

Baker County

Reopening Plan

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



Purpose

The purpose of this document is to provide guidance for those involved in the process of reopening and give information that will need to be addressed in the implementation of their individual plans.

Due to this ever changing information associated with COVID-19 these guidelines will be handled as an adaptive management plan or living document. This means that as information is made available/changes or that state orders or standards are issued this information would be discussed, addressed and then reflected in this plan as soon as possible.

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Section I: Overview

Baker County

Baker County is a rural county located in the northeastern region of the state with its eastern most border along the Snake River, which separates Oregon from Idaho. It consists of 3,088 square miles and has a population of 16,134 (2010 census). The single largest city within the county is the county seat, Baker City, Oregon with a population of approximately 9,828, indicating that about 61 per cent of the county's population resides in the city of Baker City. Additionally, there are 7 other incorporated towns (one with zero full time residents)¹ and approximately 25 other unincorporated towns in the county. The county's economy is based primarily on the region's farming and ranching industry, with the production of cattle and the growing of necessarily included feed crops to support the raising of livestock, and various other farm produced food crops on a major scale.

Being a rural and sparsely populated county with the majority of its population based in one city, Baker City, the vast amount of the county's land mass is unpopulated.

Thus far Baker County has had no positive cases of COVID 19. This fact may be as a result of the county's sparse and spread out population (natural social distancing) and adherence to the government's guidelines on preventative measures to reduce exposure. This fortunate fact provides some relief to the residents of Baker County from the terrible loss and suffering being experienced and felt elsewhere around the state and country, while not relieving them of the necessity of continuing to comply with sound and practical efforts to control exposure and contamination, self- isolation, hygiene, and all other precautionary measures, appropriate to age group, underlying condition, and all of the other relevant considerations.

However, the heartache, despair, uncertainty and fear caused by the efforts to slow or stop the spread of this terrible disease through the shutdown of non-essential business and commerce is another matter. At this point, with the favorable health condition that exists in Baker County, relative to COVID-19, the devastating economic impact to the county seems even more extreme, and relief to these aspects of the effects of the disease require as much attention as continuing disease mitigation efforts.

This document is prepared in response to Governor Kate Brown's solicitation of working strategies from Oregon counties, which support and enhance the "Public Health Framework for Reopening Oregon."

¹ Of the six other occupied incorporated towns in Baker County; Haines, Huntington, Halfway, Sumpter, Richland, and Unity, the average population is 262.5 (2010 Census).

Section II: Gating Criteria & Preparedness

A. Gating Criteria

1. Symptoms

(Downward trajectory of influenza-like illnesses (ILI) AND COVID-like syndromic cases reported within a 14-day period)

2. Cases

(Downward trajectory of documented cases within a 14-day period OR positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests))

Current Status

Reports from our local hospital, Saint Alphonsus Medical Center - Baker City, as well as our five medical clinics have shown a downward trajectory of influenza-like illness or COVID-like symptoms over the past 14 days. Many are reporting no cases in the last 14 days that would meet this criteria.

Baker County has been fortunate to have no positive tests to date. While COVID-19 was spreading rapidly early on, the quick and decisive measures taken have slowed that rate. In Eastern Oregon we have seen very slow growth in the nearby counties with positive cases. Total cases are in the single digits and there are numerous days or even weeks between positive cases. The health and safety of our community is our priority, and this trend of slow or no growth must continue. However, it would be naive to think that we will never get a case. Baker County has created a **Business/Medical Case Review Unit** in the Incident Command Structure to continuously monitor the situation and identified **Management Action Point metrics** as part of an information-based, phased approach to re-opening.

Plan for Re-opening

A phased approach to re-opening our economy will keep the COVID-19 positive growth rate curve or line relatively flat. If no management action points are reached within a two-week period, which would be the incubation period of the virus, then it would be permissible to move to the next phase. Taking small, calculated steps will allow the economy to start re-opening through a strategic approach that protects the health of the community.

