



## Heart of Oregon Corps COVID-19 Operations Protocols

### VERSION 1.3

This **Version 1.3** was completed **December 7<sup>th</sup>, 2020**

#### NOTES:

Protocols include Oregon OSHA's Exposure Risk Assessment and Infection Control Plan requirements.

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.

### **Key Updates in Version 1.3**

4.5 and 4.5.1: combined previous sections 4.5 and 4.6 together, added specific Oregon OSHA training requirements.

4.6 added the R&R team reviews and responds to employee reports of COVID-19 workplace hazards.

5.3 added language about very short-term remote assignments, only as feasible, if a staff or corpsmember has to isolate or quarantine

5.17 added section on the storage locations and reordering procedures for COVID-19 related supplies

5.18 adding section on how to make reports regarding COVID-19 hazards.

5.4.4 added “Mask Notification Signage” requiring OHA’s “Masks Required” sign at entrances where masks are required.

9.4 added “return to previous duties” language

Appendix C: added HOC’s Oregon OSHA “Exposure Risk Assessment”

Appendix D: added HOC’s Oregon OSHA “Infection Control Plan”

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## **1. Introduction**

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 deem it critical to offer these opportunities as a part of national pandemic recovery efforts, when it is possible to minimize public health and safety risks while maximizing mission-based outcomes. We believe our local community needs us now more than ever.

We take the current COVID-19 health emergency very seriously. The following policies and procedures describe our organization's: (1) approach to assessing conditions to ascertain when we can successfully offer in-person operations and programs; (2) policies for screening Staff and Corpsmembers to help reduce and mitigate the spread of COVID-19 at our locations; and (3) standard operating policies, procedures, and safety controls for operating while COVID-19 remains a public health threat, including practices to help ensure that all HOC Staff and Corpsmembers are healthy during a unique and challenging time.

These protocols were developed by HOC staff with the participation of Experiential Consulting's Principal, Steve Smith. They were informed by guidance from the Centers for Disease Control and Prevention (CDC), Oregon Health Authority (OHA), Oregon OSHA's "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.

Additional COVID-19 related policies or procedures may exist for specific departments or programs as needed. 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 December 7<sup>th</sup>, 2020, 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 current Social Distancing Officer (SDO), overall COVID-19 Coordinator, 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 and Corpsmembers can call the Employee 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 can safely offer or increase the scope of business and program operations. We will only increase operational levels if our analysis indicates 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 resume or increase in-person operations when these 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 two Program Managers. Specifically, members of this group ("the Team") will jointly and/or individually:

- 4.1.** Fill the Social Distancing Officer role (currently filled by the Executive Director).
- 4.2.** Conduct a bi-weekly 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 Questionnaire, Agreement, and Daily Health Checks 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, especially whose employees may be present as "essential visitors" at HOC worksites, 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 5.18).
- 4.7. Review Initial COVID-19 Questionnaire results and approve responses flagged as potentially “not cleared.” Manage “cleared or not cleared” status and “Stay Home Report” procedure.
- 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 the screening and agreement protocols described in section 6 and 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):** HOC will identify and communicate which Staff and Corpmember positions are appropriate and eligible for full, partial, or no remote assignments (telework/service) due to that position’s essential activities or other mandates. 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. Individuals who are at higher risk for severe COVID-19 complications due to underlying medical conditions identified by the CDC may request special consideration for temporary or permanent assignments, which HOC will evaluate for reasonability, and respond to individually, but cannot guarantee if the position’s essential activities require significant in-person duties.

**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, including when entering and exiting facilities/program/vehicle, after using restrooms, before and after filling water or eating snacks or meals, after sneezing, blowing nose or coughing, and after taking off work gloves. Never use the same water container for washing hands and refilling water bottles. 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. COVID-19 hand hygiene is to be maintained through frequent hand washing and sanitizing, not wearing disposable gloves. Disposable gloves are only required 1) for cleaning with chemicals or other standard uses advised by CDC, or 2) if physical person-to-person direct contact is absolutely required in emergency situations (e.g., first aid response).

