



## Heart of Oregon Corps COVID-19 Operations Protocols

### VERSION 2.0

This **Version 2.0** is effective as of **July 27<sup>th</sup>, 2021**

#### NOTES:

HOC's Oregon OSHA's Exposure Risk Assessment and Infection Control Plan requirements are filed with Protocol Version 1.3.

Because the COVID-19 situation and associated data is constantly changing, this document will be updated and/or revised as necessary.

*Initially developed in consultation with*



EXPERIENTIAL  
CONSULTING  
*Risk Management  
- for -  
Outdoor Programs*

**Legal Notice:** The following protocols have been uniquely developed for Heart of Oregon Corps (HOC), in consideration of our specific programmatic and organizational elements. While we gladly share this document as a resource, the protocols are not meant to be applied to any other organization without careful consideration and revision to match the uniqueness of that organization's population, staff, mission training, resources, environment, and risk tolerance. *By adapting or otherwise utilizing these protocols in your program, you do so at your own risk and expressly agree to release from liability, and hold harmless, Heart of Oregon Corps; and Experiential Consulting, LLC; for any liabilities, losses, damages, suits, or expenses of any kind.* If you have any questions, please contact HOC at [info@heartoforegon.org](mailto:info@heartoforegon.org) or 541-633-7834.

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### **Key Updates in Version 2.0**

Changes by protocol number are not detailed, as there are so many changes in this version. Please read and learn the entire document, but especially Sections 5, 6, and 8 for all readers.

## **1. Introduction- Version 2.0**

At Heart of Oregon Corps, the health and well-being of our Corpsmembers, staff, and our communities is paramount. We are experienced in managing the inherent risks associated with running conservation service and workforce training programs—including, but not limited to, using hand and power tools, working in remote areas, working with youth who experience physical and mental health risk or disabilities, and ensuring staff and Corpsmembers are covered under worker’s compensation insurance. We deeply believe the benefits of our programs are significant to our Corpsmembers (the youth participants), Staff, and communities and public lands we serve.

Heart of Oregon Corps provides paid job training, education, and stewardship that empowers and inspires positive change in the lives of young people. We deemed it critical to offer these opportunities as a part of national pandemic recovery efforts, when it was possible to minimize public health and safety risks while maximizing mission-based outcomes. We believed our local community needed us in 2020 more than ever, and we reopened 4 of 6 of our programs in-person in July, 2020, with strict protocols in place. By summer 2021, all 6 programs are again operating under these protocols.

On June 25, Governor Kate Brown signed Executive Order 21-15 to eliminate Oregon’s County Risk Level framework and most remaining COVID-19 health and safety restrictions starting June 30. Now that 70% of adults in Oregon are vaccinated, the pandemic response is entering a new phase. **Heart of Oregon Corps is shifting our protocols to this “2.0” version to reflect many of the restrictions and precautions that can now be cautiously lifted.** As allowed, Heart of Oregon Corps standard operating policies, procedures, and safety controls for operating while COVID-19 remains a public health threat may be more strict than required for all businesses, to help ensure that all HOC Staff and Corpsmembers are healthy during a unique and challenging time. Because the COVID-19 situation and associated data is still constantly changing, this document will be updated and/or revised as necessary.

These protocols were originally developed by HOC staff with the participation of Experiential Consulting's Principal, Steve Smith. They are informed by guidance from the Centers for Disease Control and Prevention (CDC), Oregon Health Authority (OHA), Oregon OSHA’s “Amended Temporary Rule Addressing COVID-19 Workplace Risks” and county-level public health departments.

## **2. How to Use this Document**

These COVID-19 operational protocols (policies and procedures) are intended to be applied to all Heart of Oregon Corps environments, programs, and departments by all Heart of Oregon Corps people. This includes HOC Staff (paid employees in designated staff roles) and Corpsmembers (youth in programs receiving HOC pay, e.g., wages, stipends, or living allowances, and covered by HOC Worker’s Compensation Insurance). Therefore, it is important to keep in mind that HOC has more of an “employer/employee”-type relationship than a non-profit would typically have with its “program participants.” Appendix A: Definition of Key Terms can be found at the end of the protocol, along with other supplemental information.

HOC policies can be accessed electronically on the shared cloud drive under the POLICIES folder, or provided to you by your supervisor. These COVID-19 operational protocols, effective as of July 27th, 2021, supersede previous COVID-19 policies and supporting documents.

HOC standard policies remain in effect. It is important to remember that other risks associated with HOC environments are still actively present in a COVID-19 environment, and may even be heightened during the pandemic response. Staff and Corpsmembers should always refer to handbooks for information about safety, leave, and code of conduct. HOC's Injury Incident Policy and the Safety Section of the HOC Corpsmember Handbook should be observed in tandem with policies in this document.

