FAQ: OHA Announcement on Mask Requirements  *(Updated March 1, 2022)*

**Q: Will it be safe to lift the general indoor and school mask requirement on March 11?**

Daily COVID-19 hospitalizations have declined 48% since peaking in late January. Over the past two weeks, hospitalizations have fallen by an average of more than 30 a day. By March 11, community levels of COVID-19 transmission should be low enough for mask requirements to be lifted safely without jeopardizing hospital capacity or in-person classroom learning.

People may continue to wear masks in public settings. Health officials also strongly recommend people who are at high risk for severe disease continue to wear masks in public places.

**Q: Why is OHA lifting the school mask requirement on March 11?**

Throughout the pandemic, most school outbreaks have been tied to exposures outside of school. OHA and the Oregon Department of Education heard feedback from school districts that lifting school mask requirements on March 11 still gives schools time to prepare for the transition and allows time for parents to get their kids vaccinated. In addition, lifting requirements March 11 gives time for community leaders time to review the Centers for Disease Control and Prevention's (CDC) COVID-19 Community Levels to help inform their decisions on incorporation of mask requirements going forward. Universal masking is still recommended as part of a layered mitigation strategy. OHA and Oregon Department of Education (ODE) will work together to update school guidance so schools can continue to operate safely after mask requirements are lifted.

**Q: When is OHA lifting the general indoor and school mask requirements?**

Oregon Health Authority (OHA) will lift mask requirements for indoor public places and for K-12 schools after 11:59 p.m. on March 11, 2022. OHA has no current plans to lift mask requirements in health care settings under Oregon Administrative Rule 333-019-1011.

**Q: Why not lift mask requirements now?**

Hospital capacity in Oregon remains low, however, state health officials now fully expect COVID-19 infections and hospitalizations to move downward by March 11.
Prior to lifting mask requirements, OHA will work with partners to increase communication about the importance of vaccination and other steps individuals most vulnerable to complications from COVID-19 can take, such as wearing masks.

With highly effective vaccines available to most people in Oregon – and anticipated for everyone 6 months and older in Spring – and new treatments becoming more accessible, OHA is confident that people have the tools to help blunt the most severe disease. With these tools, Oregonians can protect hospital capacity and ensure a broad spectrum of care for all people in the state.

Q: Why did OHA issue a permanent indoor mask rule on February 7?

Oregon law does not allow a temporary rule to be extended so a permanent rule needed to be filed to continue mask requirements to protect people in Oregon in the face of high COVID-19 hospitalizations. The week of February 7th, Oregon was at the projected peak of hospitalizations and hospitals were still depending on about 1,300 Oregon National Guard members and nearly 1,200 contracted nurses and other medical staff to handle the number of hospitalized people due to the Omicron surge.

OHA’s goal has always been to follow the best science to keep people in Oregon safe. Masks work to save lives and reduce hospitalizations. Because of Oregon’s high mask use and vaccination rates, we have the 3rd lowest infection rate (and 7th lowest death rate) in the nation since the start of the pandemic.

Q: Does OHA’s announcement to end some mask requirements mean the pandemic is over?

No. While we would all like the pandemic to be over, it is still with us. We do believe by the March 11, hospitalizations and transmission rates will be low enough for us to safely drop mask requirements in indoor public spaces, including schools. By March 11, we anticipate significantly less disease, less strain on hospitals and less impacts on our daily lives.

Q: Would OHA consider lifting the indoor and school mask requirements prior to March 11?

OHA has no plans to lift the mask requirements before March 11.

Q: Will you lift the general indoor mask requirement if hospitalizations don’t decline as OHA is projecting?

State health officials fully expect COVID-19 infections and hospitalizations to move downward by March 11.

With highly effective vaccines available – and anticipated for everyone 6 months and older in Spring– and new treatments becoming more accessible, OHA is confident that people have the tools to help blunt the most severe disease.

Q: I heard there is a new variant that could be more transmissible than Omicron. Is there a chance OHA could reinstate a general indoor mask requirement if another variant emerges?
OHA is monitoring the Omicron variant and an Omicron subvariant known as BA.2 and will notify Oregonians of any new developments as we learn more about it. If a new variant emerges, that spreads quickly and causes severe disease or significantly reduces the effectiveness of our current vaccines, state officials will review the impact on communities and consider options for targeted masking recommendations or requirements.

**Q: Do I still have to wear a mask on public transit like buses and planes?**

Yes, for now. The state general indoor mask requirement applies on public transit. The federal government also has a requirement for masks on public transit and planes. The federal government requirement is set to expire on March 18, 2022, unless the federal government extends the requirement.

**Q: When the general indoor and school mask requirements are lifted, what about individuals who are disproportionately impacted by COVID – can they still access and wear masks?**

Yes. Anyone who wants to continue to wear a mask can do so, and some places may still have their own mask requirements. OHA is facilitating the distribution of high-quality masks to community-based organizations, Tribes, local public health, K-12 schools, hospitals, shelters serving people experiencing houselessness, early learning facilities, hospitals, and migrant seasonal farmworkers.