5.4.2. Work gloves are still required PPE as usual. Hands should be washed or sanitized after removing work gloves.

5.4.3. 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. Staff and Corpsmembers and Visitors must wear masks or face coverings to prevent exposing others and limit their own potential exposure to COVID-19, in the following circumstances:

5.5.1.1. As of Oregon's 11/18/20 "Statewide Freeze" masks, face coverings or face shields are currently required statewide for all "private and public workplaces" — unless someone is alone in an office or in a "private workspace". In other words: **at HOC, regardless of distancing, mask use is required at ALL times, unless you are alone in a room with a closed door or eating or drinking. Mask use is also required at outdoor HOC workplaces, per the current statewide freeze order.**

5.5.1.1.1. "Public and private workplaces" means indoor or outdoor places where people work, including but not limited to businesses (offices and meeting rooms), banks, food processing plants, manufacturing facilities, construction sites, warehouses and farms.

5.5.1.1.2. "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.

5.5.2. Face Covering Standards

5.5.2.1. "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.

5.5.2.1.1. At HOC, we have deemed that bandanas are insufficient because they are not snug beneath the mouth. “Bufs” 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.

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

5.5.2.2.1. 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).

5.5.3. **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.

5.5.3.1. 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). See OHA and Oregon Dept. Of Education guidance for further details on face shields.

5.5.4. **Mask Notification Signage:** HOC will post signs at entrances in areas where masks, face coverings, or face shields are required by posting a copy of the OHA “Masks Required” sign to inform staff, corpsmembers, and visitors.

**5.6. Physical Distancing** (aka social distancing): Physical distancing is one of the most important tools to prevent the exposure and spread of COVID-19. Each program and department area will implement specific strategies to ensure physical distancing, including how it is monitored. The following general strategies will be employed:

5.6.1. **6 feet distancing:** Daily HOC activities and environments should support physical distancing, striving to maintain at least six (6) feet between individuals

5.6.1.1. If driving, spacing in vehicle must allow 3 feet of physical distance between all people.

5.6.1.2. Occasionally, frequent movement, arduous tasks, or environmental factors make ensuring 6 feet physical distance unreliable, difficult, or impossible to maintain. In these circumstances,

Staff will ensure the strict enforcement of safety protocols (masks, hygiene), and limit the duration of such circumstances. No unnecessary close physical contact activities, such as contact sports or games, are allowed.

5.6.2. Create **physical distancing cues** for proper distancing, such as 1) physical spacing of desks and tables, seating charts, tape/markings on floor/ground for spacing, 2) signage for reminders or to establish one-way traffic, queues, or limited occupancy in hallways or smaller rooms, or 3) Partitions (such as plexiglass) may be considered for specific environments (e.g., cash register)

5.6.3. All meetings, trainings, and gatherings should be conducted remotely when feasible for programming and Staff. In-person meetings, trainings, and gatherings for Staff and Corpsmembers who are engaging in other in-person environments are allowed; however, they must comply with physical distancing and occupancy protocols.

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

**5.8. Assign Equipment**

5.8.1. Designate supplies, tools, equipment, desks, rooms, and vehicles solely for use by a single person or stable group at any one time, and sanitize between uses. Limit sharing of equipment as much as possible. Any shared equipment must be sanitized between uses by participant or Staff member.

5.8.2. Limit personal items that people bring into facilities, programs, and vehicles to what is necessary or required. Set up designated areas for Personal Belongings and Crew Supplies that support physical distancing (e.g. clearly labeled bins, weather-proof outside station/area outside of vans).

**5.9. Occupancy:**

5.9.1. As an employer, HOC will use 35 sq. feet per person of useable space as a guide to determine maximum occupancy of HOC workplace locations, and post maximum capacity information in a location visible to all Staff, Corpsmembers, and Visitors. Occupancy must also comply with current Oregon Guidance. See 5.15 for vehicle occupancy.

**5.10. Use of “Stable Groups”**

5.10.1. Corpsmember program schedules will be limited to maximum stable groups of 10 or fewer Corpsmembers (not including staff).