If HOC Staff or Corpsmembers have questions, suggestions, or want to request additional training about protocols in this document, please talk with your supervisor or a member of HOC's COVID-19 Review and Response Team. HOC's overall COVID-19 Point of Contact, and Equal Opportunity Officer is Laura Handy, Executive Director, who can be reached at 541-419-8500 or [laura.handy@heartoforegon.org](mailto:laura.handy@heartoforegon.org). Staff can call the Employee Assistance Program at 1-800-433-2320, and Corpsmembers can call the Member Assistance Program at 800-451-1834 for help with feelings of stress or anxiety about these events.

### **3. Decision Making Matrix for COVID-19 HOC Operations**

In our efforts to offer program and work opportunities that meet our mission, the following conditions will be considered to ascertain if Heart of Oregon Corps needs to change or modify the scope of business and program operations to ensure we can reasonably assess and manage risks of COVID-19 infection or outbreak during HOC activities. Given HOC's complex program and administrative operations, this matrix may be applied to decision making about the entire organization, or a specific program, department, program function, or location. Key assessments include:

- 3.1.** Organization COVID-19 Policies and Procedures are in place: HOC may decrease, increase, or resume in-person operations when appropriate protocols are in place, are understood by all relevant staff and stakeholders, and we have the resources available to implement this set of protocols.
- 3.2.** Civil Authority Restrictions are lifted or modified: HOC may resume, increase, or continue operations when the national and/or state Executive Orders allow our program to resume work and travel and do not exceed mandated gathering numbers of individuals necessary to operate our model.
- 3.3.** Medical resources are available for supports: It is understood that COVID-19 related demands on our medical infrastructure are an important consideration. HOC may resume or increase operations if COVID-19 models ([www.covid19.healthdata.or/projections](http://www.covid19.healthdata.or/projections)) and/or other available data indicate that the demand on the medical facilities in the areas which we operate programs will not be overwhelmed during the times in which our programs are operating.
- 3.4.** Our partners are prepared: HOC programs may resume or increase operations scope when our partners are secure and confident enough in their own operations/availability to provide us reasonable assurance that their plans, schedules, etc. are stable enough for effective partnership—without substantially increasing our opportunity costs, financial risks, and risks to our people.
- 3.5.** It is socially responsible: HOC programs may resume operation when the organization believes it is socially responsible for us to be operating. We believe that paid workforce development programs will be a key part of our national recovery effort and we want to

begin offering those opportunities as soon as these activities can be done safely, including gaining assurances from experts, our board of directors, and our larger stakeholder groups that they are comfortable with us going back to or continuing work.

- 3.6. We are prepared:** Lastly, HOC programs may resume, increase, or continue in person operations when: (a) we've had the time to recruit and train sufficient Staff and Corpsmembers; (b) we have verified the readiness of our project partners, and; (c) we have the physical equipment and supplies to implement our planned activity.

#### **4. HOC COVID-19 Review and Response Team**

**HOC's COVID-19 Review and Response Team** is a group of appointed HOC Staff who review information and create and implement COVID-19 related policies and training. Currently, this group is comprised of the Executive Director (the SDO), two Program Directors, the Payroll/HR Coordinator, and up to two Program Managers. Specifically, members of this group ("the Team") will jointly and/or individually:

- 4.1.** Fill the "COVID-19 Point of Contact" role (currently filled by the Executive Director).
- 4.2.** Conduct a periodic review of changes to local public health statistics, trends, civil restrictions and guidance.
- 4.3.** Apply information to the HOC COVID-19 decision-making matrix to see if changes in operational levels are required.
- 4.4.** Make updates to this protocol and its related forms as needed.
- 4.5.** Ensure Staff and Corpsmember COVID-19 Training on the disease, its spread, and these Protocols, including administering screening, as appropriate for each role in a manner and language understood by the affected workers. Post required notices and posters. Educating and informing Staff, Corpsmembers, visitors, and families is the first line of defense in preventing COVID-19 and other communicable disease from spreading. HOC will use multiple communication platforms and age-appropriate curriculum to educate and reinforce guidelines and requirements including: exterior and interior signage; communication to Corpsmembers and guardians; communication to partners, notices and receipts; website information; social media posts; news media and in-person communication with Staff members.
  - 4.5.1.** Ensure that protocol training provides an opportunity for feedback from employees about the topics covered in the training. Training must include at least the following elements, as required by Oregon OSHA: 1) Physical distancing requirements as they apply to the employee's workplace and job function(s); 2) Mask, face covering, or face shield requirements as they apply to the employee's workplace and job function(s); 3) COVID-19 sanitation requirements as they apply to the employee's workplace and job function(s); 4) COVID-19 signs and symptom reporting procedures that apply to the employee's workplace; 5) COVID-19 infection notification process; 6) Medical removal 7) The characteristics and methods of transmission of the SARS-CoV-2 virus; 8) The symptoms of the COVID-19 disease; 9) The ability of pre-symptomatic and asymptomatic COVID-19 persons to transmit the SARS-CoV-2

virus; 10) Safe and healthy work practices and control measures, including but not limited to, physical distancing, sanitation and disinfection practices.

**4.6.** Conduct or assign compliance activities to ensure protocols are being implemented.

Review and respond to employee reports of COVID-19 workplace hazards (see section 5.16).

