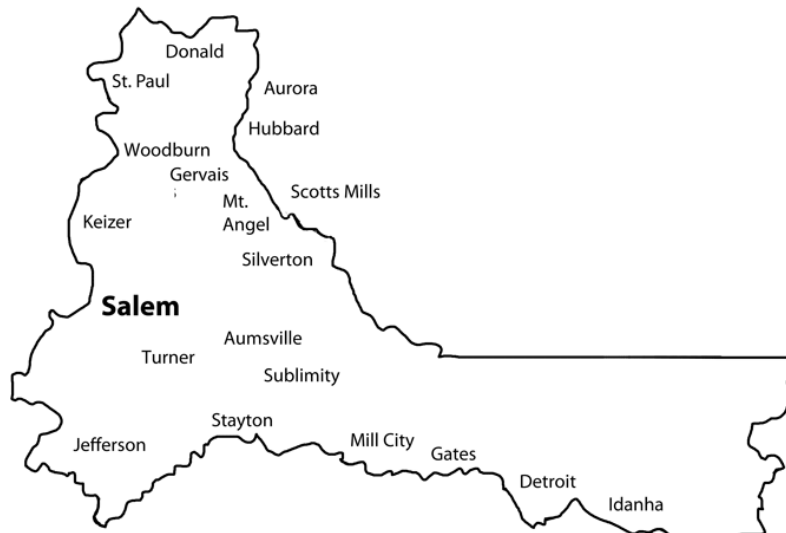




# Community Roadmap for a Limited Reopening of Marion County Strategic Framework

May 6, 2020



Marion County Board of Commissioners  
555 Court St.  
Salem, OR 97306  
(503) 588-5212





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# **I. Letter to Governor Brown & Preface**



# Marion County

OREGON

Board of Commissioners

(503) 588-5212  
(503) 588-5237-FAX

May 6, 2020

**BOARD OF  
COMMISSIONERS**

Colm Willis, Chair  
Sam Brentano  
Kevin Cameron

The Honorable Kate Brown  
Oregon Governor  
900 Court St. NE  
Salem, OR 97301

Dear Governor Brown:

**CHIEF  
ADMINISTRATIVE  
OFFICER**

Jan Fritz

Thank you for your leadership as we all work to reopen Oregon. Utilizing the public health framework for restarting community activities and businesses, Marion County stands ready to reopen on May 15, 2020 with a limited Phase One. We request your support to move forward.

Marion County has seen a decline of COVID-19 cases from a peak on April 19, 2020. If hot spots arise, we will deploy our county Rapid Response Team to immediately investigate and track new outbreaks. We also have EMT units across the county ready to assist with mass congregate group testing. We continue to acquire and dispatch symptomatic test kits and Santiam Hospital and Corban University are investigating the effectiveness of antibody testing. Our contact tracing capabilities have increased from 2.5 staff to the current 22 and are in the process of hiring additional staff, bringing on volunteers, and exploring a contract with Oregon State University for additional capacity to achieve our target for contact tracers. We have requested assistance from the Oregon Health Authority to train new contact tracers.

Hospitals in our county are prepared, ready, and committed to meet any surge and have reserved the required 20% bed capacities, along with the adequate supplies of PPE. We have provided the certifying letters from all three of our hospitals in the reopening plan appendix. Also included in the appendix is a letter from Dr. Christopher Cirino, Marion County Public Health Officer, as well as the Board of Commissioners resolution for reopening the county. Our Community Roadmap to Reopening Marion County includes the reopening guidance provided by your team, as well as, guidance we have developed for places of worship and health clubs.

We will continue with strong culturally appropriate education efforts throughout our community encouraging residents to be vigilant with social distancing, hand washing, wearing face coverings, disinfecting surfaces, and staying home if sick or instructed to quarantine.

Page 2  
Governor Brown  
May 6, 2020

In addition, we are collaborating with our adjacent counties, Linn and Polk, as several of our cities geographically straddle two counties. We commit to partnering on the hospital prerequisites in our designated Region 2.

It is critical for our county's economic stability to open businesses soon. We propose a phased, limited reopening to allow those suffering tremendous financial losses an opportunity to slowly reopen their businesses. The following roadmap is tailored to fit the specific needs of our communities for a thoughtful, balanced approach to a safe, strong, and sustainable Marion County. Thank you for your consideration and consent to move forward.

Sincerely,



Colm Willis, Chair



Samuel A. Brentano, Vice Chair



Kevin Cameron, Commissioner



## PREFACE

### Community Roadmap for a Limited Reopening

The Marion County Board of Commissioners and Marion County Health and Human Services Department have been working diligently on a strategy to reopen Marion County in cooperation and coordination with our community members, businesses, churches, and neighboring Linn and Polk counties.

This roadmap to reopening the county has the health and safety of the community at large as its primary concern, and the reopening strategy has been built around the Governor’s public health framework for reopening Oregon.

Governor Brown’s framework to reopen Oregon has gating criteria along with robust testing and contact tracing, healthcare system capacity, and plans for health and safety. Marion County has sufficient data collection and analysis to continue tracking and evaluating trends related to local testing, positive tests, cases, and hospitalizations.

Our contact tracing capabilities have increased from 2.5 staff to the current 22 and are in the process of hiring additional staff, bringing on volunteers, and exploring a contract with Oregon State University for additional capacity to achieve our target for contact tracers. We have requested assistance from the Oregon Health Authority to train new contact tracers. Similar to the state, Marion County’s proposed plan to reopen the county is based on three phases. These phases and the incremental reopening of civil and commercial life is summarized in the table below:

### SUMMARY OF ROADMAP TO REOPEN MARION COUNTY

<i>PHASE</i>	<i>DATE</i>	<i>GOAL</i>
<i>I</i>	<i>May 15, 2020</i>	<ul style="list-style-type: none"> <li>• <i>Open businesses, restaurants, bars, personal services, churches, theatres, health clubs, and county parks</i></li> </ul>
<i>II</i>	<i>Phase II</i>	<ul style="list-style-type: none"> <li>• <i>Meet gating criteria again</i></li> <li>• <i>Increase gatherings to 50</i></li> <li>• <i>Resumption of non-essential travel</i></li> </ul>
<i>III</i>	<i>Phase III</i>	<ul style="list-style-type: none"> <li>• <i>Meet gating criteria</i></li> <li>• <i>Mass gathering size increases</i></li> <li>• <i>Unrestricted staffing at worksites</i></li> <li>• <i>Nursing home visits allowed</i></li> <li>• <i>Additional seating at restaurants and bars</i></li> </ul>

See next page...

**Process for Revising Phases**

**These guidelines serve as a proposed community framework, but each phase may be adjusted as the understanding of local transmission changes over time.** If hospitals exceed capacity, the county will revert to the prior phase. This thoughtful, calculated, community coordinated reopening strategy is subject to modification and final approval by the Governor’s Office.



## **II. Meeting Governor Brown’s Gating & Preparedness Criteria**

## STATE OF OREGON PREREQUISITES CHECKLIST

PREREQUISITES	COUNTY
<b>1. Declining prevalence of COVID-19</b>	<ul style="list-style-type: none"> <li>• <i>Not required if &lt;5cases</i></li> <li>• <i>See charts on pages 14 and 15</i></li> </ul>
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.	NA
B. A 14-day decline in COVID-19 hospital admissions.	REQUIRED If >5 Cases
<b>2. Minimum Testing Regimen</b>	
Regions able to administer testing at a rate of 30 per 10,000 per week.	NA
Sufficient testing sites accessible to underserved communities	NA <ul style="list-style-type: none"> <li>• As of May 5, 2020 Marion County received 2,000 full test kits for distribution. Working with Woodburn Ambulance to get North Marion cluster tests done by end of May 15.</li> <li>• Designate test quantities for farm workers.</li> <li>• Work with PCUN and coordinate additional resources.</li> </ul>
<b>3. Contact Tracing System</b>	
County has 15 contact tracers per 100k people	REQUIRED <ul style="list-style-type: none"> <li>• Our contact tracing capabilities have increased from 2.5 staff to the current 22 and are in the process of hiring additional staff, bringing on volunteers, and exploring a contract with Oregon State University for additional capacity to achieve our target for contact tracers.</li> <li>• We have requested assistance from the Oregon Health Authority to train new contact tracers.</li> </ul>
County contact tracing workforce is reflective of the county and able to work in needed languages	REQUIRED <ul style="list-style-type: none"> <li>• Yes. Our workforce is bilingual in Spanish and Russian.</li> </ul>
County is prepared to trace 95% of all new cases within 24 hours	<ul style="list-style-type: none"> <li>• Marion County is rapidly ramping up contact tracers.</li> <li>• Our contact tracing capabilities have increased from 2.5 staff to the current 22 and are in the process of hiring additional staff, bringing on volunteers, and exploring a contract with Oregon State University for additional capacity to achieve our target for contact tracers. We have requested assistance from the Oregon Health Authority to train new contact tracers.</li> </ul>

## STATE OF OREGON PREREQUISITES CHECKLIST

PREREQUISITES	COUNTY
<b>4. Isolation Facilities</b>	
Counties have hotel rooms available for those who cannot self-isolate	<p>REQUIRED</p> <ul style="list-style-type: none"> <li>Marion County Health and Human Services Department has a written policy, guidelines and the ability to contract with hotels for this purpose.</li> <li>See Appendix VIII (E)</li> </ul>
Counties provide a narrative of how they will respond to three different outbreak situations in the county <i>(e.g. nursing home, jail, food processing facility, farmworker housing, other group living situation)</i>	<p>REQUIRED</p> <ul style="list-style-type: none"> <li>Marion County Health and Human Services Department has a written outbreak policy and guidelines that addresses investigations in all types of facilities.</li> <li>As with any communicable disease, Marion County is fully prepared to respond to outbreaks of COVID-19 in a wide variety of settings and situations. For example, as the leading agricultural county in Oregon, Marion County is prepared for a rapid, comprehensive response to any outbreak related to farmworker housing and food processing facilities. Additionally, as operator of one the region’s largest jails, Marion County is prepared to quickly address outbreaks in correctional facilities. For full narrative and policies, please see Appendix VIII (E)</li> </ul>
<b>5. Finalized Statewide Sector Guidelines</b>	
<b>6. Sufficient Health Care Capacity</b>	
Region must be able to accommodate a 20% increase in hospitalizations	<p>NA</p> <ul style="list-style-type: none"> <li>Hospitals provided letters to certify they have adequate PPE and 20% bed surge capacity.</li> <li>All three hospitals in Marion County have certified system surge capacity.</li> </ul>
<b>7. Sufficient PPE Capacity</b>	
Hospitals in region are reporting PPE supply daily through HOSCAP	Yes. Marion County hospitals are committed to providing this information on a daily basis. See letters from all three county hospitals in Appendix section.
Hospitals in region must have a 14 or 30 day supply of PPE depending on their size and whether they are a rural hospital.	NA
Counties must have sufficient PPE for first responders.	<p>REQUIRED</p> <ul style="list-style-type: none"> <li>Sufficient PPE for first responders confirmed. Also see resolution from the Marion County Board of Commissioners in Appendix section.</li> </ul>

**MARION COUNTY GATING CRITERIA AND CORE PREPAREDNESS MET**

	PREREQUISITES	MARION COUNTY
1	<p><b>Gating Criteria: 3 components</b></p> <p><b>A. Symptoms-Declining Numbers</b></p> <ul style="list-style-type: none"> <li>• Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period</li> <li>• Downward trajectory of COVID-like syndromic cases reported within a 14-day period</li> </ul> <p><b>B. Cases Declining Numbers</b></p> <ul style="list-style-type: none"> <li>• Downward trajectory of documented cases within a 14-day period</li> </ul> <p><b>C. Hospital capacity-regular procedures and adequate testing</b></p> <p><i>On April 23 Governor lifted executive order for hospitals and medical facilities to begin offering elective surgeries and non-urgent procedures starting May 1, 2020.</i></p>	<ul style="list-style-type: none"> <li>• Syndromics Tracking System Used by Emergency Rooms.</li> <li>• Downward trajectory of influenza and COVID-19 like syndrome cases verified by all hospital emergency departments.</li> <li>• Yes, we are tracking OHA reports and the county has its own tracking data. There has been a decline of cases from a peak on April 19, 2020.</li> <li>• Tracking at zip-code level for closer monitoring.</li> <li>• The county’s 3 regional hospitals have certified they have adequate PPE and 20% bed surge capacity.</li> <li>• Salem Hospital opening for elective surgeries May 1.</li> <li>• Marion County has 2,900 tests on hand.</li> <li>• Other health providers have sufficient tests.</li> </ul>