5.10.1.1. The stable group roster may change no more frequently than once per week.

5.10.1.2. HOC must ensure that each stable group remains in the same physical space each day and does not intermingle with any other group.

5.10.1.3. A location may have multiple stable groups provided the site can physically accommodate for the number of Corpsmembers

(minimum of 35 sq ft per Corpsmember indoors and 75 square feet per Corpsmember outdoors) and access to restrooms and activities happens within a stable group of 10.

5.10.1.4. Staff should remain with one stable group with the exception of a floater staff who must wear a face covering and wash hands thoroughly when transitioning from one group to the next.

5.10.1.5. Any exceptions to stable groups must meet other occupancy guidelines and be pre-requested and approved in writing (eg email) by the Executive Director. If group is in an official K-12 secondary school environment via HOC's partnerships, stable group standards will align with ODE's "Ready Schools Safe Learner's Guidance"

#### **5.11. Breaks and Meals**

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

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

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

5.11.2. **Meals:** no sharing of food or beverages; meals should generally be brought from home. Staff may not bring Corpsmembers to stores or restaurants or drive throughs or take out unless explicitly pre-approved by Program Manager or Director as a special incentive, occasion, or event. If food is served by HOC, serve individually and ideally in professionally boxed or pre-packaged meals. Do not allow family-style self-serve meals.

5.11.2.1. Bring own reusable water bottle vs. using drinking fountain. Label bottle, disinfect outside, and wash frequently. Disinfect tap handles, drinking fountains, or water cooler handles/buttons and spouts very frequently with sanitizing spray or wipes.

#### **5.12. Third Party Visitors**

5.12.1. Essential Visitors are allowed and will be directed to a sign-in sheet; all in-person interactions with HOC Staff and/or Corpsmembers must be documented for contact tracing purposes. Visitors are required to wear face coverings. If visitors or the public are not displaying safe COVID-19 behavior, Staff may politely ask them to leave or declare the HOC site closed.

5.12.2. Non-Essential Visitors or general public interaction is not allowed: Signs stating offices are closed to non-essential visitors and to call with questions or concerns shall be posted at all facilities.

#### **5.13. Essential Shopping** for HOC supplies or services or doing essential HOC business in public or business environments is permitted. Follow protocols (masks, distancing, hand hygiene).

5.13.1. Staff should not bring Corpsmembers into a store with them unless it is an emergency (Corpsmember may not be left unsupervised in a vehicle). Either have Corpsmembers visually monitored by another Staff or FT A\*C member or

do shopping before or after you are with a youth crew. Contact other HOC Staff to get help with errands if needed.

- 5.14. Business Travel:** Out-of-region travel (defined as Central Oregon) for HOC business is prohibited, unless specifically approved in writing for an essential business function.

- 5.15. HOC Transportation:** Transportation for HOC Staff or Corpsmembers in vehicles driven by HOC staff must comply with the following policies and procedures. While HOC policy does not govern Staff or Corpsmember personal transportation to or from the HOC environment, contact tracing information about non-HOC transportation may be collected. The HOC driver is the primary responsible party to ensure compliance.

5.15.1. **Assign a stable group** (HOC driver and passengers) to a vehicle for the day, week, or other defined period. When not possible, ensure proper cleaning and sanitizing of vehicle before passing off to another driver and/or group.

5.15.2. **Clean and sanitize vehicles frequently.** At minimum, HOC drivers must sanitize vehicles daily at the end of each shift and when possible should sanitize between trips throughout the day. Give special attention to frequently touched surfaces of the vehicle and/or its attached trailer (handles, steering wheel, shifting lever, radio, mirrors, trailer doors, etc.)