**4.7.** Manage “Stay Home Report” procedures.

**4.8.** Manage Crisis Response per these protocols, including: 1) direct and support the Staff who immediately respond to COVID-19 illness, 2) direct follow-up response, consulting with public health departments for situational guidance as needed, 3) Report known positive cases to the appropriate public health department and assist with contact tracing efforts, 4) Activate HOC’s Crisis Communications Plan.

## **5. Standard Operating Protocols and Controls for COVID-19**

The following sections describe standard safety operating protocols and engineering and administrative controls being undertaken by our organization due to the threat of COVID-19 for the immediate future. These operating protocols and controls are intended to be coupled with HOC’s standard safety protocols.

**5.1. Know the signs and symptoms** of COVID-19 and what to do if employees develop symptoms at the workplace. The CDC lists common COVID-19 symptoms as: Fever, chills, new or worsening cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of smell or taste, sore throat, congestion or a runny nose, nausea, vomiting, or diarrhea. **If you develop symptoms, or have had close contact with a known case of COVID-19, stay home and notify your supervisor.**

**5.2. Understand how COVID-19 is transmitted** from one person to another—namely, through coughing, sneezing, talking, aerosol droplets, touching, or, to a lesser extent, via objects touched by someone with the virus. Pre-symptomatic and asymptomatic COVID-19 persons can transmit the virus. Our most effective prevention is basic infection prevention measures. HOC will also record contact information to assist public health officials with contact tracing if needed.

**5.3. Remote Assignments (telework, teleservice, virtual learning):** Very short-term remote assignments may be considered for individuals who have to quarantine or isolate if feasible, such work is available, and the individual is well enough to do so.

**5.4. Hand and Respiratory Hygiene:** All persons will be advised and encouraged to wash their hands frequently with soap and water for at least 20 seconds, after using restrooms, eating and drinking, after sneezing, blowing nose or coughing. HOC will provide convenient access to handwashing stations with soap and water, tissues, and garbage receptacles. HOC will provide alcohol-based hand-sanitizing products (60%-95%) as an alternate or complement to handwashing (which should be prioritized when eating, preparing or serving food, and after using restroom).

5.4.1. Encourage respiratory etiquette, including covering coughs and sneezes with tissue or elbow; throwing tissue away immediately into garbage; and cleaning hands immediately afterward.

## 5.5. Face Coverings (aka Masks):

5.5.1. **Unvaccinated or not-fully vaccinated individuals** (Staff and Corpsmembers and Visitors) **are required to continue to wear masks indoors.** Any individual who chooses to wear a mask for any reason is welcomed and supported to do so. **Fully Vaccinated Individuals** (Staff and Corpsmembers and Visitors) **are no longer required to wear masks, except in the following circumstances where masks are still required:**

5.5.1.1. **Masks are required in HOC vehicles** if there is more than 1 occupant, **at all times, regardless of ventilation and vaccination status.**

5.5.1.2. Masks may be required in certain HOC program environments that are formally associated with an Oregon Secondary High School or federal agency, and subject to that school district's or agency's current guidance.

5.5.1.2.1. The HOC YouthBuild Program's Cloverdale environment must follow Sister's School District Mask Guidance when school is in session/students are present.

5.5.1.2.2. The HOC Thrift Store environment must follow Jefferson County School District's Mask Guidance for staff, students and visitors (aka customers) when school is in session/students are present.

5.5.1.2.3. At US Forest Service or US BLM indoor locations, HOC corpsmembers and employees must follow that location's mask guidance.

5.5.1.3. Masks are required if an individual becomes symptomatic while at HOC or is interacting with an individual being assessed for possible COVID-related symptoms.

5.5.1.4. Masks are required if visiting a business or location that requires mask use.

### 5.5.2. **Defining and Verifying Vaccination status**

5.5.2.1. **"Fully Vaccinated individual"** means an individual has received both doses of a two-dose COVID-19 vaccine or one dose of a single-dose COVID-19 vaccine and at least 14 days have passed since the individual's final dose of COVID-19 vaccine.

5.5.2.2. **Verifying Staff Vaccination status:** Supervisors of staff and FT members will inquire if each of their supervisees are vaccinated and request to inspect each supervisee's vaccination card to verify. Supervisors will record the date of the final vaccine on a provided form and submit it to HR. At least 14 days must have passed since the individual's final dose of COVID-19 vaccine for the individual to be considered fully vaccinated. If an individual does not wish to share their vaccine status, they may simply continue to wear a mask indoors.

5.5.2.3. **Verifying Corpsmember Vaccinations status:** Program Directors and Program Managers will assign and train appropriate staff to inquire

if each corpsmember is vaccinated and request to inspect each supervisee's vaccination card to verify. That assigned staff will record the date of the final vaccine on a provided form and submit it to the Program Manager and/or Director, and HOC HR. If an individual does not wish to share their vaccine status, they may simply continue to wear a mask indoors.

5.5.2.4. **Verifying Visitor Vaccination status:** HOC will ask visitors (guests, volunteers, board members, customers, project partners) to wear a mask if they are unvaccinated by signage and verbal request and reminders. However, HOC will not verify status by vaccine card inspections for visitors at this time.