**MARION COUNTY GATING CRITERIA AND CORE PREPAREDNESS MET**

	<b>PREREQUISITES</b>	<b>MARION COUNTY</b>
2	<p><b>Core State Preparedness: 3 components</b></p> <ul style="list-style-type: none"> <li>• Robust testing and contact tracing</li> <li>• Robust testing program in place for at-risk healthcare workers, including emerging antibody testing</li> <li>• Contact tracing capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Currently testing 80 individuals per day. Target to test 200 per day for a total of capacity of 1,500 individuals per week.</li> <li>• EMT’s will administer tests in hot spots.</li> <li>• Santiam Hospital to begin antibody testing for at-risk healthcare workers in partnership with Corban University. Target testing scheduled for week of May 4.</li> <li>• Salem Health has been testing employees who meet the OHA screening criteria since COVID-19 arrived in the community. Beginning the week of May 4th, antibody testing is available to any Salem Health employee.</li> <li>• Representative Brian Clem and Marion County Health and Human Services Department working with vendors to increase availability of symptomatic and antibody tests for COVID-19.</li> <li>• Employs 22 FTE at monthly cost of \$175,000</li> </ul>
	<ul style="list-style-type: none"> <li>• Healthcare system capacity, including PPE and surge capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitals provided letters to certify they have adequate PPE and 20% bed surge capacity.</li> <li>• All three hospitals in Marion County have certified system surge capacity.</li> </ul>
	<ul style="list-style-type: none"> <li>• Plans for health and safety</li> </ul>	<ul style="list-style-type: none"> <li>• Health and Human Services will continue community education.</li> <li>• There is adequate PPE for first responders.</li> <li>• Health and Human Services will deploy county Rapid Response Team to hotspots.</li> </ul>
3	<p><b>Phased lifting of restrictions: 3 components</b></p> <ul style="list-style-type: none"> <li>• Phase 1</li> <li>• Phase 2</li> <li>• Phase 3</li> </ul>	<ul style="list-style-type: none"> <li>• Follow state guidelines. (Note exceptions on Page 16)</li> </ul>

**A. Prerequisites to Reopening Checklist**

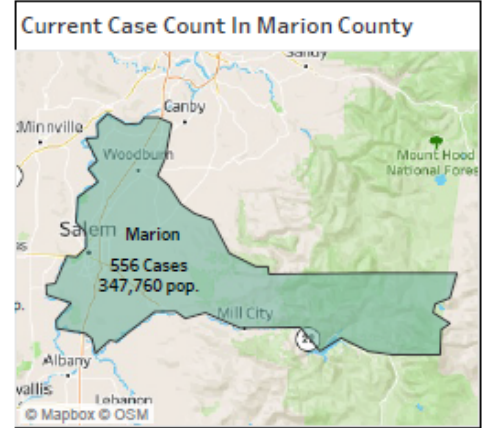
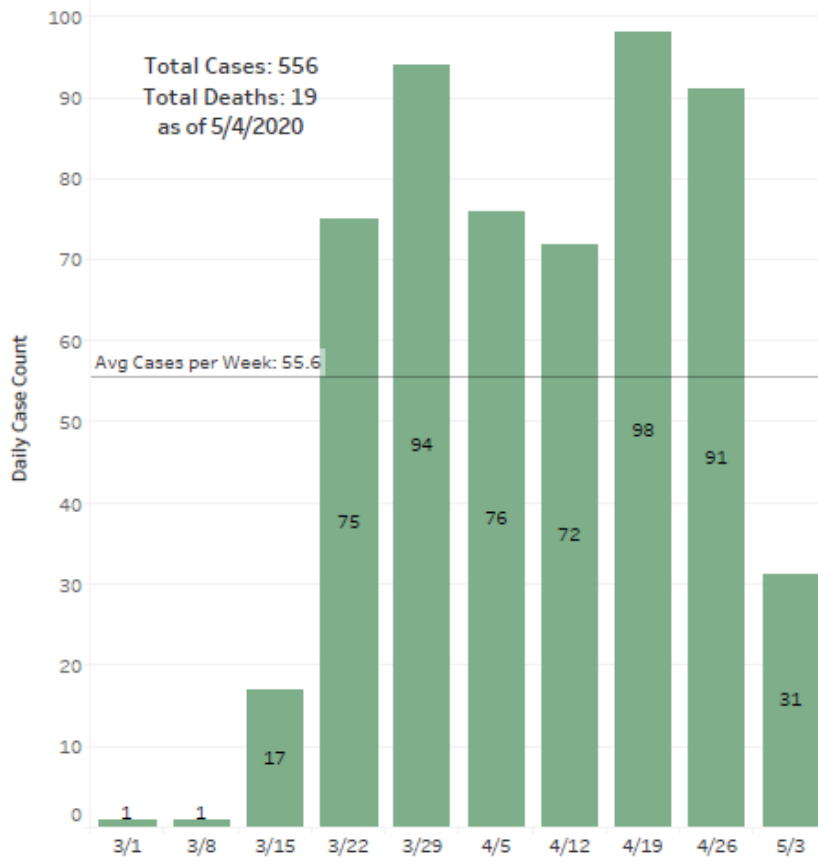
<b>PREREQUISITES TO REOPENING CHECKLIST</b>	<b>MARION COUNTY</b>
<ul style="list-style-type: none"> <li>• Letter from the CEOs and CMOs of hospitals within the county committing to daily PPE reporting to OHA, PPE supply chain reliability and hospital bed surge capacity.</li>   <li>• Recommendation letter from the County Public Health Officer.</li>   <li>• Vote of the County governing body certifying PPE for first responders is sufficient.</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Letters Received: April 24, 2020</i></li> <li>• <i>Salem Hospital (4/24), Santiam Hospital, and Legacy Silverton Medical Center submitted letters to the County certifying they have adequate PPE and 20% bed surge capacity.</i></li>   <li>• <i>County Public Health Officer letter submitted recommending the reopening of the county effective May 5, 2020.</i></li>   <li>• <i>Marion County Board of Commissioners certify sufficient PPE for first responders per board resolution 5/6/2020</i></li> </ul>

# MARION COUNTY

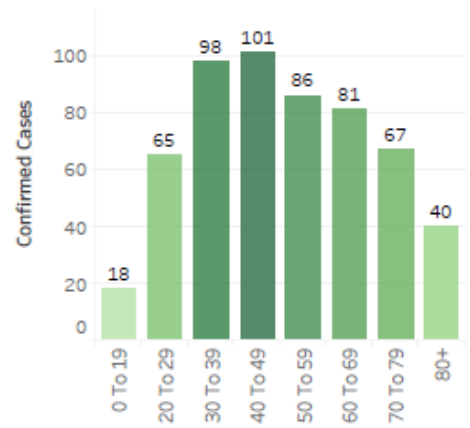
## COVID-19 Case Distribution by Week and Age Group

### COVID-19 Case Status as of 5/4/2020, 11 am

Case Distribution by Week for Marion County  
(final week is incomplete)



Cumulative Cases by Age Group  
(ending 5/4/2020)

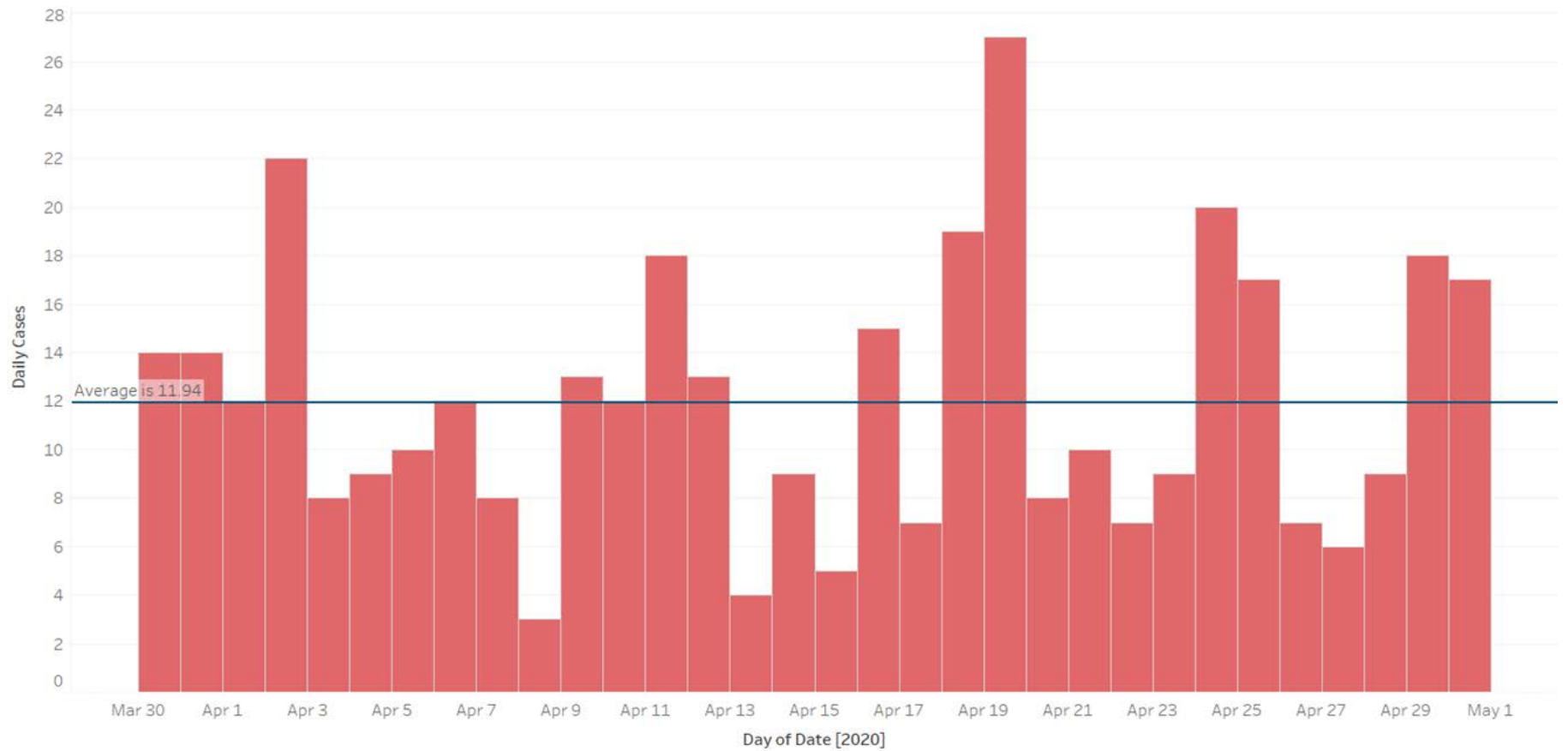


# Marion County

## DAILY AVERAGE COVID-19 POSITIVE TESTS

March 30-May 1

Sheet 1



The plot of sum of Daily Cases for Date Day. The data is filtered on Date, which includes dates on or after 3/30/2020 12:00:00 AM.



## **III. Marion County Roadmap for Reopening Businesses: Phase I**

**PHASE ONE MARION COUNTY REOPENING: SPECIFIC TYPES OF EMPLOYERS**

#	Venues	Phase One – Federal proposal	Oregon Modifications Under Consideration**	Marion County
1	Schools and organized youth activities	Remain closed	Additional childcare reopening in Phase One	<ul style="list-style-type: none"> <li>• Remain closed.</li> </ul>
2	Visits to hospitals and senior living facilities	Prohibited		<ul style="list-style-type: none"> <li>• Prohibited</li> </ul>
3	Non-emergency procedures	Can resume, as clinically appropriate	Oregon regional policy under review	<ul style="list-style-type: none"> <li>• May resume on May 1 as per Governor’s lifting of executive order.</li> <li>• Work with three county hospitals to meet governor’s criteria for non-emergency procedures.</li> </ul>
4	**Restaurants; Bars; Breweries; Brew-Pubs & Wineries	Strict physical distancing and sanitation protocols	Work group to propose Phase One plan- see following information	<ul style="list-style-type: none"> <li>• <b>Phase 1</b> on May 15</li> <li>• Implement state workgroup plan with strict physical distancing and sanitation protocols with up to 50% of normal capacity.</li> </ul>
5	Retail		Workgroup recommendations attached (State Guidelines)	<ul style="list-style-type: none"> <li>• Open <b>Phase I</b> on May 15</li> <li>• Implement state workgroup plan with strict physical distancing and sanitation protocols with up to 50% of normal capacity.</li> </ul>
6	Child Care		Workgroup recommendations attached (State Guidelines)	<ul style="list-style-type: none"> <li>• Open <b>Phase I</b> on May 15</li> <li>• Implement state workgroup plan with strict physical distancing and sanitation protocols with up to 50% of normal capacity.</li> </ul>

#	Venues	Phase One – Federal proposal	Oregon Modifications Under Consideration**	Marion County
7	Personal services	Not specifically called out	Work group to propose Phase One plan	<ul style="list-style-type: none"> <li>• Open <b>Phase I</b> operations on May 15.</li> <li>• Currently being developed pursuant to State of Oregon guidelines</li> </ul>
8	Outdoor Recreation; All County Parks and Boat Ramps	N/A		<ul style="list-style-type: none"> <li>• Open in Phase I</li> <li>• All Marion County parks and boat ramps will open May 15 with physical distancing protocols.</li> <li>• Restrooms and playgrounds remain closed</li> </ul>
<b>Opening Additional Marion County Venues</b> <i>[It is our understanding that the state is working on guidelines for the following]</i>				
9	Churches, Synagogues, Places of Worship			<ul style="list-style-type: none"> <li>• * Open in Phase 1 on May 15</li> <li>• Up to 50% maximum capacity</li> <li>• Pursuant to guidelines developed in partnership with the State of Oregon</li> <li>• Comparable to the restaurants, bars and breweries guidelines</li> <li>• Strict physical distancing sanitation &amp; protocols</li> </ul>
10	Health Clubs	Strict physical distancing and sanitation protocols	Likely remain closed during Phase One	<ul style="list-style-type: none"> <li>• *Open in Phase 1 on May 15</li> <li>• Up to 50% maximum capacity</li> <li>• Pursuant to guidelines developed in partnership with the State of Oregon</li> <li>• Comparable to the restaurants, bars and breweries guidelines</li> <li>• Strict physical distancing, sanitation protocols</li> </ul>
11	Bowling			<ul style="list-style-type: none"> <li>• *Open in Phase 1 on May 15</li> <li>• Up to 50% maximum capacity</li> <li>• Pursuant to guidelines developed in partnership with the State of Oregon</li> <li>• Comparable to the restaurants, bars and breweries guidelines</li> <li>• Strict physical distancing, sanitation protocols</li> </ul>
12	Night Clubs	N/A		<ul style="list-style-type: none"> <li>• * Phase III</li> </ul>

\* Restaurants/Bars/Merchants must post separate safety signage procedures for public and employees in front of business

**# Corresponds to detailed opening guidelines on following page**

## **Phase One Reopening Guidance (State of Oregon)**

**VENUE # 1-** Schools and organized youth activities: No county jurisdiction.

**VENUE # 2-** Visits to hospitals and senior living facilities: No county jurisdiction.

**VENUE # 3-** Governor Brown lifts order delaying non-urgent procedures for hospitals, surgical centers, medical offices, and dental offices effective May 1.

