

# Hood River County

# Reopening Plan

Prepared based on Governor Kate Brown's  
*Public Health Framework for Reopening Oregon*



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# Executive Summary

**Hood River County formally requests approval from the State of Oregon Governor’s Office of the following Reopening Plan.**

Hood River County is committed to an evidence-based reopening strategy that considers the health and welfare of all our community members. Hood River County recognizes the risk and sacrifice of healthcare workers, first responders, community members, and businesses. It is imperative that our strategy to reopen is deliberate, thoughtful, inclusive, and successful.

The purpose of this document is to affirm to the Governor’s Office that Hood River County has met all components of the Gating Criteria, met all components of the Core State Preparedness requirements, completed the Prerequisites Checklist, and is equipped to enter Phase One of Lifting Restrictions. HRC has a plan in place for Phase One that includes surge, contingencies, and special situations. HRC has plans for Phase Two and Three, pending success of Phase One.

This document also provides guidance for those involved in the process of reopening to aid in preparation and implementation of their individual plans. Information associated with COVID-19 is constantly changing, therefore this plan will be a living document. As new information is made available and as state orders or guidelines are issued, the new information will be reflected in this plan in a timely manner.



# Hood River County

As of May 6, 2020, Hood River County has had 11 COVID positive cases, 0 hospitalizations, and no deaths.

Hood River County is a rural county located in the north central region of the state. Its western borders are Multnomah and Clackamas County. Eastern and southern borders are Wasco County. Its northern border is the Columbia River, which separates Oregon from Klickitat and Skamania Counties in Washington.

The largest city is the county seat, Hood River. The next largest city is Cascade Locks. Other towns and communities in the county include Odell, Parkdale, and Mount Hood. Cascade Locks is reviewing a plan prepared by the Port of Cascade Locks to support reopening and recovery. The Cascade Locks plan will be in alignment with this plan.

HRC consists of 533 square miles and has a population of 23,382, (2019). The county has two port districts, the Port of Hood River and the Port of Cascade Locks. The county's economy is based primarily on agriculture, tourism, and industry. The county's largest employers are Providence Health Systems and the Hood River County School District.

Hood River County Health Department is the lead agency on the COVID-19 response locally, managing the health system and environmental health response to this emergency according to state and federal guidance. HRCHD also manages the health care emergency PPE (Personal Protective Equipment) stockpile.

This plan was developed by the Hood River County Reopening Steering Committee appointed by the Board of Commissioners. The Steering Committee included representatives from Hood River County Health Department (Trish Elliott and Christopher Van Tilburg), Hood River County Board of Commissioners (Karen Joplin) Hood River County (Jeff Hecksel) City of Hood River (Rachael Fuller), City of Cascade Locks (Gordon Zimmerman), Hood River County Emergency Operations Center (Barb Ayers), Providence Hood River Memorial Hospital (Jeanie Vieira), and One Community Health (Alan Lincoln), and was facilitated by Heidi Venture. This committee will remain active during all phases of the reopening process and add representation as needed.

Hood River County Sheriff's Office of Emergency Management activated the Hood River County Emergency Operations Center (EOC) on March 12 to support Hood River County Health Department and our vital local partnership of agencies. The EOC opened a Joint Information Center to ensure common countywide messaging and launched [www.GetReadyGorge.com](http://www.GetReadyGorge.com). EOC supports Incident Command, County and City objectives, and community needs.

EOC brings together stakeholders for ongoing active coordination and collaboration. Stakeholders include public health, county, cities, ports, health care providers, law enforcement, fire and EMS, community partners, public and nonprofit agencies, businesses, social service agencies, and community members. EOC is a direct link to Oregon State Emergency Coordination Center (ECC) for obtaining outside resource support. Incident Command for

COVID-19 response is Hood River County Health Department. Incident Command receives direct state support from Oregon Health Authority (OHA).

Providence Hood River Memorial Hospital (PHRMH) activated its Incident Command team. The nonprofit One Community Health, our largest regional Medicaid provider, enhanced its services to address COVID-19 needs.



# Prerequisites Checklist

Requirement	Notes	County	Region	State
<b>1. Declining prevalence of COVID-19</b>		<b>Not required if &lt;5 cases</b>		
a. The percentage of emergency department visits for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year.	Hood River County is included in ESF Region 6 with Wasco, Sherman, and Gilliam Counties. According to the Prerequisites document, Region 6 and Region 9 may be combined to form a Health Region for COVID-19 reopening requirements. Region 9 includes these counties: Morrow, Umatilla, Union, Wallowa, Baker, & Malheur.	NA	NA	<b>REQUIRED</b> Data to be provided on OHA website.
b. A 14-day decline in COVID-19 hospital admissions.	Hood River County has had no COVID19-positive related hospital admissions. We have capacity and a surge plan if needed.	<b>REQUIRED</b> if >5 cases	NA	Data to be provided on OHA website
<b>2. Minimum Testing Regimen</b>				
a. Regions able to administer testing at a rate of 30 per 10k per week	Hood River County's population of 23,382 requires 70 tests per week. Testing is in place for over 70 tests per <u>day</u> . Testing regimen prioritizes symptomatic persons and individuals who came into contact with a known COVID-19 positive person. Testing includes all people in congregate settings when there is a positive test. Frontline workers have been prioritized for testing in Hood River County. All providers have been testing essential workers. Providence Occupational Medicine provides testing for HCWs with possible work exposure.	NA	<b>REQUIRED</b>	OHA will evaluate and approve at the region level
b. Sufficient testing sites accessible to underserved communities	HRC has 5 drive up testing sites: Providence Hospital, One Community Health, Summit Family Medicine, Heritage Family Medicine, Columbia Gorge Family Medicine. One Community Health, a nonprofit community clinic, is providing free drive-up testing and on-site testing services in Hood River and Wasco Counties. One Community Health and Providence Hospital have both provided critical testing at high-	NA	<b>REQUIRED</b>	OHA will evaluate and approve at the region level

	risk locations during possible outbreak conditions. All clinics and drive-up sites are located in the City of Hood River. OCH plans to offer drive-up testing for other communities, including Cascade Locks, Odell, and Parkdale. JIC and HRCHD communications teams are informing community of availability of testing. Private provider offices are also advertising availability of testing. Data is shared with state and region to trace the spread of the virus.			
<b>3. Contact Tracing System</b>				
County has 15 contact tracers per 100k people	Hood River County's population of 23,382 requires 3.5 contact tracers. HRCHD has 2 full-time trained and experienced contact tracers and 5 other trained and experienced staff who can be mobilized on short notice. These staff will work with teams of RNs to support contact tracing activities. HRCHD has a plan to mobilize and train additional contact tracers. In addition, OHA has plans to train 600 employees to assist LPHAs.	<b>REQUIRED</b> <b>MET</b>		OHA will evaluate and approve at the county or region level
County contract tracing workforce is reflective of the county and able to work in needed languages	HRCHD has trained and experienced bilingual and bicultural English/Spanish-speaking staff who assist with contact tracing. This workforce is reflective of the county and able to work in needed languages.	<b>REQUIRED</b> <b>MET</b>		OHA will evaluate and approve at the county or region level
County is prepared to trace 95% of all new cases within 24 hours	HRCHD is prepared and committed to contact trace >95% of all new cases within 24 hours.	<b>REQUIRED</b> <b>MET</b>		OHA will evaluate and approve at the county or region level
<b>4. Isolation facilities</b>				
Counties have hotel rooms available for those who cannot self-isolate	HRC has relationships with local hotels for housing people who test positive for COVID-19 and who cannot self-isolate. This isolation option is in use.	<b>REQUIRED</b> <b>MET</b>		OHA will support, evaluate and approve at the county or region level
Counties provide a narrative of how they will respond to three different outbreak situations in the county (e.g. nursing home, jail, food processing facility,	See narratives on following page.	<b>REQUIRED</b> <b>MET</b>		OHA will evaluate and approve. OHA can provide a list.

farmworker housing, other group living situations)				
<b>5. Finalized Statewide Sector Guidelines</b>	Hood River County supports, embraces, and promotes all Statewide Sector Guidelines	NA	NA	REQUIRED OHA will finalize
<b>6. Sufficient Health Care Capacity</b>				
Region must be able to accommodate a 20% increase in hospitalizations	This metric is measured at the Health Region level. Region 6 has capacity to accommodate a 20% increase in hospitalizations. Hood River County has capacity to accommodate a >20% increase in hospitalizations.	NA <b>MET</b>	<b>REQUIRED</b> <b>MET</b>	
<b>7. Sufficient PPE Supply</b>				
Hospitals in region are reporting PPE supply daily through HOSCAP	Providence Hood River Memorial Hospital is reporting PPE supply daily to OHA's Hospital Capacity System. This metric is measured at the Health Region level.	<b>MET</b>	<b>REQUIRED</b>	OHA will certify
Hospitals in region must have 30 day supply of PPE	PHRMH reports >30-day supply of PPE. This attestation has been sent to OHA by Providence.	NA <b>MET</b>	<b>REQUIRED</b> Hospital leadership must attest in writing	OHA will confirm receipt of hospital attestation.
Counties must have sufficient PPE for first responders	HRCHD checks with first responders regularly to ensure sufficient supply of PPE. See attached attestation from Public Health Officer Christopher Van Tilburg, M.D.	<b>REQUIRED</b> <b>MET</b>		OHA will confirm receipt of county attestation.

