



Hood River County Administration

Jeff Hecksel, County Administrator

BOARD OF
COMMISSIONERS

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Les Perkins – District No. 4

May 7, 2020

Governor Kate Brown
Office of the Governor
900 Court Street
Salem, Oregon 97301

RE: Hood River County COVID-19 Reopening Plan Phase I

Dear Governor Brown:

In accordance with Oregon guidelines, Hood River County requests a Phase I reopening date of May 15, 2020. The County appreciates the guidance and support from the State in dealing with the COVID-19 pandemic, and in establishing a framework for reopening Hood River County.

Hood River County as a small rural county has had few positive COVID-19 cases (11). As of May 6, the County's presumptive and positive cases are 1.9% of those being tested. This compares to 4.3% State wide. The County's percentage of testing at 2.5% of the population compares to Statewide estimate of 1.6%. There have been zero hospital admissions. Given the low positive numbers, we believe the County is in a good position to move forward with a Phase I reopening.

From the County's perspective, it is important to move forward to open the economy and balance that opening with a framework that minimizes the potential for a spike in cases while at the same time being prepared to effectively manage a spike should one occur. In planning, Hood River County has partnered with local non-profits, other Counties, Cities in the County, Providence Hospital, and the State. As a small Public Health agency these partnerships have enabled the County to respond to the pandemic and prepare a plan to move forward.

The County's plan is meant to follow the framework of the State, be consistent with plans from other Counties and allow the County to scale and modify the plan as needed. By Resolution, the County has adopted this plan, and attests to an adequate supply of PPE, and hospital capacity. Thank you for your consideration and consent to move forward.

Sincerely
Hood River County Board of Commissioners,



Michael J. Oates, Chair



Karen Joplin, Commissioner

DocuSigned by:

Rich McBride 5/8/2020 | 10:22 AM PDT

Rich McBride, Commissioner



Robert Benton, Commissioner



Les Perkins, Commissioner

Hood River County

Reopening Plan

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



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Executive Summary

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

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

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

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



Hood River County

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

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

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

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

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

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

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

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

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

Providence Hood River Memorial Hospital (PHRMH) activated its Incident Command team. One Community Health, being our local FQHC and largest Medicaid provider, has enhanced its services to address COVID-19 community needs.



Prerequisites Checklist

Requirement	Notes	County	Region	State
1. Declining prevalence of COVID-19		Not required if <5 cases		
a. The percentage of emergency department visits for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year.	Hood River County is included in ESF Region 6 with Wasco, Sherman, and Gilliam Counties.	NA	NA	REQUIRED Data to be provided on OHA website.
b. A 14-day decline in COVID-19 hospital admissions.	Hood River County has had no COVID19-positive related hospital admissions. We have capacity and a surge plan if needed.	REQUIRED if >5 cases	NA	Data to be provided on OHA website
2. Minimum Testing Regimen				
a. Regions able to administer testing at a rate of 30 per 10k per week	Hood River County's population of 23,382 requires 70 tests per week. Testing is in place for over 200 tests per week. Testing regimen prioritizes symptomatic persons and individuals who came into contact with a known COVID-19 positive person. Testing includes all people in congregate settings when there is a positive test. Frontline workers have been prioritized for testing in Hood River County. All providers have been testing essential workers. Providence Occupational Medicine provides testing for HCWs with possible work exposure.	NA	REQUIRED	OHA will evaluate and approve at the region level
b. Sufficient testing sites accessible to underserved communities	HRC has 5 drive up testing sites: Providence Hospital, One Community Health, Summit Family Medicine, Heritage Family Medicine, Columbia Gorge Family Medicine. One Community Health, a nonprofit community clinic, is providing free drive-up testing and on-site testing services in Hood River and Wasco Counties. One Community Health and Providence Hospital have both provided critical testing at high-risk locations during possible outbreak conditions. All clinics and drive-up sites are located in the City of Hood River. OCH plans to offer drive-up testing for other communities, including	NA	REQUIRED	OHA will evaluate and approve at the region level

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

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

Narratives for Prerequisite 4.b.