### **Governor's COVID Response Team Guidelines**

*The following guidelines are from a meeting convened by the Mid-Valley Regional Economic Recovery Team Overview of reopening Framework meeting held on April 30, 2020. Meeting was chaired by Jody Christensen, Office of Governor Kate Brown.*

### **VENUE # 4: Restaurants/Bars/Breweries/Brewpubs/Wineries/Tasting Rooms Guidelines**

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 wait staff.

- 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

## **VENUE 5: Retail Guidelines**

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](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.
- 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

## **VENUE 6: Child Care Guidelines**

Child care providers must:

- Limit the number of children in rooms:
  - Registered Family Provider – may have up to stable cohort <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.
  - 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

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

## **VENUE 7: Personal Services**

### **DRAFT**

Specific Guidance for Personal Services Providers:

#### **Client Screening:**

Providers are **required** to:

- Contact client prior to appointment and ask:
  - Have you had a cough?
  - Have you had a fever?
  - Have you had shortness of breath?
  - Have you been in close contact with anyone with these symptoms or anyone who has been diagnosed with COVID-19 in the past 14 days?
- Reschedule an appointment if client answers “yes” to any of the questions above until client’s symptoms (cough, fever and shortness of breath) have been resolved, and fever has been resolved without medication for at least 72 hours, or at least 14 days after contact with a person sick with cough, fever, or diagnosed COVID-19.
- Review [information about how COVID-19 is spread](#) from one person to another: namely, through coughing, sneezing, touching, or via objects touched by someone with the virus.
- Record client contact information, date and time of appointment and provider for each client. If there is a positive COVID-19 case associated with the business, public health may need the business to provide this information for a contact tracing investigation. Unless otherwise required, this information may be destroyed after 60 days from the appointment.

To the extent possible, providers should, but are not required to:

- Consider using touchless infrared thermometers to check temperature of each client who enters the business.
- Explain to any client who has a temperature above 100.3 degrees Fahrenheit that services cannot be provided, and the appointment will be rescheduled until at least 72 hours after fever and other symptoms have resolved without medication. If the client must wait for a ride home, provide a space where the client may self-isolate away from employees and other clients.

## Operations:

Providers are **required** to:

- Immediately send home any employee with COVID-19 like symptoms (cough, fever, shortness of breath, etc.) and not allow the employee to return to work until at least 72 hours after fever and other symptoms have resolved without medication.
- Adhere to the requirements outlined in this guidance, as well as all applicable statutes and administrative rules to which the provider is normally subject.
- Determine, in cooperation with business management as necessary, the maximum occupancy of the business to maintain at least six (6) feet of physical distancing between clients and limit admittance accordingly.
- Limit the overall number of providers and clients in the business (including waiting areas) at any one time and focus on maintaining at least six (6) feet of physical distance between people in the facility except when required to provide services such as massage, haircuts, etc.
- Have clients wait in their car or outside to be contacted when the provider is ready for the appointment.
- Limit visits to scheduled appointments. Provide curbside pick-up arranged ahead of time for product purchases outside of scheduled service appointments.
- Assign one provider per client throughout the encounter.
- Ensure at least six (6) feet of physical distance between pairs of provider/clients. If necessary, use limited number of stations and stagger shifts to adhere to physical distance requirements. Maintain at least six (6) feet of distance between provider and client unless providing service that requires provider to be within six (6) feet of client.
- Post clear signs listing COVID-19 symptoms, asking employees and clients with symptoms to stay home, and who to contact if they need assistance.
- Remove all unnecessary items such as magazines, newspapers, service menus, and any other unnecessary items such as paper products, snacks, and beverages.
- Provide training, educational materials (available at [healthoregon.org/coronavirus](https://healthoregon.org/coronavirus)), and reinforcement on proper sanitation, handwashing, cough and sneeze etiquette, and using other protective equipment and measures to all employees.
- Ensure breakrooms are thoroughly cleaned and disinfected and that employees do not congregate in them.

- Thoroughly clean restroom facilities at least once daily and ensure adequate sanitary supplies (soap, toilet paper, hand sanitizer) throughout the day.
- Review and implement [General Employer Guidance](#), as applicable.

To the extent possible, providers should, but are not required to:

- Consider using plastic covers for cloth-covered seating because they cannot be properly cleaned and disinfected.
- Consider discontinuing use of paper appointment books or cards and replace with electronic options.
- Limit the exchange of cash, and wash hands thoroughly after each transaction. Credit/debit it/debit transactions or other electronic means of payment are preferred, using touch/swipe/no signature technology.

Personal protective measures:

Providers are **required** to:

- Provide and wear cloth, paper or disposable face coverings when providing direct client services.
- Drape each client in a clean cape, if applicable, for the service. Businesses may consider using disposable capes for one-time use.
- Wear a clean smock with each client. Businesses may consider using disposable smocks/gowns for one-time use.
- Wash hands with soapy, warm water, for a minimum of 20 seconds between each client service.
- Request that clients wash hands with soapy, warm water, for a minimum of 20 seconds prior to receiving service.
- Wash hands after using the telephone, computer, cash register and/or credit card machine, and wipe these surfaces between each use.
- Ensure all sinks in the workplace have soap and paper towels available.
- Post handwashing signs in restrooms.

To the extent possible, providers should, but are not required to:

- Consider using touchless infrared thermometers to check temperature of each employee before their shift begins. Immediately send home any employee who has a temperature above 100.3 degrees Fahrenheit and do not allow the employee to return to work until at least 72 hours after fever and other symptoms have resolved without medication.

- Wear medical grade masks when providing services that require close contact (within 6 feet), such as in the case of a haircut, massage or pedicure.
- Wear face shields in addition to a face covering for face-to-face services, such as mustache trims and brow waxing.
- Provide employees medical grade masks and face shields if provider is requiring their use for certain services.
- Have clients wear cloth, paper or disposable face coverings, as appropriate for the service. Some services may not require the client to wear face covering; for example, a client does not need to wear a face covering when face-down on a massage table. Some services, such as mustache or beard trims, may require the cloth, paper or disposable face covering to be temporarily removed.
- Wear disposable gloves when providing client services and change gloves between each client.
- Ask clients to wash their own hair prior to arriving for their appointment.
- Avoid face-to-face contact within six (6) feet of clients.
- Change into clean clothes between clients if providing services that require extended close client contact such as massage therapy and tattoo artistry.
- Change into clean clothes before leaving the business each day.

#### Cleaning and Disinfection:

Providers are **required** to:

- Thoroughly clean and disinfect all areas of business prior to reopening after extended closure. Disinfect all surfaces, tools, and linens, even if they were cleaned before the business was closed.
- Use disinfectants that are Environmental Protection Agency (EPA)- registered and labeled as bactericidal, viricidal and fungicidal. No product will be labeled for COVID-19 yet, but many will have human coronavirus efficacy either on the label or available on their website. The EPA has a list of disinfectant products that meet EPA criteria for use against the virus that causes COVID-19. If in doubt of the product's effectiveness, check the [EPA website](#).
- Mix and change disinfectant for immersion of tools daily and replace sooner if it becomes contaminated throughout the workday. Disinfectant only works on a clean surface, so clean all surfaces and tools with hot soapy water, other appropriate cleaner or cleaning wipes (if using wipes, be sure to cover surface thoroughly) before disinfecting.
- Observe contact time on the label so disinfectant will work. Contact time refers to how long the disinfectant is visibly wet on the surface, allowing it to thoroughly destroy pathogens. Typical contact time for immersion/sprays is ten (10) minutes, for disinfectant wipes, time is two (2) to four (4) minutes.
- Clean and disinfect all workstation and treatment room surfaces, including countertops, cabinets and doorknobs, chairs, head rests and arm rests. Clean and disinfect all reusable tools and store in airtight container. Clean and disinfect all appliances (including cords), shears, clippers, clipper guards, clippers, rollers, combs,

brushes, rolling carts and any other items used to provide client services.

- Check to make sure all products at workstations, such as lotions, creams, waxes, scrubs, and any other similar supplies have always been in a closed container. If not, discard and replace. Remove and discard any products that could have been contaminated by unsanitary use and replace with new product.
- Clean and disinfect hard non-porous surfaces, glass, metal and plastic, including work areas, high-traffic areas, and commonly touched surfaces in both public and employee-only areas of the business.
- Only use porous/soft surfaces (such as cardboard files, buffers, drill bits, etc.) once and then discard because they cannot be disinfected.
- Launder all linens, blankets, towels, drapes, and smocks in hot soapy water and dry completely at the warmest temperature allowed. Store in an airtight cabinet after each client use. Store all used/dirty linens in an airtight container.
- Clean and disinfect all linen hampers and trash containers and only use a container that can be closed and use with liners that can be removed and discarded.
- Clean and disinfect all retail areas at least daily, including products. Try to keep clients from touching products that they do not plan to purchase.
- Provide hand sanitizer and tissues for employees and clients, if available.
- Clean and disinfect ALL restroom surfaces including floors, sinks, and toilet bowls. Store paper products in a closed cabinet and provide hand soap. Place trashcan by the door. Remove anything that does not have to be in the restrooms.
- Clean and disinfect all bowls, hoses, spray nozzles, foist handles, shampoo chairs and arm rests between each use. Wipe down all back-bar products and shelves. Discard and replace any products that have not been stored in a closed container prior to reopening after extended closure.
- Empty all wax pots and disinfect before refilling them with new wax prior to reopening after extended closure. Purchase new single-use applicators that can be disposed of in an airtight trash can. The airtight trash can must have a lid and be lined with a disposable plastic bag.

To the extent possible, providers should, but are not required to:

- Provide hand sanitizer at all work locations for employees and clients.

Additional Resources:

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



## **VENUE 8: Outdoor Recreation Guidelines**

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](http://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

## **VENUE 9: Churches, Synagogues, Places of Worship**

Phase One Reopening Guidance Sector: Places of Worship

### **Distancing and Occupancy:**

#### Places of Worship must:

- Ensure seating in worship spaces is marked (6) feet apart so that distancing of six (6) feet between parties is maintained, including when people approach or leave their seating area. Places of Worship will need to determine seating configuration to comply with physical distancing requirements. If a Place of Worship is unable to maintain at least six (6) feet of distance, it may not open under these guidelines. This applies to both indoor and outdoor seating and for all parts of the worship service.
- 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 people on premises at one time, with a maximum 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 from the same household in the same party seated in the same pew/row do not have to be six (6) feet apart.
- Keep any common areas configured to support at least six (6) feet physical distance between parties.
- If a person is singing without a face covering, ensure that the person is at least twenty four (24) feet from any other person. Persons singing with face coverings must maintain at least twelve (12) feet social distancing.

### **Employees:**

#### Places of Worship must:

- Reinforce that meticulous hand hygiene (frequent and proper handwashing) is of utmost importance for all employees, including clergy and staff.
- Have employees wear gloves when performing cleaning, sanitizing, or disinfecting activities.
- Review and implement General Employer Guidance, as applicable.

## **Operations:**

### Places of Worship must:

- Adhere to guidance outlined in this document as well as all applicable statutes and administrative rules to which the place of worship is normally subject.
- Disinfect contact surfaces between each party including seats, pews, tables.
- 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.

### • Frequently disinfect all common areas and touch Points. To the extent possible, places of worship should:

- Assign a designated greeter or host to manage person flow and monitor distancing during the entering and exiting process. Do not block egress for fire exits.
- Assign employee or volunteer to monitor access to common areas such as a restroom to assure that people do not congregate.
- Strongly encourage all employees and worshipers to wear cloth face coverings.
- Consider providing an adequate number of cloth face coverings for all employees and congregants. If people can maintain six feet of distance, for communication purposes, no masks required, but recommended.
- Consider staging hand-washing facilities for use in and around the place of worship. Hand sanitizer is effective on clean hands; places of worship may make hand sanitizer (at least 60-95% alcohol-based content) available to people. Hand sanitizer must not replace hand washing by employees.
- Consider limiting the duration of a service to one hour or less
- Consider posting clear signage (available at [healthoregon.org/coronavirus](http://healthoregon.org/coronavirus)) listing COVID-19 symptoms, asking employees and people with symptoms to stay home, and who to contact if they need assistance.