# Narratives for Prerequisite 4.b.

HRCHD has already had experience with the first two COVID-19 potential outbreak situations below. These experiences demonstrate our preparedness to address outbreak situations. Because Hood River is a small county with a close-knit medical community, the outbreaks addressed have resolved quickly and effectively.

## **Long Term Care Facility**

HRCPD has a LTCF Liaison, Dr. Robin Henson, who is working with all congregate care facilities. Dr. Henson has frequent conversations with every facility around process and PPE needs.

Notification will be received by HRCHD about a potential COVID-19 case from the LTCF, such as a nursing home. LTCFs are required to notify HRCHD of any suspected communicable disease cases, including COVID-19. Alternatively, test results may trigger an investigation.

Immediately, HRCHD will activate our contact tracing team, which will contact the LTCF. First, HRCHD will ensure that the LTCF is following their isolation plan. This includes isolating the resident in a separate part of the LTCF. HRCHD has identified a LTCF that is willing to accept COVID-19 positive patients from other facilities in a COVID-19 wing, depending on circumstances.

If the case is a staff member, HRCHD will ensure that they are isolating at home and no longer at the LTCF. HRCHD will ensure that the LTCF is monitoring staff and residents, that they have isolated all residents, and that staff are assigned to the same cohort of patients and avoid any contact with other patients. Staff must wear PPE for all resident contact after a possible case is identified. All LTCF plans include monitoring staff temperatures and symptoms before they begin a shift, and monitoring each resident's temperature and symptoms a minimum of twice per day.

If the case has not been tested, but is suspect, LTCF staff will contact the resident's PCP to arrange testing. If the case has tested positive, HRCHD will investigate to identify all face-to-face for 15 minutes or longer contacts for 48 hours prior to onset of symptoms. This could include other residents, staff, health workers, hospice, their PCP, family members, etc.

HRCHD will assess every contact for risk. HRCHD will recommend testing for all contacts, including residents and staff, within 24 hours. Providence Hospital and One Community Health both have capacity to do onsite testing at LTCFs within 24 hours. Providence testing has a 24 to 48-hour turnaround. Staff have the option to be tested at their own PCP.

If any secondary contacts are positive, HRCHD will commence contact tracing for them and follow the same process. All contacts are asked to isolate for 14 days from the last contact with the case. A HRCHD staff member manages each case and contact by calling each contact every day to monitor symptoms and help the contact isolate successfully. In some cases, HRCHD may need to provide housing at an alternate location, if they are unable to safely isolate or quarantine

at home. HRCHD has Bilingual and Bicultural English/Spanish speaking staff for contacts whose primary language is Spanish.

### **Farmworker housing**

Farmworkers are a vulnerable population. Farmworkers often live in small cabins that they share with 1-3 other farmworkers or family members. Many cabin groups share restroom and kitchen facilities, some communal meals, working and commuting together, and working at other farms with other groups. Farmworkers often fear stigma, retribution, targeting, and immigration. They deal with poverty and difficult working conditions. They often have a disparately high number of co-morbid conditions that increase their risk for poor outcomes with COVID-19.

If HRCHD had a case in a congregate setting for farmworkers, HRCHD will be informed by their positive laboratory testing results or through their primary care provider. HRCHD will recommend that the case go into isolation in an alternate living setting, if they could not safely isolate where they are without endangering others. HRCHD has a list of local hotels willing to offer rooms for this purpose, and funding to pay for these accommodations if needed.

HRCHD will investigate using the same contact tracing protocol as with the LTCF Case. HRCHD will include questions about any other farms they work for, family members, or any travel.

For this population, HRCHD will partner with OCH to do onsite testing of every contact. OCH has a long history of providing culturally appropriate and sensitive medical care to migrant, seasonal and year round farmworkers in the county.

HRCHD will provide a Public Health Nurse to provide education for contacts to enable them to successfully quarantine for 2 weeks past their last exposure date to the case. Contacts may need alternative housing and other support, such as culturally appropriate food delivery. HRCHD will connect these isolation cases to a Community Health Worker from OCH or Bridges to Health to meet their needs in a culturally appropriate way, so they can be successful in isolation/quarantine

HRCHD will have discussions with the farm or orchard employer to ensure compliance with physical distancing and hygiene recommendations.

When tests come back from the contacts, HRCHD will do contact tracing and arrange for isolation for any additional positive cases. All cases and contacts will receive daily phone calls from the HRCPPH office to help them with symptoms, questions, and successful isolation.

### **Unhoused person**

Unhoused persons are vulnerable and have a high number of co-morbid conditions. HRCHD will likely learn about this case from positive test results, or through their primary care provider. As with the LTCF, HRCHD will activate the contact tracing team to investigate all contacts.

HRCHD will isolate the case in an alternate care setting, probably a hotel, and connect the case to a CHW or familiar staff from the Gorge Outreach Program or Hood River Shelter Services for social and practical support. This will increase their ability to isolate successfully. HRCHD will also work with these organizations to locate contacts who may be unhoused as well.

HRCHD may also engage home health or other visiting service to check on them. All cases and contacts will receive daily phone calls from the HRCHD to help them with symptoms, questions, and successful isolation.



# Gating Criteria Met

Hood River County has met of the state’s required Gating Criteria as of 5-6-2020.

Component	Criteria	Status and Notes
SYMPTOMS	Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period	<b>MET</b> – Hood River County’s rate of reported ILI cases has declined at least 50% in the last 14 days.
SYMPTOMS	Downward trajectory of COVID-like syndromic cases reported within a 14-day period	<b>MET</b> – Hood River County’s rate of reported COVID-like syndromic cases (symptom reporting) has declined at least 50% in the last 14 days.
CASES	Downward trajectory of documented cases within a 14-day period	<b>MET</b> – Hood River County has an official COVID-19 count, as of 5-6-2020, of 11. With such a small population and small baseline, it may be unrealistic to count new cases as upward trajectory. In addition, increased testing will result in increased identification of cases.
HOSPITALS	Treat all patients without crisis care	<b>MET</b> – Providence Hood River Memorial Hospital is the only hospital in Hood River County. PHRMH is prepared to work under crisis care conditions but has not needed to.
HOSPITALS	Robust testing program in place for at-risk healthcare workers, including emerging antibody testing	<b>MET</b> – Hood River County has robust testing programs in place that includes antibody testing. PHRMH is testing at-risk healthcare workers including both those exhibiting symptoms of COVID-19 and those who do not. PHRMH has access to an ongoing supply of test kits through their relationship with the Providence Health System.

# Gating Criteria Additional Notes

Hood River County Health Department will continue to measure, document, and meet the first two Gating Criteria, Symptoms and Cases, using data provided by the Oregon Health Authority. The Oregon Health Authority will be using ESSENCE data to provide information for the Influenza-Like Illness and COVID-19-Like symptoms criteria.

Hood River County will measure, document, and meet the Gating Criteria for Hospital Capacity and Testing in collaboration with our local hospital, Providence Hood River Memorial Hospital.



# Core State Preparedness Met

Hood River County has met all Core Preparedness Criteria as of 5-7-2020.

Component	Criteria	Status
TESTING	Screening and testing for symptomatic individuals	<b>MET</b>
TESTING	Test syndromic/Influenza-Like Illness-indicated persons	<b>MET</b>
TESTING	Sentinel surveillance sites are screened for asymptomatic cases	<b>N/A</b>
CONTACT TRACING	Contact tracing of all COVID+ cases	<b>MET</b>
HEALTHCARE SYSTEM	Sufficient Personal Protective Equipment (PPE)	<b>MET</b>
HEALTHCARE SYSTEM	Ability to surge ICU capacity	<b>MET</b>
PLANS FOR HEALTH AND SAFETY	Protect the health and safety of workers in critical industries	<b>MET</b>
PLANS FOR HEALTH AND SAFETY	Protect the health and safety of those living and working in high-risk facilities	<b>MET</b>
PLANS FOR HEALTH AND SAFETY	Protect employees and users of mass transit	<b>MET</b>
PLANS FOR HEALTH AND SAFETY	Advise citizens regarding protocols for social distancing and face coverings	<b>MET</b>
PLANS FOR HEALTH AND SAFETY	Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity	<b>MET</b>

# Core State Preparedness Notes

Hood River County has developed capacity in the Core Preparedness areas to support reopening as soon as it is medically and epidemiologically appropriate. Hood River County commits to working collaboratively with our cities, community members, businesses, neighboring counties and states, Health Regions 6 and 9, and other stakeholders to reopen responsibly.