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

Long Term Care Facility

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

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

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

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

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

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

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

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

Farmworker housing

Farmworkers often live in small cabins that they share with other farmworkers or family members. Some cabin groups share restrooms and kitchen facilities, and communal meals. Many Farmworkers work and commute together and work with other farmworkers at other farms. Farmworkers often fear stigma, retribution, targeting, and immigration enforcement. They often have a disparately high number of co-morbid conditions that increase their risk for poor outcomes with COVID-19.

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

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

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

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

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

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

Unhoused person

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

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

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



Gating Criteria Met

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

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

Gating Criteria Additional Notes

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

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



Core State Preparedness Met

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

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

Core State Preparedness Notes

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

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

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

Testing Component

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Homeless: Testing of homeless residents occurs through primary care and through other points of contact such as Providence Emergency Department. Primary Care Providers are accepting new patients into their practice, and this population can be self-referred, or by other means including sheltering services through Gorge Outreach and Hood River Shelter Services, or other social services such as Bridges to Health. Hood River County has community representation on the Statewide COVID-19 Homeless Task Force as well as a local committee for addressing homelessness in our community.

Mental Health: HRCHD created Task Force 4 to address mental health needs and issues. Mid-Columbia Center for Living (MCCFL) provides crisis services, children's mental health services including a warm line, and a range of comprehensive mental health services on a sliding scale. HRCHD and Primary Care Providers have resource and referral access to MCCFL as well as other OHP and Private Insurance Behavioral Health Providers in the regional network.

Contact Tracing Component: Contact tracing of all COVID+ cases

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

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

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

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

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

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

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

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

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

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

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

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

Healthcare System Component: Ability to Surge Capacity

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

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

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

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

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

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

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

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



Plans for Health and Safety Components

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

Protect the health and safety of those working in critical industries

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

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

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

Protect employees and users of mass transit

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Support COVID-19 positive patients

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

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

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

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

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



Phase One Reopening

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

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

Please find the following items attached as Addendum A:

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

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

Resolution No. 2328 from the Hood River County Board of Commissioners, the County governing body, certifying hospital capacity and PPE is sufficient.

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

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

Reopening Hood River County businesses and our economy is essential to our economic health. Hood River County's Reopening Plan requires all businesses to adhere to State Sector Guidelines provided by OHA. It is anticipated that businesses will be highly motivated to follow the guidelines so that they and their business can succeed.

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

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

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

Appendix D contains the most current State sector guidelines at the time this plan was prepared. These guidelines will change to adhere to the States Sector Guidelines as they are developed or modified.



Phases Two and Three

Hood River County will hold at Phase One for 21 days, then according to available state level guidance, pass the Gating Criteria again before considering moving into Phase Two. The same state level guidance will be used when moving into Phase Three.



APPENDIX



ADDENDUM A: Certification Letters



Hood River County Health Department

1109 June Street, Hood River OR 97031

Office: 541-387-6885, Fax: 541-386-9181

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

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

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

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

Christopher Van Tilburg MD
Public Health Officer and Medical Examiner



May 6, 2020

Hood River County Board of Commissioners
601 State Street
Hood River, OR 97031

Dear Commissioners:

In accordance with Governor Brown's framework for reopening, Providence Hood River Memorial Hospital provides this update on our bed surge capacity, personal protective equipment supply chain reliability and commitment to daily PPE reporting to the Oregon Health Authority.

Bed Surge Capacity

Providence Hood River Memorial Hospital activated our Incident Command structure on March 9, 2020; this was in addition to a Regional Command Center to support all eight Providence hospitals in Oregon. This structure enables Providence to plan and respond to an anticipated surge of COVID-19 patients in an efficient manner. Providence Hood River Memorial Hospital has adequate bed capacity to accommodate an increase in volume if we experience a future surge of COVID-19 patients.