A Business/Medical Case Review Unit has been created in the Incident Command Structure. This group is made up of Economic Development Professionals, Doctors, Infection Prevention Control Manager, Public Health Officials, and Emergency Management. This Unit will continuously be evaluating the numbers of tests done, positive tests and the information collected during contact tracing. They could change the Management Action Points based on information, such as positive COVID tests from healthcare workers or residents and/or staff of a Long Term Care Facility (LTCF).

In consultation with the Public Health Branch of the Incident Command Structure, a consensus was reached on the following management action points should positive cases occur.

Management Action Points: Positive Cases per week: 8

Hospitalized Cases: 2

Patients on a Ventilator: 1

Surrounding area Hospitals Capacity: 30%

If these management action points are reached, a HOLD (described in Section III) will be placed on moving forward with any other business sector re-opening and allow time for contact tracing (described in B - 1) to occur. Based on the data provided through contact tracing and testing, the Business/Medical Case Review Unit and Incident Command Team will determine the need to continue to hold, or take steps backward, until we reach a steady state.

3. Hospitals

(Treat all patients without crisis care AND robust testing program in place for at-risk healthcare workers)

Current Status

Robust testing has been defined for the State of Oregon as 15,000 tests per week. Based on Baker County's population, our testing requirements would be up to 57 tests per week for those that meet the criteria set by Oregon Health Authority (OHA).

Plan for Re-opening

Additional testing kits will be necessary to sustain a reopening plan.

There are testing sites in nearby jurisdictions that could run tests for Baker County through entering into an agreement. In addition to the current labs that are being used, Saint Alphonsus Medical Center in Boise, Idaho the parent hospital of the Saint Alphonsus system that includes Baker City and Ontario, Oregon as well as Nampa, Idaho will also be able to run tests locally. This will increase Baker County's access for testing and provide quicker testing results. Currently, Baker County is following the guidance provided by OHA when testing patients for COVID-19.

Requests for sufficient tests are being managed by Saint Alphonsus Medical Center Baker City. Saint Alphonsus Medical Center Baker City will contact the Baker County Emergency Operations Center (EOC) who will continue to use the state's existing Ops Center to make requests for testing media from the state. Ops Center is an electronic software tool that aids in the management of events. A request for this media has been submitted in Ops Center and a delivery of testing media is expected April 25, 2020.

B. Core State Preparedness

1. Testing & Contact Tracing

- Screening and testing for symptomatic individuals
- Test syndromic/influenza-like illness-indicated persons
- Ensure sentinel surveillance sites are screening for asymptomatic cases (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans)
- Contact tracing of all COVID+ cases

Baker County Health Department (BCHD) will take the lead on **Case Investigations** and **Contact Tracing** pursuant to guidelines provided by OHA. See Novel Coronavirus Disease 2019 (COVID-19) Interim Investigative Guidelines, dated April 1, 2020, available through OHA.

BCHD will provide the staff for Case Investigations and Contact Tracing. This team will be led by the Nursing Supervisor and Office Manager. Our COVID-19 Investigation Team is composed of seven BCHD staff members, two Eastern Oregon Modernization Collaborative staff members, and five Baker

County employees trained in Contact Investigations. Four of the above listed team members have ORPHEUS (Oregon’s Communicable Disease Database) access and two additional staff will have access before the end of April 2020. Oregon Health Authority has provided information that Contact Tracing teams should consist of a 15 per 100,000 ratio. Currently Baker County has a ratio of 14 per 16,000.

Should additional support be needed, BCHD will contact OHA Acute and Communicable Disease Program for additional assistance.

2. Healthcare System Capacity

-Sufficient Personal Protective Equipment (PPE)

-Ability to surge ICU capacity

Personal Protective Equipment

PPE supply and the current supply chain is adequate for the needs identified in the phases described below in Section III. In each sector we have prioritized certain business types, so that should the resupply rate of PPE become strained, a structured slowdown of PPE use can occur.

Many sectors do not need medical grade PPE. With the implementation of cloth/reusable face masks, there will not be an additional drain on the current supply chain for medical grade PPE. The sector with the most need for medical grade PPE is Professional Services, which includes the Hospital, Clinics, Dentists, Optometrist, etc. They are prioritized as follows: Professional Services (1 - Hospital, 2 - Clinics, 3 - Dentists, 4 – Optometrists). We have been in communication with this group to ensure we have adequate resources to meet 30 day supply as well as surge needs of the following PPE items: N95 Masks, Surgical Masks, Gowns, Gloves, Face Shields, Cloth Face Masks (used to cover N95/Surgical Masks if face shields are not used.)