5.5.2.5. **Enforcement** of mask requirements is a responsibility of supervisors for staff compliance, and of supervisors and other assigned staff (such as Crew Leaders, Trainers, Teachers, and Coordinators) for corpsmember compliance. Only those staff will have access to lists of those are required to mask because they are not fully vaccinated, or declined to share their vaccination status. No one is required to share why they are wearing a mask with their peers, as anyone who chooses to may wear a mask at any time.

5.5.3. Face Covering Standards

5.5.3.1. "Face covering" as defined by the Oregon Health Authority, means a cloth, polypropylene, paper or other face covering that covers the nose and the mouth and that rests snugly above the nose, below the mouth, and on the sides of the face. The following are not face coverings because they allow droplets to be released: a covering that incorporates a valve that is designed to facilitate easy exhalation, mesh masks, lace masks or other coverings with openings, holes, visible gaps in the design or material, or vents.

5.5.3.2. HOC must provide a clean mask for all Staff, Corpsmembers, and visitors when they are required to or request to use them.

5.5.3.2.1. Staff, Corpsmembers, and visitors may elect to provide their own mask if it meets protocols for style and cleanliness.

Print patterns of masks must follow HOC standards (no alcohol, drug, or offensive references).

5.5.4. Mask Accommodation Requests: A person may request accommodations around masks if: they have a medical condition that makes it difficult for them to breathe with a face covering; they have a disability that prevents them from wearing a face covering; they are unable to remove the face covering independently. Accommodation requests should be routed to and approved by HOC's Executive Director. Accommodations do not necessarily have to include entering a HOC workplace without a mask.

5.5.4.1. Oregon Health Authority now recommends wearing a face covering/mask instead of a face shield (except in limited situations



when a face shield by itself is appropriate, like talking to someone who is Deaf or hard of hearing and needs to read lips to communicate).

5.5.5. **Mask Notification Signage:** HOC will post signs at entrances to inform staff, corpsmembers, and visitors of the policy above.

**5.6. Physical Distancing: HOC has lifted all physical distancing requirements.** If physical distancing limits are required in certain program environments that are associated with Oregon Secondary High School environments, those programs are then subject to that school district's current guidance.

**5.7. Ventilation:** Ensure ventilation systems are operating properly and increase circulation of outdoor air as much as possible (unless environmental conditions pose a health or safety risk, or create significant discomfort) by increasing air exchange, cracking windows and doors, closing economizers, using fans, etc. Utilize air purifier units when rooms are occupied and units are available.

**5.8. Occupancy:** HOC has lifted all occupancy restrictions. If occupancy limits are required in certain program environments that are associated with Oregon Secondary High School environments, those programs are then subject to that school district's current guidance.

**5.9. Use of "Stable Groups"** HOC has lifted all stable group restrictions. If stable groups are required in certain program environments that are associated with Oregon Secondary High School environments, those programs are then subject to that school district's current guidance.

**5.10. Breaks and Meals**

5.10.1. **Breaks:** schedules and locations must be coordinated by Staff to ensure physical distancing protocols are followed.

5.10.1.1. When possible, tarps or pop up shelters should be used to create outside break areas (while providing weather protection).

5.10.1.2. Breaks or meals may not be taken in vehicles.

5.10.2. **Meals:** no sharing of personal food or beverages; meals should generally be brought from home. If food is served by HOC, designate servers to follow all hygiene requirements, do not allow self-service. Bring own reusable water bottle vs. using drinking fountain.

**5.11. Third Party Visitors:** Visitors are allowed and will be directed to a sign-in sheet for contact tracing purposes.

**5.12. Business Travel:** Out-of-region travel (defined as Central Oregon) for HOC business is allowed but must be specifically approved by the Executive Director.

**5.13. HOC Transportation:** Transportation for HOC Staff or Corpsmembers in vehicles driven by HOC staff must comply with the following policies and procedures. The HOC driver is the primary responsible party to ensure compliance.

5.13.1. **Clean and sanitize vehicles daily.** Give special attention to frequently touched surfaces of the vehicle and/or its attached trailer (handles, steering wheel, shifting lever, radio, trailer doors, etc.)

5.13.2. Every trip, driver and passengers are required to:

- 5.13.2.1. **Wear a mask** covering nose and mouth at all times when there is more than 1 person in a vehicle.
- 5.13.2.2. **Ensure maximum airflow through ventilation.** Windows must be opened as fully as weather conditions can allow, fans and air conditioning should be set to intake fresh air, not recirculate vehicle air (unless pollens, smoke, or other conditions pose a safety or health risk).
- 5.13.2.3. **Prohibit breaks inside vehicles.** Masks must be worn inside vehicles, so no eating is ever allowed in vehicles. Vehicles may be used for shelter for extreme environmental safety concerns (e.g., lightening, heat illness or illness prevention, smoke exposure), if all protocols above are followed.

