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Guidance – Infection Control Protocols for Non-compliant Patients in Oregon

Draft Date: June 26, 2020

Updated Guidance.

On June 25, 2020, the Oregon Health Authority (“OHA”) issued updated guidance regarding face coverings, applicable to all businesses, and the general public when visiting these businesses, in every county except for Clackamas, Hood River, Lincoln, Marion, Multnomah, Polk, and Washington counties.¹

OHA is now strongly recommending the use of face coverings in indoor public locations in counties without a mandatory face covering requirement:

- It is strongly recommended that individuals, including children between 2 and 12 years of age, wear a mask, face shield, or face covering at all times in all indoor public places particularly in places where it is likely that physical distancing of at least six feet from other individuals outside their household unit cannot be maintained at all times, and vulnerable people must go.
- Because children between the ages of 2 and 12 years of age can have challenges wearing a mask, face shield, or face covering properly (e.g., excessively touching the face covering, not changing the face covering if visibly soiled, risk of strangulation or suffocation, etc.) we urge that if masks, face shields or face coverings are worn by this age group, that they be worn with the assistance and close supervision of an adult. Masks, face shields or face coverings should never be worn by children when sleeping.
- The use of mask, face shield, or face covering may be optional if six (6) feet or more of distance is maintained from others. Otherwise, it is recommended to wear mask, face shield, or face covering in public settings where physical distancing cannot be maintained.

Original Guidance (Effective June 23, 2020).

Hospitals and clinics are starting to resume non-urgent care and as part of their resumption of services, they are requiring patients to wear masks or face coverings, they are screening patients prior to or on arrival, and they are routinizing COVID-19 testing pre-chemotherapy or pre-procedure (testing, not screening).

This guidance document addresses the situation where a patient is not cooperative or declines to participate in the workflow or process that an organization has implemented to minimize the risk to both patients and staff. Entities have legal obligations to keep hospital staff, patients, and

¹ <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le2288K.pdf>

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visitors safe. At the same time, health care entities have legal obligations to accommodate those who cannot wear masks, in very limited circumstances, based on an individual assessment.

The requirement that patients and visitors wear masks or face coverings is entirely consistent with public health guidance across the board.

An important exception: all hospitals governed by EMTALA must comply with EMTALA obligations to screen and stabilize patients presenting to their emergency departments, regardless of patients' compliance with COVID-19 processes. Those obligations are covered in detail in the prior EMTALA guidance that was posted.

I. Use of masks/face coverings in the healthcare setting.

There are helpful regulatory and professional society position statements and guidelines on the use of universal masking in the health care setting. The pertinent information from these papers is summarized below.

A. The Joint Commission: Statement on Universal Masking of Staff, Patients, and Visitors in Health Care Settings, April 23, 2020.

Citing the CDC's revised infection prevention and control recommendations related to COVID-19, the Joint Commission (TJC) has issued a statement that healthcare facilities "...implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors) regardless of symptoms . . ."² The statement goes on to say that such measures will help to contain respiratory secretions and thus reduce the dispersion of droplets from an infected individual. This is a necessary and prudent measure, given the instances of asymptomatic transmission.

The statement further provides, "The Joint Commission believes that universal masking within healthcare settings is a critical tool to protect staff and patients from being infected by asymptomatic and presymptomatic individuals and should be implemented in any community where coronavirus is occurring."

With respect to patients and visitors, the statement reads, "All patients and visitors should be instructed to wear a cloth mask when entering any healthcare building. If they arrive without a cloth mask, one should be provided."

Consistent with CDC recommendations, the statement indicates, "facemasks and cloth face covering should not be placed on young children under age 2, anyone

²<https://www.jointcommission.org/-/media/tjc/documents/covid19/universal-masking-statement-04232020.pdf>

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who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.”

B. Opening Up America Again - CMS Recommendations for Re-opening Facilities to Provide Non-Emergent Non-COVID-19 Healthcare: Phase I.

As part of their recommendations regarding restarting non-emergent non-COVID-19 related medical treatment, CMS recommends that healthcare providers and staff wear surgical facemasks at all times.³ With respect to patients, CMS further recommends that they wear a “cloth face covering that can be bought or made at home if they do not already possess surgical masks.”