Hood River County has met the criteria to reopen by establishing optimal capacities in each of the Core State Preparedness components. Hood River County recognizes that even with increased capacity in all areas, epidemiological data and public health guidance may impact reopening. As Dr. Fauci stated, and Gov. Brown repeated, “The virus makes the timeline.”

Hood River County Health Department has sufficient data collection and analysis to support decision-making and will continue to track trends related to total tests, positive tests, cases, and hospitalizations.

## Testing Component

Hood River County has sufficient testing supply to test for and provide hospital care for COVID-19 safely. As of May 6, 2020, Hood River County had 11 positive COVID cases, 512 negative tests, 0 hospitalizations and 0 deaths.

On 4/27/2020, OHA announced that COVID-19 testing criteria was expanded through the Oregon State Public Health Lab to prioritize impacted populations and all symptomatic frontline workers, including grocery store workers. Under these guidelines, clinicians are urged to potentially increase testing for those who may be at higher risk for COVID-19, including:

- Those living and working in congregate care facilities
- Underserved and marginalized populations, including minority groups
- Essential frontline workers, including those providing healthcare services or serving the public, such as grocery store workers.

Private laboratories allow testing based on provider order. Most private labs will prioritize healthcare workers. Locally, One Community Health has been testing at a broad level, including a drive-up testing event on Friday, May 1, 2020. Their website, <https://www.onecommunityhealth.org/>, states “No Symptoms? No Problem! Get tested for COVID-19 regardless of symptoms, occupation, or insurance at no cost to you!”

Testing options and capacity for screening both symptomatic and asymptomatic individuals have expanded as more providers are implementing drive-up options for community members. These options will increase community demand. Testing criteria have expanded based on three important factors: any COVID-19 symptom, any Influenza-Like symptom, or a known COVID-19 exposure. Local provider discretion enables this model to work effectively.

Oregon State’s minimum testing regimen calls for regions to be able to administer testing at a rate of 30 tests per 10,000 population per week. Hood River County’s population of 23,382 requires 70 tests per week. Testing is in place for over 70 tests per day. The testing regimen

prioritizes symptomatic persons and individuals who came into contact with a known COVID-19 positive person.

HRCHD hosts a weekly call with all local healthcare professionals to coordinate information that includes testing. Hood River County Health Department does not provide testing. Testing is being provided by each patient's Primary Care Provider and by the hospital. All clinics listed below report having a good supply of PCR (Polymerase Chain Reaction) tests and capacity to reorder. All clinics listed are providing drive-up testing for symptomatic and asymptomatic patients. Tests can be ordered through Providence, Quest, and LabCorp, as well as the Oregon State Public Health Laboratory for priority groups. Lab testing supplies have become more accessible as alternate transport media and alternate testing sources have become available.

Providence Hood River Memorial Hospital has significant testing capacity due to their larger regional organization. Antibody testing is available through a PHRMH research project, for caregivers and affiliated staff who have contact with patients, patient specimens, or patient linens; are currently working, and have no symptoms. Providence has recently expanded testing to include all admitted OB patients, effective April 21, and will test all patients prior to receiving non-emergency surgical procedures, effective April 30, 2020.

Both PHRMH and One Community Health have capacity to set up testing onsite for outbreaks. This capacity was deployed successfully during a potential COVID-19 outbreak at a long term care facility in April 2020.

One Community Health (OCH) offers drive up testing capacity of up to 60 tests per day. Columbia Gorge Family Medicine, Heritage Family Medicine, and Summit Family Medicine report a good supply of tests for drive up testing.

Some providers are offering antibody testing to identify past infection. Heritage is providing IGM Antibody Testing. OCH is providing both IGG and IGM Antibody Testing, and Providence Hospital is participating in a study utilizing Antibody testing. IGG positives are reported to Public Health. OHSU and OHA are starting a project to test 100,000 Oregonians, following those participants for a period of 12 months. Positive results will be reported to LPHA through the electronic lab reporting system.

All providers have been testing symptomatic healthcare and other essential workers. Providence Occupational Medicine provides testing for HCWs for those with possible work exposure. Most laboratories have a mechanism for requesting priority testing for essential workers.

Long Term Care (LTC) Facilities including Hawk's Ridge, Parkhurst Assisted Living, Hood River Care Center, Down Manor, and Brookside Assisted Living all have testing plans in place, and communicate regularly with HRCHD through the LTCF Liaison. HRCHD has a plan in place to coordinate response to an outbreak through an LTC Task Force.

Migrant farmworkers: OCH has traditionally provided onsite outreach and education to migrant and seasonal farmworkers. OCH is willing and able to provide testing of both symptomatic and asymptomatic individuals at agricultural entities including packing houses, orchards, and farms using bilingual, bicultural providers. OCH has the capacity and expertise to provide onsite testing of high-risk populations. Efforts will be coordinated with HRCHD.

Hood River County does not have any sentinel surveillance sites, which are usually located in densely populated areas. However, OCH's onsite testing of migrant farmworkers fulfills a similar function, as does Providence Hospital's testing of all admitted OB patients and all patients receiving non-emergency surgical procedures.

Homeless: Testing of homeless residents occurs through primary care and through other points of contact such as Providence Emergency Department. Primary Care Providers are accepting new patients into their practice, and this population can be self-referred, or by other means including sheltering services through Gorge Outreach and Hood River Shelter Services, or other social services such as Bridges to Health. There is a Task Force for providing services to homeless and other high-risk groups in Hood River County.

Mental Health: HRCHD convenes a Task Force for Mental Health. PCPs have a plan in place. Mid-Columbia Center for Living provides crisis services, children's mental health services including a warm line, and a range of comprehensive mental health services on a sliding scale.

**Contact Tracing Component: Contact tracing of all COVID+ cases**

HRCHD has been successfully providing contact tracing for many years for communicable diseases, including Norovirus, measles, and STIs. Staff is able to provide contact tracing for a limited number of cases at any one time. Training and experience has been provided to additional current staff in recent weeks to increase capacity for contact tracing. HRCHD potentially has access to additional staff through the Eastern Oregon Modernization Collaborative (EOMC). In addition, HRCHD has identified a network of contract workers who may be available to assist. For surge capacity, HRCHD can call on community members and the National Guard.

If the State of Oregon requires Hood River County to maintain responsibility over case investigation and contact tracing, Hood River County Health Department may need to hire additional staff to accomplish this task. If an outbreak overwhelms local resources, additional personnel could be mobilized through state resources to support Hood River County.

The State of Oregon has indicated a need for 500 additional public health staff for COVID-19 response. HRCHD is awaiting guidance related to the make-up or duties of these positions. Based on Hood River County's percentage of total state population and rural location, 1-2 additional staff could be assigned to or in direct support of Hood River County.

Hood River County Health Department is making some staffing changes by increasing part time staff to full time, and will look at contracted assistance if needed. If funding becomes available to hire staff specific to COVID-19, Hood River County estimates needing two additional public health nurses to continue to support the local public health response.

**Healthcare System Component: Sufficient Personal Protective Equipment (PPE) supplies**

Hood River County has sufficient PPE to test and treat COVID-19 safely. Hood River County Health Department is providing information to first responders, healthcare providers, and safety net providers to support their acquisition of PPE. A total of 80 providers participate in a weekly call with the Public Health Officer.

Hood River County Health Department's PPE Task Force manages the county PPE supply, including encouraging local donations of PPE, stockpiling and managing resources from a

variety of local agencies, and administering an emergency PPE cache for the medical community, adhering to OHA guidance.

Local manufacturing of isolation gowns and face shields is sufficient to meet local needs. In addition, local donations of intubation supplies, 3-D printed masks, and a repurposing oven have augmented PPE supplies. Cloth face masks for community members are being sewn by a local collaborative and distributed without cost.

Providence Hood River Memorial Hospital and Providence Clinics are using Powered Air Purifying Respirators (PAPRs) for testing. PAPRs are not disposable and can be reused after cleaning. One Community Health is considering purchasing PAPRs for testing to save PPE supplies.