5.15.3. **Post occupancy and seating chart for each vehicle** to ensure at least three (3) feet of physical distance between persons, which complies with current guidance for Oregon school and public transport. Use visual cues (e.g., colored tape or signs on closed seats) to demonstrate and enforce the occupancy limits and seating chart. Current HOC vehicle occupancy standards are:

5.15.3.1. Up to 4 people in Crew-Cab Pickup Trucks: 1 person by each window, do not use middle seats

5.15.3.2. Up to 10 people in Passenger Vans: 2 people in front, 2 people per bench seat row, do not use middle bench seats (reduce number as needed per number of installed bench seats)

5.15.4. Complete the **Daily Health Check** prior to entering the vehicle if a HOC vehicle is the first HOC environment that a person enters for the day.

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

5.15.5.1. **Wear a mask** covering nose and mouth at all times when there is more than 1 person in a vehicle.

5.15.5.2. **Wash hands** (or sanitize hands) prior to loading and again upon unloading vehicles each trip.

5.15.5.3. **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).

5.15.5.4. **Limit who touches any one surface** by using separate doors when possible, and by assigning stable seats when possible (e.g., for a

passenger van, 1 person could open the van passenger door, move aside while others load, then enter last and close the door).

5.15.5.5. **Prohibit breaks inside vehicles.** Masks must be worn inside vehicles, so no eating or drinking 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. Generally, tarps or pop up shelters should be used to create break areas outside to provide weather and heat protection.

5.15.5.6. **Restrict access in and out of vehicles** throughout the day. Personal belongings, hand-washing or water stations, coolers, and tools should be kept in a designated and well-spaced area outside if needed.

## **5.16. Cleaning and Sanitation**

5.16.1. Clean, sanitize, and disinfect frequently touched surfaces multiple times per day (door handles, sink handles, water coolers, copy machines, counter tops, work areas, etc.).

5.16.2. Thoroughly clean restrooms at the end of each operating day, disinfect high-touch surfaces at least once mid-day and ensure sanitary supplies are well stocked (soap, toilet paper, tissues, hand sanitizer).

5.16.3. Require Staff and Corpsmembers to disinfect any shared equipment immediately before and after each use (tools, whiteboard markers, office supplies, radios).

5.16.4. Clean transit vehicles before use and between any change in stable group use.

5.16.5. Complete thorough cleaning, sanitizing, and disinfecting of all facilities, equipment, and transit vehicles at the end of each operating day. Schedule and roles to be assigned by each Facility/Program lead.

5.16.5.1. 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.

5.16.5.1.1. 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.

5.16.6. **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). Leather

work gloves and boots may be sprayed with disinfectant and/or left in UV rays when not in use.

**5.17. Supplies- Locations and Reordering**

5.17.1. **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 Middle Classroom

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

5.17.2. **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.

**5.18. 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.

**5.19. Additional Safety Operation Protocols for Specific Environments or Activities**

5.19.1. **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 procedures will be developed and approved with public lands project partners. See Appendix B.1.

5.19.2. **Physically Arduous Field Activities:** When a crew will be completing physically arduous tasks or around others who are, special precautions should be taken. See Appendix B.2.

## **6. COVID-19 Health Screening**

Our Organization's COVID-19 screening process thoroughly monitors Corpsmembers and Staff for possible COVID-19 symptoms to control the spread of communicable disease and protect all HOC Staff, Corpsmembers, and the community in which we operate. Screening components include: 1) a COVID-19 Health and Safety Agreement prior to any in-person, physical engagement in our environments, 2) an Initial COVID-19 Health Questionnaire for each individual prior to any in-person, physical engagement in our environments, and 3) Daily Health Checks upon arrival to any HOC location or environment.