PPE Supply Chain Reliability

Providence Hood River Memorial Hospital ensures we have a reliable PPE supply chain to guarantee access to PPE and accommodate the any expected surge. Providence manages supplies across our eight Oregon hospitals, this allows us to shift supplies in the event of a surge. Providence Hood River Memorial Hospital will continue to maintain a reliable supply chain for PPE.

PPE Reporting to Oregon Health Authority

Providence Hood River Memorial Hospital reports PPE to the Oregon Health Authority through the HOSCAP system. We have committed to continuing this reporting of PPE to the Oregon Health Authority.

Providence Hood River Memorial Hospital is committed to communicating with our community and the state on our preparedness and stands ready to serve the needs of the community.

Sincerely,

Handwritten signature of Lisa Vance in black ink.

Lisa Vance
Chief Executive Officer
Providence Health & Services – Oregon

Handwritten signature of Steve Freer in black ink.

Steve Freer, M.D.
Chief Medical Officer
Providence Health & Services - Oregon



Hospital Attestation to Resume Non-Emergent or Elective Procedures

On April 27, 2020, the Governor issued Executive Order 20-22, that allowed hospitals to resume non-emergent or elective procedures, by May 1, 2020 at the earliest, if a hospital is in compliance with Oregon Health Authority (OHA) guidance. The guidance issued by OHA on April 29, 2020, requires hospitals to have adequate personal protective equipment (PPE) on hand and to attest to OHA prior to resuming non-emergent or elective procedures, that the hospital meets OHA standards.¹

This attestation form must be signed by an individual with legal authority to act on behalf of the hospital or health system.

I, William Olson (printed name), on behalf of Providence Health & Services (name of hospital or health system), attest to the following (please check any of the boxes that apply and supply any additional information):

- The hospital or health system intends to resume non-emergent or elective procedures by (insert date) May 4, 2020
- The hospital or hospitals within the health system have adequate medical grade PPE supplies that meet applicable National Institute for Occupational Safety and Health and U.S. Food and Drug Administration regulations for performing non-emergent or elective procedures.
- As a large hospital (as defined in OHA guidance) the hospital has an adequate 30-day supply of PPE on hand that is appropriate to the number and type of procedures to be performed or an open supply chain, as that is defined in OHA's guidance.
- As a small hospital (as that is defined in OHA guidance), the hospital has an adequate 14-day supply of PPE that is appropriate to the number and type of procedures to be performed on hand or an open supply chain, as that is defined in OHA's guidance.

¹ The guidance can be found at <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2322u.pdf>.

As a health system, PPE supplies on hand were calculated at a health system level and the PPE requirements can be met for each of the hospitals within the health system listed below.

If a health system is submitting this attestation, please list all of the hospitals in the system for which this attestation applies:

Providence St. Vincent Medical Center, Providence Milwaukie Hospital

Providence Portland Medical Center, Providence Seaside Hospital

Providence Willamette Falls Medical Center; Providence Hood River

Memorial Hospital; Providence Medford Medical Center; Providence

Newberg Medical Center

I certify that the responses in this attestation are accurate and complete. I understand that if OHA determines that a hospital is not in compliance with the PPE requirements, OHA may require the hospital to cease performing non-emergent or elective procedures for a specified period of time.