HRCHD contacts all clinics, hospitals and other health system providers every week to ascertain PPE supply. All providers currently report a 2 month or more supply of all needed PPEs, and have ability to reorder. These providers include One Community Health, Columbia Gorge Family Medicine, Heritage Family Medicine, Summit Family Medicine, dental clinics, Fire Departments, EMS, Long Term Care Facilities including Hawk's Ridge, Parkhurst Assisted Living, Hood River Care Center, Down Manor, and Brookside Assisted Living. HRCHD also contacts Adult Foster Care, Adult Living, and Group Homes to ensure sufficient supply of PPE.

Hood River EOC files PPE burn rate reports based upon Task Force metrics three times per week to the State ECC. Should PPE supplies become dangerously low in our County, or the County experiences a surge, EOC can request mutual aid to help offset local resources and also file urgent resource requests for state and federal PPE supplies from the state stockpile.

#### **Healthcare System Component: Ability to Surge Capacity**

Providence Hood River Memorial Hospital (PHRMH) is a licensed 25-bed Critical Access Hospital; a non-profit Catholic healthcare institution sponsored by the Sisters of Providence and is part of the integrated Providence St. Joseph Health. PHRMH serves patients throughout the Columbia Gorge Region.

Inpatient services provided include critical care, general medical/surgical acute care, inpatient surgical services, maternity services, and skilled swing-bed services. Outpatient services include emergency services, laboratory, pharmacy, diagnostic imaging, cardio-respiratory, ambulatory surgery, endoscopic procedures, wound care clinic, infusion, nutritional counseling, and post-partum/lactation services.

At campus locations near the hospital, Providence provides cardiac rehabilitation, diabetic education, anticoagulation clinic, dialysis, occupational medicine, travel clinic, physician/provider primary and specialty care, as well as clinic services at the Mt. Hood Meadows Ski Resort, which is a designated satellite.

In preparation for the COVID-19 pandemic, PHRMH has created a medical surge plan to increase bed capacity above their normal 25 licensed beds. It should be noted that the Providence Oregon region has a plan in process to transfer confirmed COVID-19 positive patients to a cohort location in the Portland area (Providence Portland Medical Center and/or Providence St. Vincent Medical Center) in order to conserve resources and manage patient acuity.

Even without an alternate care site or executing the aforementioned transfer plan, PHRMH can provide a maximum of 48 inpatient beds in varying combinations depending on the level of crisis:

- COVID-19 beds: 22 in total (17 Med-Surg, 4 ICU, and 1 OB)
- Non-COVID beds: 26 in total (2 ICU, 17 Med/Surg, and 7 OB)
- Ventilator Capacity: 4 ventilators onsite, with access to additional Providence regional resources as needed.

While PHRMH does not have a plan for a local alternate care site to provide additional beds for lower acuity patients, they have confirmed that Mid-Columbia Medical Center will be amenable to accepting patients into their alternative sites, if they were experiencing surge concurrently.

If Hood River County is required to have a plan for an alternate care site with licensed beds, the County and PHRMH will need additional medical personnel and will likely request assistance from the State or Federal governments to provide the personnel, equipment, and location to do so.



# Plans for Health and Safety Components

Hood River County recognizes the need to have plans in place to meet the needs of our community during this pandemic and to consider contingencies. As this incident continues and more is known, we will continue to address issues and develop plans to meet the health and safety needs of our community.

## **Protect the health and safety of those working in critical industries**

Hood River County Health Department works with all local healthcare providers to ensure adoption of safe and responsible practices. Hood River County will adopt and promote the Oregon State General Employer Guidance and other sector specific guidance to support safe and responsible practices at local businesses. Grocery stores and other currently open retail outlets all have plans in place.

## **Protect the health and safety of those living and working in high-risk facilities**

HRCHD's Task Force 2 collaborates with Long Term Care Facilities on their safety plans. Every LTCF in the county has a safety plan and sufficient PPE.

## **Protect employees and users of mass transit**

The Hood River County Transportation District, dba Columbia Area Transit, is a regular participant in the EOC. They are in discussion with regional public and nonprofit partners to plan how to safely provide increased transportation services by minimizing COVID-19 exposure to drivers and riders.

All fixed routes were suspended at the beginning of the Governor's Stay Home orders. HRCTD is currently providing only Dial-A-Ride individual transportation. HRCTD staff are following a robust protocol for cleaning and sanitizing, and all drivers wear masks and gloves.

HRCTD tentatively hopes to expand services by mid-to late May. While awaiting state guidance, staff, partners, and board are discussing strategies to ensure safety of drivers and riders. These strategies may include rides by appointment only, requiring both drivers and riders to wear masks, limiting the number of riders on each bus, and designating empty seats.

As they reopen routes between the Portland Metro area and Hood River County, HRCTD can play an important role in documenting contact information of people traveling to Hood River County from areas of higher COVID-19 rates. They are willing and able to collect contact information from riders and make that information available to HRCHD for potential contact tracing.

## **Advise citizens regarding protocols for social distancing, face coverings, and reopening plans**

Hood River County has developed a robust capability to communicate with the community in real-time through a well-established system for disseminating public service announcements (PSAs) through videos and media releases.

Primary communication will come via EOC/JIC following National Incident Command System. This includes a website, press releases and community liaisons.

Health related communication is provided and disseminated by Hood River County Health Department. This effort is managed by HRCPH Task Force 3: Communications, which includes the County Public Health Officer, a community physician, and a communications specialist/editor who helps with social media. The Task Force guides content to address the current situation and provides a liaison at all EOC bi-weekly meetings to coordinate communication. EOC provides a liaison at daily HRCPH meetings for the same purpose.

Video PSAs are being produced daily or every other day, focusing on currently prioritized best practices and protective measures. Videos are posted on Facebook and YouTube and translated into Spanish. The purpose of the videos is to provide information and alleviate anxiety. Each video is 2-5 minutes. The highest viewed video had 20,000 views. The average is 4,000-6000 views per video.

Media releases in English and Spanish are sent to Columbia Gorge Press, all local radio stations, which includes two primarily Spanish language stations, the HRCHD website, and GetReadyGorge.com, the official website for the Emergency Operations Center (EOC) and its partner agencies.

Public outreach has been intensive regarding COVID-19 safety and programs. The County EOC's broad Joint Information Center has maintained near-constant communication to an outreach network of 35 partner agencies throughout this incident. This communication work will continue through reopening and recovery phases.

EOC outreach includes daily to weekly updates on agency websites, email lists, public meeting presentations, five weekly EOC stakeholder and partner meetings, public facility signage, press releases and social media platforms for partner agencies. Partners include County of Hood River, City of Hood River, City of Cascade Locks, Port of Cascade Locks, Port of Hood River, Hood River Parks and Recreation District, HRC School District, Hood River Sheriff's Office, 911, all County fire districts (Westside Fire, Hood River Fire, Cascade Locks Fire, Wy'East Fire and Parkdale Fire), Hood River County Chamber of Commerce, MCEDD (Mid-Columbia Economic Development District), and a large number of public and social services agencies.

HRCHD provides a weekly call for community partners, and a weekly call for medical providers (80 callers per week). HRCHD participates in a regional health department administrator's call, with departments in Klickitat and Skamania Counties in Washington state and Wasco, Sherman, and Gilliam Counties in Oregon. Participation also occurs with weekly COVID-19 calls with the Clinical Advisory Committee of the Columbia Gorge Health Council.

HRCHD sends fax and email updates to community partners, and has a regularly scheduled appearance on local radio programs in both English and Spanish. HRCHD is also reaching out directly to the National Forest Service, The Oregon Department of Agriculture, the Gorge Scenic Area, the Port of Cascade Locks, Port of Hood River, dentists, acupuncturists, physical therapists, massage therapists, other allied health clinics, civic groups, community leaders (through the EOC business liaison), grocery stores, and major retail establishments.

HRCHD provides state-approved guidance for these groups and individuals, including, but not limited to, wearing masks, appropriate distancing, vulnerable populations, and environmental concerns.

HRCHD requires dedicated staff for health communication with the medical providers in the Hood River County network. This capacity is being provided by the Public Relations Specialists at HRCHD, the County Prevention Department, and the Hood River County Sheriff's Office. Staff continues to increase use and impact of social media.

**Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity**  
Hood River County has prepared for Phase One by reviewing, adopting, and promoting all state guidelines.

Hood River County Health Department will constantly monitor and reevaluate local conditions according to state guidelines. HRCHD will monitor number of cases, average new daily cases, new hospitalizations, and emergency department visits.

Dr. Christopher Van Tilburg, Public Health Officer, will continue to hold weekly meetings with 80 county health care professionals to identify any rebounds or outbreaks early. Dr. Van Tilburg will continue to attend weekly four-county Gorge-wide regional health-care meetings to monitor for rebounds or outbreaks in neighboring counties. This is attended by three public health departments, all four hospitals, and most clinics.

If there is concern regarding a significant increase in these measurements, the county may recommend resetting to a two-week period of re-implementing previous restrictions and closures to slow the increase of new cases.