**5.14. Cleaning and Sanitation**

5.14.1. Complete thorough cleaning, sanitizing, and disinfecting of all facilities, equipment, and transit vehicles once per day (at the end or beginning of each operating day). Schedule and roles to be assigned by each Facility/Program lead and enforced by supervisors.

5.14.1.1. Ensure safe and correct application of disinfectants with proper PPE; keep products away from children and follow labeling direction as specified by the manufacturer. Use disinfectants that are EPA-registered and labeled as bactericidal, viricidal, and fungicidal.

5.14.1.1.1. A clearly labeled spray bottle of disinfectant solution (Pine-Quat, Sani-Quat, or other stable disinfectant concentrate, if none available then fresh bleach solution) should be mixed daily. The bottle should be clearly labeled, and the date and time of mixing should be clearly visible. Clean towels will be available for routine cleaning of tools, vehicles, and hand-washing and water refill stations. Disposable sanitizing wipes may be used if available. Wear nitrile gloves when cleaning.

5.14.2. **Washable HOC PPE (masks, vests, washable gloves, non-oily rags):** Masks should be washed frequently, stored properly between uses. Staff may be assigned to safely collect and launder masks for the unit they supervise. Staff may launder and return personal masks (but return is not guaranteed).

**5.15. Supplies- Locations and Reordering**

5.15.1. **Location of Supplies:** All COVID-19 related PPE and cleaning supplies are kept in the specified places at the following locations:

HOC Bend: Restroom Cabinets and Classrooms

HOC Sisters: Utility Closet

HOC Redmond: Cleaning Cabinet near restrooms

HOC Prineville: Entryway Table, shelf, and restroom cabinet

HOC Madras: currently closed. Small stock of supplies located in Program Manager office.

Field Worksites: in vehicle caddies and trailers

5.15.2. **Reordering:** All employees are responsible for notifying the appropriate person when supplies are getting low. An inventory of supplies is conducted every month by the Accounting Coordinator and assigned location leads, but supplies may become low before that time. Please notify the Accounting Coordinator, at [accounting@heartoforegon.org](mailto:accounting@heartoforegon.org) immediately if this occurs.

5.16. **Report COVID-19 Hazards:** all HOC staff and corpsmembers are responsible to provide feedback on, or make reports of, COVID-19 Hazards. Reports can be made directly or anonymously to any member of the Review and Response Team or the Safety Committee Chair. Reports will be reviewed by Review and Response Team with additional feedback from the reporting individual (if known) and the Safety Committee as appropriate.

## **6. COVID-19 Protocol Health and Safety Agreement**

### **6.1. Initial COVID-19 Health and Safety Agreement**

6.1.1. A simple COVID-19 Health and Safety Agreement must be signed on the start date of each Staff and Corpsmember (all currently active Staff and Corpsmembers should sign it by 7/27/21).

6.1.1.1. Parents and/or legal guardians of Corpsmembers under the age of 18 will also be required to sign the Agreement, which indicates their commitment that their child will follow these protocols.

6.1.2. Agreement must be reviewed and reinforced during program orientations and on-going trainings and tailgate safety sessions.

6.1.3. The Agreement's content will 1) describe information about COVID-19 and an acknowledgement of potential COVID-19 risks associated with HOC environments, 2) provide a summary of HOC's COVID-19 key protocols, 3) direct potentially ill people not to come to HOC if they exhibit COVID-19 symptoms or have had known close contact, 4) Acknowledges that as an employer, HOC has the right to terminate employment or service if a Corpsmember or Staff refuses to comply with required safety protocols.

6.2. **Daily Health Checks:** HOC is no longer requiring daily health checks, but will use the "daily health check" screening tool if someone displays newly onset symptoms or illness at HOC (see section 7.3), or to help determine "cleared" or "not cleared" status if someone calls in. Screening tools (including thermometers) should remain available at all HOC locations/sites.

### **6.3. Documentation of Daily Schedules and Contact Information**

6.3.1. Staff must document the schedules, location, attendance of Corpsmembers and Staff daily.

6.3.2. Staff must ensure third party-visitors who will be staying over 15 minutes record their presence and contact information on a visitor contact log, available at each physical location (field staff should record on Job logs). Thrift Store customers do not need to sign in.

## **7. Immediate Response to Symptoms, Illness, or Reported Exposure**

**7.1. Stay Home when ill.** Staff or Corpsmembers who develop COVID-19 symptoms outside of HOC should stay home and notify their supervisor they have COVID-19 symptoms.

7.1.1. Supervisor will encourage them to seek medical advice about symptoms and testing and instruct them to stay in touch with HOC about leave options and return requirements.

7.1.2. **Supervisor must notify 2 members of the “COVID-19 Review and Response Team” that business day** (including themselves if they are on the R&R team). Generally, the HR/Payroll Coordinator leads responses for Staff and Program Directors lead responses for Corpsmembers. The ED must be included if there is a confirmed COVID-19 case.

## **7.2. When to Seek Emergency Medical Attention**

Look for emergency warning signs for COVID-19. If someone is showing any of these emergency signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New, sudden confusion (with no other rationale)
- Inability to wake or stay awake
- Bluish lips or face

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19. Then, follow HOC’s “COVID-19 Protocol” for isolation and other steps, and activate HOC’s “Injury Incidents” policy directives.