## **VENUE 10: Health Clubs**

### **For Fitness Centers:**

- Eliminate all over-the-counter transactions.
- No health/fitness classes.
- Consider longer operating hours to spread member use out and allow for required social distancing
- Staff all hours to ensure good social distancing is observed by users.
- Space cardio equipment: Treadmills, elliptical machines, etc must be spaced at least six feet apart.
- Sanitize and disinfect any equipment after use.
- Locker rooms to remain closed.
- Hand sanitizer stations should be readily available as members circulate around the club, and readily available in areas where members are using any type of equipment, doors or other surfaces.
- No contact sports: Sports like basketball that involve physical contact are prohibited.
- Limit the number of people allowed in each area of the club. Staff must monitor and enforce these limits in all locations.
- Post signage at entrances, exit, and common areas to discourage groups from congregating and remind customers and employees to keep six (6) feet of physical distance between individuals.
- Schedule appointments to use pools and close every other swim lane maintain social distancing.
- Shower with soap must be available to use pool.
- Maintain pool chemistries and record results as required by law.
- To the extent possible, designate specific entrances and exits to the facility 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.

The above lists are not all encompassing but provide an overview of what is being proposed.

### **Additional Resources:**

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

## **VENUE 11: Bowling Alley**

Information provided by local business

### **Health, Safety & Sanitation**

- All employees will complete a health survey prior to each shift.
- COVID-19 training for employees.
- COVID-19 awareness and Social Distancing signage will be posted for guests at entrance and throughout the facility so everyone understands the steps we must take to keep our community safe.
- Protective wear will be provided for employee use.
- Floor mats and stickers will be applied to the floors indicating safe social distancing practices.
- Directional signs to prevent “wandering around”.
- Close monitoring of bathrooms: capacity, cleanliness and sanitation.
- Hand sanitizer and/or hand washing stations will be available to all customers and employees.
- Additional hand sanitation stations have been added to the building and will be visible throughout the building.
- Bowling balls will be sanitized after each use by being fully immersed in an alcohol based sanitizing cleaner.
- Sanitize rental shoes with disinfectant spray after guest use, and store behind the front desk only accessible to employees.
- Common areas and surfaces will be cleaned and sanitized regularly.
- Provide cashless payment options.
- Schedule staff to ensure employees are able to best maintain physical distancing.
- Groups will be limited to no more than 10 people as per guidelines per the governor's executive order.
- Employee(s) to be stationed at the bowling center and restaurant entrances to monitor capacity, group size, provide customers with safety protocols and instructions, and will collect basic guest visit information to share with public health in the event a COVID-19 case is identified associated with this business.

### **Bowling Center Management**

- Leaving a minimum of 1 lane dark or not in use, which is approximately 6 feet distancing.
- Recommending reservations to avoid waiting guests.
- Guests will be asked to leave all bowling equipment (balls and shoes) at their lane when done.
- Bowling center employees will remove and sanitize all equipment, tables, chairs, keypads promptly.

### **Food & Beverage Management**

- Menus are displayed on large electronic devices at the Snack Bar and provided in disposable/single-use versions upon request.
- Dine-In menus available as disposable/single-use.
- Carry-Out food options available; orders to be coordinated by phone to reduce walk-in foot traffic.
- Place settings, utensils, and condiments will be single-use.
- Employees will deliver customer food & beverage orders directly to bowling lane(s), and customers will be instructed to allow employees to bus their area.
- All indoor and outdoor seating options will comply with the appropriate capacity and social distancing guidelines of no more than 10 people per group, and 6 foot spacing as per governor's exec order.

### **Arcade Management**

- Restricted Entry and Exit into Arcade to control capacity and provide instruction on proper spacing and sanitation.
- Floor markings to control traffic flow.
- Space arcade machines at least 6 feet from each other or disable/remove games to accommodate appropriate spacing.
- Hand sanitizing will be required for entrance into the arcade area.
- Touch screens, keypads and hand-helds will be sanitized after each use.

## **VENUE 12: Night Clubs (Phase II)**

## **IV. Individual Citizen Responsibilities**

### **General Guidance for the Public: Including Core Actions**

- Practice physical distancing of at least six (6) feet between you and others not in your household.
- Use face coverings in public, as appropriate. As 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 or when 6 feet distancing cannot be achieved.
- 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).
- 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 65 or have underlying medical conditions) should stay home to avoid exposure to COVID-19.
- Avoid touching your face.
- 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.



## **V. State of Oregon: General Business Workplace Guidelines**

## **OREGON GUIDANCE FOR ALL 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
    - Places of worship
- Consider modifying employee schedules and travel to reduce unnecessary close physical contact (physical distance of less than (6) six feet between people). If unavoidable, wear masks.
- 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 6 feet physical distancing measures for employees and customers 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/ffcra-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:
  - o Cleaning and disinfection practices post exposure:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

- o 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:
  - o Oregon OSHA: <https://osha.oregon.gov/Pages/re/covid-19.aspx> (English and Spanish links)
  - o 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>

## VI. Marion County Roadmap for Reopening: Phase II and III Details

STATE OF OREGON Phases II and III	MARION COUNTY Phase II And III
Wait 14 days, pass the gating criteria again, then move to the next phase.	<ul style="list-style-type: none"> <li>• <i>Targeting Phase I to begin May 15, 2020</i></li> </ul>
<u>Phase 2:</u> ** Gatherings increase to 50, non-essential travel can resume, schools and gyms can open under physical distancing.	<ul style="list-style-type: none"> <li>• <i>Gatherings increase to 50, non-essential travel can resume, and schools can open under physical distancing.</i></li> </ul>
<u>Phase 3:</u> ** Mass gatherings size increases, worksites have unrestricted staffing, visitors to nursing homes allowed, restaurants and bars can have more seating.	<ul style="list-style-type: none"> <li>• <i>** Mass gatherings size increases, worksites have unrestricted staffing, visitors to nursing homes allowed, restaurants and bars can have more seating.</i></li> <li>• <i>Will monitor and allow as conditions improve</i></li> </ul>

# VII. Continuous Evaluation Plan

## **SUSTAINED REDUCTION OR STABILITY IN NEW CASES FOR 14 DAYS.**

A prolonged reduction or steadiness in new cases for 14 days is an indicator for movement towards the next phase. Although most cases occur within 5-7 days of exposure, almost all are evident by 14 days.

Conversely, a statistically significant increase in new cases will require a full evaluation of the current circumstances. It may mean making mid-phase adjustments (such as re-imposing stricter physical distancing guidelines) or even needing to revert to an earlier phase of opening. A significant increase in new cases over the course of five days would be a cause for systematic review. However, phase decisions should reflect a precise understanding of local trends. If, for instance, the Marion County Health and Human Services Department identifies a specific cluster and is able to isolate COVID-positive cases and quarantine people who were in close contact quickly, movement towards greater reopening could continue, even with an increase in positive cases. This illustrates the critical importance of contact tracing and effective public health measures described below.

Reliable community-wide testing by public health and private providers should continue to be extended and scaled up. Given the current national supply chain challenges, testing should prioritize those with symptoms, people who have been in close contact with a confirmed case, suspected cases in congregate living sites and health care workers. Close contacts include household members and others who have had at least a 10-minute face-to-face encounter with a case, at a distance of less than 6 feet apart.

It is important that test results be available quickly. In an effort to contain the spread of the virus, the Marion County Health and Human Services Department will prioritize rapid contact tracing for presumptive cases who are waiting on lab results to quickly quarantine their contacts, which reduces the risk of ongoing community transmission.

Health departments need resources to conduct rapid and effective investigations and monitor cases and contacts effectively. The county currently has 22 Public Health staff providing case investigations, contact calls, worksite investigations and contact tracing and is in the process of hiring additional staff to conduct robust contact tracing throughout Marion County. As we continue to increase our capacity by hiring additional staff or re-deploying existing staff towards this critical function, Marion County Health & Human Services Department has increased capacity from 2.5 FTE up to the current 22 staff.

This has included onboarding of new staff, extensive training, obtaining access to critical systems and the oversight and management of this large team performing critical case investigation and disease surveillance. The county health department will document, consistently interview, and close contacts on all new cases within 24 hours of notification and provide initial notification to contacts within 48 hours. Cases, and their close contacts will be monitored daily.

Health care system capabilities remain within current and forecasted surge capacity. The county health department will monitor the availability of regional hospital beds, ICU beds, ventilators,



and supplies to ensure they are adequate if cases surge. State, federal, and county acquired stockpiles will be used to fill in shortages when possible.

The Marion County Board of Commissioners reserve the right to modify these guidelines as circumstances warrant and recognize that additional restrictions not reflected in these guidelines may be needed to address the health and safety of county residents.

## **VIII. APPENDIX**

- a. Hospital Letters of Commitment**
- b. County Public Health Officer's Letter**
- c. Board Resolution**
- d. Region 2: Hospital Requirements**
- e. County Health Department Supplemental Documents**

**A. Hospital Letters of Commitment**



Salem Health  
 P.O. Box 14001  
 Salem, Oregon 97309-5014  
 503-561-5200 • salemhealth.org

April 23, 2020

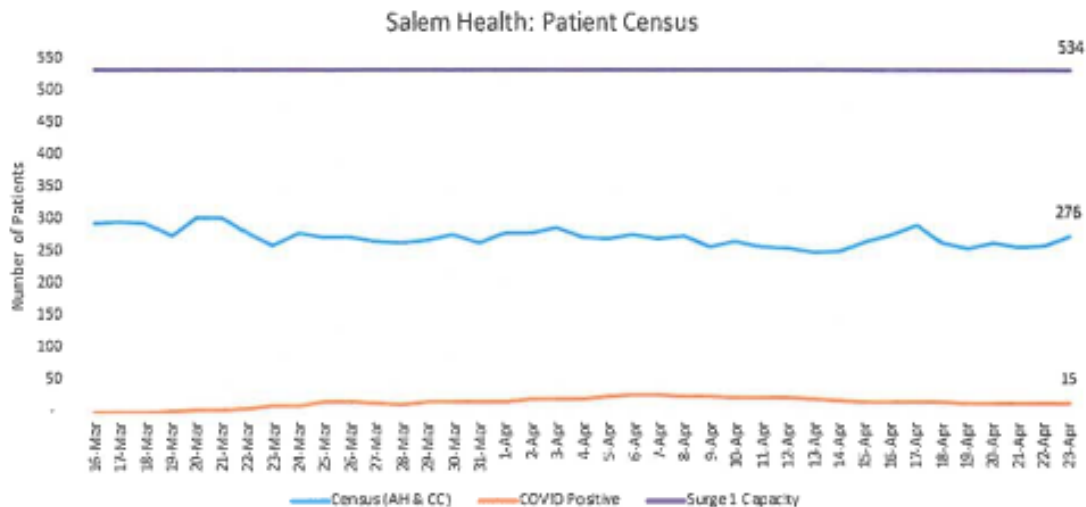
Marion County Board of Commissioners  
 PO Box 14500  
 Salem, OR 97309

Dear Commissioners Cameron, Brentano, and Willis,

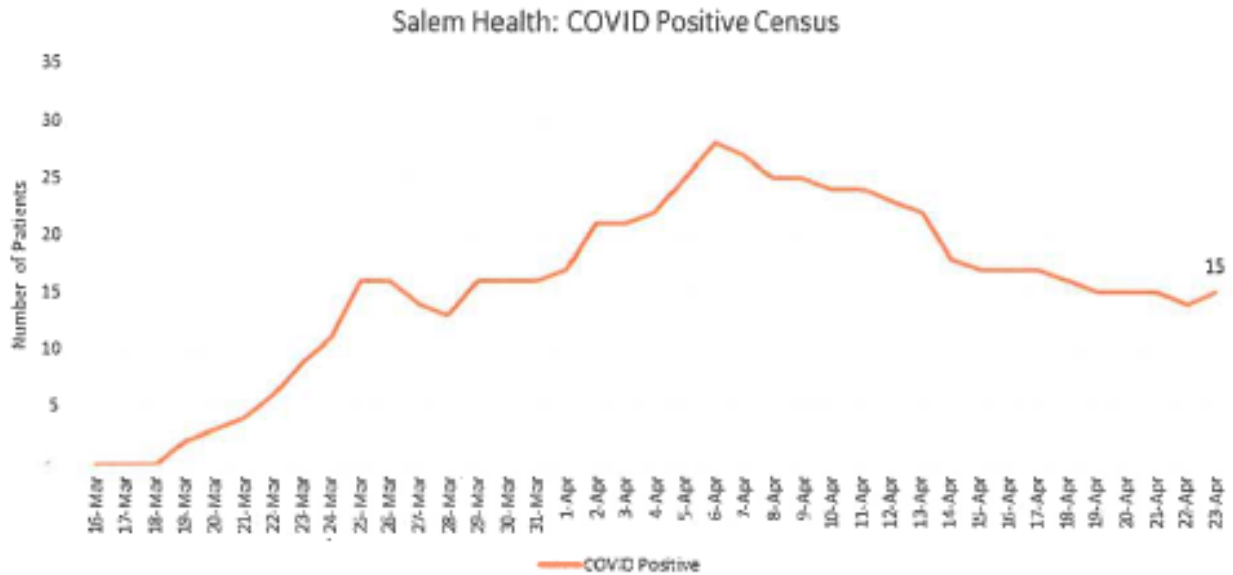
The following is in response to your request for a letter regarding Salem Health’s bed surge capacity, personal protective equipment (PPE) supply chain reliability and commitment to daily PPE reporting to Oregon Health Authority. Salem Health is prepared to support the re-opening of Marion County.

