



Heart of Oregon Corps COVID-19 Operations Protocols

VERSION 4.0

This **Version 4.0** is effective as of **April 27th, 2022**

NOTES:

HOC's Oregon OSHA's Exposure Risk Assessment and Infection Control Plan requirements were 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



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 or 541-633-7834.

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Key Updates in Version 4.0

- Relaxing of most protocols per Oregon OSHA
- Mask Mandate rescinded, masks are welcomed
- Corpsmember Vaccine Mandate rescinded, Staff Vaccine Mandate still in place
- Daily health checks rescinded
- Effective March 12, quarantine will no longer be required for people who have been exposed to someone who has COVID-19, regardless of vaccination status.

1. Introduction- Version 4.0

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.

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 stricter 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 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 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 Designee and 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. 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

Generally, HOC will apply Oregon Health Authority requirements and recommendations for HOC operations, though HOC's safety controls for operating while COVID-19 remains a public health threat may be stricter than required for all businesses, as allowed. Some HOC environments or programs may be required to follow COVID-guidelines set by partners such as a school district or public lands agency. 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 when conditions change 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) 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. This includes a weekly check of the CDC COVID-19 Data Tracker County View when required.
- 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.
- 4.6.** 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 for isolation and quarantine with supervisors.
- 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 as required and assist with contact tracing efforts, 4) Activate HOC's Crisis Communications Plan if needed.

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.
- 5.3. Remote Assignments:** 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. Mask requirements have been lifted indoors and outdoors as of 3/8/22. **Masks are welcomed, but not required at HOC.**
 - 5.5.1.1. We are committed to a culture where everyone is supported to wear a mask if they chose. No one should be asked why they are choosing to mask, or challenged over this choice. HOC's Community value and Safety Caring Contract strongly supports this approach.
 - 5.5.2. Masks are required if visiting another business or location that requires mask use.
 - 5.5.3. Masks (ideally a KN95 or N95) are required for individuals returning to HOC after isolating from a COVID-19 case, for 5 days after return.
 - 5.5.4. Masks (ideally a KN95 or N95) are required for individuals who have a known exposure to a positive COVID-19 case.

5.5.5. Masks are strongly encouraged for individuals who are recovering from any respiratory illness and still have lingering symptoms

5.5.6. **Face Covering Standards**

5.5.6.1. “Face covering” (aka “masks”) 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.

5.5.6.1.1. At HOC, we have deemed that bandanas are insufficient because they are not snug beneath the mouth. “Buffs” should only be used in outdoor settings (not vans), and if they stay up above the nose properly and consistently, and are folded to cover the mouth and nose with 2 layers of fabric.

5.5.7. HOC will continue to **make masks available to all** Staff, Corpsmembers, sub-contractors, volunteers, and visitors at all program and office locations.

5.5.7.1. 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.

5.5.8. **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.

5.5.8.1. Oregon Health Authority recommends wearing a face covering 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).

5.6. Physical Distancing: HOC has lifted physical distancing requirements for vaccinated individuals.

5.6.1. If physical distancing limits are required in certain school 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: HOC will optimize the use of ventilation systems to help reduce the risk of COVID-19 transmission. 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.

5.8.1. 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. 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.

5.10. Vaccination Mandate Requirements: On or before January 2nd, 2022, Staff must provide Heart of Oregon Corps with either Proof of Vaccination showing they are fully vaccinated or documentation of an approved Medical or Religious Exception. Employees not in compliance with this policy will be placed on unpaid leave until their employment status is determined by the HR Department. **See Glossary** for definitions of "Fully Vaccinated," "Proof of Vaccination" "Medical Exception" and "Religious Exception." **The vaccine mandate for Corpsmembers (wage or stipend based) was rescinded on 4/27/22.**

5.10.1. **Special Leave for Vaccination:** In order to assist Staff in obtaining vaccinations, HOC will provide up to 16 hours of paid time off, if needed, to receive doses of vaccine (4 hours each dose) or recover from vaccine symptoms. These hours do not count against accrued vacation/sick leave. The call-in policy still applies in these circumstances, vaccine and timesheet documentation is required; notify your supervisor in advance to access this benefit.