Hood River County is working with the local and regional health care system, including provider offices, regional hospitals and laboratories. These entities use a robust surveillance system provided by OHA called ORPHEUS. HRCHD does not have a local Epidemiologist, but is able to access the regional or state Epidemiologist to assist with specific disease or process questions, and to provide timely data reports to inform decision makers.

In addition, Oregon Health Authority (OHA) monitors state-wide incidents of Influenza-Like Illness (ILI) through screening of all emergency department visits in Oregon, and reports those findings weekly. Positive Influenza testing is monitored through the National Respiratory and Enteric Virus Surveillance System and the State Health Department.

OHA also publishes a statewide COVID-19 Weekly Report that provides signs and symptoms, risk factors, demographic information such as race, ethnicity, gender, and age, hospitalizations, deaths, and recovered cases.

Effective contact tracing and isolation will limit the spread of infection.

### **Support COVID-19 positive patients**

Hood River County has a plan to house COVID-19 positive patients who are unhoused, or need

to be isolated from housemates or removed from congregate living settings to minimize the threat of spread within the community. HRC contracts with a hotel or similar location. Estimated cost is \$25,200, based on utilization of two hotel rooms for isolation for 3 months @ \$4,200/month per room. HRCPH has a list of available hotels, with contact information, pricing, and disinfection policies for room turnover.

HRCHD has established plans to isolate COVID-19 positive residents of Long Term Care Facilities to diminish the risk of spread through this vulnerable population. These plans include isolation in place where possible, and/or alternate care sites.

Hood River County recognizes the need for wrap-around services to support those persons isolated or quarantined due to COVID-19. Many will need little to no assistance, but for those who do require assistance, Hood River County Health Department can provide assistance through referral to community based organizations to provide food (groceries or prepared food), medication, medical assessment and monitoring, and other needs as yet to be identified.

Partnering Community Based Organizations may include: Meals on Wheels, Fish Food Bank, Bridges to Health, The Next Door, Inc., One Community Health, Visiting Nursing Services, Faith Community, Department of Human Services Self-Sufficiency, and Columbia Gorge Health Council, which is the local governing body for OHP and PacificSource Community Services.



# Phase One Reopening

Phase One of reopening begins at the Governor's Direction after all Gating Criteria and Core State Preparedness items are met.

Hood River County formally requests approval from the State of Oregon Governor's Office to begin Phase One Reopening. As a community, we have the capacity to move forward through the Phases of Reopening.

Please find the following items attached as Addendum A:

Letter from Jeanie Vieira, CEO of Hood River Providence Memorial Hospital, listing PPE inventory and hospital bed surge capacity.

Recommendation letter from the County Public Health Officer, Christopher Van Tilburg (See letter in Addendum A)

Resolution from the Hood River County Board of Commissioners, the County governing body, certifying hospital capacity and PPE is sufficient.

Hood River County has prepared for Phase One by reviewing, adopting and promoting all state guidelines. Hood River County Health Department will convene a team to constantly monitor and reevaluate local conditions according to state guidelines. HRCHD will monitor number of cases, average new daily cases, new hospitalizations, and emergency department visits.

If there is concern regarding a significant increase in cases or hospitalizations, the county may recommend resetting to a two-week period of re-implementing previous restrictions and closures to slow the increase of new cases.

Reopening Hood River County businesses and our economy is essential to our economic health. All state sector guidelines have been incorporated into Hood River County's Reopening Plan. We anticipate that businesses will be highly motivated to follow the guidelines so that they and their business can succeed.

The Hood River County Chamber of Commerce is disseminating information regarding Phase One planning and sector guidelines to members and non-member businesses. The Chamber will be the primary resource for Hood River County businesses for any questions or concerns regarding reopening.

On May 14, 2020, the Mid-Columbia Regional Solutions Team, a governor's office team that includes the Hood River Chamber of Commerce, will host a Zoom Summit. This Summit, the Oregon Reopening Business Adaptation Training, will inform and support all businesses in the region regarding Oregon's Employer guidelines and Sector Specific Guidelines for businesses. Experts in each sector will be available for questions. The Regional Solutions Team will record each session of the Summit and make those recordings available to everyone in the Region.

Under agreement with the State, Hood River County acts as the Local Public Health Authority. With this authority, the County can address constituent concerns to help ensure entities are complying with State guidelines. Depending on the legal basis for enforcement, this could include compliance checks, directives for compliance, a closure order or the writing of a citation. This will only apply to those entities regulated by the Local Public Health Authority.

### **Guidelines for Individuals for All Phases**

- Practice good hygiene
- Strongly consider wide use of face covering in public
- Stay home if sick

### **Guidelines for Employers for All Phases**

- Develop and implement appropriate policies: physical distancing, protective equipment, temperature checks, sanitation.
- Monitor workforce for indicative symptoms
- Contact tracing policies for positives

### **Guidelines for Individuals for Phase One**

- All vulnerable individuals should continue to shelter in place
- All individuals, when in public (e.g. parks, outdoor recreation areas, shopping areas) should maximize physical distance from others
- Avoid socializing in groups of more than 10 people
- Minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel

### **Guidelines for Employers for Phase One**

- Continue to encourage telework whenever possible
- Close common areas where personnel are likely to congregate and interact, or enforce strict physical distancing protocols
- Minimize non-essential travel
- Strongly consider special accommodations for personnel who are members of a vulnerable population

### **Guidelines for Specific Types of Employers for Phase One**

- Schools and organized youth activities (e.g. daycare, camp) that are currently closed should remain closed
- Visits to senior living facilities and hospitals should be prohibited
- Large venues (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols.
- Elective surgeries can resume, as clinically appropriate.
- Gyms can open if they adhere to strict physical distancing and sanitation protocols.
- Bars should remain closed.

**Prohibited from reopening during Phase One:**

- Schools that are currently closed
- Bars



# Phases Two and Three

Hood River County will hold at Phase One for 14 days, then according to available state level guidance, pass the Gating Criteria again before considering moving into Phase Two. The same 14-day hold and state level guidance will be used when moving into Phase Three.



# APPENDIX



# ADDENDUM A: Certification Letters



Hood River County Health Department  
**1109 June Street, Hood River OR 97031**  
Office: 541-387-6885, Fax: 541-386-9181

To: Hood River County Board of Commissioners  
From: Christopher Van Tilburg MD  
Re: Reopening plan: Attestation Letter  
Date: May 4, 2020

I attest that Hood River County has sufficient personal protective equipment (PPE) for first responders.

I created Task Force 1: PPE six weeks ago and I have been directly involved with procuring, storing and distributing PPE to our county. First Responders are surveyed regularly by the Health Department and EOC. I am also in direct contact regularly with the Hood River County EMS Medical Director. First responders have adequate supply, are able to order through regular suppliers, and are receiving from the State. The Health Department has an adequate supply to provide the entire county health providers and first responders with PPE for two months. The Health Department also has a secondary cache for surge, which may include first responders.

I am the Hood River County Public Health Officer and Medical Examiner. I am board certified in Family Medicine and I've lived in and practiced medicine in Hood River County for 25 years.

Christopher Van Tilburg MD  
Public Health Officer and Medical Examiner

# **ADDENDUM B: Abbreviations**

BOC – Board of Commissioners

CHW – Community Health Worker

COVID-19 – **CO**rona**VI**rus **D**isease identified in 2019

ECC – Oregon State Emergency Coordination Center

EH – Environmental Health

EOC – Emergency Operations Center

EOMC – Eastern Oregon Modernization Collaborative

HCW – Health Care Worker

HOSCAP – Hospital Capacity System

HRC – Hood River County

HRCHD-Hood River County Health Department

HRCTD – Hood River County Transportation District

IGG – Immunoglobulin G, an antibody test for COVID-19

IGM – Immunoglobulin M, an antibody test for COVID-19

ILI – Influenza-like illnesses

JIC – Joint Incident Command

LPHA – Local Public Health Authority

LTCF – Long Term Care Facility

MCEDD – Mid Columbia Economic Development District

NIMS – National Incident Management System

OCH – One Community Health

OHA – Oregon Health Authority

OHP – Oregon Health Plan

PAPR – Powered Air Purifying Respirator

PCP – Primary Care Provider

PCR Test - Polymerase Chain Reaction Test

PHRMH – Providence Hood River Memorial Hospital

PPE - Personal Protective Equipment

PSA – Public Service Announcement

# **ADDENDUM C: Long Term Care Facilities Plan**



## **Hood River County Health Department**

1109 June Street, Hood River OR 97031  
Office: 541-387-6885, Fax: 541-386-9181

To: Hood River County Board of Commissioners  
From: Christopher Van Tilburg MD, HRCHD  
Re: Reopening plan: Summary of Long Term Care Plan  
Date: May 4, 2020