C. American Medical Association: COVID-19 - A Physician Practice Guide to Reopening.

The AMA issued guidance in June 2020 with respect to reopening of physician practices.⁴ These recommendations include that physicians implement various safety measures with respect to their patients, including that “[c]onsistent with U.S. Centers for Disease Control and prevention (CDC) guidance, practices should require all individuals who visit the office to wear a cloth face covering. This expectation should be clearly explained to patients and other visitors before they arrive at the practice.” The AMA guidance also includes directing patients to resources regarding how to make a cloth face covering or makes from items at home, and provides that visitors and patients who arrive at the practice without a cloth face covering or mask should be provided with one by the practice if there are available supplies.

II. Screening for COVID-19.

In connection with reopening, the Oregon Health Authority (OHA) has provided detailed guidance regarding resumption of non-emergent and elective procedures in clinics, hospitals, and ambulatory surgery centers.⁵ These guidance documents do not specifically discuss or require the use of face coverings with patients. However, they do recommend that medical care providers perform enhanced risk screening of patients prior to delivering care, including use of telemedicine, screening patients for COVID-19 risk factors

³ <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

⁴ <https://www.ama-assn.org/system/files/2020-06/physican-guide-reopening-practices-covid-19.pdf>

⁵ OHA’s general guidance document for medical and dental offices is linked here:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2322s.pdf>. The OHA guidance for hospitals is:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2322u.pdf>. The OHA guidance for ambulatory surgical centers is: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2322t.pdf>.

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and symptoms, and consider screening patients by laboratory testing prior to performing non-emergent or elective procedures.

Consistent with these recommendations, many facilities or clinics are conducting telephonic or secure portal pre-screening prior to treatment. Some facilities are electing to conduct this screening onsite, and prior to treatment. There are other ways to comply as well, and the screening should be tailored to the nature and resources of the facility.

III. Application of Processes for Universal Masking and Pre-Screening for COVID-19.

Whatever process the facility develops and implements, it should be applied consistently and documented where necessary, particularly where some kind of modification is made for a patient. The facility will want to have a record as to the legitimate health and safety reasons for any modification.

IV. Management of Patients Who Refuse to Comply with COVID-19 Related Safety Protocols.

First, to reduce these issues on the front end, advise patients at the time they make an appointment of the safety precautions in place at the facility, CAH, or hospital, including the requirement to wear a mask and that they will be screened for potential COVID-19 symptoms, including temperature checks, or other measures. Post the same information on the facility's website and in signage at the facility. In those postings, advise that those without a mask will not be permitted into the facility.

Next, have a process in place that is uniformly applied to discern if there is a genuine medical reason the individual cannot wear a mask. Uniformity is crucial, as that will protect the facility against any charges of disparate treatment or discrimination. This process would effectively serve as a type of screen for possible disability accommodation issues. (This is discussed in more detail below).

V. General obligations under the ADA regarding public accommodations.

A. Prohibition of discrimination on the basis of disability in places of public accommodation.

Title III of the ADA prohibits discrimination on the basis of disability in places of public accommodation. Professional offices of health care providers and hospitals are specifically included as entities covered by this title.⁶

1. Reasonable modifications in policies, practices and procedures.

⁶ See 28 CFR 36.102 definition of "health care provider," (6); ADA Technical Assistance Manual (TAM) III-1.2000 Public accommodations.

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Those covered under Title III of the ADA⁷ must provide “reasonable modifications in policies, practices and procedures, when such modifications are necessary to afford such goods, services, facilities, privileges, advantages, or accommodations to *individuals with disabilities*, unless the entity can demonstrate that making such modifications would fundamentally alter the nature of such goods, services, facilities, privileges, advantages, or accommodations.”⁸

- a) Reasonable modifications will depend on the overall circumstances
- b) Definition of “disability”:⁹
 - (i) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
 - (ii) A record of such an impairment; or
 - (iii) Being regarded as having such an impairment as described by law.

