shield due to a medical condition, strict physical distancing must be observed until the patient can be placed or roomed in an area that minimizes risk to others.
  - A face mask, face covering or face shield is not required to be worn during an examination or procedure in which access to parts of the face that are covered by a face mask, face covering or face shield is necessary. A face mask, face covering or face shield is required to be worn as soon as the examination or procedure in question has completed.

- Have policies and enforce policies that require HCP to wear appropriate personal protective equipment (PPE) for the care of patients with suspected COVID-19, confirmed COVID-19, or a known exposure to COVID-19 ([See “PPE for Healthcare Personnel” Section](#)).

**Health care personnel**

**Health care personnel are required to:**

- Wear a face mask or face covering that covers the nose and mouth at all times while in the health care office, except when in a private office by themselves.
  - Face masks should be prioritized over face coverings because they offer both source control and protection for the HCP from potentially infectious droplets, splashes, or sprays.
  - Cloth face coverings may not be worn instead of a respirator or face mask if more than source control is needed.
  - HCP should avoid touching the outside (contaminated) surface of a face mask or face covering. If HCP must adjust the face mask or face covering, hand hygiene should be performed immediately after adjustment.
  - Face shields should be worn in addition to, but not in place of, face masks for the purposes of eye protection and additional layer of splash protection.
  - Face masks or face coverings are not required while eating or drinking, but strict physical distancing should be maintained while face masks, face shields, or face covering are not worn.
• Wear N95 masks or higher-level respiratory protection instead of a face covering or face masks for patient care that warrants a higher level of protection (See “PPE for Healthcare Personnel” Section).
  ▪ Respirators with exhalation valves may not be worn.

Patients and visitors:

All patients and visitors when visiting a health care office are required to:

• Wear a face mask, face covering, or face shield unless the individual is under five (5) years of age, except as follows:
  ▪ Face masks, face shields or face coverings are not required while eating or drinking, but strict physical distancing (6 feet or more) should be maintained while face masks, face shields, or face covering are not worn.
  ▪ A face mask, face covering or face shield is not required to be worn during an examination or procedure where access to parts of the face that are covered by a face mask, face covering or face shield is necessary. A face mask, face covering or face shield is required to be worn as soon as the examination or procedure in question has completed.
  ▪ Face masks, face shields or face coverings can be briefly removed in situations where identity needs to be confirmed by visual comparison. If possible, limit speaking while the cover is off as speaking generates aerosols and droplets that can contain viruses.

The Oregon Health Authority does not recommend that individuals wear a face shield instead of a face mask or face covering. Face shields provide protection for the eyes and additional layer of splash or spray protection, but the role of face shields as a method of source control has not been established.

Use of a face shield alone should be limited to situations when wearing a face mask or face covering is not feasible in the following situations:

◆ When a person has a medical condition that prevents them from wearing a face mask or face covering.
◆ When people need to see mouth and tongue motions in order to communicate (e.g., teachers of children in certain developmental stages or when communicating with people with hearing impairments).

Notify a health care office or their HCP in advance of an office visit if the individual has a medical condition that makes it hard to breathe or a disability that prevents them from wearing a face mask, face shield or face covering, so that appropriate accommodations can be made that ensure the safety of other patients and visitors, and HCPs.

Additional Resources

• ADA and Face Mask Policies – Disability Issues Brief

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsoha.state.or.us.