William Olson COO

Printed name and title

04-30-2020

Date

William Olson

Signature

BEFORE THE BOARD OF COMMISSIONERS
HOOD RIVER COUNTY, OREGON

IN THE MATTER OF:)
)
HOOD RIVER COUNTY REOPENING) RESOLUTION NO. 2328
PLAN; PHASE ONE)

WHEREAS, on April 20, 2020, Governor Kate Brown issued a public health framework for reopening Oregon, establishing Gating Criteria, Core State Preparedness and Phased Lifting of Restrictions for restarting public life and business; and

WHEREAS, Phase 1 begins at the Governor’s direction, after all Gating Criteria and Core Preparedness measures have been met; and

WHEREAS, additional prerequisites require counties to submit a formal request to the Governor, to include letters from the CEO’s and CMO’s of hospitals within the county committing to daily personal protective equipment (PPE) reporting to the Oregon Health Authority (OHA), PPE supply chain reliability and hospital bed surge capacity, a recommendation letter from the County Public Health Officer, and a vote of the county governing body certifying PPE for first responders is sufficient; and

WHEREAS, Hood River County is committed to an evidence-based reopening strategy that considers the health and welfare of all community members and recognizes the risk and sacrifice of healthcare workers, first responders, community members, and businesses; and

WHEREAS, Hood River County, together with its’ community stakeholders, has developed a Reopening Plan based on Governor Brown’s public health framework and guidance, certifying that Hood River County has met the Gating Criteria and Core State Preparedness requirements, completed the Prerequisites Checklist, and is equipped to enter Phase One of Lifting Restrictions. The Reopening Plan also provides guidance for those involved in the process of reopening to aid in preparation and implementation of their individual plans; and

WHEREAS, as of May 7, 2020, Hood River County has met and will continue to measure, document, and meet the Gating Criteria for Hospital Capacity and Testing in collaboration with our local hospital, Providence Hood River Memorial Hospital; and

WHEREAS, as of May 7, 2020, Hood River County has met all Core State Preparedness Criteria and developed capacity in the Core Preparedness areas to support reopening as it is medically and epidemiologically appropriate; and

WHEREAS, as of May 7, 2020, Hood River County has completed and meets the Prerequisites Checklist for declining prevalence of COVID-19, minimum testing regimen, contact tracing, isolation facilities, sufficient healthcare capacity and PPE supply, and is prepared and equipped to enter Phase One of Lifting Restrictions; and

WHEREAS, as set forth in Addendum A to the Reopening Plan, Lisa Vance, CEO of Hood River Providence Memorial Hospital, attests to sufficient PPE inventory and hospital bed surge capacity and remains committed to daily PPE reporting to OHA; and

WHEREAS, as set forth in Addendum A to the Reopening Plan, Hood River County's Public Health Officer and Medical Examiner Christopher J. Van Tilburg, MD, attests that Hood River County has sufficient PPE for first responders.

NOW, THEREFORE, THE HOOD RIVER COUNTY BOARD OF COMMISSIONERS HEREBY RESOLVES AND CERTIFIES AS FOLLOWS:

1. Pursuant to the public health framework for reopening Oregon, the Board adopts Hood River County's Reopening Plan.
2. As attested by Lisa Vance, CEO, Hood River Providence Memorial Hospital, the Board certifies Hood River County has sufficient PPE inventory and hospital bed surge capacity.
3. As attested by Christopher J. Van Tilburg, MD, Hood River County Public Health Officer, the Board certifies Hood River County has sufficient PPE for first responders.
4. Based on the foregoing recitals, attestations and evidence-based reopening strategy as set forth in the Hood River County Reopening Plan, the Board formally requests approval from the State of Oregon Governor's Office to commence Phase One Reopening in Hood River County.

DATED this 7th day of May 2020.