### **All Long Term Care Facilities**

- Closed to visitors except therapists, front door locked
- Screen all employees at beginning of shift with questionnaire and temperature, written log kept
- Screen all patients/clients with questionnaire and temperature once or twice a day
- Employees wear either cloth or procedure masks at all times
- Are able to provide in room isolation, variability in bathroom availability
- Have information on appropriate use of PPE, repurposing PPE, how to obtain PPE from HRCHD
- COVID 19 response toolkit provided, CDC guidelines shared and reviewed
- Have a plan for testing
- Instructed to call the PCP with symptomatic clients and also to notify HRCHD
- Notify HRCHD of any employees under investigation or with positive COVID
- Employees may return to work if negative test and asymptomatic for 72 hours and 7 days following onset of symptoms or with a note from their PCP
- There are no longer staff that work at more than one facility
- They have been informed of the OHA support for extra staffing

### **Long Term Care Facilities Hood River County**

#### **Hood River Care Center**

Rachel Livingston manager. Rachel.livingston@prestigecare.com

Kristi Mitchell NP

80 staff, 60 with direct patient care, 50 patients

They have adequate PPE

Have repurposing instructions

Testing plan: NP able to test patients

Pulse oximetry on site, 24/7 nursing care

Isolation possible

They have capacity now to house hospital discharges and to take patients from other LTC facilities on an individual basis.



## **Hood River County Health Department**

1109 June Street, Hood River OR 97031  
Office: 541-387-6885, Fax: 541-386-9181

### **Parkhurst Place**

Tim Dufour [Tdufour@enlivant.com](mailto:Tdufour@enlivant.com)

Karen Hanson. [Khanson@enlivant.com](mailto:Khanson@enlivant.com)

Adequate PPE Using goggles and masks

Testing plan in place

Isolation possible if a couple of clients. Normally shared bathrooms.

No nursing care 24/7

### **Hawks Ridge**

Ben Brandt. [Administrator@hawksridgeassistedliving.com](mailto:Administrator@hawksridgeassistedliving.com)

Well stocked with PPE

Isolation plan in place

Testing plan in place

Have pulse oximetry on site

No nursing care 24/7

### **Brookside/Down Manor**

Jamie Hanshaw. [Jamie.hanshaw@providence.org](mailto:Jamie.hanshaw@providence.org)

Ben Bronson Down Manor. [Ben.bronson@providence.org](mailto:Ben.bronson@providence.org)

Becky Bloomdahl. Brookside. [Rebecca.bloomdahl@providence.org](mailto:Rebecca.bloomdahl@providence.org)

Well stocked with PPE

Isolation plan

Testing plan in place

No pulse oximetry

Nursing care available 24/7 Through Providence

### **Ashley Manor**

Kassandra LaGranger. [Pacifichights@ashleycares.com](mailto:Pacifichights@ashleycares.com)

Received PPE from state recently

### **Dethman House**

Shannan Stickler. [Shannan.stickler@providence.org](mailto:Shannan.stickler@providence.org)

Received PPE from state recently

### **Home Care Providers**

HRCHD has been working with all senior group homes.

COVID-19 response toolkit, encouraged to develop a plan for isolation, testing. In HR County they have all been instructed to call their PCP and the HRCHD for any PUI or positive case for guidance. Many of these are run by MCCFL, Opportunity Connections, Center for Continuous Improvement. They all have protocols in place for COVID-19 response.



## **Hood River County Health Department**

1109 June Street, Hood River OR 97031  
Office: 541-387-6885, Fax: 541-386-9181

PCPs have a plan for when they receive calls from their patients in group housing.

Transportation arranged for EOC

Isolation: Most have single rooms and shared bathrooms. Will designate one bathroom for those that are symptomatic and have all others use an alternate one.

Most are planning to relocate residents to a hotel if isolation not possible

Plan for monitoring of worsening condition, currently taking temperature and increased observation

Plan for testing of contacts via HRCHD.

Residents are mostly staying at home but some do work.

Staff wearing masks .

Christopher Van Tilburg MD

Public Health Officer and Medical Examiner

# **ADDENDUM D: State Guidelines**

## Phase One Reopening Guidance

### General Guidance for the Public

- Stay home if you are sick.
- If you become symptomatic (cough, fever, shortness of breath) while in public, please self-isolate immediately and return home and contact your health care provider if you need medical attention.
- Individuals at risk for severe complications (over age 60 or have underlying medical conditions) should stay home to avoid exposure to COVID-19.
- Practice good hand hygiene with frequent handwashing for at least 20 seconds or use hand sanitizer (60-95% alcohol content).
- Cover coughs/sneezes with elbow or tissue (immediately discard tissues in garbage and wash hands).
- Avoid touching your face.
- Practice physical distancing of at least six (6) feet between you and others not in your household.
- Use cloth face coverings in public, as appropriate. As Oregon is reopening and restrictions are being lifted on businesses and public spaces, it may be difficult to ensure that you can stay six (6) feet away from others at all times. We recommend that everyone have a cloth or paper face covering available to use in public settings.
- Stay close to home, avoid overnight trips and other non-essential travel. Travel the minimum distance needed to obtain essential services; avoid traveling further than 50 miles from home. In rural areas, residents may have to travel greater distances for essential services, while in urban areas, residents may only need to travel a few miles for those services.

## Oregon Guidance for Employers on COVID-19

### General considerations for your workplace:

- Comply with any of the [Governor's Executive Orders](#) that are in effect.
- Know the [signs and symptoms of COVID-19](#) and what to do if employees develop symptoms at the workplace.
- Understand how COVID-19 is transmitted from one person to another—namely, through coughing, sneezing, talking, touching, or via objects touched by someone with the virus.
- Make health and safety a priority by implementing safeguards to protect employees and the public. Federal and state guidelines, including sector-specific guidance, will help you determine which safeguards are recommended or are required, for example, use of personal protective measures such as face coverings or masks.
  - CDC has detailed [general guidance](#) to help small businesses and employees prepare for the effects of COVID-19.
  - Oregon's specific guidelines for the following sectors can be found at (X):
    - Health care
    - Transit
    - Retail
    - Childcare/Early childhood education
    - Personal services
    - Outdoor recreation
    - Restaurants
- Consider modifying employee schedules and travel to reduce unnecessary close physical contact (physical distance of less than (6) six feet between people)
- Be aware of protected leave requirements and plan ahead for any anticipated workforce adjustments.
- Consider keeping a record of name, contact information and date/time of visit for customers/visitors for purposes of contact tracing if needed. Businesses should inform customers/visitors of the reason the information is being collected and how the information will be used. *Example language: This business is collecting basic information to share with public health in the event a COVID-19 case is identified associated with this business.*

### Modification of employee schedules and travel

Considerations for modifying employee schedules and travel as feasible:

- Identify positions appropriate for telework or partial telework, including consideration of telework for employees who are at higher risk for severe COVID-19 complications due to underlying medical conditions identified by the CDC.
- Stagger or rotate work schedules or shifts at worksites to ensure employees are able to sufficiently maintain physical distancing.
- Limit non-essential work travel.

### Workplace safety

Implement workplace safeguards as feasible or when required See also sector-specific guidance here.

- Implement physical distancing measures consistent with the Governor's Executive Order and state guidance.
- Increase physical space between workers. This may include modifications such as markings on the floor demonstrating appropriate spacing or installing plexiglass shields, tables or other barriers to block airborne particles and maintain distances. Review and follow any sector-specific guidance issued by the state that recommends or requires specific physical distancing measures.
- Restrict use of any shared items or equipment and require disinfection of equipment between uses.
- Reinforce that meticulous hand hygiene (frequent and proper handwashing) is of utmost importance for all employees. Ensure that soap and water or alcohol-based (60-95%) hand sanitizer is provided in the workplace. Consider staging additional hand washing facilities and hand sanitizer for employees (and customer use, if applicable) in and around the workplace.
- Regularly disinfect commonly touched surfaces (workstations, keyboards, telephones, handrails, doorknobs, etc.) as well as high traffic areas and perform other environmental cleaning.
- Employers may encourage employee use of cloth face coverings as appropriate or indicated by sector-specific guidance.
- Consider upgrades to facilities that may reduce exposure to the coronavirus, such as no-touch faucets and hand dryers, increasing fresh-air ventilation and filtration or disinfection of recirculated air, etc. Consider touchless payment method when possible and if needed.
- Limit the number of employees gathering in shared spaces. Restrict use of shared spaces such as conference rooms and break rooms by limiting occupancy or staggering use.
- Restrict non-essential meetings and conduct meetings virtually as much as possible. If in-person meetings are necessary, follow physical distancing requirements.
- Consider regular health checks (e.g., temperature and respiratory symptom screening) or symptom self-report of employees, if job-related and consistent with business necessity.
- Consider health checks (e.g., temperature and respiratory symptom screening) or self-report of visitors entering businesses.
- Train all employees in safety requirements and expectations at physical worksites.