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

- 6.1.1. Agreement must be signed **before** the start date of employment or program, but **after** a conditional offer of employment (or office of service/program enrollment).
  - 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 first day of orientation and on-going trainings
- 6.1.3. The Agreement's content will 1) Describe information about and an acknowledgement of potential COVID-19 risks associated with HOC environments, and a summary of HOC's COVID-19 key protocols, 2) Review CDC information about "People at Higher Risk for Severe Illness" and caution that HOC cannot guarantee zero virus exposure, and that it may not be an appropriate choice for "People at Higher Risk for Severe Illness," and that telework and teleservice options are not available for all position types, 3) Direct potentially ill people not to come to HOC if they exhibit COVID-19 symptoms, 4) Ask that each person arrives well rested, nourished, and hydrated—the goal is for everyone to arrive as resilient as possible, 5) Orient all people to required illness-reducing strategies which promote the idea of physical distancing, hand washing, etc., at HOC, at home, and commuting to and from HOC.
- 6.1.4. Acknowledges that HOC reserves the right not to admit or hire people who pose a communicable disease risk to others, and that the Initial COVID-19 Health Questionnaire or their physical Daily Health Check could result in the disqualification or delay of their conditional offer of employment or service.
- 6.1.5. 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.
- 6.1.6. Respondents will be able to sign if they are willing to abide by the Agreement, or indicate if they are *not* willing to abide by the Agreement, which would result in an automatic "not clear" status (this information should be sent in writing).

## **6.2. COVID-19 Health Questionnaire Protocols**

- 6.2.1. Questionnaire must be completed and submitted to HOC **before** a Staff or Corpsmember's initial start date, but **after** a conditional offer of employment (or office of service/program enrollment).
- 6.2.2. The Questionnaire can be taken through a self-completed online or paper survey or over a phone/video call with a HOC Staff trained to conduct the Questionnaire. The Questionnaire will be stored in a confidential system, with extremely limited access by HOC Staff trained to administer or review the Questionnaire.

- 6.2.3. It is recommended, but not required, that Staff conduct the Questionnaire with Corpsmembers by phone or video call to ensure completeness and comprehension. Parents and guardians of minors are also encouraged, but not required, to attend the Questionnaire call.
- 6.2.4. HOC's COVID-19 Review and Response Team will review any questionnaires with responses flagged for possible COVID-19 risk, and may conduct a follow-up interview if necessary, to make a determination. The Team, using a matrix to identify individuals whose potential exposure to COVID-19 may be a higher risk level due to their current symptoms, recent health history, recent travel/activities, or exposure to a known case, will issue a **"clear"** or **"not clear"** determination for each Questionnaire and notify the respondent.
- 6.2.4.1. **"Clear"** Determination: Individuals with a "clear" response will receive a "clear" notification and will move forward within HOC's process if they have signed HOC's COVID-19 Health and Safety Agreement before their start date.
- 6.2.4.2. **"Not Clear"** Determination: Individuals with a "not clear" determination will either 1) have their start date delayed and reassigned (if possible) or 2) conditional offer of employment (or service/program enrollment) withdrawn, as HOC reserves the right not to hire or enroll people who pose a communicable disease risk to others. If a delayed start date is not possible, the rationale will be included on the notification. Applicants eligible for a delayed start date will have to take a new Questionnaire prior to their new start date.
- 6.2.4.2.1. HOC will communicate information about the "essentially required activities" of the relevant position and inform the applicant if any level of telework is available or not. Designations are subject to change as phases or pandemic conditions change.

### **6.3. Daily Health Checks**

- 6.3.1. HOC will designate and train Staff to administer Daily Health Checks safely, respectfully, and as privately as possible.
- 6.3.1.1. If another trained Staff is unavailable, an administrator of the Check may conduct and record their own Check.
- 6.3.2. Checks must be conducted before, or as, a Staff or Corpsmember enters their first HOC environment (building, vehicle, or outdoor worksite) of the day.
- 6.3.3. Checks will:
- 6.3.3.1. Make a visual inspection of the person for signs of illness, which could include flushed cheeks or fatigue
- 6.3.3.2. Confirm a person's temperature is less than 100.4° F (38.0° C), using a no-touch digital thermometer
- 6.3.3.2.1. If a no-touch digital thermometer is not available, checker should ask questions about signs or symptoms of a fever



- 6.3.3.3. Inquire about COVID-19 related changes in health or newly onset symptoms,
- 6.3.3.4. Inquire about close contact exposure to others with known COVID-19 diagnosis,
- 6.3.3.5. Confirm emergency contact and emergency transportation information,
- 6.3.3.6. Document typical public transport routes or shared peer carpools for commuting to HOC (for contact tracing documentation),
- 6.3.4. Checks will be recorded on a Daily Health Check Log. Staff will maintain confidentiality of medical records from health checks.
- 6.3.5. If symptoms develop or are displayed at any time of the day, subsequent Health Checks may be performed.
- 6.3.6. See Section 7 on how to respond if COVID-19 symptoms are reported, measured, or observed during a Daily Health Check.

