



Baker County Business Operations and Recovery



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BAKER COUNTY DAY CAMPS RE-OPENING PLAN

The Baker County Commissioners submitted a plan to Governor Brown's office on April 24 outlining a phased approach to reopening businesses, organizations and events in Baker County that are currently closed by the Governor's Stay Home, Save Lives Executive Order 20-12. The plan was developed through coordination between the Baker County Commissioners, Baker County Health Department, St. Alphonsus Medical Center-Baker City, and the County Public Health Officer. The plan proposes three phases for reopening, and includes measures that can be put in place to reduce the risk of transmitting disease. Baker County has entered into Phase 1 of the State of Oregon framework and will be proposing guidelines for Phase 2, with a potential date of June 6th .

Phase I—State-Regional Guidance: **SCHOOL AGED SUMMERTIME DAY CAMPS**

Following you will find the Governor's regional requirements for opening in the this time of Pandemic:



Reopening Guidance

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

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

These actions include:

- Stay home if you are sick.
- To avoid exposure to COVID-19, people who are at risk for severe complications (over age 60 or have underlying medical conditions) should stay home even if you feel well.
- If you become symptomatic (cough, fever, shortness of breath) while in public, please return home and self-isolate immediately. Contact your health care provider if you need medical attention.
- Practice good hand hygiene with frequent handwashing for at least 20 seconds or use hand sanitizer (60-95% alcohol content).
- Cover coughs/sneezes with elbow or tissue. If you use a tissue, immediately discard tissue in garbage and your wash hands.
- Avoid touching your face.
- Practice physical distancing of at least six (6) feet between you and people who you do not live with.
- Use cloth, paper or disposable face coverings in public. As Oregon is reopening and restrictions are being lifted on businesses and public spaces, it may be difficult to ensure that you can stay six (6) feet away from others at all times. Please review [Mask and Face Covering Guidance for Business, Transit and the Public](#).
- Stay close to home. Avoid overnight trips and minimize other non-essential travel, including recreational day trips to destinations outside the community where you live. Travel the minimum distance needed to obtain essential services; in rural areas, residents may have to travel greater distances for essential services, while in urban areas, residents may only need to travel a few miles for those services.

Additional resources:

- [Mask and Face Covering Guidance for Business, Transit and the Public](#)
- [OHA General Guidance for Employers](#)

This guidance is issued at the direction of the Governor under [Executive Order No. 20-25](#).

Accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide documents in alternate formats such as other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsoha.state.or.us.



May 16, 2020

Oregon General Guidance for Employers on COVID-19

General considerations for your workplace:

- Comply with any of the Governor's Executive Orders that are in effect.
- Know the signs and symptoms of COVID-19 and what to do if employees develop symptoms at the workplace.
- Understand how COVID-19 is transmitted from one person to another—namely, through coughing, sneezing, talking, touching, or via objects touched by someone with the virus.
- Make health and safety a priority by implementing safeguards to protect employees and the public. Federal and state guidelines, including sector-specific guidance, will help you determine which safeguards are recommended or are required.
 - CDC has detailed [general guidance](#) to help small businesses and employees prepare for the effects of COVID-19.
 - [Oregon's Mask and Face Covering Guidance for Business, Transit and the Public](#).
 - Oregon's specific guidelines for specific sectors can be found [here](#).
- Consider modifying employee schedules and travel to reduce unnecessary close physical contact (physical distance of less than (6) six feet between people).
- Be aware of protected leave requirements and plan ahead for any anticipated workforce adjustments.