HOOD RIVER COUNTY BOARD OF COMMISSIONERS



Michael J. Oates, Chair



Karen Joplin, Commissioner

DocuSigned by:



5/8/2020 | 10:16 AM PDT

Rich McBride, Commissioner



Robert Benton, Commissioner



Les Perkins, Commissioner

ADDENDUM B: Abbreviations

BOC – Board of Commissioners
CHW – Community Health Worker
COVID-19 – **CO**rona**VI**rus **D**isease identified in **2019**
ECC – Oregon State Emergency Coordination Center
EH – Environmental Health
EOC – Emergency Operations Center
EOMC – Eastern Oregon Modernization Collaborative
HCW – Health Care Worker
HOSCAP – Hospital Capacity System
HRC – Hood River County
HRCHD-Hood River County Health Department
HRCTD – Hood River County Transportation District
IGG – Immunoglobulin G, an antibody test for COVID-19
IGM – Immunoglobulin M, an antibody test for COVID-19
ILI – Influenza-like illnesses
JIC – Joint Incident Command
LPHA – Local Public Health Authority
LTCF – Long Term Care Facility
MCEDD – Mid Columbia Economic Development District
NIMS – National Incident Management System
OCH – One Community Health
OHA – Oregon Health Authority
OHP – Oregon Health Plan
PAPR – Powered Air Purifying Respirator
PCP – Primary Care Provider
PCR Test - Polymerase Chain Reaction Test
PHRMH – Providence Hood River Memorial Hospital
PPE - Personal Protective Equipment
PSA – Public Service Announcement

ADDENDUM C: Long Term Care Facilities Plan

All Long Term Care Facilities

Closed to visitors except therapists, front door locked

Screen all employees at beginning of shift with questionnaire and temperature, written log kept

Screen all patients/clients with questionnaire and temperature once or twice a day

Employees wear either cloth or procedure masks at all times

Are able to provide in room isolation, variability in bathroom availability

Have information on appropriate use of PPE, repurposing PPE, how to obtain PPE from Health Department, COVID 19 response toolkit provided, CDC guidelines shared and reviewed

Have a plan for testing individuals but not a comprehensive plan if entire facility requires testing.

Instructed to call the PCP with symptomatic clients and also to notify the Health Department

Notify the Health Department of any employees under investigation or with positive COVID

Employees may return to work if negative test and asymptomatic for 72 hours and 7 days following onset of symptoms or with a note from their PCP

There are no longer staff that work at more than one facility

They have been informed of the OHA support for extra staffing

Long Term Care Facilities Hood River County

Hood River Care Center

Rachel Livingston manager. Rachel.livingston@prestigecare.com

Kristi Mitchell NP

80 staff, 60 with direct patient care, 50 patients

Parent company not adequately supplying

They have adequate PPE

Utilization rate unknown. Have repurposing instructions

Testing plan: NP able to test patients

Pulse oximetry on site, 24/7 nursing care

Isolation possible

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

Parkhurst Place

Tim Dufour Tdufour@enlivant.com

Karen Hanson. Khanson@enlivant.com

21 employees, 13 caregivers
30 residents
Adequate PPE, possible face shields needed? Using goggles and masks
Utilization rates unknown
Testing plan in place
Isolation possible if a couple of clients only. Normally shared bathrooms.
No nursing care 24/7

Hawks Ridge

Ben Brandt. Administrator@hawksridgeassistedliving.com
37 employees, 12 caregivers, 12 Med tech
63 residents
Well stocked with PPE
Isolation plan in place
Testing plan in place
Have pulse oximetry on site
No nursing care 24/7

Brookside/Down Manor

Jamie Hanshaw. Jamie.hanshaw@providence.org
Ben Bronson Down Manor. Ben.bronson@providence.org
Becky Bloomdahl. Brookside. Rebecca.bloomdahl@providence.org
Well stocked with PPE
Isolation plan
Testing plan in place
No pulse oximetry
Nursing care available 24/7 Through Providence

Ashley Manor

Kassandra LaGranger. Pacifichights@ashleycares.com
Received PPE from state recently
Attempting to gather information

Dethman House

Shannan Stickler. Shannan.stickler@providence.org
Employees 2 onsite, 3 once a week, no caregivers
Residents 27
Door locked but residents may come and go as they please
Received PPE from state recently

ADDENDUM D: State Guidelines



Phase One Reopening Guidance

Governor Kate Brown's framework for Reopening Oregon will help Oregonians restart public life and business while maintaining healthy Oregon communities. The framework outlines actions Oregonians must take to move forward safely.