5.10.2. **Medical or Religious Exceptions:** Staff in need of an Exception from this policy due to a medical reason, or because of a sincerely held religious belief, must submit a Medical or Religious Exception form to Human Resources to begin the interactive accommodation process as soon as possible upon offer of hire or program enrollment. False information or attestations on Exception requests are subject to potential criminal charges. Requests will be approved where they are substantially complete and do not cause Heart of Oregon Corps undue hardship or pose a direct threat to the health and safety of others. Anyone who remains unvaccinated with an approved Exception may be required to take additional steps (such as masking) to protect themselves and others from contracting and spreading COVID-19, depending on current OHA guidance. Unvaccinated individuals may also be subject to stricter "stay home" quarantine requirements if they are a close contact of a known COVID-19 case, depending on current OHA guidance.

5.10.3. **60-day Exception:** Newly hired Staff may be eligible for a "60-day Exception" from their first day to complete the process of vaccination or Medical or Religious Exceptions, as a condition of hire.

5.10.4. **Verifying Vaccination Status:**

- 5.10.4.1. **Newly hired staff are assigned to submit HOC’s COVID Agreement and submit Proof of Vaccination, or Exception Request, to HR staff on or before the first day of employment.**
- 5.10.4.1.1. See 5.10.3 “60-Day Exception” if more time is needed by most new staff to become compliant with the mandate. Staff in School-based Programs are not eligible for the 60-Day Exception, see 5.10.6 below.
- 5.10.4.1.2. Staff at HOC as of 11/2/21 were assigned to complete the COVID-19 Agreement, and submit Proof of Vaccination, or Exception Request, to HR by 11/15/21.
- 5.10.5. **Vaccination documentation:**
- 5.10.5.1.1. See the “Proof of Vaccination” definition in the Glossary section for information on eligible documents. See HR if assistance is needed to replace documents.
- 5.10.5.1.2. Boosters are not yet included or required in HOC’s vaccine mandate, but may be soon. Staff who have received their booster since originally submitting their vaccine documentation are requested to re-submit it. Documentation of vaccine booster status may be required when determining status for Sections 8.5.2.1.1 or 9.2.5, depending on current OHA guidance.
- 5.10.5.1.3. Proof of Vaccination documentation must be maintained in accordance with applicable federal and state laws; maintained for at least two years; and provided to the Oregon Health Authority upon request.
- 5.10.6. **School-based Programs:** As of 10/18/21, HOC has required compliance with [OAR 333-019-1030](#) for its school-based programs.
- 5.10.6.1. HOC’s close partnership with Sisters School District and Jefferson County School District qualifies those programs as a “school-based program” and requires that all HOC staff, FT AmeriCorps members, and non-visitor volunteers in our HOC-YouthBuild and HOC-Thrift Store programs must be vaccinated or submit and be approved for an Exception (following Oregon State Policy OAR 333-019-1030).
- 5.10.6.2. The “60-day Exception” in HOC’s Vaccine Mandate Policy may not be utilized by staff, full-time AmeriCorps members, or Volunteers at a School-based Program (e.g. YouthBuild, Thrift Store) as it would be out of compliance for OAR 333-019-1030. This includes any HOC Staff, FT Member, or Volunteer that will be at these locations for longer than 2 hours. The “60-Day Exception” in HOC’s Vaccine Mandate may be utilized by Corpsmembers in HOC’s YouthBuild program, as they are “students” under OAR-333-019-1030.
- 5.10.6.3. School-Volunteer Procedures: HOC will require volunteers who will be volunteering in a school-based environment (e.g. YouthBuild,

Thrift Store) for longer than 2 hours to follow the same procedures as staff to submit their vaccination documentation and/or Exception forms to HOC to comply with OAR 333-019-1030.