2. Modifications do not need to fundamentally alter the service being offered.

Entities may not fail to take such steps as may be necessary to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services,” unless the entity can demonstrate that taking such steps would fundamentally alter the nature of the good, service, facility, privilege, advantage, or accommodation being offered or would result in an undue burden.¹⁰

3. “Direct Threat” exception.

⁷ 42 U.S.C. 12182(b)(2)(A)(ii) & (iii).

⁸ 42 U.S.C. 12182(b)(2)(A)(ii) (emphasis added).

⁹ 28 CFR 36.105; <https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=2ab2aab2d3d2fd0f544a5ce7aad8f04c&rqn=div5&view=text&node=28:1.0.1.1.37&idno=28#se28.1.36.1105>

¹⁰ 42 U.S.C. 12182(b)(2)(A)(iii) (emphasis added); “undue burden” is a term of art; whether the requested modification is an undue burden is a fact-specific inquiry.

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General Rule: generally applicable, neutral policies do not need to be modified where doing so would create a “direct threat” to the health or safety of others. The term “direct threat” means a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services.¹¹

COVID-19 presents a direct threat: although not specifically applicable to Title III, in the employment context, the EEOC, has recognized that COVID-19 poses a “direct threat” under Title I of the ADA to health or safety.¹² Accordingly, it is likely safe to assume that a business need not modify its neutral safety policies that protect workers unless reasonable measures could be taken to mitigate the threat. However, how this would apply where the patient does not have a confirmed case of COVID-19 is unclear.

4. Interactive process.

Whether, and what kind of reasonable modification should be made is determined through an interactive process. The “interactive process” is an ADA Title I concept, clearly laid out in the employment section of the ADA. However, case law has, to a limited degree, extended it beyond that title. Further, the balancing required in Title III is, by its nature an interactive process.

For the patient evaluation, the patient’s individual circumstances must be considered, along with the generally applicable neutral safety policies of the health care center. Whether and when such evaluation should take place depends on the overall circumstances. If the care team determines that the patient should not be required to wear a mask, alternative infection control measures should be implemented and enforced.

VI. OSHA.

¹¹ 42 U.S.C. 12182(b)(3).

¹² <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws> (“What You Should Know About COVID-19 and the ADA, the Rehabilitation Act and other EEO Laws, Technical Assistance Questions and Answers – Updated on June 11, 2020) (“The ADA requires that any mandatory medical test of employees be “job related and consistent with business necessity.” Applying this standard to the current circumstances of the COVID-19 pandemic, employers may take steps to determine if employees entering the workplace have COVID-19 because an individual with the virus will pose a direct to the health of others. Therefore an employer may choose to administer COVID-19 testing to employees before they enter the workplace to determine if they have the virus.”)

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OSHA has issued Guidance on Preparing Workplaces for COVID-19.¹³ Like many resources, OSHA cites to CDC guidance. The highlights include developing policies and procedures for prompt identification and isolation of sick people, if appropriate, and taking steps to limit the spread of the respiratory secretions of a person who may have COVID-19. The guidance, consistent with the above, says to provide a facemask, if feasible and available, and ask the person to wear it, if tolerated.

OSHA also recommends for healthcare facilities to follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers. The guidance further recommends posting signs “requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.”

VII. Oregon Law.

A. Oregon General Guidance.

Oregon generally refers people to the CDC guidance, which recommends individuals to cover their mouth and nose with a cloth face cover when around others to prevent the spread of COVID-19, even for those who do not feel sick.

1. The referenced CDC guidance further provides the following information regarding people not wearing masks.¹⁴

- **Who should NOT use cloth face coverings:** children under age 2, or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance;
- **Cloth face coverings are NOT surgical masks or N-95 respirators.** Surgical masks and N-95 respirators must be reserved for healthcare workers and other medical first responders, as recommended in CDC guidance.

B. Oregon Health Authority (“OHA”).

OHA has not required that patients wear face coverings as part of their guidance regarding reopening facilities. They have, however, recommended the use of

¹³ <https://www.osha.gov/Publications/OSHA3990.pdf> (OSHA: Guidance on Preparing Workplaces for Covid-19).