As the state reopens, it's important to remember the risks. We must all do our best to protect ourselves and one another. If we all follow these actions, we will help save the lives of our colleagues, neighbors, friends, and family members.

These actions include:

- Stay home if you are sick.
- To avoid exposure to COVID-19, people who are at risk for severe complications (over age 60 or have underlying medical conditions) should stay home even if you feel well.
- If you become symptomatic (cough, fever, shortness of breath) while in public, please return home and self-isolate immediately. Contact your health care provider if you need medical attention.
- 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. If you use a tissue, immediately discard tissue in garbage and your wash hands.
- Avoid touching your face.
- Practice physical distancing of at least six (6) feet between you and people who you do not live with.
- Use cloth, paper or disposable face coverings in public. As Oregon is reopening and restrictions are being lifted on businesses and public spaces, it may be difficult to ensure that you can stay six (6) feet away from others at all times.
- Stay close to home. Avoid overnight trips and minimize other non-essential travel, including recreational day trips to destinations outside the community where you live. Travel the minimum distance needed to obtain essential services; in rural areas, residents may have to travel greater distances for essential services, while in urban areas, residents may only need to travel a few miles for those services.

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.



May 7, 2020

Oregon General Guidance for Employers on COVID-19

General considerations for your workplace:

- Comply with any of the Governor’s Executive Orders that are in effect.
- Know the signs and symptoms of COVID-19 and what to do if employees develop symptoms at the workplace.
- Understand how COVID-19 is transmitted from one person to another—namely, through coughing, sneezing, talking, touching, or via objects touched by someone with the virus.
- Make health and safety a priority by implementing safeguards to protect employees and the public. Federal and state guidelines, including sector-specific guidance, will help you determine which safeguards are recommended or are required, for example, use of personal protective measures such as face coverings or masks.
 - CDC has detailed [general guidance](#) to help small businesses and employees prepare for the effects of COVID-19.
 - Oregon’s specific guidelines for the following sectors can be found at (<https://govstatus.egov.com/OR-OHA-COVID-19#collapseOHAGuidance>):
 - Health care
 - Transit
 - Retail
 - Childcare/Early childhood education
 - Personal services
 - Outdoor recreation
 - Restaurants
- Consider modifying employee schedules and travel to reduce unnecessary close physical contact (physical distance of less than (6) six feet between people).
- Be aware of protected leave requirements and plan ahead for any anticipated workforce adjustments.

Modification of employee schedules and travel

Considerations for modifying employee schedules and travel as feasible:

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

Workplace safety

Implement workplace safeguards as feasible or when required. [See also sector-specific guidance here.](#)

- Implement physical distancing measures consistent with the Governor's Executive Orders 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 or require employee use of cloth or disposable face coverings as indicated by sector-specific guidance. If employers require use of cloth face coverings, employers must provide cloth or disposable face coverings for employees.
- 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.
- 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

- 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
- 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
- Safety practices for exposures in the workplace:
 - Cleaning and disinfection practices post exposure: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
 - Safety practices for workers who may have had exposure to a person with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

- OSHA guidance on preparing workplaces for COVID-19:
 - Oregon OSHA: <https://osha.oregon.gov/Pages/re/covid-19.aspx> (English and Spanish links)
 - National OSHA: English: www.osha.gov/Publications/OSHA3990.pdf, and Spanish: 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
- COVID-19 insurance and financial services information:
<https://dfr.oregon.gov/insure/health/understand/Pages/coronavirus.aspx>

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Phase One Reopening Guidance

Sector: Outdoor Recreation

Specific Guidance for Outdoor Recreation Organizations:

Outdoor recreation organizations are required to:

- Prior to reopening after extended closure, ensure all parks and facilities are ready to operate and that all equipment is in good condition, according to any applicable maintenance and operations manuals and standard operating procedures.
- Prohibit parties (a group of 10 or fewer people that arrived at the site together) 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 signs and education.
- Keep day-use areas that are prone to attracting crowds (including but not limited to playgrounds, picnic shelters/structures, water parks and pools, sports courts for contact sports like basketball) and overnight use areas closed.
- Prohibit contact sports.
- Thoroughly clean restroom facilities at least twice daily and, to the extent possible, ensure adequate sanitary supplies (soap, toilet paper, hand sanitizer) throughout the day. Restroom facilities that cannot be cleaned twice daily should be kept closed or a sign should be posted stating that the restroom is unable to be cleaned twice daily.
- 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 signs](#) (available at healthoregon.org/coronavirus) listing COVID-19 symptoms, asking employees, volunteers and visitors with symptoms to stay home and who to contact if they need assistance.
- Keep any common areas such as picnic tables not in shelters/structures, 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 signs to reinforce physical distancing requirements between visitors of different parties.

To the extent possible, outdoor recreation agencies should, but are not required to:

- 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, volunteers and visitors to wear cloth, paper or disposable face coverings when around others.
- Encourage the public to visit parks and recreation areas during off-peak use times as defined and publicized by park or recreation area management.
- Encourage the public to visit parks and recreation areas close to home, avoid overnight trips and minimize travel outside their immediate area for recreation. Especially caution the public to not travel outside of their home area if they live in an area with a high number of reported COVID-19 cases to prevent asymptomatic COVID-19 positive individuals from inadvertently bringing the virus into an area with many fewer cases.
- Consider opening private, municipal, county and federal campgrounds as long as physical distancing requirements can be maintained. Oregon State Parks may make a separate determination on opening state campgrounds depending on readiness, ability to maintain physical distancing requirements and consultation with the Governor.
- Consider opening skate parks as long as physical distancing requirements can be maintained.
- Encourage visitors to bring their own food, water bottles and hygiene supplies (including hand sanitizer), as well as to 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 (6) 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, volunteers and visitors is more difficult.
- Review and implement [General Guidance for Employers](#), 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](#)

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Phase One Reopening Guidance

Sector: Restaurants/Bars/Breweries/Tasting Rooms/Distilleries

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

Distancing and Occupancy:

Businesses must:

- Determine maximum occupancy to maintain physical distancing requirements and limit number of customers on premises accordingly.
- Ensure tables are spaced at least six (6) feet apart so that at least six (6) feet between parties is maintained, including when customers approach or leave tables.
 - Businesses will need to determine seating configuration to comply with these physical distancing requirements.
 - Remove or restrict seating to facilitate the requirement of at least six (6) feet of physical distance between people not in the same party.
 - If booth seating is back-to-back, only use every other booth.
- Limit parties to 10 people or fewer. Do not combine parties/guests at shared seating situations who have not chosen to congregate together. People in the same party seated at the same table do not have to be six (6) feet apart.
- If a business is unable to maintain at least six (6) feet of distance, except for brief interactions (for example, to deliver food to a table), it may operate only as pick up/to go service. This applies to both indoor and outdoor seating.

Employees:

Businesses must:

- Minimize employee bare-hand contact with food through use of utensils.
- Reinforce that meticulous hand hygiene (frequent and proper handwashing) is of utmost importance for all employees, including chefs, line cooks and waitstaff.
- Have employees wear gloves when performing cleaning, sanitizing, or disinfecting activities. Please note that for non-cleaning activities, non-Oregon Department of Agriculture (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 provide non-latex gloves and employees 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.

- Require all employees to wear cloth, paper or disposable face coverings. Businesses must provide cloth, paper or disposable face covering for employees.

Additional requirements for facilities licensed by the ODA:

- No bare-hand contact with food is permitted per their licensing requirements.