Until the supply chain is fully back to normal, reuse guidelines will remain in effect. This will also include the use of a vapor machine that will disinfect PPE that will extend the life of available PPE even further than normal reuse guidelines.

Surge Plans

Saint Alphonsus Medical Center Baker City Surge Plan Summary

As part of a large, integrated care delivery network across Eastern Oregon and Western Idaho, Saint Alphonsus Medical Center - Baker City (SAMC-BC) is uniquely positioned to accommodate patients and their care needs during the COVID-19 pandemic. While the hospital is licensed for 25 medical/surgical and ICU beds, in the event of a “surge” of patients with known or suspected coronavirus, Saint Alphonsus Health System (SAHS) is prepared to increase its capacity through a multi-tiered response plan overseen by the SAHS Incident Command structure. Our plan allows us to adequately provide medical and nursing care in the event the pandemic ‘surge’ requires increased bed capacity. This is a phased approach and would be carefully evaluated at each phase for resource availability, both internally and externally and is supported by federal and state waivers that allow Critical Access Hospitals to expand beyond their licensed beds.

SAMC-BC was targeted to provide for surge capacity at 150% of current state at the end of March 2020. This would equate to 5 ICU beds and 30 Medical/Surgical beds total. SAMC-BC has developed a surge

plan that exceeds this targeted surge capacity. The SAMC-BC surge plan will be submitted to the Oregon Health Authority April 24, 2020.

In working with Baker County Emergency Management an alternate care site has been established that is in close proximity to Saint Alphonsus Medical Center - Baker City and St. Lukes clinic. This facility has an initial capacity for 60 additional beds.

Baker County Surge Plan Summary

The purpose of the Baker County Medical Surge Plan is to strengthen medical surge response capability for COVID-19, through a coordinated, collaborative, regional approach. This surge plan coordinates the response actions for Saint Alphonsus Medical Center - Baker City (hospital), Baker County Public Health, medical clinics, long term care facilities, hospice agencies, and emergency response entities.

Saint Alphonsus Medical Center - Baker City

Saint Alphonsus Medical Center - Baker City (SAMC-BC) principally serves Baker County, Oregon as the only Hospital in the county. SAMC-BC is part of the St. Alphonsus Regional Medical Center located in Boise, Idaho. St. Alphonsus is an affiliate of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation.

SAMC-BC developed a detailed Surge Plan for COVID-19 that will serve as a guide for COVID-19. The support and coordination of SAMC-BC in a medical surge event is critical to the efforts of Baker County to respond to disaster. SAMC-BC developed a phased approach to open rooms and segregate patients as in the case of the pandemic event. SAMC-BC staff are working directly with the Oregon Health Authority with their plan.

Baker County Health Department

Public health in Baker County is done through the Baker County Health Department which has been working closely with the Oregon Health Authority, local emergency management, hospitals and medical providers to monitor the 2019 Novel Coronavirus (COVID-19) outbreak.

Alternative Care Site

The Baker City Seventh Day Adventist School is on standby for use as an alternate care site for lower acuity hospital patients transferred from the hospital.

Ambulance Care Providers:

Emergency Response Transport Air Ambulances (Rotary-wing & Fixed Wing)
Life Flight Network and St. Luke's Medical Clinic

Emergency Response Transport Ground Ambulance Resources

Baker City Fire Department – Baker ASA	4 transport vehicles
Eagle Valley Ambulance - Richland ASA	1 transport vehicle
Halfway/Oxbow Ambulance – Halfway and Oxbow ASA	2 transport vehicles
Treasure Valley Paramedics – Huntington ASA	4 transport vehicles

Additional Non-Emergency/Inter-Facility Transporting (Ground & Air) Ambulance Services

Baker City Fire Department – Baker, Richland, Halfway, Oxbow and Huntington, ASA
Med-Transport Inc. – Baker, Richland, Halfway, Oxbow and Huntington, ASA
Halfway/Oxbow Ambulance – Halfway/Oxbow ASA
Eagle Valley Ambulance – Richland ASA
Life Flight Network
St. Luke’s Clinic

Mutual Aid Agreement

Mutual Aid agreements between the various emergency response jurisdictions is critical for a medical surge event since any one Baker County agency/department may not have the human and equipment resources to respond to multiple calls for service. The mutual aid agreement has been reviewed with the last major update completed September 11, 2011.