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

- 6.4.1. Staff must document the schedules, location, attendance, and stable group assignments of Corpsmembers and Staff daily. This includes documenting when “floater staff” join and leave a stable group.
  - 6.4.1.1. Each program and department will develop methods to document this information (adapting and utilizing existing systems like job logs, sign-in sheets, timesheets, and calendars).
- 6.4.2. Staff must ensure all third party-visitors, including regular third-party guests like USFS, record their presence and contact information (name, date, time period, location or stable group(s) visited and contact information) on a visitor contact log, available at each physical location and each supervising field Staff, and submit logs to the Review and Response team regularly.

## **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 options and instruct them to stay in touch with HOC about leave options and return requirements.
  - 7.1.2. Supervisor must immediately notify HOC’s Executive Director or a member of the “COVID-19 Review and Response Team.” Generally, the ED leads responses for Staff and Program Directors lead responses for Corpsmembers.

#### **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 during a Daily Health Check or during the day, 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 new Daily 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, 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 must develop COVID-19 evacuation and communication procedures (in collaboration with Public Lands partners as appropriate). See Section 5.17
- 7.3.7. **Manage other people** separated from an affected person, especially Corpsmembers and stable group units.
  - 7.3.7.1. Lead and spread calm. As appropriate, debrief with other members of a stable group.
  - 7.3.7.2. Manage for crisis communication concerns, control inbound and outgoing communications.
  - 7.3.7.3. Ensure all documentation logs are up to date and accurate.
  - 7.3.7.4. 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.
  - 7.3.7.5. 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.
  - 7.3.7.6. **The responding staff must write an incident report and forward all documentation logs to the designated Review and Response Team member.**
  - 7.3.7.7. 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 suspected or confirmed to have COVID-19, in most cases, HOC will close off any areas used for prolonged periods of time by the affected person. HOC will also isolate any gear, supplies, tools, or equipment used by the affected person. In most isolated cases, HOC will not need to completely shut down its related facility. HOC will consult with County Public Health officials regarding any special cleaning requirements, potential facility or program closures or other measures.
  - 8.2.1. When possible, wait 24 hours before disinfecting HOC indoor environments to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.

During this waiting period, open outside doors and windows to increase air circulation. Then, following CDC cleaning and disinfecting guidelines, sanitize all gear, equipment, vehicle, tools, etc. Staff must wear PPE appropriate for cleaning products.

**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 the CDC 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. 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:** If a HOC Staff or Corpsmember has “close contact” exposure with a confirmed positive case during the infectious period, they should quarantine for a full 14 days from their last close contact exposure.

**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:** those persons 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.

- **Face Shield:** Clear plastic mask that covers the entire face and provides a barrier to coughing and respiratory droplets without restricting breathing. The shield extends below the chin and around the side of the face. Face shields can be used in situations where an individual is unable to wear a face covering that has direct contact with the user's face. 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). See OHA and Oregon Dept. Of Education guidance for further details on face shields.
- **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
- **Public and private workplaces:** means indoor or outdoor places where people work, including but not limited to businesses, banks, food processing plants, manufacturing facilities, construction sites, warehouses and farms.
- **Social Distancing Officer (SDO):** The HOC employee responsible for establishing, implementing, and enforcing social distancing policies consistent with OHA guidance. HOC's current Social Distancing Officer, and overall COVID-19 Coordinator, is Laura Handy, Executive Director, ([laura.handy@heartoforegon.org](mailto:laura.handy@heartoforegon.org), 541-419-8500)
- **Stable Group:** Refers to a contained group of staff, Corpsmembers, or both. These groups will avoid interaction when possible in an effort to reduce transmission of COVID-19. The groups will also prioritize using their own vehicle, tools, and equipment. Stable Groups may also be referred to as Crews, Teams, or Pods.
- **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)
- **Visitors: Third Party Visitor:** Any person other than a HOC employee and Corpsmember. This includes program partners, program applicants, thrift store customers, family members, parents, guardians, vendors, alumni, and community volunteers (including board members).  
**Essential Visitor:** Refers to a visitor on official business. Examples include: required partner staff,

public inspectors, vendor delivery or service providers, or translators or support person for individuals who experience disabilities.