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.
- End all on-site consumption of food and drinks, including alcoholic beverages 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 unless the counter faces a window or wall and at least six (6) feet of distance is maintained between parties. This applies to all facilities including bars, breweries and tasting rooms. Counter and bar ordering are acceptable if the operation finds that this decreases worker exposure. The 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.
- Ensure customers/parties remain at least six (6) feet apart when ordering.
 - Signs should be posted as necessary to ensure that customers meet the requirements of this guidance.
 - Mark designated spots on the floors must have designated spots where customers will wait in line.
- 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 in order to avoid multiple contact points.
- Prohibit use of karaoke machines, pool tables, and bowling.
- For use of juke box and coin-operated arcade machines, the same protocols should be followed as outlined for Video Lottery Terminals below.

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

- 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 restrooms to ensure that customers do not congregate.
- Strongly encourage all customers to wear cloth, paper or disposable face coverings. Customers do not need to wear face coverings while seated at the table. If a business sets a policy that all customers are required to wear cloth, paper or disposable face coverings, business management should consult with their legal counsel to determine whether such a requirement can be enforced.
- 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, text, or restaurant-provided “buzzer” device, indicates that a table is ready.
- Consider providing 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 content) available to customers. Hand sanitizer must not replace hand washing by employees.
- Post clear signs (available at healthoregon.org/coronavirus) listing COVID-19 symptoms, asking employees and customers with symptoms to stay home, and listing 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 Guidance for Employers](#), as applicable.

Additional Resources:

- [OHA Guidance for the General Public](#)
- [OHA General Guidance for Employers](#)

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Phase One Reopening Guidance

Sector: Retail

Specific Guidance for Retail Stores:

Retail stores are required to:

- Limit the number of customers in the retail store and focus on maintaining at least six (6) feet of distance between people and employees in the store. Store management should determine maximum occupancy to maintain at least six (6) feet of physical distancing, considering areas of the store prone to crowding (like aisles) and limit admittance accordingly.
- Post [clear signs](https://healthoregon.org/coronavirus) (available at healthoregon.org/coronavirus) listing COVID-19 symptoms, asking employees and customers with symptoms to stay home, and listing who to contact if they need assistance.
- Use signs to encourage physical distancing.
- Frequently clean and disinfect work areas, high-traffic areas, and commonly touched surfaces in both customer/public and employee areas of store. Wipe down changing room doorknobs, walls and seating between each customer use.
- Require all employees to wear cloth or disposable face coverings. Businesses must provide cloth or disposable face coverings for employees.

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

- Strongly encourage all customers to wear cloth or disposable face coverings. If a store sets a policy that all customers are required to wear cloth or disposable face coverings, store management should consult with their legal counsel to determine whether such a requirement can be enforced.
- 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 signs to direct one-way flow of traffic.
- Use signs and tape on the floor to maintain physical distancing while waiting for cashiers.
- Prohibit customers from trying on items that are worn on the face (cloth masks, scarves, headbands, eyewear).
- Decide whether to re-open fitting rooms. If fitting rooms are re-opened, customers should wash hands or use hand sanitizer before and after trying on clothes. Retailers

should provide hand sanitizer or hand washing stations near fitting rooms. Note: There are no scientific data to indicate that clothing items are a major means of spread of the coronavirus. Any risk from this exposure is likely to be very low. Items that have been in a fitting room can be set aside for a day or longer if the retailer is concerned about perceived risks from clothing that has been tried on by customers.

- When processing returns, employees should wash hands or use hand sanitizer before and after handling items. Retailer may set items aside for a day or longer if concerned about perceived risks of exposure.
- Consider offering alternative order ahead and pick up options, such as curbside pickup as appropriate and applicable.
- Review and implement [General Guidance for Employers](#), 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 signs 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 signs
- Signs to discourage gathering

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Phase One Reopening Guidance

Sector: Personal Services

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), 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 Guidance for Employers](#), 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](#)

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