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
 - 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, 5) ask vaccination status and begin documentation collection for any vaccine mandate compliance, if applicable.

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"** (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 for a person, hereby referred to as "the affected person," HOC will:

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

7.3.2. **Immediately isolate the affected person from 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. **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.

7.3.4. **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, and return requirements. Contact a parent or guardian if the affected person is a minor.

7.3.4.1. If the person cannot transport themselves home (due to location or transportation limitations), use available emergency contact and transportation information.

7.3.4.2. HOC programs that operate in remote environments have developed COVID-19 evacuation and communication procedures (in collaboration with Public Lands partners as appropriate).

7.3.5. The responding staff must communicate pertinent details to the designated R&R Team member.

7.3.6. 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.

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.

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 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 may 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 when case patterns indicate the possibility of significant workplace spread.

8.5. Follow-Up Response Communications

8.5.1. External HOC communications regarding potential exposure or cases will be coordinated by the Development 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, and is a “susceptible individual.” Those employees will be notified

individually of the “close contact” 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.

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 without the help of medicine **and**; symptoms improved **and** 5 days since symptoms first appeared (1st day of symptoms = “Day 0,” 1st day *after* symptoms first appear = “Day 1”). Individuals must wear a well-fitted mask (ideally a KN95 or N95) around others for 5 more days.

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, regardless of vaccination status, before they can return to HOC (following current OHA and CDC guidelines): 24 hours with no fever without the help of medicine **and**; symptoms improved **and** 5 days since symptoms first appeared (1st day of symptoms = “Day 0,” 1st day *after* symptoms first appear = “Day 1”). Individuals must wear a well-fitted mask (ideally a KN95 or N95) around others for 5 more days.

- 9.2.2.1. HOC strongly encourages, but does not require, individuals to seek testing.
- 9.2.2.2. 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 5-day period may be recommended 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 (aka asymptomatic case): 5 days must pass since the positive test (Day of positive test = “Day 0,” 1st day after positive test = “Day 1”). Individuals must wear a well-fitted mask (ideally a KN95 or N95) around others for 5 more days.
- 9.2.5. **Confirmed “Close Contact” with positive COVID-19 Case regardless of vaccination status:** Effective March 12, quarantine will no longer be required for people who have been exposed to someone who has COVID-19, regardless of vaccination status

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. This definition meets HOC’s Vaccine Mandate requirements as of 1/31/22.
- **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.
- **Medical Exception** means that an individual has a physical or mental impairment that prevents the individual from receiving a COVID-19 vaccination.
- **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”
- **Proof of Vaccination** means documentation provided by a tribal, federal, state or local government, or a health care provider, that includes an individual’s name, date of birth, type of COVID-19 vaccination given, date or dates given, depending on whether it is a one-dose or two-dose vaccine, and the name/location of the health care provider or site where the vaccine was administered. Documentation may include but is not limited to a COVID-19 vaccination record card or a copy or digital picture of the vaccination record card, or a print-out from the Oregon Health Authority’s immunization registry.
- **Protocol:** Overarching term for everything in this document, inclusive of philosophy, guidance, approach, and policies and procedures
- **Religious Exception** means that an individual has a sincerely held religious belief that prevents the individual from receiving a COVID-19 vaccination.
- **School-based program staff and volunteers:** An Oregon Health Authority OAS 333-019-1030 term that means anyone age 16 and older who is employed by a school-based program or who is not employed but is otherwise engaged to provide goods or services to a school-based program through any formal or informal agreement, whether compensated or uncompensated, and includes but is not limited to teachers, administrative staff, child care staff, cleaning staff, coaches, school-based program drivers, family volunteers; and is providing goods or services at or for a school-based program that includes direct or indirect contact with children or students.

“School based program staff and volunteers” does not mean short-term visitors or individuals making deliveries.

- **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 trained FT 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.