¹⁴ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html> (REVISED COVID-19 Guidance for Entry into Acute Health Care Facilities: April 23, 2020)

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masks for visitor of patients at hospitals, ASCs, and outpatient renal dialysis facilities. Relevant portions of this guidance are excerpted below:¹⁵

In addition, all acute health care facilities must:

- Provide education to essential individuals regarding:
 - Hand hygiene: before entering a patient room and after leaving a patient room, essential individual shall wash hands with soap and water for 20 seconds, or clean hands with alcohol-based hand sanitizer.
 - Avoidance of face touching.
 - Use of good respirator etiquette: covering coughs and sneezes with the elbow and proper use of disposal of tissue.
 - Appropriate personal protective equipment use.
- Require appropriate signage regarding visitation and screening protocols and provide this information to individuals seeking entry to the facility, including a link to the hospital's grievance procedures if an individual believes they are inappropriately being restricted from the facility.
- Provide temperature checks upon request.

C. Policies in Oregon Healthcare Facilities.

Numerous facilities in Oregon are requiring that patients wear masks.

1. Legacy's Mask requirements.

Note that visitors, not patients, are required to leave if they refuse to wear a mask:

- **All patients and visitors must wear a mask at all times.** This includes public spaces. Consideration will be given to young children under age 2.
- Patients may remove their mask when in their room unless directed otherwise by their care provider. Visitors must continue wearing their mask while they are in the patient's hospital or exam room except when they are eating, drinking or sleeping overnight. Visitors must also wear any other personal protective equipment (PPE) given to them by their patient's care team.
- Visitors who **refuse to wear a mask** will be **asked to leave the building.**

¹⁵ OHA – COVID-19 Guidance on Screening and Visitation at Acute Health Care Facilities (REVISED June 8, 2020) - <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2282.pdf>.

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- For your comfort and safety, visitors and symptom-free patients should bring and wear their own masks.
- Patients and visitors without a mask will be provided one if you have a latex allergy. Please note that some of the masks we provide contain latex in the ear loops. We cannot guarantee that our masks are latex-free because of supply shortages caused by COVID-19.
- Patients and visitors should follow these mask safety tips.

2. OHSU.

OHSU is requiring masks for everyone age 2 and older at all OHSU and Tuality locations. They are asking people to bring masks from home but stating a mask will be provided if the person arrives without one.

3. Adventist Health Portland.

Adventist Health Portland is requiring all staff and visitors to wear a mask when in the hospital or clinics.

4. The Portland Clinic.

The Portland Clinic is also requiring use of a facemask to cover the nose and mouth, per CDC guidelines.

5. The Oregon Clinic.

The Oregon Clinic is also requiring that patients and guests bring a mask and wear it while in the clinic.

D. Oregon Face Covering Guidance for Business, Transit, and the Public.

In addition, Oregon has recently issued mask and face covering guidance for “business, transit, and the public.” The guidance appears to be intended for businesses reopening as part of Oregon’s overall reopening process. Health care providers, clinics, hospitals, etc. are not included in the definition of business in this guidance. As such, it is not applicable to those entities, strictly speaking. However, it does provide some useful information on the intersection of disability and mask wearing with respect to customers:¹⁶

¹⁶ Signage regarding strong recommendation of use of face coverings is linked at: <https://sharesystems.dhsosha.state.or.us/DHSForms/Served/le2729.pdf>

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- If customers or visitors will be required to wear a face covering, develop a policy and post clear signs about any such requirements. A policy that requires customers and visitors to wear face coverings must:
 - Provide exceptions to the policy to accommodate people with certain health conditions, or children under two years of age.
 - Take into account that places of public accommodation must make reasonable modifications to their policy to allow people with disabilities to access their services.
 - Take into account that requiring people to wear face coverings affects people differently including people of color who may have heightened concerns about racial profiling and harassment due to wearing face coverings in public.
 - Consider whether to provide face coverings for customers or visitors who do not have one.

OHA has also issued an FAQ sheet regarding the above face covering requirements.¹⁷ This document contains recommendations regarding how to deal with individuals who refuse to wear a face covering. It is unclear, however, what impact, if any, the county specific face covering requirement will have on the below recommendations:

Q5: What do I say if a potential customer or visitor shows up without a face covering to my business?