- **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. Mask 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 stable group 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.

### **B.2 Protocol: Physically Arduous Field Activities**

- Expand social distance if arduous activity is resulting in hard breathing to help ensure others are out of "slip stream" of suspended respiratory particles



- Public Contact while working on a Work Project: Maintain Social Distancing of at least 6 feet—step off and away from trail or away from project if needed, to allow public to pass; when questions are asked retain social distancing and ask public to do the same—for everyone's health. Politely inform the public the crew does not allow visitors, and keep the interaction short. If a member of the public is breathing hard due to exercise/hiking up a hill, expand social distancing to ensure not in proximity to potential droplets as they talk and/or pass by.
- If arduous activity, such as hauling heavy materials up a steep slope/trail, is resulting in hard breathing, help ensure others are out of “slip stream” of suspended respiratory particles; for cross cut saw operations or other operations where participants must be in close contact with each other to do the work, wear a mask or other nonmedical mask type barrier, aim exhaled breath towards the ground or in a different direction other than directly at or across from another crew member.

### **Appendix C: Oregon OSHA Exposure Risk Assessment**

**Assessment Completed by:** Laura Handy, Executive Director, ([laura.handy@heartoforegon.org](mailto:laura.handy@heartoforegon.org), 541-419-8500), on 11/30/20.

**Facility name and location:** Heart of Oregon Corps-all sites and facilities

**Job tasks/classifications evaluated:** All Heart of Oregon Corps positions

HOC's COVID-19 Operations Protocols, originally developed and released 6/1/20 and subsequently updated, satisfy each exposure assessment element required by Oregon OSHA for the Exposure Risk Assessment. These protocols were originally developed by a team of 6 HOC employees and with feedback solicited and encouraged from the Safety Committee and then will all employees during the initial implementation and training and each subsequent revision. Thus, HOC's Assessment is being incorporated into these protocols as Appendix C. Each element is listed below with the relevant protocol number(s) for each element. A copy of these protocols and ERA are available at each worksite and communication and training is provided as described in protocol 4.5.

#### **Exposure Assessment Elements:**

1. **Remote work available and encouraged:** See protocol #5.3: Position-by-position analysis of temporary remote work feasibility has been completed, documented and communicated by management. Full and part-time remote work options have been considered. Remote Work availability levels may vary with Oregon's new “Risk and Protection Framework” that begins 12/3/20.
2. **Physical distancing between employees (routine and non-routine work):** See protocol #5.6, #5.18.2, #B.2
3. **Physical distancing between all individuals (routine and non-routine situations):** See protocol #5.6, #5.12.1 (for other individuals, “Visitors”)
4. **Modifications to provide distancing:** See protocol #5.6
5. **Type(s) of face covering, face shield, or masks for employees and policy communicated to others:** See protocols #5.5 (masks), #5.15.5.1 (masks in vehicles)
6. **COVID-19 employee communications**