**Bed Surge Capacity**

Salem Health initiated a Code Triage and activated its Incident Command structure on March 16, 2020 to plan for an, at the time, expected surge of COVID-19 patients. Salem Health developed a two-phase surge plan to accommodate a large surge. Phase 1 of the surge plan was implemented and Salem Health’s bed license was increased to 534 beds. Beds and supplies were positioned in the Phase 1 locations in preparation of the expected surge. The Phase 2 plan would expand the hospital’s capacity to 694. Fortunately, the expected surge of COVID-19 patients did not occur. Below is a graph showing Salem Health’s total patient census from March 16<sup>th</sup> to date and includes a reference point to Salem Health’s Surge 1 capacity.



Salem Health has seen a marked decline in COVID-19 patients over the past two and a half weeks. Below is a graph demonstrating this decline of COVID-19 positive inpatients since April 1, 2020.



As demonstrated on the graphs above, Salem Health has more than adequate capacity to accommodate both an increase in volume and a surge of COVID-19 patients.

**PPE Supply Chain Reliability**

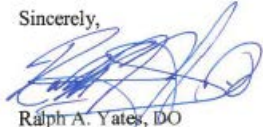
In its surge planning, Salem Health’s Incident Command worked immediately and diligently to ensure its PPE supply chain was shored up, to guarantee access to PPE sufficient to accommodate the expected surge. Salem Health has successfully established a reliable supply chain of PPE.

**PPE Reporting to Oregon Health Authority**

Salem Health reports PPE to Oregon Health Authority in the HOSCAPS system daily. Salem Health is committed to daily reporting of PPE to Oregon Health Authority.

Thank you for this opportunity to provide Marion County a report on Salem Health’s bed surge capacity, PPE supply chain reliability and commitment to daily PPE reporting to Oregon Health Authority. Again, Salem Health would like to express its commitment to preparedness and stands ready to support the re-opening of Marion County.

Sincerely,



Ralph A. Yates, DO  
Chief Medical Officer  
Salem Health



Cheryl Nester Wolfe, RN MSN  
Chief Executive Officer  
Salem Health



Legacy Health  
1919 N.W. Lovejoy St.  
Portland, OR 97209  
503.415.5600 phone  
50.415.5777 fax

May 5, 2020

Marion County Board of Commissioners  
PO Box 14500  
Salem, OR 97309

Dear Commissioners:

In response to your request, Legacy Health provides this update on our bed surge capacity planning, personal protective equipment (PPE) supply chain reliability and commitment to daily PPE reporting to the Oregon Health Authority.

**Bed Surge Capacity**

Legacy activated our Incident Command structure on February 28, 2020, to begin planning for an anticipated surge of COVID-19 patients. We developed a four-phase surge plan to accommodate the needs of our communities. Specific to Marion County and Legacy Silverton Medical Center, our plan includes both ensuring adequate ICU beds as well as acute care beds. Fortunately, the anticipated surge was avoided by quick action and strict adherence to the Governor's "Stay Home, Save Lives" order. Legacy Silverton Medical Center has adequate capacity to accommodate an increase in volume if we experience a future surge of COVID-19 patients.

**PPE Supply Chain Reliability**

Legacy immediately began work to ensure we have access to adequate PPE to accommodate the expected surge. As a result, Legacy has contracts in place that allow for sustained PPE supply with no reliance on local or state government to fulfill PPE requests.

**PPE Reporting to Oregon Health Authority**

Legacy reports PPE to the Oregon Health Authority through the HOSCAP system daily. We have committed to continuing this daily reporting of PPE to the Oregon Health Authority.

Legacy Health is committed to maintaining our preparedness and stands ready to serve the needs of the community.

Sincerely,

Kathryn Correia  
President & Chief Executive Officer

Lewis L. Low, MD  
Senior Vice President & Chief Medical Officer



May 5, 2020

Marion County Board of Commissioners  
PO Box 14500  
Salem, OR 97309

Dear Commissioners Brentano, Cameron and Willis,

Per your request, Santiam Hospital provides a letter from the CEO to the Marion County Board of Commissioners on its commitment to maintain daily PPE reporting to the Oregon Health Authority, PPE supply chain reliability, and a 20% hospital bed surge capacity.

Included in this document is Santiam Hospital's plan to resume elective surgeries. The contents of the plan address the aforementioned request.

Thank you for your interest in Santiam Memorial Hospital, especially in this significantly difficult time it is reassuring at least you are being thought of. Should you have any questions and need further information, please contact me at 503.769.9233.





## Santiam Hospital Resumption Plan of Elective Surgeries

### Criteria per OHA Guidelines:

- **Capacity:** Maintain 20% bed availability (8 of 40 beds remain available).  
Crisis care guidelines must not be in effect.
- **Adequate PPE:** Facility to maintain 30-day supply of PPE (109-day supply currently on hand).  
Open supply chain is adequate.  
Daily reporting of PPE on HOSCAP.  
Conservation of PPE will follow CDC guidelines.
- **Adequate Testing:** As a small hospital, ensure Covid-19 testing results within 4 days.  
Screen patients prior to elective procedure.
- **Infection Control:** Facility will follow infection control policies.
- **Visitation:** Mandated visitation policies shall be followed.
- **Resources:** Resources available for peri-operative care, lab, radiology, etc.
- **Volume:** Initiation to start slowly and assessed within two weeks.  
Initial start-up limited to 50% of pre-Covid-19 procedure volume.  
Plan in place to reduce or stop elective cases if surge/resurgence of Covid-19 occurs.
- **Procedures:** Procedures will be prioritized based on whether the delay will have an adverse medical outcome.  
An Elective Surgery Resumption Committee consisting of Patient Safety Coordinator, Chief Nursing Officer, Coordinator of Surgical Services and, as needed, a member(s) of the Surgical Anesthesia Tissue Committee will review and prioritize cases.  
Procedures will be based upon indication and urgency.  
Risk vs. benefit to be considered for patients in high-risk groups (i.e. over age 60, compromised immune system, lung and heart function, etc.).  
Consider postponement of elective procedures if expected to require the following:
  1. Transfusion
  2. Pharmaceuticals in short supply
  3. ICU admission
  4. Transfer to a SNF or inpatient rehab

ATTESTED:

President & CEO  
Santiam Hospital

**B. County Public Health Officer's Letter**



**Marion County**  
OREGON  
Health & Human Services

**BOARD OF COMMISSIONERS**

Colm Willis, Chair  
Sam Brentano  
Kevin Cameron

May 4, 2020

Marion County  
Board of Commissioners  
555 Court St. NE  
Salem, OR 97301

**HEALTH & HUMAN SERVICES INTERIM ADMINISTRATOR**

Ryan Matthews

[www.co.marion.or.us/HLT/](http://www.co.marion.or.us/HLT/)

Dear Board of Commissioners:

I have reviewed the Community Roadmap to Reopening Marion County. This plan has the health and safety of the community at large as its primary concern, and the reopening strategy has been built around the Governor’s public health framework for reopening Oregon. As the Marion County Health Officer, I support the phased reopening approach in the proposed plan.

Governor Brown’s framework to reopen Oregon has requirements for robust testing and contact tracing, healthcare system capacity, and plans for health and safety. Marion County has sufficient data collection and analysis to continue tracking and evaluating trends related to local testing, positive tests, cases, and hospitalizations. Additionally, we have received letters from the three hospitals in Marion County certifying that they have adequate PPE and 20% bed surge capacity to respond to a potential increase in COVID-19 cases.

By following social distancing measures and Governor Brown’s Stay Home, Save Lives order, county residents have avoided overwhelming our healthcare system. As such, I recommend we proceed into Phase One of the reopening framework.

Sincerely,

Dr. Christopher Cirino, MPH, MD  
Marion County Health Officer



**C. Board of Commissioner’s Resolution**

BEFORE THE BOARD OF COMMISSIONERS

FOR MARION COUNTY, OREGON

RESOLUTION No. 20R-7

In the Matter of Adopting )  
a Community Roadmap for a )  
Limited Reopening of Marion )  
County )

This matter came before the Marion County Board of Commissioners on May 6, 2020, involving the matter of adopting a plan to begin reopening Marion County following an emergency created by the COVID-19 pandemic; and

WHEREAS, ORS 401.309 provides authority for Marion County to, by ordinance or resolution, establish procedures to prepare for and carry out any activity to respond to or recover from an emergency; and

WHEREAS, on March 16, 2020, the Board of Commissioners, the governing body of Marion County pursuant to ORS 203.230, declared a state of emergency in Marion County as a result of the COVID-19 pandemic; and

WHEREAS the COVID-19 pandemic has resulted in county wide business closures causing immediate and significant hardship to small business owners in Marion County; and

WHEREAS, the Marion County Board of Commissioners is the local public health authority pursuant to ORS 431.415; and

WHEREAS, Marion County, along with its community partners, has worked diligently to reduce the spread of COVID-19 in our county; and

WHEREAS, on May 1, 2020 Governor Brown issued guidance regarding reopening with gating criteria and seven prerequisites including robust testing and contact tracing, and requested

that local governments begin preparing plans for the gradual reopening of their communities based on that criteria; and

WHEREAS, there has been a decline of cases from a peak on April 19, 2020; and

WHEREAS, there has been a steady decline in hospitalizations related to COVID-19 in Marion County; and

WHEREAS, the hospitals in Marion County are prepared, ready and committed to meet a surge in cases and have reserved the 20% bed capacity as well as the amount of personal protective equipment supplies required by Governor Brown; and

WHEREAS, Marion County has 22 epidemiologists/contact tracers and is in the process of hiring additional staff to conduct robust contact tracing; and

WHEREAS, Marion County has assembled a Rapid Response Team which it is ready to deploy to immediately investigate and track any new outbreaks; and

WHEREAS, Marion County has EMT units across the County ready to assist with mass congregate group testing, and continues to acquire and dispense test kits; and

WHEREAS, Marion County has sufficient data collection and analysis capability to continue tracking and evaluating trends related to local testing, positive tests, cases, and hospitalizations; and

WHEREAS, Marion County has acquired sufficient personal protective equipment supplies as required by Governor Brown for County first responders; and

WHEREAS, at the request of Governor Brown, and because of the preparedness of the County for future needs related to COVID-19, the County has prepared a proposed Community Roadmap, attached hereto as Exhibit A, for the gradual reopening of Marion County beginning May 15, 2020; and

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WHEREAS, at the request of Governor Brown, and because of the preparedness of the County for future needs related to COVID-19, the County has prepared a proposed Community Roadmap, attached hereto as Exhibit A, for the gradual reopening of Marion County beginning May 15, 2020; and

WHEREAS, this thoughtful, calculated, community coordinated reopening strategy is built on a sound framework of evidence based prerequisites identified by both local and state health officials as well as hospital data tracking; now, therefore it is


RESOLVED that the Board of Commissioners formally adopts its Community Roadmap for reopening Marion County, attached as Ex A; and it is further


RESOLVED that Phase I of reopening will begin in Marion County on May 15, 2020 with remaining Phases II and III to begin as outlined in Ex A; and it is further

RESOLVED that the Community Roadmap and the timeline of each phase contained therein may be adjusted as the understanding of local transmission of COVID-19 changes over time.

DATED this 6<sup>th</sup> day of May 2020.

MARION COUNTY BOARD OF COMMISSIONERS

  
Chair

  
Commissioner

  
Commissioner

**D. State Prerequisites Hospital Requirements**



PREREQUISITES	HEALTH REGION	STATE	ACTION PLAN
<b>1. Declining prevalence of COVID-19</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.	NA	REQUIRED Data to be provided on OHA web site.	
B. A 14-day decline in COVID-19 hospital admissions.	NA	Data to be provided on OHA web site.	
<b>2. Minimum Testing Regimen</b>			
Regions able to administer testing at a rate of 30 per 10,000 per week.	REQUIRED	OHA will evaluate and approve at the regional level	
Sufficient testing sites accessible to underserved communities	REQUIRED	OHA will evaluate and approve at the regional level	
<b>3. Contract Tracing System</b>			
County has 15 contact tracers per 100k people		OHA will evaluate and approve at the county or regional level	
County contact tracing workforce is reflective of the county and able to work in needed languages		OHA will evaluate and approve at the county or regional level	
County is prepared to trace 95% of all new cases within 24 hours		OHA will evaluate and approve at the county or regional level	
<b>4. Isolation Facilities</b>			
Counties have hotel rooms available for those who cannot self-isolate		OHA will support, evaluate and approve at the county or regional 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, farmworker housing, other group living situation)		OHA will evaluate and approve.  OHA can provide a list.	