If your business (with the exception of public transit) is requiring face coverings and has posted clear signs as required under the [Mask and Face Covering Guidance](#), you can ask the individual politely if they cannot wear a face covering because of a medical condition or disability. If they answer yes, then you should not require them to wear a face covering. It is not appropriate or allowed to ask an individual what their medical condition is or to make them to provide proof of their medical condition or disability. If they answer no, then consider politely offering them a face covering, provide them with other options (e.g., online shopping) to find what they need, or ask them to come back with a face covering.

Q7: Is it illegal to refuse service to someone not wearing a face covering?

It may be illegal to refuse service to someone because they are not wearing a face covering. The Americans with Disabilities Act (ADA) says that places of public accommodation, such as grocery stores and doctor's offices, must make reasonable modifications to their policies to allow people with disabilities to access

¹⁷ <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2390e.pdf>

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their services. Requiring a face covering might violate the ADA if both of the following are true:

- Requiring a person to wear a face covering makes services inaccessible to people with disabilities, and
- No other options are provided.

If a business chooses to require customers or visitors to wear a face covering, they must:

- Develop a policy and post clear signs about this requirement. A policy that requires customers and visitors to wear face coverings must:
 - Provide exceptions to the policy to accommodate people with certain health conditions, or children under two years of age.
 - Make reasonable modifications to their policy to allow people with disabilities to access their services.
 - Understand that requiring people to wear face coverings affects people differently including people of color who may have heightened concerns about racial profiling and harassment due to wearing face coverings in public.
 - Consider whether to provide face coverings for customers or visitors who do not have one.

To file a civil rights complaint, visit the Bureau of Labor and Industries (BOLI) website or call 971-673-0764.

E. County Specific Face Covering Requirements.

Effective June 24, 2020, individuals¹⁸ in Clackamas, Hood River, Lincoln, Marion, Multnomah, Polk, and Washington Counties¹⁹ are required to wear a mask, face covering, or face shield at businesses in these counties.²⁰ The definition of “business” does not include health care facilities or hospitals, but does include pharmacies.²¹ Delineated exceptions to this face covering requirement are:

¹⁸ The face covering requirement applies to customers, employees, contractors, volunteers, and visitors.

¹⁹ The OHA guidance notes that counties other than the currently identified ones wish to have this guidance applied in their county, they can request that the Governor add them to the list.

²⁰ OHA’s newly issued guidance is linked at:

<https://sharesystems.dhsola.state.or.us/DHSForms/Served/le2351j.pdf>.

²¹ The OHA guidance notes that there may be other face covering requirements and recommendations that apply to other businesses not identified in the guidance. It refers other businesses types and other counties to other applicable sector guidance – linked here: <https://govstatus.egov.com/OR-OHA-COVID-19#collapseOHAGuidance>. There is no specific guidance within these materials regarding health care providers.

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- If the individual is underage 12²²
- If the individual has a medical condition that makes it hard to breathe when wearing a mask, face covering, or face shield
- If the individual has a disability that prevents them from wearing a mask, face shield, or face covering

Businesses in these counties are required to post clear signs regarding the face covering requirement.²³ It is recommended, but not required, that they provide free face coverings to customers who do not have one. They are also required to provide for accommodations and exceptions from the face covering requirement if such accommodations and exceptions are required by:

- State and federal disabilities law if applicable, including the ADA
- State or federal labor laws
- State and federal public accommodations laws that provide all persons with full and equal access to services, transportation, and facilities open to the public
- OHA public health guidance if applicable

Although it has been announced that businesses will be able to ask patrons to leave if they do not comply with the face covering requirement, this provision is not included in the OHA guidance.²⁴

It is also possible that there may be municipalities or counties in Oregon that have or will have their own requirements regarding face coverings, or may opt to be included in the county specific requirements referenced above.²⁵ So, this is something to consider and look into locally.

²² Despite this exception, the OHA guidance notes that it is strongly recommended that children between ages 2 and 12 wear a face covering in settings like grocery stores and pharmacies where physical distancing cannot be maintained, and that they be worn with the assistance and close supervision of an adult.