## Employee leave and health insurance

Be aware of federal and state protected leave and paid leave laws (if applicable) and requirements for health insurance coverage:

- Advise employees to stay home and notify their employer when sick.
- Review and comply with any applicable requirements for maintaining employee health insurance coverage.
- Healthcare provider documentation is generally not required to qualify under federal and state leave laws due to COVID-19 related circumstances or to return to work.
- Review and comply with any applicable required federal and state leave law protections for employees who are unable to work due to COVID-19 related circumstances.
- Determine whether your business can extend paid or unpaid leave and if feasible adopt a temporary flexible time off policy to accommodate circumstances where federal or state law does not provide for protected or paid leave.

- Develop an action plan consistent with federal and state guidance if an employee develops symptoms while in the workplace, tests positive for COVID-19 or is determined to be presumptively positive by a public health authority.

## Downsizing and layoffs

If downsizing or other workforce adjustment measures are necessary, adhere to applicable state and federal requirements regarding notice of layoffs and recalls for affected workers:

- Determine whether alternatives to layoff may be feasible such as furloughs or reduced schedules.
- Refer employees to resources including filing for unemployment benefits and community services.
- Create a plan for recalling employees back to work.

## Union workplaces

If you have a unionized workforce, determine obligations to bargain with the union or unions which represent your employees.

## Links to additional information:

For the most up to date information from Public Health and the CDC:

- <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served//LE2356.pdf>
- <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/emerging-respiratory-infections.aspx>
- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

For COVID-19 Guidance from the State and Federal Sources:

Resources for businesses and employers to plan, prepare, and respond to COVID-19, which is available in English, Spanish, Chinese, Vietnamese and Korean: [www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html](http://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html)

- Oregon Bureau of Labor and Industries: Coronavirus and Workplace Laws. <https://www.oregon.gov/boli/Pages/Coronavirus-and-Workplace-Laws.aspx>
- Department of Labor Guidance: Employer Paid Leave Requirements for Covid-19 related circumstances. <https://www.dol.gov/agencies/whd/pandemic/ffra-employer-paid-leave>
- General guidance for businesses and employers to help them plan, prepare, and respond to COVID-19: [www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](http://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)
- Workplace cleaning and disinfecting recommendations, including everyday steps, steps when someone is sick, and considerations for employers: [www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](http://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)
- Safety practices for exposures in the workplace:
  - Cleaning and disinfection practices post exposure: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

- Safety practices for workers who may have had exposure to a person with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
- OSHA guidance on preparing workplaces for COVID-19:
  - Oregon OSHA: <https://osha.oregon.gov/Pages/re/covid-19.aspx> (English and Spanish links)
  - National OSHA: English: [www.osha.gov/Publications/OSHA3990.pdf](http://www.osha.gov/Publications/OSHA3990.pdf), and Spanish: [www.osha.gov/Publications/OSHA3992.pdf](http://www.osha.gov/Publications/OSHA3992.pdf)
- Oregon Employment Department: COVID-19 Related Business Layoffs, Closures, and Unemployment Insurance Benefits: [https://govstatus.egov.com/ORUnemployment\\_COVID19](https://govstatus.egov.com/ORUnemployment_COVID19)
- COVID-19 insurance and financial services information: <https://dfr.oregon.gov/insure/health/understand/Pages/coronavirus.aspx>

DRAFT

## Phase One Reopening Guidance

Sector: Retail

### Specific Guidance for Retail Stores:

Retail stores are required to:

- Limit the number of customers in the retail store and focus on maintaining at least six (6) feet of distance between people and employees in the store. Store management should determine maximum occupancy to maintain at least six feet of physical distancing, taking into consideration areas of the store prone to crowding such as aisles, and limit admittance accordingly.
- Post clear signage (available at [healthoregon.org/coronavirus](https://healthoregon.org/coronavirus)) listing COVID-19 symptoms, asking employees and customers with symptoms to stay home, and who to contact if they need assistance.
- Use signage to encourage physical distancing.
- Frequently clean and sanitize work areas, high-traffic areas, and commonly touched surfaces in both customer/public and employee areas of store.

To the extent possible, retail stores should:

- Strongly encourage all employees and customers to wear cloth face coverings. If a store sets a policy that all employees and customers are required to wear cloth face coverings, store management should consult with their legal counsel to determine whether or not such a requirement can be enforced and whether they will provide cloth face coverings for those who do not bring their own.
- Consider placing clear plastic or glass barriers in front of cashiers or customer service counters, or in other places where maintaining six (6) feet of physical distance between employees and customers is more difficult.
- Encourage one-way flow with marked entrances and exits, but do not block egress for fire exits. Use signage to direct one-way flow of traffic.
- Use signage and tape on the floor to maintain physical distancing while waiting for cashiers.
- Review and implement [General Employer Guidance](#), as applicable.

### Specific Guidance for Shopping Centers and Malls:

Shopping center and malls must:

- Keep any common area settings such as food courts and seating areas configured to support at least six (6) feet physical distance between parties (chairs, benches, tables).
- Determine maximum occupancy within the shopping center or mall to maintain at least six (6) feet physical distancing and limit admittance accordingly.
- Post signage at entrances, exits and common areas (seating areas, food courts, etc.) to discourage groups from congregating and remind customers and employees to keep six (6) feet of physical distance between individuals or parties while waiting.

To the extent possible, shopping centers and malls should:

- Designate specific entrances and exits to the shopping center or mall to constrain traffic flow and encourage physical distancing between customers. For entrances with a single door or single pair of doors, consider designating it entrance only or exit only if another entrance/exit exists and one-way flow through the area is feasible. Do not block egress for fire exits.

Additional Resources:

- OHA Guidance for the General Public
- OHA General Guidance for Employers

Additional State Resources Needed:

- Reopening checklist
- Symptoms and resource signage
- Signage to discourage gathering

## Phase One Reopening Guidance

Sector: Restaurants/Bars/Breweries/Tasting Rooms

### Specific Guidance for Restaurants, Bars, Breweries, Brewpubs, Wineries and Tasting Rooms

#### Distancing and Occupancy:

Businesses must:

- Ensure tables are spaced at least six (6) feet apart so that distancing of six (6) feet between parties is maintained, including when customers approach or leave tables. Businesses will need to determine seating configuration to comply with physical distancing requirements. If a business is unable to maintain at least six (6) feet of distance, it may operate only as pick up/to go service. This applies to both indoor and outdoor seating.
- Remove or restrict seating to meet the occupancy limit and to facilitate the requirement of at least six (6) feet of physical distance between people not in the same party.
- Limit number of customers on premises at one time, with a maximum restaurant occupancy of 50% of normal capacity as long as physical distancing requirements can be maintained.
- Limit parties to 10 people or fewer who have chosen to congregate together. People in the same party seated at the same table do not have to be six (6) feet apart.

#### Employees:

Businesses must:

- Minimize employee bare-hand contact with food through use of utensils. For Oregon Department of Agriculture (ODA)-licensed facilities, no bare-hand contact with food is permitted per their licensing requirements.
- Reinforce that meticulous hand hygiene (frequent and proper handwashing) is of utmost importance for all employees, including chefs, line cooks and waitstaff.
- Have employees wear gloves when performing cleaning, sanitizing, or disinfecting activities. For other activities, non-ODA licensed facility employees are not required to wear gloves. Wearing gloves for activities that might overlap with food handling can foster cross-contamination. If businesses choose to have employees use gloves, they must use non-latex

gloves and must prevent cross-contamination by replacing gloves after touching faces or changing tasks (e.g., food preparation versus taking out garbage). See attached OHA guidance regarding glove use.

#### Operations:

##### Businesses must:

- Adhere to guidance outlined in this document as well as all applicable statutes and administrative rules to which the business is normally subject.
- All on-site consumption of food and drinks, including alcoholic beverages must end by 10 p.m.
- Prohibit customer self-service operations, including buffets, salad bars, soda machines and growler refilling stations.
- Disinfect customer-contact surfaces at tables between each customer/dining party including seats, tables, menus, condiment containers and all other touch points.
- Provide condiments, such as salt and pepper, ketchup, hot sauce and sugar, in single-service packets or from a single-service container. If that is not possible, condiment containers should not be pre-set on the table and must be disinfected between each customer or dining party. Disinfection must be done in a way that does not contaminate the food product (for example, do not use a spray device on a saltshaker).
- Not pre-set tables with tableware (napkins, utensils, glassware).
- Prohibit counter and bar seating. This applies to all facilities including bars, breweries and tasting rooms. Counter and bar ordering is acceptable if the operation finds that this decreases worker exposure. Counter ordering approach requires that food and alcohol are taken to a table that meets distancing requirements for consumption and at least six (6) feet of physical distance is maintained among customers and employees during the ordering process.
- Assure customers remain at least six (6) feet apart when ordering and floors must have designated spots for waiting in line. Signage should be posted as necessary to ensure that customers meet the requirements of this guidance.
- Frequently disinfect all common areas and touch points, including payment devices.
- Use menus that are single-use, cleanable between customers (laminated), online, or posted on a whiteboard or something similar to avoid multiple contact points.