Public Information

Medical care messages will be collaborated with the partnering agencies in a surge event. This will be done through a Joint Information System (JIS). The messages from each partner agency will be shared with the other so a common message can be shared from the Public Information Officers (PIOs) to the public. PIOs from Baker County Emergency Management, Baker County Health Department, and St. Alphonsus will work together in distributing the messages to the public.

3. Plans

- Protect the health and safety of workers in critical industries
- Protect the health and safety of those living and working in high-risk facilities (e.g. senior care facilities)

- Protect employees and users of mass transit
- Advise citizens regarding protocols for social distancing and face coverings
- Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity

Nursing Homes or Long Term Care Facilities (LTCF) - During this roll out (see Section 3, Phase 3) we would encourage these facilities to stay on lock down for two reasons. First, it keeps these vulnerable populations safe in this uncharted reopening with a virus we are still learning about. Second, it would keep PPE usage down and available for hospitals and clinics should a surge event occur.

VULNERABLE POPULATIONS are:

- People 60 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease
- People who are pregnant
- Workers in critical infrastructure
- Jails
- Prisons
- Older People with underlying medical conditions
- Mass Transit

Houselessness

Should an individual or family that is experiencing houselessness contract COVID-19 or be identified as a contact of a known COVID-19 case, Baker County will use the Human Services Branch of our EOC, who will work with local partners that have been identified and are a part of this branch, to seek lodging for them. We would also use our Human Services branch to provide the necessities of daily living, food, laundry, and medications while they are kept in isolation. We will also connect them with housing and food assistance programs or other services as requested by the family.

Isolation Strategy

Unless there is a need for medical services, it is recommended those that test positive for COVID-19 and/or have signs and symptoms, stay at home until they have been symptom free for 72 hours (3 days). By following these strategies it will help protect the health and safety of workers in critical industries, high risk facilities, mass transit, and all other sectors.

Section III: Re-Opening Phases

A. Phased Lifting of Restrictions

During all phases, our Incident Command Team and Baker County Health Department will provide **messaging** to continue to remind community members to practice the **principles of good hygiene to limit the spread of the virus**: wash hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces; avoid touching your face; sneeze or cough into a tissue, or the inside of your elbow; disinfect frequently used items and surfaces as much as possible; and strongly consider using face coverings while in public, particularly when social distancing is not easy to maintain or when using mass transit. Additional messages will center on **‘People Who Feel Sick Should Stay Home’**: do not go to work, school or grocery store. Stay home except for seeking medical services; contact and follow the advice of your medical provider; stay home until you are symptom free for 72 hours (3 days); and continue to adhere to State and local guidance as well as complementary CDC guidance, particularly with respect to face coverings. Continual education of Employers and Individuals throughout this process will be done to ensure we continue to reduce the spread of COVID-19.

Employers

Develop and implement appropriate policies, in accordance with Federal, State, and local regulations and guidance, and informed by industry best practices, regarding:

- Social distancing and protective equipment
- Testing, isolating, and contact tracing
- Sanitation
- Use and disinfection of common and high-traffic areas
- Business travel

Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until they are symptom free for 72 hours.

Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test. <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Baker County has created sectors to try and group similar business or groups that would have similar requirements through the phases described below. The sectors are as follows:

Retail - Essential (These would include those that are currently operating and are in accordance with the Governor’s Order.)

Retail - Non Essential (These are those that were closed due to the Governor’s Order)

Industrial / Manufacturing

Professional / Personal Services

Government

Restaurants/Food Services

Bars

Hospitality

Others

Phase One

General Guidelines – Individuals

ALL VULNERABLE INDIVIDUALS should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, when outside of their homes (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless cloth face masks are worn.