PREREQUISITES	HEALTH REGION	STATE	ACTION PLAN
<b>5. Finalized Statewide Sector Guidelines</b>		<b>REQUIRED</b> OHA will Finalize	
<b>6. Sufficient Health Care Capacity</b>			
Region must be able to accommodate a 20% increase in hospitalizations	<b>REQUIRED</b>		
<b>7. Sufficient PPE Capacity</b>			
Hospitals in region are reporting PPE supply daily through HOSCAP	<b>REQUIRED</b>	OHA will certify	
Hospitals in region must have a 14 or 30 day supply of PPE depending on their size and whether they are a rural hospital.	<b>REQUIRED</b>  Hospital leadership must attest in writing	OHA will confirm receipt of county attestation	
Counties must have sufficient PPE for first responders.		OHA will confirm receipt of county attestation	

## **E: County Health Department Supplemental Documents**

- I. County narrative Response to three different outbreak situations**
- II. Outbreak Investigations**
- III. Outbreak Investigations in Department of Ag. Facilities**
- IV. Housing a client**
- V. Housing agreement**
- VI. Motel Information Handout**
- VII. Cleaning Guidance for Hotels and Motels**

## **I. County Narrative Response to 3 Different Outbreak Situations** *(Food Processing, Farm Worker Housing and Jail)*

As with any communicable disease, Marion County is prepared to respond to outbreaks of COVID-19 in a wide variety of settings and situations. Regardless of the setting of potential outbreak, Marion County has robust policies and protocols in place to first prevent and then, as necessary, respond to and manage an outbreak. As the county's public health authority, Marion County Health and Human Services Department leadership and staff have the expertise and logistical capabilities to prevent and manage outbreaks through timely education, testing, investigation, isolation, contact tracing, and coordinated delivery of all necessary emergency services and public health services.

As the leading agricultural county in Oregon and operator of one of the largest jails in the region, Marion County has focused particular effort on preventing and preparing for infectious disease outbreaks in (1) farmworker housing settings, (2) food processing facilities, and (3) correctional facilities. In all cases, Marion County's Rapid Response Team—a vital mechanism within our public health capabilities—is prepared for timely, comprehensive response to COVID-19 outbreaks in these and other settings.

Regarding outbreak response within the agricultural sector, including capabilities to manage the associated needs in farmworker housing and food processing facilities, Marion County has in place policies and protocols to investigate and address outbreaks of COVID-19 and other infectious diseases. Specifically, included in this addendum are established policies for outbreak investigations and response in agricultural facilities and overall in any setting. Other tools in place include the county's Rapid Response Team, which is a coordinated team of specialists that work to distribute COVID-19 tests, partner with local EMS teams to perform tests, investigate and track cases, perform contact tracing (and facilitate isolation as needed), provide education support, and provide supplemental PPE and other supplies as needed to contain, limit, and manage an outbreak. Moreover, Marion County has arrangements in place to provide hotel accommodations that support isolation for affected farmworkers, food processing facility personnel, and other community members who may not otherwise be able to isolate effectively. Similarly, we have confirmed with local and regional hospitals that sufficient baseline and surge capacity is in place to accommodate outbreaks. Marion County continues to partner with many other community-based resources and organizations to coordinate prevention and response efforts in the agricultural sector, such as the Marion County Farm Bureau of Oregon, the Farmworker Housing Development Corporation, and local farmers and food processing facilities.

Within correctional facilities, Marion County operates our facilities under stringent, ongoing protocols for prevention and outbreak response. With one of the only large jails in the region, Marion County Sheriff Joe Kast has worked proactively to minimize growth of the jail population throughout the pandemic to aid in preventing an outbreak. Within facilities, the Sheriff's Office has implemented a policy of daily temperature checks and health questionnaires for all corrections workers, and Marion County has recently acquired additional tests that may be used to test inmates and corrections officers as appropriate. All corrections facilities continue to use strict disinfecting protocols and have adapted for social distancing. As in response to any outbreak, the county's Rapid Response Team is poised to provide immediate response through coordination of testing, investigation, tracing, and education as further described above for potential outbreaks in the agricultural sector or general population. That includes aggressive methods to quickly identify, isolate (including in alternative and secure housing if needed), and treat or hospitalize inmates, correctional facility staff, or others that may contract COVID-19, and do so in a manner that is protective of both public safety and public health.

**II. Outbreak Investigations**

<p><b>Policy Category:</b> Public Health</p> <p><b>Responsible Program:</b> <i>Communicable Disease Investigation &amp; Environmental Health</i></p> <p><b>Title:</b> Outbreak Investigation</p>	<p><b>MARION COUNTY</b></p> <p><b>Health Department</b></p> <p><b>Oregon</b></p>	<p><b>Policy No:</b> 14</p> <p><b>Reference Policy:</b></p> <p><b>Pages:</b> 4</p>
<p><b>Created By:</b> Rachel Posnick MPH, Dana Finch BSN RN, Karen Landers MD MPH, Carolyn Stegall REHS, Greg DeBlase REHS, Tessa Robinson BSN RN</p> <p><b>Created Date:</b> 3/22/2016</p>	<p>Most recent <input checked="" type="checkbox"/> <b>Review By:</b> Patricia R. Vega, RN and Rick Sherman, REHS</p> <p><input type="checkbox"/> <b>Review &amp; Revision By:</b> Dana Finch BSN RN</p>	<p><b>Approved By:</b> <i>Patricia R. Vega, RN</i> <i>Dana Finch, BSN RN</i></p> <p><b>Approved Date:</b> 9/06/2017</p>

**PURPOSE**

It is the purpose of this policy to outline how the Communicable Disease Investigation and Environmental Health teams work with the community and other agencies to prevent and control communicable disease among the residents of Marion County through their response to disease outbreaks.

**POLICY**

It is the policy of the Marion County Health Department (MCHD) to investigate all disease outbreaks that meet the Oregon Health Authority’s (OHA) definition of a disease outbreak as defined in the Oregon Health Authority’s Public Health Division (OHA) Investigative Guidelines for Communicable Disease Control including all necessary internal and/or external partners as determined by the scope, location, and disease etiology of the outbreak.

**DEFINITIONS**

- ALF-Assisted Living Facility
- DUDE-Directory of Useful Databases for Epidemiologists
- ELR-Electronic Lab Report
- Licensed Facility: Can include, but are not limited to a restaurant, food truck, catering business, and overnight camp.
- LTCF-Long Term Care Facility
- Orpheus-Oregon Public Health Epidemiology User System is the state database used for reporting and investigating reportable infectious diseases in Oregon.
- Outbreak Team: Environmental Health staff, Communicable Disease Investigation staff, Environmental Health supervisor, Communicable Disease Investigation supervisor, Epidemiologist, and Health Officer
- SNF-Skilled Nursing Facility
- Unlicensed facility: Can include, but are not limited to an event center, church, LTCF, ALF, SNF, school, daycare and day camp.

**PROCEDURES**

- A. General communication: The outbreak team will be notified upon receipt of an outbreak number from OHA. The Communicable Disease Investigation and Environmental Health supervisors will notify the Public Health Division Director as they see fit. Communicable Disease contact list is maintained and tested based on the Broadcast Fax Address Book Maintenance Policy located here: <http://intra.co.marion.or.us/HLT/PolicyAndProcedure/phpolicies/Pages/CDI.aspx> Environmental Health facilities contact list – available through EH front desk.

- B. If the outbreak involves:
1. Recalled products: Environmental Health will be in communication with the Department of Agriculture
  2. A disease that causes severe or life-threatening illness (E. coli O157:H7, Hemolytic Uremic Syndrome, Botulism, etc.): Communicable Disease Investigation will fax providers information specific to the disease to assist in case finding as well as prepare information to be posted on the Public Health Alerts webpage
  3. A disease that has severe complications for a specific population subset (pregnant women, elderly, infants, etc.): Communicable Disease Investigation will fax information specific to the disease to entities that support high risk populations as well as prepare information to be posted on the Public Health Alerts webpage.
- C. Gastrointestinal (GI) illness outbreak reported to the Communicable Disease Investigation team by a unlicensed facility
1. When a facility calls to report a GI illness outbreak, determine whether it is an outbreak using the Outbreak Investigation guidelines consulting with the Health Officer (HO) and/or supervisor, as needed. If yes, continue to step 2, if no, call facility and tell them that the event does not meet the outbreak definition at this time, but to call back if more cases are identified.
  2. Call the OHA on-call epidemiologist to get an outbreak number.
  3. Use Outbreak Address Book to send email to notify outbreak team of the outbreak.
  4. Use the OHA Outbreak Investigation guidelines to complete the investigation. Consider the following steps as appropriate:
    - a. Call facility to educate them about completing the case log, control measures report and collecting stool specimens.
    - b. Fax a copy of the Gastroenteritis Case Log, Control Measures Report, and educational materials to the facility.
    - c. Follow-up each day to get updated information about the outbreak.
    - d. If the outbreak is located in a LTCF, Communicable Disease Investigation team can request that an Environmental Health Specialist visit the facility based on the Long Term Care Facility Norovirus-like outbreak response guidelines located here: <http://intra.co.marion.or.us/HLT/PolicyAndProcedure/phpolicies/Pages/ehpolicies.aspx>
  5. Record all information collected in outbreak notes in the Comm Disease Folder in the H Drive.
6. Turn in outbreak report to the Outbreak Database portion of DUDE upon completion with the case log, epi curve, control measures report, outbreak notes or any other appropriate documentation. Lab results if available should be faxed to OHA.
- D. Respiratory illness outbreak reported to the Communicable Disease Investigation team from a<sup>d</sup> unlicensed facility
1. When a facility calls to report a respiratory illness outbreak, determine whether it is an outbreak using the OHA Respiratory Disease Outbreaks guidelines consulting with HO and/or supervisor, as needed. If yes, continue to step 2, if no, call facility and tell them that the event does not meet the outbreak definition at this time, but to call back if more cases are identified.
  2. Call the OHA on-call epidemiologist to get an outbreak number.
  3. Use Outbreak Address Book to send email to notify outbreak team of the outbreak.
  4. Use the OHA Respiratory Disease Outbreaks guidelines to complete the investigation. Consider the following steps as appropriate:
    - a. Collect symptom profile and demographic info in a case log.
    - b. Coordinate specimen collection with OHA on-call epidemiologist.
    - c. Follow up each day to get updated information about the outbreak.
  5. Record all information collected in outbreak notes in the Comm Disease Folder in the H Drive.
  6. Turn in outbreak report to the Outbreak Database portion of DUDE upon completion with the case log, epi curve, control measures report, outbreak notes or any other appropriate documentation. Lab results, if available, should be faxed to OHA.
- E. Foodborne illness outbreak not associated with a licensed facility or caterer

1. Communicable Disease Investigation team will determine whether it is an outbreak using the OHA Outbreak Investigation guidelines consulting with HO and/or supervisor, as needed. If yes, continue to step 2, if no, no further action is needed.
  2. Communicable Disease Investigation staff will call the OHA on-call epidemiologist to get an outbreak number.
  3. Communicable Disease Investigation staff will use Outbreak Address Book to send email to notify outbreak team of the outbreak.
  4. Communicable Disease Investigation team will make calls to investigate known cases and controls using standardized data collection tools.
  5. Check in with OHA as needed.
  6. Record all information collected in outbreak notes in the Comm Disease Folder in the H Drive.
  7. Turn in outbreak report to DUDE upon completion.
- F. Foodborne illness outbreak associated with a licensed facility
1. Environmental Health team will determine whether it is an outbreak using the OHA Outbreak Investigation guidelines consulting with HO and/or supervisor, as needed. If yes, continue to step 2, if no, no further action is needed.
  2. Environmental Health staff will convene a meeting to discuss next steps with Communicable Disease Investigation staff and HO.
  3. Communicable Disease Investigation staff will call the OHA on-call epidemiologist to get an outbreak number. They will give OHA the name and number of assigned CDI and EH staff that will act as point person for their respective programs between MCHD and OHA.
  4. The Environmental Health Specialist in charge of the regular inspections for the suspected facility will visit the facility in order to correct any identified deficiencies, get staff schedules and contact information, drop off stool specimen kits, and do as much active case and control finding as possible, requesting receipts, reservations lists, etc. as available. If the Environmental Health Specialist assigned to the suspected restaurant is not available to respond, another Environmental Health Specialist will be assigned to the outbreak. The Environmental Health Specialist assigned to the outbreak will upload restaurant inspection notes to the Outbreak Database in DUDE.
  5. Environmental Health staff will provide the Communicable Disease Investigation team with contact information for complainants. Communicable Disease Investigation team will make calls to interview known cases and controls using standardized data collection tools. The lead investigator from the Communicable Disease Investigation team will ensure that all case investigation information is uploaded into the Outbreak Database in DUDE.
  6. Once complete, the Environmental Health and Communicable Disease Investigation staff assigned to the outbreak will finalize their team's information in the Outbreak Database in DUDE. Once both Environmental Health and Communicable Disease Investigation staff are comfortable with the information that has been uploaded, the Communicable Disease Investigation staff will submit the report to OHA.
  7. The outbreak team will fill out the OHA outbreak evaluation form saved in the H Comm Disease Outbreak folder
- G. Waterborne Outbreak
1. Environmental Health team will investigate using the OHA Waterborne Disease Outbreak Investigative Guidelines.
- H. Vector borne Outbreak
1. Guidelines for active case finding and environmental control measures are identified in the OHA Viral Hemorrhagic Fever Investigative guidelines as well as the OHA West Nile Virus Investigative guidelines. Environmental Health will use these guidelines and the OHA veterinarian to complete the outbreak investigation.
- I. Surge Capacity
1. A typical foodborne illness outbreak in Marion County is investigated by one assigned staff member from the Communicable Disease Investigation team to interview cases and controls and one Environmental

Health Specialist to conduct the environmental health investigation. If the number of known cases and/or controls exceeds eight, another staff will be designated to help make calls, with the expectation that each staff cannot be responsible to finish more than eight investigations in a regular working day. If the investigation requires more people than the Communicable Disease Investigation team can provide the CD supervisor will be notified and, Environmental Health staff will be assigned to help make calls. If the outbreak requires more than one Marion County Health Department staff to call cases and/or controls, an After Action Report (AAR) should be completed. If the outbreak exceeds the capacity of the Marion County Health Department Communicable Disease Investigation and Environmental Health staff, surge capacity will be provided by OHA and staff from Oregon Region 1 under the Multi-county Omnibus Mutual Aid Agreement.