**Q: Once the general indoor and school mask requirements are lifted can businesses or workplaces continue to require masks?**

Yes. Organizations may implement policies to protect workers, customers, visitors and clients, including requiring masks and proof of vaccination, in compliance with Americans with Disability Act guidelines and Title VII of the Civil Rights Act. Many businesses and employers will choose to have these policies once the mask requirement is lifted. For organizations and businesses that choose to require masks and/or proof of vaccination, OHA recommends the following:

- A clear, written policy that is available to staff and visitors
- Staff training on the policy and how to educate visitors on the policy
- Clear, visible signs at entrances and throughout the facility
- Extra masks to provide to staff and visitors who do not have one
- A clear, written protocol to respond to complaints

OHA has provided signs at this website in the “signage” section.

**Q: My community-based organization provides services that some individuals need. Can I still require masks for all individuals when the requirement is lifted?**

While you can require your staff to wear a mask and require masks for those coming into your facility for services, if you are going out into the community to provide services, you may not be able to require individuals you serve to wear a mask, unless
you have a service agreement with them that states they have to wear a mask when receiving services. You may want to have staff wear highly protective masks if individuals you serve are not going to be wearing a mask.

Note that once the mask requirements are lifted in K-12 schools and in public places, masks will still be required in healthcare settings under OAR 333-019-1011. Healthcare settings include vaccine clinics and other clinical service environments.

Q: What general resources can I access as a worker to understand my rights?

Workers have rights under a number of different laws enforced by several different state and federal agencies.

OSHA continues to accept complaints related to health and safety violations in the workplace. You can make a complaint here.

Other resources from OSHA that may be helpful to workers:

- Protect against retaliation: https://osha.oregon.gov/workers/Pages/Protect-against-retaliation.aspx.


For questions about civil rights protections based on protected classes like disability, race and religion among others, please call the Bureau of Labor and Industries at 971-673-0761 or email help@boli.state.or.us.

Q: Once the general indoor mask requirement is lifted will masks still be required in long-term care facilities?

OHA has no current plans to lift mask requirements in health care settings under OAR 333-019-1011. Health care workers, patients, residents and visitors will still be required to wear masks in health care settings after March 11.

Some facilities licensed by the Oregon Department of Human Services (ODHS) are exempt from OHA’s rule requiring masking in health care settings, such as adult foster homes, developmental disability foster homes, residential training homes and residential training facilities, but ODHS has established their own masking requirements for many of these settings.

OHA will work with regulatory agencies and operators of congregate settings as they consider their own mask policies once state requirements are lifted. Frequently asked questions related to OHA’s Masking Requirements to Control COVID-19 in Health Care Settings can be found at this link.

Q: Once the general indoor mask requirement is lifted, am I allowed to still wear a mask in indoor public places? Where are affordable, high-quality masks available?
Yes. Anyone who wants to continue to wear a mask can do so, and some organizations and businesses may require individuals to wear masks. Individuals can contact their local pharmacy to access the free federal masks: https://covidblog.oregon.gov/free-n95-masks-available-at-some-pharmacies-in-oregon/, or call 211 to get connected to other resources.

Q: For individuals who continue to wear masks after the requirement is lifted, what is the best mask to wear?

The best mask is the most protective one that you can wear correctly and consistently. A mask that fits snugly and well on your face ensures that there are no gaps to allow respiratory droplets to enter or exit the mask. In addition, a mask with more than one layer is better than a one-layer mask. A mask with layers will stop more respiratory droplets getting inside your mask or escaping from your mask if you are sick. While all masks and respirators provide some level of protection, properly fitting respirators, like N95 and KN95 masks, provide the highest level of protection. These types of high-level respirators may only be necessary, however, in high-risk settings or for people who are at increased risk of severe COVID-19 disease. The CDC has more information here: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html.

Q: What can I do if someone harasses me for continuing to wear a mask after the requirements are lifted?

Well-fitting, high-quality face coverings reduce transmission of COVID-19. OHA supports all individuals that choose to wear a face covering. Individuals should respect the choices of others to wear masks. There are different reasons why someone may wear a face covering. Some reasons include that a person may have a disability or medical condition that puts them at high risk for severe COVID-19 illness.

People of color may experience harassment, bias, exclusion or other negative reactions or effects when wearing masks or face coverings. This may be because of racial bias, stereotyping or discrimination. Oregon law does not allow discrimination, or hate or bias crimes. A hate or bias crime is a criminal act, including offensive physical contact, assault, property damage or threats, that may be motivated by another person’s perceived:

- Race,
- Color,
- Disability,
- Religion,
- National origin,
- Sexual orientation, or
- Gender identity.
Bias incidents are any hostile expression toward another person, including hate language, mocking, mimicking, exclusion, or discriminatory refusal of service, relating to the other person’s perceived protected class (listed above).