²³ A sample sign from OHA is linked here: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/Ie2728.pdf>.

²⁴ Governor Brown has stated that she will institute this face covering requirement via Executive Order, and has also stated in remarks that this requirement will be enforceable. To our understanding, the Executive Order has not yet been issued.

²⁵ Prior to Governor Brown's announcement regarding the face covering requirement, Lincoln County was in the process of implementing its own requirement. Per [The Oregonian](#), the Lincoln County ordinance was broader in scope than the OHA guidance.

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F. Oregon Public Accommodation law.

In addition to the protections under federal law, under Oregon law, it is illegal to discriminate in *places of public accommodation* on the basis of race, sex (including pregnancy), sexual orientation, national origin, religion, marital status, *physical or mental disability*, or age (18 year of age and older) (emphasis added).²⁶

The basic definition of a disability pertaining to places of public accommodation²⁷ tracks the ADA.²⁸ There are differences, but they are not pertinent to the broad advice provided here.

Per Oregon law, a place of public accommodation includes, but is not limited to, any place or service offering to the public accommodations, advantages, facilities or privileges whether in the nature of goods, services, lodgings, amusements, transportation or otherwise.²⁹ This definition would include hospitals and health care facilities, with the exception of state hospitals, such as Oregon State Hospital.

OHA has also issued guidance that it is illegal for health care providers to ration care based on a person's disability status, and that it is unlawful in Oregon to discriminate against an individual on the basis of disability with regard to access to public accommodations, like a hospital.³⁰

VIII. Alternatives to Wearing Masks or Screening for COVID-19 Symptoms.

There are several alternatives to consider to wearing a mask/face covering or patient screening onsite, which include: (1) telehealth appointments; (2) rescheduling to another time, or potentially the first appointment of the day; (3) more extensive testing or questionnaires for patient who cannot wear a mask; and (4) face shields.

IX. Summary.

A. Maintain Neutral Policies that protect health care workers, patients and visitors.

²⁶ See ORS 659A.403.

²⁷ See OAR 839-006-0305, which incorporates by reference the definition from the employment context, OAR 839-006-0205.

²⁸ In general, disability means a physical or mental impairment that substantially limits one or more major life activities of the individual, or a record of having a physical or mental impairment that substantially limits one or more major life activities of the individual. See OAR 893-006-0205(1).

²⁹ See 659A.400(1); A place of public accommodation in Oregon does not include: Department of Corrections institutions and state hospitals (i.e., Oregon State Hospital), youth correctional facilities or institutions, bona fide clubs or places of accommodation that is in its nature distinctly private. See ORS 659A.400(2).

³⁰ <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288R.pdf>

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Facilities may have neutral policies designed to protect the public that are consistent with public health guidelines. Any exception to that, based on health of the patient, should be handled by designated staff, in consultation with the Primary Care Provider team, as needed.

The interactive process will guide the decision about whether any reasonable modifications are warranted. For a patient with mild asthma, rescheduling as the first appointment in the morning before other patients come in may be appropriate. For someone with a post-surgical infection, figuring out how to get them in right away, maybe through a different access route, or allowing for curbside check-in would be advisable.

And finally, if the neutral policies are adjusted, document the reasons in each case as to why such modifications were made.

B. Make Reasonable Modifications Where Truly Warranted:

Those with breathing difficulties are at greater risk of developing serious illness from COVID-19, and thus should probably be wearing a mask for health care visits. This is consistent with the recommendations of many of the sub-specialty associations that involve conditions with breathing or airway compromise, including the American Lung Association³¹, the American Academy of Allergy, Asthma & Immunology³², and the Cystic Fibrosis Foundation³³.

³¹ <https://www.lung.org/lung-health-diseases/lung-disease-lookup/covid-19/faq>

³² https://education.aaaai.org/resources-for-a-i-clinicians/prepare-your-practice_covid-19

³³ <https://www.cff.org/Life-With-CF/Daily-Life/Germs-and-Staying-Healthy/CF-and-Coronavirus/COVID-19-Community-Questions-and-Answers/>