2. Just in time training will be provided to all Marion County Health Department staff who does not participate in outbreak investigations as part of the regularly assigned job duties.
  - a. OHA Just in Time Training video and example shotgun questionnaire located here:  
<https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Outbreaks/Pages/TrainingVideoOutbreakInvestigation.aspx>

**Outbreak 24/7 Capabilities:**

3. Outbreak reports made after hours will be taken by the on-call supervisor following the 24/7 Policy. The on-call supervisor will notify the CD/EH staff as appropriate and within time lines specified in the OHA Outbreak Investigative Guidelines.
4. CD staff may be contacted after hours to respond to a communicable disease outbreak as needed. CD staff should seek supervisor approval for any work after hours.
5. CD staff may need to consult with OHA after hours. OHA has on-call 24/7 staff accessible via phone.
6. Laboratory services are accessible 24/7. For 24/7 Laboratory requests see: Transport & Testing of Lab Specimens Policy.

**SUPPORTING DOCUMENTS – N/A**

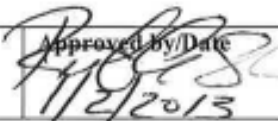
**REVISION HISTORY – N/A**

*Created: 3/22/16*

*Revised: 8/17/17*



**III. Outbreak Investigations In DOA Facilities**

<b>Area:</b> Environmental Health  Health	<b>Marion County Health Department</b>	No. 2.4.1.  Page: <b>5</b>
<b>Subject:</b> Outbreak Investigations in Department of Agriculture Facilities	<b>Reviewed:</b>  1/2/13 R. Sherman	<b>Approved by/Date</b>  1/2/2013

**PURPOSE:** Outbreak investigations in Department of Agriculture facilities per State direction

**POLICY:** Marion County Health Department , Environmental Health will review the memorandum known as the subject: Foodborne Illness Complaints and Investigations in Oregon Department of Agriculture Facilities bi annually.

**PROCEDURE-**

1. Review attached memorandum a minimum of every two years.
2. Contact State Health Department staff to ensue most current memorandum is in place.
3. Document the review on log attached to memorandum

*Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities*  
**OREGON DEPARTMENT OF AGRICULTURE [ODA-3775-16-IAA]**  
**OREGON HEALTH AUTHORITY IAA [ - - ]**

## **INTERAGENCY AGREEMENT**

This Agreement is between the Oregon Department of Agriculture ("ODA") and the Oregon Health Authority ("OHA"), both individually without distinction as "Party" and collectively as the "Parties."

### **SECTION 1: AUTHORITY**

This Agreement is entered into pursuant to the authority granted by ORS 190.110 and 283.110, allowing state agencies to enter into agreements with other state agencies to cooperate in performing duties, exercising powers or administering policies or programs.

The OHA is responsible for foodborne illness investigation pursuant to Oregon Revised Statute (ORS) 431.110: General Powers of Oregon Health Authority and in ORS 433.004 through 433.035.

The ODA licenses and inspects firms that produce, process and distribute commodities of agricultural origin as provided in ORS 616, General and Miscellaneous Provisions; ORS 619, Labeling and Inspection of Meat and Meat Food Products; ORS 621, Milk, Dairy Products, Substitutes; ORS 622, regulation of shellfish harvesting, processing and distribution; ORS 625, Bakeries and Bakery Products; ORS 628, Refrigerated Locker Plants; and ORS 632, Production, Grading, and Labeling Standards for Agricultural and Horticultural Products; and ORS 635, Non-Alcoholic Beverages.

As provided in ORS 616.015, the Oregon Legislature has recognized the relationship between the production, processing, and distribution of food and public health and has directed that OHA and ODA cooperate to protect the public health without unnecessary duplication and expense.

OHA and ODA enter into the following Interagency Agreement with respect to investigations of complaints and foodborne illnesses in ODA-licensed establishments.

### **SECTION 2: PURPOSE**

This Interagency Agreement (IAA) replaces all previous MOUs related to foodborne illness complaints and investigations between the Oregon Health Authority (OHA) and the Department of Agriculture (ODA).

The purpose of this IAA is to clarify the respective responsibilities of OHA and ODA in the surveillance for, and investigation of, foodborne illnesses, and in furtherance of such purpose, to broaden cooperative efforts between the two agencies.

This MOU applies to the entire state of Oregon.

### **SECTION 3: EFFECTIVE DATE AND DURATION**

This Agreement shall begin on the date of the last signature ("Effective Date"), and shall terminate when terminated in accordance with Section 7.

## **SECTION 4: AUTHORIZED REPRESENTATIVES**

### **4.1 FIRST AGENCY'S AUTHORIZED REPRESENTATIVE IS:**

Stephanie Page, Director of Food Safety and Animal Health & ID Programs  
Oregon Department of Agriculture  
635 Capitol Street NE, Salem, OR 97301  
(503) 986-4720  
spage@oda.state.or.us

### **4.2 SECOND AGENCY'S AUTHORIZED REPRESENTATIVE IS:**

Lillian Shirley, Director  
Public Health Division  
Oregon Health Authority  
800 NE Oregon Street, Portland, OR 97232  
(971) 673-1111  
lillian.shirley@state.or.us

### **4.3 A PARTY MAY DESIGNATE A NEW AUTHORIZED REPRESENTATIVE BY WRITTEN NOTICE TO THE OTHER PARTY.**

## **SECTION 5: RESPONSIBILITIES OF EACH PARTY**

### **5.1 Determination of Responsibility**

#### **5.1.1 When an illness is suspected by ODA, OHA, or Local Public Health Authorities (LPHAs) to have been caused by food regulated by ODA:**

- 5.1.1.1 ODA shall be responsible for investigating the ODA-regulated food establishment. ODA shall report its findings to OHA. ODA shall also coordinate any resulting actions to remove the implicated food from sale and distribution.**
- 5.1.1.2 OHA, working with LPHAs, shall be responsible for conducting the epidemiologic investigation.**

### **5.2 Information Exchange**

- 5.2.1 OHA and ODA shall maintain rosters of key regional and local Health officials and Agriculture food program supervisors, and OHA will share .**
- 5.2.2 If ODA becomes aware of actual or suspected cases of foodborne illness, it shall report such cases to the LPHAs having jurisdiction for that locality. OHA and ODA may jointly investigate as appropriate. ODA and OHA shall share with each other any reports generated by investigation of outbreaks of foodborne disease involving ODA-regulated foods or facilities.**
- 5.2.3 If OHA becomes aware of actual or suspected cases of foodborne illness as a result**

*Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities*  
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of foods from an ODA-licensed facility, it shall report such cases to ODA and encourage LPHAs to do the same.

5.2.4 OHA and ODA will each assume the responsibility of reporting to appropriate law enforcement agencies any suspected activities of intentional adulteration for facilities under their own jurisdiction.

**5.3 Embargo, Seizure of Food Sources Implicated in Epidemiologic Investigations**

**5.3.1 Epidemiologic Investigation**

5.3.1.1 Foodborne disease outbreaks are investigated by OHA and LPHAs following procedures outlined at:  
<https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Outbreaks/Pages/index.aspx>.

5.3.1.2 OHA will notify ODA of all on-going investigations where an ODA-regulated food is suspected to be the cause of the disease outbreak. ODA shall assist in the investigation by providing OHA with information regarding the plausibility of suspected food vehicles based on specific information including tracebacks and general knowledge of distribution patterns. ODA may assume the lead role in tracing suspected foods back to their source.

5.3.1.3 OHA shall analyze the findings of the epidemiologic and source investigations, make a determination as to the likelihood of an association between the illness outbreak and the suspected food, and must convey this information to ODA.

**5.3.2 Embargo, Seizure, Recall and Public Notification**

5.3.2.1 ODA shall undertake embargo and seizure and destruction of implicated foods as may be necessary.

5.3.2.2 ODA will provide assistance to firms undertaking either voluntary or Federal Food and Drug Administration-mandated recall of the implicated food.

5.3.2.3 ODA and OHA shall collaborate to ensure that the public is notified of food recalls.

**SECTION 6: COMPENSATION AND PAYMENT TERMS**

Neither Party shall pay monetary compensation to the other Party under this Agreement.

**SECTION 7: TERMINATION**

7.1 This Agreement may be terminated at any time by mutual written agreement of the Parties.

7.2 A Party may terminate this Agreement upon 30 days written notice to the other Party.

*Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities*  
**OREGON DEPARTMENT OF AGRICULTURE (ODA-3775-16-IAA)**  
**OREGON HEALTH AUTHORITY IAA [ - - ]**

- 7.3** A Party may terminate this Agreement immediately upon written notice to the other Party, or at such later date as the terminating Party may specify in such notice, upon the occurrence of any of the following events:
- 7.3.1** The terminating party fails to receive funding, appropriations, limitations, allotments, or other expenditure authority at levels sufficient in the terminating Party's reasonable administrative discretion, to perform its duties under this Agreement;
  - 7.3.2** Federal or state laws, rules, regulations or guidelines are modified or interpreted in such a way that the terminating Party's performance under this Agreement is prohibited or the terminating Party is prohibited from paying for such performance from the planned funding source;
  - 7.3.3** The other Party materially breaches a covenant, warranty or obligation under this Agreement, or fails to perform its duties within the time specified in this Agreement or any extension of that time, or so fails to pursue its duties as to endanger that Party's performance under this Agreement in accordance with its terms, and such breach or failure is not cured within 20 days after delivery of the terminating Party's notice to the other Party of such breach or failure, or within such longer period of cure as the terminating Party may specify in such notice.

**SECTION 8: AMENDMENTS**

The terms of this Agreement may not be waived, altered, modified, supplemented or otherwise amended, in any manner whatsoever, except by written mutual agreement of the Parties.

**SECTION 9: NOTICE**

Except as otherwise expressly provided in this Agreement, any notices to be given relating to this Agreement shall be given in writing by email, personal delivery, facsimile, or mailing the same, postage prepaid, to a Party's Authorized Representative at the address, number or email address set forth in this Agreement, or to such other addresses or numbers as a Party may indicate pursuant to this Section 9.

**SECTION 10: SURVIVAL**

All rights and obligations shall cease upon termination of this Agreement, except for those rights and obligations that by their nature or express terms survive termination of this Agreement. Termination shall not prejudice any rights or obligations accrued to the Parties prior to termination.

**SECTION 11: SEVERABILITY**

- The Parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms

*Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities*  
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and provisions shall not be affected, and the rights and obligations of the Parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.

## **SECTION 12: COUNTERPARTS**

This Agreement may be executed in several counterparts, all of which when taken together shall constitute one agreement, notwithstanding that all Parties are not signatories to the same counterpart. Each copy of the Agreement so executed shall constitute an original.

## **SECTION 13: LIABILITY AND INSURANCE**

- 13.1** The Parties understand that each is insured with respect to tort liability by the State of Oregon Insurance Fund, a statutory system of self-insurance established by ORS Chapter 278, and subject to the Oregon Tort Claims Act (ORS 30.260 to 30.300). Each Party agrees to accept that coverage as adequate insurance of the other Party with respect to personal injury and property damage.
- 13.2** The Parties agree that any tort liability claim, suit, or loss resulting from or arising out of the Parties' performance of, or activities under, this Agreement shall be allocated, as between the Parties, in accordance with law by Risk Management of the Department of Administrative Services for purposes of the Parties' respective loss experiences and subsequent allocation of self-insurance assessments under ORS 278.435. Each Party to the Agreement agrees to notify Risk Management and the other Party in the event it receives notice or knowledge of any claims arising out of the Parties' performance of, or activities under, this Agreement.

## **SECTION 14: DAS REPORTING REQUIREMENT**

The Parties agree that ODA shall be the Reporting Party for purposes of ORS 190.115, Summaries of Agreements of State Agencies. ODA shall submit a summary of this Agreement to the Oregon Department of Administrative Services through the electronic Oregon Procurement Information Network (ORPIN), within the 30-day period immediately following the Effective Date of the Agreement.