- Prohibit use of karaoke machines, pool tables, and bowling at this time.
- For use of juke box and coin-operated arcade machines, same protocols should be followed as outlined for Video Lottery Terminals below.

To the extent possible, businesses should:

- Assign a designated greeter or host to manage customer flow and monitor distancing while waiting in line, ordering and during the entering and exiting process. Do not block egress for fire exits.
- Limit the number of staff who serve individual parties. Consider assigning the same employee to each party for entire experience (service, bussing of tables, payment). An employee may be assigned to multiple parties but must wash hands thoroughly or use hand sanitizer (60-95% alcohol content) when moving between parties.
- Assign employee(s) to monitor customer access to common areas such as a restroom to assure that customers do not congregate.
- Strongly encourage all employees and customers to wear cloth face coverings. Customers do not need to wear face coverings while seated at the table. If a business sets a policy that all employees and customers are required to wear cloth face coverings, business management should consult with their legal counsel to determine whether or not such a requirement can be enforced and whether or not the business will provide a cloth face covering when a customer does not bring their own.
- ~~Employers should provide an adequate number of cloth face coverings for all employees. Masks are recommended for employees. If servers can maintain six feet of distance in taking orders, for communication purposes, no masks required, but recommended.~~
- Encourage reservations or advise people to call in advance to confirm seating/serving capacity. Consider a phone reservation system that allows people to queue or wait in cars and enter only when a phone call or text, or a restaurant-provided “buzzer” device, indicates that a table is ready.
- Consider staging hand-washing facilities for customer use in and around the business. Hand sanitizer is effective on clean hands; businesses may make hand sanitizer (at least 60-95% alcohol-based content) available to customers. Hand sanitizer must not replace hand washing by employees.
- Post clear signage (available at [healthoregon.org/coronavirus](http://healthoregon.org/coronavirus)) listing COVID-19 symptoms, asking employees and customers with symptoms to stay home, and who to contact if they need assistance.

Video Lottery Terminal (VLT) Operations:

Businesses must:

- Place VLTs at least six (6) feet apart, if there is space to do so. If VLTs cannot be spaced at least six (6) feet apart, the Oregon Lottery may turn off VLTs in order to maintain required physical distance between operating machines and players.
- Require individuals to request VLT access from an employee before playing; an employee must then clean and disinfect the machine to allow play. A business must not allow access to VLTs or change VLTs without requesting access from an employee.
- Consider a player at a VLT machine the same as a customer seated for table service.
- Limit one player at or around a VLT.
- Note: Oregon Lottery will not turn on VLTs until the agency is satisfied that all conditions have been met.
- Review and implement [General Employer Guidance](#), as applicable.

Additional Resources:

- OHA Guidance for the General Public
- OHA General Guidance for Employers

## Phase One Reopening Guidance

Sector: Child Care

### Specific Guidance for Child Care Sector:

Child care providers must:

- Limit the number of children in rooms:
  - Registered Family Provider – may have up to stable <sup>1</sup>groups of 10 children
  - Certified Family (CF) Provider – may have up to stable groups of 16 children (two distinct stable groups maximum in separate rooms)
  - Certified Center – may have up to stable groups of 18-21 provided that the center has 50-square-feet per child in classroom, otherwise center must adopt a smaller group size
- Adjust staffing ratios with mixed ages, based on the youngest child in the group, to:
  - Six weeks to 23 months – 1:4, maximum stable group size is eight children
  - 24 to 35 months – 1:5, maximum stable group size is 10 children
  - 36 months to kindergarten – 1:6, maximum stable group size is 18 children
  - Kindergarten and up – 1:7, maximum stable group size is 21 children
- Comply with cohorting requirements:
  - Up to two (2) groups of children may be allowed in a classroom over the course of the day for an AM/PM model if adequate sanitization protocols can be implemented between classes, including sanitization of high-touch surfaces, toys and materials. Sanitization practices must be observed for shared bathrooms, playgrounds and eating spaces.
  - The same staff must stay with the same group each day/week and cannot interact in person with other staff or groups of children.
  - When “floater” staff provide break relief for classroom staff, the “floater” staff must wear cloth face coverings and wash hands between classrooms. A child care provider must provide cloth face coverings or disposable face coverings to “floater” staff.
- Maintain increased OHA-ELD [cleaning protocols](#) for surfaces, linens, electronics, toys.

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<sup>1</sup> For purposes of this guidance, “stable” means the same group of children, and teacher and staff, are in the same group each day.

- For Registered and Certified Family Providers, additional sanitation requirements include:
- Keep a log with the following information for each child in care:
  - Child name
  - Parent/guardian name
  - Parent/guardian phone number
  - Date/time child was in care

To the extent possible, child care providers should:

- Prioritize care for families needing care due to essential infrastructure employment such as first responders, health care, grocery store employees, etc. This prioritization will be enforced for programs that are subsidized, and these programs must collect family employment type for children in their care.
- Permit child care provider staff to wear cloth face coverings if they choose.
- Review and implement [General Employer Guidance](#), as applicable.

Additional Resources:

- OHA Guidance for the General Public
- OHA General Guidance for Employers

## Phase One Reopening Guidance

Sector: Outdoor Recreation

### Specific Guidance for Outdoor Recreation Organizations:

Outdoor recreation organizations are required to:

- Prior to reopening after extended closure, ensure all parks and facilities are ready to operate and that all equipment is in good condition after the extended closure, according to any applicable maintenance and operations manuals and standard operating procedures.
- Prohibit parties from congregating in parking lots for periods longer than reasonable to retrieve/return gear and enter/exit vehicles.
- Reinforce the importance of maintaining at least six (6) feet of physical distance between parties (a group of 10 or fewer people) that arrived at the site together) on hiking trails, beaches and boat ramps through signage and education.
- Keep day-use areas that are prone to attracting crowds (including but not limited to playgrounds, picnic shelters, water parks and pools) and overnight use areas closed.
- Thoroughly clean restroom facilities at least twice daily and assure adequate sanitary supplies (soap, toilet paper, hand sanitizer) throughout the day. Restroom facilities that cannot be cleaned twice daily should be kept closed.
- Frequently clean and disinfect work areas, high-traffic areas, and commonly touched surfaces in both public and non-public areas of parks and facilities.
- Post clear signage (available at [healthoregon.org/coronavirus](https://healthoregon.org/coronavirus)) listing COVID-19 symptoms, asking employees and visitors with symptoms to stay home and who to contact if they need assistance.
- Keep any common areas such as picnic areas, day-use shelters, and buildings open to the public arranged so there is at least six (6) feet of physical distance between parties (chairs, benches, tables). Post clear signage to reinforce physical distancing requirements between visitors of different parties.

To the extent possible, outdoor recreation agencies should:

- Consider closing alternating parking spots to facilitate at least six (6) feet of physical distance between parties.

- Consider opening loop trails in a one-way direction to minimize close contact between hikers. Designate one-way walking routes to attractions if feasible.
- Encourage all employees and visitors to wear cloth face coverings when around others.
- Encourage the public to visit parks and recreation areas close to home, avoid overnight trips and not travel outside their immediate area (beyond 50 miles from home) for recreation. Visitors should bring their own food and hygiene supplies, as well as take their trash with them when they leave.
- Encourage the public to recreate with their own household members rather than with those in their extended social circles.
- Encourage the public to recreate safely and avoid traveling to or recreating in areas where it is difficult to maintain at least six feet from others not in their party.
- Position staff to monitor physical distancing requirements, ensure groups are no larger than 10 people, and provide education and encouragement to visitors to support adherence.
- Provide handwashing stations or hand sanitizer in common areas such as picnic areas, day-use shelters, and buildings open to the public.
- Consider placing clear plastic or glass barriers in front of cashiers or visitor center counters, or in other places where maintaining six (6) feet of physical distance between employees and visitors is more difficult.
- Review and implement [General Employer Guidance](#), as applicable.

Additional Resources:

- OHA Guidance for the General Public
- OHA General Guidance for Employers
- [CDC's Guidance for Administrators in Parks and Recreational Facilities](#)