- a. **COVID-19 Hazards Poster posted–location(s):** See protocols #4.5
  - b. **Signs and symptoms of COVID-19:** See protocols #5.1
  - c. **Reporting procedures for COVID-19 symptoms:** See protocols #6 and #7
  - d. **Options for work during isolation/quarantine:** See protocols #5.3
7. **Controls implemented in workplace for engineering controls (such as ventilation, HEPA filtration, barriers, etc) to minimize exposure risk:** See protocols #5.7 (ventilation), and 7.3.2.1 (infection isolation).
8. **Controls implemented in workplace for Administrative controls (such as foot-traffic control, staggered shifts, etc) to minimize exposure risk:** See protocols #5.6.2 (physical distancing cues), #5.8 (assign equipment), #5.9 (occupancy), #5.10 (stable groups), #5.11 (breaks and meals), #5.12.2 (non-essential visitors), #5.14 (business travel), #5.15 (transportation, including stable groups, seating charts, and no breaks in vehicles), section #6 (screening), and section #7 (response).
9. **Procedures for employees to report COVID-19 related hazards:** #5.18 and #4.7
10. **Sanitation methods:** See protocols #5.16, #5.4
11. **Industry and/or activity-specific requirements reviewed and included in workplace setting(s):**
  - a. A-5 Construction Operations: covered in these protocols.
  - b. A-13: K-12 Educational Institutions (public or private): covered in these protocols.
  - c. A-2 Retail Stores: HOC retail operation activities are currently closed-an analysis of OSHA requirements, risk, and controls will be completed and appropriate updates to HOC's protocols will be completed prior to activity resuming.
12. **Multiple employer worksites:** See protocols #3.4, #4.5, #5.5, #5.12. HOC considers any persons employed by others, who are authorized to be at a HOC location, "Essential Visitors."
13. **Layered approach to risk mitigation:** HOC's Protocols design and encourage layered controls to protect employees from COVID-19 hazards, that extend far beyond individual behavior. Engineering and administrative controls such as air purifiers and ventilation, remote assignments, stable group assignments, and occupancy limits and staggered shifts, are all examples of controls, that when layered with effective individual behaviors like mask wearing, distancing, and hand hygiene increase efficacy of HOC's protocols.

## **Appendix D: Oregon OSHA Infection Control Plan**

**Infection Control Plan Administrator:** Laura Handy, Executive Director,  
([laura.handy@heartoforegon.org](mailto:laura.handy@heartoforegon.org), 541-419-8500)

**Facility name and location:** Heart of Oregon Corps-all sites and facilities

These COVID-19 Operations Protocols, originally developed and released 6/1/20 and subsequently updated, satisfy the Infection Control Plan elements required by Oregon OSHA's "Temporary Rule Addressing COVID-19 Workplace Risks." Thus, HOC's Infection Control Plan is being incorporated into these protocols as Appendix D. Each element is listed below with the relevant protocol number(s) for each element. These protocols were originally developed by a team of 6 HOC employees and with feedback solicited and encouraged from the Safety Committee and then with all employees during the initial implementation and training and each subsequent revision. This ICP and protocols are specific to the type of work performed at our organization. Managers and employees are all responsible for

providing feedback regarding COVID-19 hazards, implementing hazard controls, and this infection control plan. Our goal is to mitigate the potential for transmission of SARS Cov-2, which causes COVID-19, in our workplace. A copy of these protocols and ICP are available at each worksite and communication and training is provided as described in protocol 4.5.

1. **A list of all job assignments or worker tasks requiring the use of personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19:**
  - a. All HOC positions in all locations.
2. **The procedures HOC will use to ensure that there is an adequate supply of masks, face coverings, or face shields and personal protective equipment (including respirators) necessary to minimize employee exposure to COVID-19:**
  - a. See protocol #5.17
3. **A list and description of the specific hazard control measures that the employer installed, implemented, or developed to minimize employee exposure to COVID-19:**
  - a. See protocols #4, #5 (Controls), #6, #7, #8, and #9
4. **A description of the employer's COVID-19 mask, face covering, and face shield requirements at the workplace, and the method of informing individuals entering the workplace where such source control is required:**
  - a. See protocol #5.5
5. **The procedures the employer will use to communicate with its employees and other employers in multi-employer worksites regarding an employee's exposure to an individual known or suspected to be infected with COVID-19 to whom other workers may have been exposed. This includes the communication to individuals identified through COVID-19 contact tracing and general communication to the workplace at large:**
  - a. See protocol #8, and #8.5.2 for notification procedure
6. **The procedures the employer will use to provide its workers with the initial employee information and training required by this rule:**
  - a. See protocol #4.5