**7.3. Immediate Non-Emergency Response to Symptoms at HOC:** If, at a HOC location, COVID-19 symptoms are reported, measured, or observed or, if a person, hereby referred to as “the affected person,” reports they have had close-contact exposure to someone with a COVID-19 Diagnosis, HOC will:

7.3.1. Assess if emergency care is needed (see above) and call 911 if needed.

7.3.2. **Immediately isolate and quarantine the affected person from all others.**

7.3.2.1. Isolation and quarantine may vary depending on the HOC environment

When possible, designate a single restroom for the affected person.

Remember outside spaces, vehicles, and inside spaces could all be used to create separation areas. Increase mask and hygiene measures to their highest possible level for everyone present.

7.3.3. **Designate one responding Staff** at the scene to interface with the affected person and initiate response communications and a **second person to lead other Corpsmembers** you have separated.

7.3.3.1. Roles can be further separated if there are enough staff present. If the affected person is the only Staff present, they should designate a qualified Corpsmember to assume temporary leadership of their peers as the staff member isolates and initiates help.

- 7.3.4. **Notify your immediate supervisor**, who will activate a member of the HOC “COVID-19 Review and Response Team” to get involved, then continue with the next steps (even if there is a delayed response).
- 7.3.5. **Re-confirm that COVID-19 related symptoms are present** by conducting a COVID Health Check, while maintaining the highest levels of physical distancing and PPE. Assess if there is significant doubt that a symptom is related to COVID-19 (such as the case of a cough that is not newly onset, e.g., a cough from allergies, smoking, or asthma). Refer to training and consult with R & R team members on responding to unclear, very mild, not newly-onset, or “sympathetic” symptoms. As further assessment could always be conducted by a medical professional after the potentially COVID-19 affected person leaves the HOC environment, when in doubt move to the next step and send the person home.
- 7.3.6. **Send the affected person home** and encourage them to seek medical advice about symptoms and testing options and instruct them to stay in touch with HOC about leave options, such as those covered under the CARES Act through 9/30/21, and return requirements. Contact a parent or guardian if the affected person is a minor.
- 7.3.6.1. If the person cannot transport themselves home (due to location or transportation limitations), use available emergency contact and transportation information.
  - 7.3.6.2. HOC programs that operate in remote environments have developed COVID-19 evacuation and communication procedures (in collaboration with Public Lands partners as appropriate).
- 7.3.7. **Manage other people** separated from an affected person, especially Corpsmembers.
- 7.3.7.1. Lead and spread calm. Manage for crisis communication concerns, control inbound and outgoing communications. Retain documentation logs.
  - 7.3.7.2. If the group must be transported in the same vehicle used by the affected person, thoroughly sanitize and ventilate the vehicle prior to transport, strictly observing all transportation protocols.
  - 7.3.7.3. Meet at a time and location identified by the Review and Response Team to get further instructions and take next steps. In most cases, work will continue after a debrief, sanitization, and with close monitoring for symptoms, per public health department instructions. Most tests for possible symptoms are negative.
  - 7.3.7.4. **The responding staff must write an incident report and forward all documentation logs to the designated R&R Team member.**
  - 7.3.7.5. An 801 workers compensation claim should not be filed for COVID-19 illness or exposure unless a person is later confirmed to have COVID-19 and indicates they believe they contracted it at HOC (even if a person goes straight from HOC to medical care).

## **8. Follow-Up Response to Exposure**

A member of the HOC “COVID-19 Review and Response Team” will direct the next steps including:

**8.1. Support during Immediate Response:** assist immediately responding staff with protocol instructions and determining next steps, including whether others will continue working if someone goes home mid-day; debriefing with groups who have had a response incident; and follow-up communication with the affected person to offer them referral supports to access medical care and testing.

**8.2. Disinfecting:** If a Staff or Corpsmember is confirmed to have COVID-19, the R&R team will direct special disinfection requirements based on the timeline of diagnosis and direction from the public health department. See daily cleaning and disinfecting standards in 5.14.

**8.3. Consult with and report to public health.** The Review and Response team will work closely with the relevant County Health Department to respond to any potential exposure occurring in HOC facilities and programs, following their guidance. The Deschutes County 24/7 Communicable Disease reporting and consulting line in 541-322-7418. HOC will promptly report to Public Health officials if one of the following occurs: 1) We are informed of anyone who has entered a facility or program is diagnosed with COVID-19, 2) We are aware of any cluster of illness among facility visitors, program participants or staff. HOC will cooperative fully in any investigation including providing information for contract tracing. HOC will consult with County Public Health officials regarding any special cleaning requirements, potential facility or program closures or other mitigation measures.

**8.4. Positive Test:** If HOC were associated with a confirmed case, the Public Health Department will be in touch with HOC to identify close contacts and to provide recommendations for quarantine, return to work, monitoring symptoms, and testing for anyone who is symptomatic. HOC will also proactively reach out to the Public Health Department.