Avoid SOCIALIZING in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing of 6 feet (e.g., receptions, trade shows)

MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

General Guidelines – Employers

Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations.

If possible, RETURN TO WORK IN PHASES.

Close COMMON AREAS where personnel are likely to congregate and interact, or enforce strict social distancing protocols.

Minimize NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

Strongly consider SPECIAL ACCOMMODATIONS for personnel who are members of a VULNERABLE POPULATION. This would include physical barriers and the use of cloth face masks when social distance can not be maintained.²

Industrial/Manufacturing - Maintain social distancing of 6', recommend the use of cloth face masks if social distancing cannot be done, frequent cleaning of commonly touched surfaces, encourage employees to self monitor for *influenza-like illnesses (ILI) AND COVID-like* signs and symptoms. No contact tracing is required unless a COVID + case occurs.

Retail (Essential and Non-Essential) - Maintain social distancing of 6', recommend the use of cloth face masks if social distancing cannot be done, frequent cleaning of commonly touched surfaces, encourage

² Federal Guidelines Opening Up America Again

employees to self monitor for *influenza-like illnesses (ILI) AND COVID-like* signs and symptoms. No contact tracing is required unless a COVID + case occurs. Install physical barriers near cashier location or use cloth face masks when social distance can not be maintained.

Professional / Personal Services Group (beauticians, barbers, accountants, lawyers, etc.), people that will be with the public less than 6 feet spacing for over 15 minutes and did not use medical grade PPE prior to the pandemic, use a cloth face mask. If you used medical grade PPE please see optimization / reuse guidelines. Cloth face masks will be required (by provider and public). Appointments will be required and contact tracing will be done through appointment logs. Frequent cleaning/disinfectant of commonly touched surfaces will be required. No physical barriers are needed due to the cloth face masks, limit number in waiting areas for social distancing.

Government - Maintain social distancing of 6', recommend the use of cloth face masks if social distancing cannot be done as well installing physical barriers where needed, frequent cleaning of commonly touched surfaces, encourage employees to self monitor for *influenza-like illnesses (ILI) AND COVID-like* signs and symptoms. No contact tracing is required unless a COVID + case occurs. Building will be accessed through appointment only.

Monitor for two weeks checking against any Management Action Points. Should the Management Action Points be checked the Business/Medical Case Review Unit will advise the following:

Move Forward – Should after two weeks there is no change in the Gating Criteria or the Core State Preparedness and the Business/Medical Case Review Unit advises that reopening steps can continue, Baker County will move to Phase Two.

HOLD – This would mean that an additional one to two weeks is required to adequately determine if the Gating Criteria and Core State Preparedness requirements are able to be met/maintained.

Reduction of Phase One Step 1 – In Phase One All Professional/Personal Services would be asked to reduce current patrons or appointments by 50%. The Business/Medical Case Review Unit would monitor any changes and advise to hold for one to two weeks before returning to Phase One.

Reductions Phase One Step 2 – Should the COVID-19 Curve not change based on step 1 above then the Business/Medical Case Review Unit will review the contact tracing to try and determine which sector of business (as discussed above) might continue to contribute to an increase in the COVID-19 curve. Those sectors would be asked to close. While the other sectors would continue to follow Reduction of Phase One Step 1. The Business/Medical Case Review Unit would determine to hold one or two weeks before returning to Reductions Phase One Step 1.

Reductions Phase One Step 3 – Return to “stay-at-home”. Hold here for two weeks. Ensure Gating Criteria and Core State Preparedness steps are met and restart Phase One with Reductions Phase One Step 2 and work backwards until we reach Phase One. After two weeks, re-assess Gating Criteria and Core State Preparedness steps and move to Phase Two.

Phase Two

General Guidelines – Individuals

ALL VULNERABLE INDIVIDUALS should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is

not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, when outside of their homes (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless cloth face masks are used.

NON-ESSENTIAL TRAVEL can resume.

General Guidelines – Employer

Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations.

Close COMMON AREAS where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.

NON-ESSENTIAL TRAVEL can resume.