A person who believes they experienced a hate or bias crime or incident because of wearing of a mask, face covering or face shield or not wearing a mask, face covering or face shield in public has resources available to help them. To report a bias crime, call law enforcement at 911. To report a bias incident, call the Oregon Department of Justice at 1-844-924-BIAS (2427). Dial 711 for Oregon Relay. For more information, go to StandAgainstHate.Oregon.gov. To file a civil rights complaint visit Bureau of Labor and Industries (BOLI) website or call 971-673-0764.

Q: If I live with an elderly or an immunocompromised person, should I wear a mask when I am around that person?

Individuals over the age of 65, unvaccinated individuals, individuals with some chronic conditions and immunocompromised individuals are at increased risk of severe illness from COVID-19 disease. Wearing a well-fitting mask helps reduce the transmission of COVID-19. OHA recommends to avoid crowded areas or when in crowded areas or large gatherings, individuals who are unvaccinated, immunocompromised, who are at risk for severe COVID-19 disease, or live with someone in one of these categories continue to wear a mask or face covering and maintain physical distancing of at least six (6) feet from other individuals. Taking these measures is particularly important if you live in a medium or high transmission area. OHA recommends individuals review the CDC’s Community Levels to understand the level of transmission in their area.

In addition, OHA strongly recommends that individuals who are fully vaccinated and immunocompromised speak to their healthcare provider about what precautions they need to keep taking. Evidence suggests vaccines may be less effective in immunocompromised people. OHA recommends that for some immunocompromised individuals the safest option is to keep masking and physical distancing particularly when around people that are unvaccinated.

Q: I am immunocompromised and worried about increased risk of illness once the mask requirement is lifted. What resources are there to help me participate in life and stay safe?

Safe and Strong can provide you with mental and emotional help during this time of transition. Assessing your risk and talking to a health care provider can help you make effective decisions about how to protect yourself. https://www.safestrongoregon.org.

Q: Can OHA be sure that cases are declining even if there aren’t enough tests to test everyone?

While state health officials know that not all tests are being reported, test positivity rates are beginning to decline, reported cases are declining, and hospitalizations are beginning to trend down as well. By March 11, we expect hospitalizations will be much lower than they are now which is a crucial piece to safely lifting the indoor mask requirement.
Limited testing has been a problem throughout the pandemic, but Oregon has never had higher testing volume than we had during the current surge. In December, state health officials purchased 6 million test kits to provide to hospitals, schools and community organizations that serve our most vulnerable state residents. OHA has received all 6 million tests from the manufacturer, which OHA expects will meet the anticipated need for tests over the next six months.

Q: Does OHA expect an increase in cases after spring break, particularly since the mask requirement will be lifted?

Currently, cases are steadily dropping. Oregon also has more people with immunity to COVID-19 than ever before—the most recent estimate is that only 18% of Oregonians do not have immunity, and this is expected to continue to decrease. In addition, we expect many people to continue wearing masks in higher-risk settings. Despite these encouraging signs, it is possible that we could see an increase in cases after mask requirements are lifted. As always, OHA will monitor cases and other epidemiological data on a daily basis and update recommendations, as needed.

Q: What evidence shows that masks work?

There is a large body of national and international evidence that shows masks reduce cases, hospitalizations and deaths.

- **Community Use of Face Masks And COVID-19: Evidence from A Natural Experiment of State Mandates in the US** estimated an overall initial daily decline in new diagnoses of 2% at 21 days following mandates implemented in 15 states and Washington, D.C., in March to May of 2020.

- **Face Masks Considerably Reduce COVID-19 Cases in Germany: A Synthetic Control Method Approach** estimated a daily decline in new diagnoses of 1.28% after implementing mandatory mask wearing in public settings in Jena, Germany in April 2020.

- **Face masks, public policies and slowing the spread of COVID-19: evidence from Canada** estimated a weekly 22% decline in new diagnoses following implementation of mandatory indoor mask mandates in Canada in March to August 2020.

- **Causal impact of masks, policies, behavior on early COVID-19 pandemic in the U.S.** illustrates that nationally mandating face masks for employees early in the pandemic could have reduced weekly growth rate of cases and deaths by more than 10% in late April 2020 and 34% fewer deaths nationally by end of May 2020.

- **Decline in COVID-19 Hospitalization Growth Rates Associated with Statewide Mask Mandates — 10 States** demonstrates a decline in weekly COVID-19-related hospitalization growth rates by up to 5.6 percentage points for adults aged 18 to 64 years after implementation of statewide mask requirements, compared with growth rates during the four weeks preceding implementation of the requirements.
Q: Where can I find more information about the general indoor mask requirement?

Oregon Administrative Rule 333-019-1025, Masking in Indoor Spaces is posted on OHA’s website under Requirements and Recommendations, as well as on the Oregon Secretary of State’s website. You can find FAQ specific to the indoor mask requirement here.

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 the COVID-19 Communications Unit at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us.