### **8.5. Follow-Up Response Communications**

8.5.1. External HOC communications regarding potential exposure or cases will be coordinated by the Development and Communications Director in partnership with County Health Department Public Information Officer.

8.5.2. Internal HOC communication regarding potential exposure or cases will be coordinated by the Executive Director or their designee, and conform to **Oregon OSHA’s COVID-19 “Infection Notification Process”**

8.5.2.1. All Staff and Corpsmembers are expected to notify the Executive Director or Program Directors in the event that they test positive for COVID-19 or they become aware that another individual who has been present in the worksite (employee, customer, contractor, guest, etc.) has been confirmed as having COVID-19. When such a notification occurs or HOC becomes aware that a person with confirmed COVID-19 has been in the workplace by any other means, the following measures will be taken within 24 hours of HOC being made aware:

8.5.2.1.1. Based on a reasonable assessment of the activity of the individual with confirmed COVID-19, HOC will seek to identify each Staff or Corpsmember who was likely to have been within 6 feet of the infected individual for a cumulative total of 15 minutes or more during the infectious period. Those employees will be notified individually of the exposure (by telephone, text message, or e-mail) and will be advised that they should seek guidance from their individual physician or from local public health officials about testing options. The individual who was the source of the exposure will not be identified.

8.5.2.1.2. In addition, a notification containing the following elements will be sent to everyone working in the facility where the exposure occurred, **even if they did not appear to have close contact with the individual in question:**

*We have been notified an individual who has been present at [location] has been diagnosed with COVID-19. With responsibility and caution, we want to alert everyone in the program to the possibility of exposure.*

*You have not been determined to be a “close contact” or “affected person” per Oregon and county definitions we follow. We are individually and directly notifying those individuals who appear to have had close contact with the individual. but we also want to alert everyone to the possibility of exposure.*

*If you experience symptoms of COVID-19 illness, please inform [contact person] and contact your health care provider. HOC, as always will protect all employee medical information and will disclose it only to the degree such disclosure is strictly necessary.*

*For more information on COVID-19, including symptoms of which you may want to be aware, please visit the [Oregon Health Authority COVID-19 website](#) or the [US Centers for Disease Control & Prevention COVID-19 website](#). If you have any questions or concerns, please contact Laura Handy, Executive Director.*

## **9. Return to HOC after COVID-19 Home Isolation or Quarantine**

**9.1. Stay Home Report:** When an affected person stays home for COVID-19 symptoms, a confidential “Stay Home Report” will be initiated by a member of the Review and Response Team. Communication, testing status, and cleared status will be documented on this report.

**9.2. Return Requirements** will be coordinated with public health departments, their up-to-date guidance may supersede the general guidance from OHA below:

9.2.1. **COVID-19 Symptoms, Positive Test:** If HOC Staff Member or Corpsmember has received a positive test for COVID-19 and they had symptoms, the following must occur before they can return to HOC (following current OHA and CDC guidelines): 24 hours with no fever **and**; symptoms improved **and** 10 days since symptoms first appeared.

9.2.2. **COVID-19 Symptoms, No Test:** If HOC Staff or Corpsmember has symptoms and was placed on Not Cleared status, but never sought or received a test, they must follow the same guidance as above: 24 hours with no fever **and**; symptoms improved **and** 10 days since symptoms first appeared. This is still required for vaccinated individuals. HOC strongly encourages, but does not

require, individuals to seek testing as it is available in Central Oregon. If a health care provider affirms symptoms were not COVID-19 related as initially assessed by HOC, an R&R Team member may reverse the “not cleared” status, in consultation with at least 1 other member of the R&R Team.

9.2.3. **COVID-19 Symptoms, Negative test:** 24 hours with no fever and symptoms improved. Subsequent testing or observing the 10-day period may be required if a medical provider or health department advises as such.

9.2.4. **Positive Test and No COVID-19 Symptoms:** If HOC staff or Corpsmember tests positive for COVID-19 but had no symptoms (a potential “false” positive): 10 days must pass since the positive test, and then receive 2 negative tests within 24 hours before being cleared to return to HOC.

9.2.5. **Confirmed “Close Contact” with positive COVID-19 Case for “susceptible individuals only”:** If a HOC Staff or Corpsmember, who is not fully vaccinated or has not had a confirmed case of COVID-19 in the previous 90 days, has “close contact” exposure with a confirmed or presumptive case during the infectious period, they should quarantine for a full 14 days from their last close contact exposure. A shortened quarantine of 10 days, if they remain asymptomatic, may be possible with local public health administrator or designee recommendation.

**9.3. Documentation Requirements:** The CDC does not recommend employers require medical documentation to validate an employee’s illness, request for sick leave, or return to work, as healthcare providers may not have the capacity to provide this documentation in a timely manner. However, employees who wish to return to work need to adhere to previously established guidance for monitoring their symptoms, and if they have access to documentation are asked to provide it.