Strongly consider SPECIAL ACCOMMODATIONS for personnel who are members of a VULNERABLE POPULATION. This would include physical barriers and the use of cloth face masks when social distance can not be maintained.³

Restaurant - Maintain social distancing of 6'. Every other booth/table or approximately 50% of normal capacity, however physical barriers may increase capacity. Contact tracing will be required that will contain patron data of name, contact information, time in and out of the facility. Cleaning/disinfectant requirements of commonly touched surfaces and in between each set of patrons of booths and tables. Physical barriers should be implemented at cashier locations. Employees in contact with patrons will wear a cloth face mask. All employees will self monitor for *influenza-like illnesses (ILI) AND COVID-like* signs and symptoms.

Bars - Maintain social distancing of 6'. Every other booth/table or approximately 50% of normal capacity, however physical barriers may increase capacity. Contact tracing will be required that will contain patron data of name, contact information, time in and out of the facility. Cleaning/disinfectant requirements of commonly touched surfaces and in between each set of patrons of booths and tables. Physical barriers should be implemented at cashier locations. Employees in contact with patrons will wear a cloth face mask. All employees will self monitor for *influenza-like illnesses (ILI) AND COVID-like* signs and symptoms. No bar seating will be available unless it meets the social distancing measure of 6 feet from the bartender.

Others (Churches, Theater, pools, ...) - Maintain social distancing of 6', recommend the use of cloth face masks if social distancing cannot be done, frequent cleaning of commonly touched surfaces, encourage employees to self monitor for *influenza-like illnesses (ILI) AND COVID-like* signs and symptoms. Contact tracing would be required for sessions longer than one hour and when social distancing cannot be maintained. (Special circumstances will be considered for those in this group along with additional guidance from the Business/Medical Case Review Unit)

Monitor for two weeks checking against any Management Action Points. Should the Management Action Points be checked the Business/Medical Case Review Unit will advise the following:

³ Federal Guidelines Opening Up America Again

Move Forward – Should after two weeks there is no change in the Gating Criteria or the Core State Preparedness and the Business/Medical Case Review Unit advises that reopening steps can continue, Baker County will move to repeat Phase Two at a social distancing of 3 feet.

HOLD – This would mean that an additional one to two weeks is required to adequately determine if the Gating Criteria and Core State Preparedness requirements are able to be met/maintained.

Reduction of Phase Two Step 1 - Use contact tracing to determine which sector may be contributing to increase of COVID-19 cases. The Business/Medical Case Review Unit will review the data collected from Contact Tracing to identify possible contributing factors and institute new guidance for the sector that is suspected of contributing to an increase of COVID-19 cases. For example, if pools are contributing to the increase, open swim may be postponed and lap swim continue.

Phase Three

Phase 3 Step 1

General Guidelines - Individuals

VULNERABLE INDIVIDUALS can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.

LOW-RISK POPULATIONS should consider minimizing time spent in crowded environments.

General Guidelines – Employers

Resume UNRESTRICTED STAFFING of worksites.⁴

Monitor for two weeks checking against any Management Action Points. Should the Management Action Points be checked the Business/Medical Case Review Unit will advise the following:

Move Forward – Should after two weeks there is no change in the Gating Criteria or the Core State Preparedness and the Business/Medical Case Review Unit advises that re-opening steps can continue onto Phase 3 Step 2.

HOLD – This would mean that an additional one to two weeks is required to adequately determine if the Gating Criteria and Core State Preparedness requirements are able to be met/maintained.

Reduction of Phase 3 Step 1 - A: Reduce gatherings based on Business/Medical Case Review Unit recommendations.

Phase 3 Step 2

Allow visitation to Long Term Care Facilities, Adults In Custody (AIC) and congregate settings to occur. Visitors will wear cloth face masks unless physical barriers are in place. Prior to entry visitors wash their hands at a handwashing station and will be screened for *influenza-like illnesses (ILI) AND COVID-like*

⁴ Federal Guidelines Opening Up America Again

signs and symptoms and temperatures logged. Employees in contact with residents will follow the LTCF Tool Kit guidance. All employees will follow the LTCF guidance for screening for *influenza-like illnesses (ILI) AND COVID-like* signs and symptoms prior to entry to the building.