## **SECTION 15: RECORDS**

The Parties shall create and maintain records documenting their performance under this Agreement. The Oregon Secretary of State's Office, the federal government, the other Party, and their duly authorized representatives shall have access to the books, documents, papers, and records of a Party that are directly related to this Agreement for the purposes of making audit, examination, excerpts, and transcripts for a period of six years after termination of this Agreement.

## **SECTION 16: COMPLIANCE WITH LAW**

*Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities*  
**OREGON DEPARTMENT OF AGRICULTURE (ODA-3775-16-IAA)**  
**OREGON HEALTH AUTHORITY IAA [ - - ]**

In connection with their activities under this Agreement, the Parties shall comply with all applicable federal, state and local laws and regulations.

## **SECTION 17: NO THIRD PARTY BENEFICIARIES**

ODA and OHA are the only Parties to this Agreement and are the only Parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.

## **SECTION 18: FORCE MAJEURE**

Neither Party is responsible for any failure to perform or any delay in performance of any obligation under this Agreement caused by fire, riot, acts of God, terrorism, war, or any other cause which is beyond that Party's reasonable control.

## **SECTION 19: MERGER, WAIVER AND MODIFICATION**

This Agreement and all exhibits and attachments, if any, constitute the entire agreement between the Parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. No waiver, consent, modification or change of terms of this Agreement shall bind either Party unless in writing and signed by both Parties. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given.

**IV. Housing a Client**

**DRAFT**

<p><b>Policy Category:</b> Public Health</p> <p><b>Responsible Program:</b> Communicable Disease Investigation</p> <p><b>Policy Title:</b> Housing a Client</p>	<p><b>MARION COUNTY</b></p> <p><b>Health &amp; Human Services</b></p> <p><b>Oregon</b></p>	<p><b>Policy No:</b></p> <p><b>Pages: 2</b></p>
<p><b>Created By:</b> Greg DeBlase, REHS</p>	<p><b>Reviewed/Revised By:</b> Greg DeBlase, REHS, Wendy Zieker, Katrina Rothenberger, Ryan Matthews, Alisa Zastoupil</p>	<p><b>Approved By:</b></p>
<p><b>Created Date:</b> 5/5/2020</p>		<p><b>Approved Date:</b></p>

**PURPOSE** - To provide safe, temporary shelter for clients with active, novel coronavirus disease (COVID-19).

**POLICY** - It is the policy of the Marion County Health & Human Services (MCHHS) that employees will conform to the following policy when housing COVID-19 clients.

**SPECIAL NOTE** - Marion County Health & Human Services calls Crossland Suites, 3535 Fisher Rd., Salem, Oregon 97305, phone 503-363-7557, fax: 503-363-7665, first to check for room availability because the facilities and staff meet the client and health department needs for isolative shelter. Additionally, attached is a list of motels that can be called if Crossland Suites is not available (see Attachment 2).

**PROCEDURE** -

1. Obtaining the motel
  - a. Inform supervisor of need to house client to obtain supervisor approval.
  - b. Contact the motel and identify yourself as a staff member of MCHHS and that a client needs temporary housing.
  - c. Confidentiality must be maintained, but motel will require client name. Do not divulge the diagnosis or any other specifics about the client.
  - d. Staff may state that client has a respiratory illness and requires rest and that client should not be disturbed.
  - e. Obtain a Release of Information (ROI) from the client to educate motel staff as needed. If client refuses to sign ROI, MCHHS staff is to maintain client health confidentiality.
  - f. Provide motel staff education about respiratory disease, mask precautions, etc. (see Attachment 4).
  - g. Provide motel staff with “Motel Information Handout” (see Attachment 3).
  - h. Clean linens can be left for the client outside the door at predetermined times.
  - i. Room requirements:
    1. Smoking or non-smoking
    2. Room on front side of building if possible to avoid risk of unlawful activity
    3. No long distance phone calls
    4. Need a facility with at least minimal ability to prepare food



2. Client responsibilities

- a. Have a written and signed agreement with client. Give copy to client (see Attachment 1).
- b. No illegal drugs or alcohol will be permitted.
- c. Client will be respectful of motel staff, other guests, and motel property.
- d. Client will maintain mask precautions as directed.
- e. Client will be available for medications and labs as directed.
- f. Client will not engage in any illegal activity.
- g. Client will not have guests (family members or other approved persons may be checked into motel with consent of supervisor).

3. Transportation and Food

- a. Transportation of client will only be in a county vehicle except in case of special circumstances approved by supervisor (ie: court order Marion County Sheriff will transport.) During transport, client will wear a seat belt and mask. If possible, the windows should be partially opened.
- b. Take the motel registration out to the vehicle so client does not have to go into the office. Have the client sign motel registration so that client is responsible for any damage that may be incurred.
- c. Verify with motel staff that only local calls will be covered.
- d. Provide food for client as needed according to diet needs and/or restrictions. Also consider motel kitchen facilities when purchasing food. (For example: hot dogs, beans, tortillas, cheese, lunch meat, bread, margarine, sugar, salt & pepper, tea or coffee, milk, cereal, dish soap. If room has only refrigerator and microwave, prepared frozen dinners may be provided.
- e. CDI staff shall keep a copy of all invoices in the client chart and log expenses on Incentive/ Enabler Log.

4. For motel staff following client stay

- a. Room must be aired out with doors/ windows open and air conditioner blowing for 24 hours after client leaves and before any terminal cleaning is done.

5. For housing a client with a court order and 24/7 Security is needed

- a. **The CDI program supervisor will contact the MCHD contracts department to determine the approved security company to be used.**
- b. **Contact the security company that has been arranged and advise them to report to the housing location ASAP.**

**REVISION HISTORY –**

*Created: 5/5/2020*

**V. Housing Agreement**

**DRAFT**



Housing Agreement

Marion County Health & Human Services agrees to provide adequate housing for client while client is in respiratory isolation. We will reserve a room, with basic food preparation capabilities, for two weeks at a time. Client will sign for room and will be responsible for any damages that may occur. Client is responsible for cleaning the room. Client will leave dirty linens outside the room and arrange for clean linens to be left outside the room.

While you are being housed by the County, you will:

- Be available for COVID-19 lab tests as ordered.
- You will comply with treatment and complete treatment.
- You will not have overnight guests in your room.
- You will not have illegal drugs or alcohol on the premises.
- You will be respectful of the motel staff and other guests.
- You will keep your room clean and neat.
- You will be responsible for the condition of and property in the room.
- You will not make long distance phone calls.
- You will not solicit for food, money, cigarettes, drugs, etc. from other motel guests.

By signing this agreement, you acknowledge and agree to comply with the above conditions.

Any violation of the above conditions will result in your eviction from the motel.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**VI. Motel Information Handout**

**DRAFT**



**Motel Information Handout**

- Confidentiality must be maintained but motel will require client name.
- Client has a respiratory illness and requires rest and that client should not be disturbed.
- Clean linens can be left for the client outside the door at predetermined times.
- Client responsible to keep room clean, motel staff is not to enter room.
- Client to wear mask if enters motel office. Client may be outside in open air without mask. MCHHS staff can opt to take registration to client in car for client to sign.
- Verify with motel staff that only local phone calls will be covered (No long distance)
- After checkout allow ventilation to occur for at least 24 hours with window and door open before staff go in to clean the room. Motel staff must wear disposable gloves and gowns when gathering linens and garbage, since linen and/or garbage may have respiratory secretions. Staff may choose to wear a cloth face covering while cleaning. If worn, cloth face coverings should be laundered daily in hot water and detergent.

**Room requirements:**

1. Smoking or non-smoking
2. No long distance phone calls
3. Facilities with minimal ability to prepare food.

For any urgent issues, call MARION COUNTY HEALTH & HUMAN SERVICES at (503) 588-5621

**VII. Cleaning Guidance for Hotels and Motels****DRAFT**

## Cleaning Guidance for Hotels and Motels After Possible COVID-19 Occupancy

The Oregon Health Authority recommends hotels and motels not allow anyone to enter areas used by persons with COVID-19 symptoms for at least 24 hours after the persons leave. Staff can then begin cleaning and disinfection. This will reduce possible exposure to respiratory droplets. Before starting to clean, open outside doors and windows to increase air circulation in the area.

**Cleaning** refers to removing germs, dirt and impurities from surfaces.

- Cleaning does not necessarily kill germs. However, removing germs lowers the risk of spreading infection.
- Clean dirty surfaces by using a detergent or soap and water before disinfecting them.



**Disinfecting** refers to using chemicals to kill germs on surfaces.

- This process does not necessarily clean dirty surfaces or remove germs. However, killing any remaining germs on a surface **after** cleaning can further lower the risk of spreading infection.

### How to clean and disinfect

- Clean and disinfect all areas that the ill persons used.
- Pay special attention to cleaning and disinfecting frequently touched surfaces such as light switches, doorknobs, handles, keyboards, bathroom fixtures, equipment screens, remote controls, coffee makers, ice buckets and other items.

**Note:** The guidance below is specific on how to disinfect a room where a COVID-19 patient has stayed. Another option is to leave the room vacant for 10 days; the risk of virus infection will be gone. You can then do routine cleaning.

## Surfaces

To disinfect hard (non-porous) surfaces, properly apply any of the disinfectants below by following the manufacturer's instructions (e.g., concentration, application method and contact time):

- An alcohol solution with 70%–95% alcohol content
- An Environmental Protection Agency ([EPA](#))-registered household disinfectant, or
- A diluted household bleach solution.
  - You can use diluted household bleach solutions if appropriate for the surface.
  - Follow manufacturer's instructions for application and proper ventilation.
  - Never mix household bleach with ammonia or any other cleanser.
  - Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.
  - Prepare a bleach solution by mixing:
    - 5 tablespoons (one-third cup) bleach per gallon of water, or
    - 4 teaspoons bleach per quart of water.

To disinfect soft (porous) surfaces such as carpeted floor, rugs and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.

- Launder washable items by following the manufacturer's instructions. Use the warmest appropriate water setting for the items and completely dry items.
- The EPA has approved hydrogen peroxide for use against the SARS-CoV-2 (coronavirus) that causes COVID-19 for disinfection of porous surfaces.
- Heat or steam can also be used to sanitize porous surfaces. The surfaces should be heated to 70° C (158° F) for five minutes or to 100° C (212° F) for one minute. Hot water extraction or steam cleaning are common tools used to achieve these temperatures for non-washable items.
- If you cannot use high temperature or hydrogen peroxide treatment, consider storing smaller objects for 10 days until the risk of virus infection is gone.

### Electronics and appliances

- For items such as tablets, touch screens, keyboards, coffee makers and remote controls, remove visible contamination (such as debris, streaks or smudges), if present.
  - Follow the manufacturer’s instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If you do not have the manufacturer’s guidance, consider using alcohol-based wipes or sprays containing 70%–95% alcohol to disinfect touch screens. Dry surfaces thoroughly after wiping.

### Linens, clothing and other items that go in the laundry

- Do not shake dirty laundry. Shaking can cause the virus to spread through the air.
- Follow the manufacturer’s directions to wash items. If possible, launder items using the warmest appropriate water setting and completely dry them. You can wash other people’s items with dirty laundry that was in contact with an ill person.
- Clean and disinfect hampers or other carts used to move laundry by using the above guidance for hard or soft surfaces.
- Remove and clean all bedding, including pillows and comforters, after guests who possibly have COVID-19 depart.

### Personal protective equipment and hand hygiene

Cleaning staff’s risk of exposure is low. Cleaning staff should wear disposable gloves and gowns for all tasks, including handling trash. Staff may choose to wear a cloth face covering while cleaning. If worn, cloth face coverings should be laundered daily in hot water and detergent. As restrictions begin to lift for businesses and public spaces, it may be difficult to make sure people stay 6 feet away from others at all times. So, we recommend people have a face covering to use in public settings. If everyone uses face coverings, we can all protect each other.

- Make sure to use disinfectants that do not ruin the gloves and gowns used.
  - Staff may need to use additional personal protective equipment (PPE) if the cleaning/disinfectant products they use could splash.
  - Launder cloth face coverings daily.
  - After cleaning a room, carefully remove gloves and gowns to avoid possible transfer of virus to the wearer and the surrounding area. Be sure to [clean](#) hands immediately after removing gloves.

- Coveralls, aprons or work uniforms can be worn to clean and disinfect if gowns are not available. Reusable (washable) clothing should be laundered each day. Staff may consider bringing a change of clothes to change into at the end of the day. Clean hands after handling dirty laundry.
- Cleaning staff should immediately report to their supervisor any breaches in PPE (e.g., tear in gloves) or potential exposures.
- Cleaning staff and others should clean hands often. This includes immediately after removing gloves and after contact with an ill person. Wash hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, you may use an alcohol-based hand sanitizer with 60%–95% alcohol. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home. These include cleaning hands and avoiding touching eyes, nose or mouth with unwashed hands.
  - Additional key times to clean hands include:
    - After blowing one’s nose, coughing or sneezing
    - After using the restroom
    - Before eating or preparing food
    - After contact with animals or pets
    - Before and after providing routine care for another person who needs assistance (e.g., a child).

You can get this document free of charge in other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or [OHA.ADAModifications@dhsosha.state.or.us](mailto:OHA.ADAModifications@dhsosha.state.or.us).