**9.4. Return to Previous Duties:** Once isolation or quarantine ends, employees must be allowed to return to their previous job duties if still available and without any adverse action as a result of participation in COVID-19 quarantine or isolation activities. Note: The prohibition on “adverse action” does not require the employer to keep a job available that would not otherwise have been available even had the employee not been quarantined or isolated, but it does mean that the employer cannot fill the job with another employee and thereby make it unavailable.

## **10. Appendices**

### **Appendix A: Definition of Key Terms**

- **Close Contact:** “susceptible individuals” with exposure within 6 feet or less (regardless of masks use) for a cumulative of 15 mins over 24 hours with a confirmed case of COVID-19.
- **Corpsmember:** Youth participant in one of HOC’s six programs. Other common terms for Corpsmembers at HOC include members, youth, young people, students, crew members, and/or trainees. All Corpsmembers are compensated via HOC payroll and covered by HOC’s SAIF worker’s compensation insurance policy (Corpsmembers paid hourly Oregon wages are also



employees of HOC). The only exception are students at HOC's Thrift Store program, who are volunteers via their school's school-to-work programs.

- **Face Coverings:** "Face covering" as defined by the Oregon Health Authority, means a cloth, polypropylene, paper or other face covering that covers the nose and the mouth and that rests snugly above the nose, below the mouth, and on the sides of the face. The following are not face coverings because they allow droplets to be released: a covering that incorporates a valve that is designed to facilitate easy exhalation, mesh masks, lace masks or other coverings with openings, holes, visible gaps in the design or material, or vents.
- **Fully Vaccinated individual** means an individual has received both doses of a two-dose COVID-19 vaccine or one dose of a single-dose COVID-19 vaccine and at least 14 days have passed since the individual's final dose of COVID-19 vaccine.
- **HOC Environments**
  - **Inside:** Refers to any interior space, such as: classroom, office, store, shop, warehouse, store, partner office, etc.
  - **Outside:** Refers to any external, open-air space, such as: public lands location, solid waste transfer station, non-enclosed construction site, park, trail head, parking lot, etc.
  - **Transportation:** Refers to a vehicle driven by HOC Staff on HOC business.
- **Policy:** Specific term, something that is required, mandatory, "must"
- **Private Individual Workspace:** means an indoor space within a public or private workplace used for work by one individual at a time that is enclosed on all sides with walls from floor to ceiling and with a closed door.
- **Procedure:** Specific term, something that is recommended, could be adapted somewhat in specific situations, "should"
- **Protocol:** Overarching term for everything in this document, inclusive of philosophy, guidance, approach, and policies and procedures
- **Susceptible Individual:** mean an individual who 1) has not had a confirmed case of COVID-19 in the previous 90 days or 2) is not a Fully Vaccinated Individual
- **Staff:** Employees of HOC, including full-time, part time, year-round, and seasonal staff-level positions. Does not include temporary employees who are corpsmembers enrolled in a HOC program (see "Corpsmembers" below)
- **Vulnerable Populations:** Groups, individuals, or communities at a higher risk to severe illness from COVID-19 due to social, economic, and environmental limitations, as well as preexisting illnesses and disabilities.

## **Appendix B: Additional Operation Protocols for Specific Environments or Activities**

### **B.1. PROTOCOL: Remote Field Locations**

**Remote Field Locations:** When a crew will be working at a remote field location, where evacuation for COVID-19 symptoms or emergencies may be impacted by limited communication options, travel times, and limited Staff support, specific additional COVID-19 evacuation and communications procedures will be developed and approved with public lands project partners which should include:

1. Radios (USFS) or satellite phones (HOC) should be utilized as needed for communication if no other communication is available.
  - a. If USFS, notify USFS dispatch immediately per local radio/communication/evacuation protocols re: COVID-19, so that first responders and medivac transport/personnel are aware of a potential COVID-19 evacuation.
  - b. Ensure all participants know how to use a radio. Assign one person to do radio check-ins for a set period. Disinfect radio per manufacture's instructions or Agency guidance before use by another user, especially front of radio where it may be held close to the face/mouth for communications. Maintain Social Distancing of at least 6 feet.
2. Staff may have to continue to isolate the possibly-affected person until additional staff, resources, and vehicles can arrive to the field. In such a case, provide supportive care as needed and at a distance if possible (such as prepping/leaving food and water over 6 feet away; checking verbally and frequently how they are doing by talking; setting up a separate bathroom area close by/just for them, etc.).
3. If a HOC Staff must transport a possibly affected person, the following steps should be observed
  - a. Double masking and glove use at all times by all passengers; wash or sanitize hands very frequently whenever removing or changing gloves or masks.
  - b. Maximum spacing and ventilation possible in the vehicle
  - c. If at all possible, do not have other Corpsmembers or staff in the vehicle.
    - i. However, other Corpsmembers may never be left in the field alone. A vehicle and Staff member (or trusted partner staff) must be present.
4. Bring the crew and their respective gears, tools, etc. into pre-determined location, so that if needed, they are able to access medical care quickly; also ensuring that all members are being checked on/monitored for any changes in health conditions. Once safely out of the back country, follow HOC's immediate and follow-up response protocols.