Modification of employee schedules and travel

Considerations for modifying employee schedules and travel as feasible:

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

Workplace safety

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

- Implement physical distancing measures consistent with the Governor's Executive Orders and state guidance.
- Increase physical space between workers. This may include modifications such as markings on the floor demonstrating appropriate spacing or installing plexiglass shields, tables or other barriers to block airborne particles and maintain distances. Review and follow any sector-specific guidance issued by the state that recommends or requires specific physical distancing measures.
- Restrict use of any shared items or equipment and require disinfection of equipment between uses.
- Reinforce that meticulous hand hygiene (frequent and proper handwashing) is of utmost importance for all employees. Ensure that soap and water or alcohol-based (60-95%) hand sanitizer is provided in the workplace. Consider staging additional hand washing facilities and hand sanitizer for employees (and customer use, if applicable) in and around the workplace.
- Regularly disinfect commonly touched surfaces (workstations, keyboards, telephones, handrails, doorknobs, etc.), as well as high traffic areas and perform other environmental cleaning.
- Some employers are required to have employees and contractors wear masks, face shields or face coverings and transit agencies are required to have riders wear face coverings. When masks or face coverings are required an employer must provide for exceptions and accommodations to comply with applicable laws. Employers should review and implement the [Mask and Face Covering Guidance for Business, Transit and the Public](#) to ensure compliance with the requirements and recommendations.
- Consider upgrades to facilities that may reduce exposure to the coronavirus, such as no-touch faucets and hand dryers, increasing fresh-air ventilation and filtration or disinfection of recirculated air, etc. Consider touchless payment method when possible and if needed.
- Limit the number of employees gathering in shared spaces. Restrict use of shared spaces such as conference rooms and break rooms by limiting occupancy or staggering use.
- Restrict non-essential meetings and conduct meetings virtually as much as possible. If in-person meetings are necessary, follow physical distancing requirements.
- Consider regular health checks (e.g., temperature and respiratory symptom screening) or symptom self-report of employees, if job-related and consistent with business necessity.
- Train all employees in safety requirements and expectations at physical worksites.

Employee leave and health insurance

Be aware of federal and state protected leave and paid leave laws (if applicable) and requirements for health insurance coverage:

- Advise employees to stay home and notify their employer when sick.
- Review and comply with any applicable requirements for maintaining employee health insurance coverage.
- Healthcare provider documentation is generally not required to qualify under federal and state leave laws due to COVID-19 related circumstances or to return to work.
- Review and comply with any applicable required federal and state leave law protections for employees who are unable to work due to COVID-19 related circumstances.
- Determine whether your business can extend paid or unpaid leave and if feasible adopt a temporary flexible time off policy to accommodate circumstances where federal or state law does not provide for protected or paid leave.
- Develop an action plan consistent with federal and state guidance if an employee develops symptoms while in the workplace, tests positive for COVID-19 or is determined to be presumptively positive by a public health authority.

Downsizing and layoffs

If downsizing or other workforce adjustment measures are necessary, adhere to applicable state and federal requirements regarding notice of layoffs and recalls for affected workers:

- Determine whether alternatives to layoff may be feasible such as furloughs or reduced schedules.
- Refer employees to resources including filing for unemployment benefits and community services.
- Create a plan for recalling employees back to work.

Union workplaces

If you have a unionized workforce, determine obligations to bargain with the union or unions which represent your employees.

Links to additional information:

For the most up to date information from Public Health and the CDC:

- <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served//LE2356.pdf>

- <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/emerging-respiratory-infections.aspx>
- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

For COVID-19 Guidance from the State and Federal Sources:

Resources for businesses and employers to plan, prepare, and respond to COVID-19, which is available in English, Spanish, Chinese, Vietnamese and Korean:

www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html

- Oregon Bureau of Labor and Industries: Coronavirus and Workplace Laws. <https://www.oregon.gov/boli/Pages/Coronavirus-and-Workplace-Laws.aspx>
- Department of Labor Guidance: Employer Paid Leave Requirements for Covid-19 related circumstances. <https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave>
- General guidance for businesses and employers to help them plan, prepare, and respond to COVID-19: www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
- Workplace cleaning and disinfecting recommendations, including everyday steps, steps when someone is sick, and considerations for employers: www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
- Safety practices for exposures in the workplace:
 - Cleaning and disinfection practices post exposure: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
 - Safety practices for workers who may have had exposure to a person with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
- OSHA guidance on preparing workplaces for COVID-19:
 - Oregon OSHA: <https://osha.oregon.gov/Pages/re/covid-19.aspx> (English and Spanish links)
 - National OSHA: English: www.osha.gov/Publications/OSHA3990.pdf, and Spanish: www.osha.gov/Publications/OSHA3992.pdf
- Oregon Employment Department: COVID-19 Related Business Layoffs, Closures, and Unemployment Insurance Benefits: https://govstatus.egov.com/ORUnemployment_COVID19
- COVID-19 insurance and financial services information: <https://dfr.oregon.gov/insure/health/understand/Pages/coronavirus.aspx>

Additional resources:

- [Signs you can post](#)
- [Mask and Face Covering Guidance for Business, Transit and the Public](#)
- [OHA Guidance for the General Public](#)
- [CDC's Guidance for Administrators in Parks and Recreational Facilities](#)

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May 15, 2020

Mask and Face Covering Guidance for Business, Transit, and the Public

For purposes of this guidance the following definitions apply:

- “Business” means:
 - Grocery stores
 - Fitness-related organizations
 - Pharmacies
 - Public transit agencies and providers
 - Personal services providers
 - Restaurants, bars, breweries, brewpubs, wineries, tasting room and distilleries
 - Retail stores
 - Ride sharing services
- “Face covering” means a cloth, paper, or disposable face covering that covers the nose and the mouth.
- “Mask” means a medical grade mask.
- “Face shield” means a clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face.
- “Personal services providers” means barber shops, hair salons, esthetician practices, medical spas, facial spas and day spas, non-medical massage therapy services, nail salons, tanning salons, and tattoo/piercing parlors.
- “Fitness-related organizations” includes but is not limited to gyms, fitness centers, personal training, dance studios, and martial arts centers.

Businesses

A business **must**:

- Require employees, contractors and volunteers to wear a mask, face shield, or face covering, unless an accommodation for people with disabilities or other exemption applies.
- Provide masks, face shields, or face coverings for employees.

- If it is a transit agency, require riders to wear face coverings and provide one for a rider that does not have one, and develop policies and procedures as described below.
- Develop and comply with policies and procedures that provide for accommodations and exemptions from the mask or face covering requirement for employees and contractors based on:
 - State and federal disabilities laws if applicable, including the Americans with Disabilities Act (ADA) which protects people with disabilities from discrimination in employment and requires employers to engage in the interactive process for accommodations.
 - State or federal labor laws where applicable.
 - State and federal public accommodations laws that provide all persons with full and equal access to services, transportation, and facilities open to the public.
 - OHA public health guidance if applicable.
- If customers or visitors will be required to wear a face covering, develop a policy and post clear signs about any such requirements. A policy that requires customers and visitors to wear face coverings must:
 - Provide exceptions to the policy to accommodate people with certain health conditions, or children under two years of age.
 - Take into account that places of public accommodation must make reasonable modifications to their policy to allow people with disabilities to access their services.
 - Take into account that requiring people to wear face coverings affects people differently including people of color who may have heightened concerns about racial profiling and harassment due to wearing face coverings in public.
 - Consider whether to provide face coverings for customers or visitors who do not have one.
- Require employees and contractors to review the business's policies and procedures related to:
 - Employee accommodations and exemptions.
 - Customer and visitor face covering requirements.

A business should, but is not required to:

- Post signs about whether customers or visitors are required to wear face coverings in languages that are commonly spoken by customers and visitors
- Educate employees:
 - On how to safely work and communicate with people who cannot wear masks or face coverings.
 - That they may need to remove a mask or face covering for individuals who need to read lips or see facial expressions to communicate.

The Public

- When riding public transit, an individual must wear a face covering unless the individual:
 - Is under two years of age.
 - Has a medical condition that makes it hard to breathe when wearing a face covering.
 - Has a disability that prevents the individual from wearing a face covering.
- It is strongly recommended that individuals, including children between 2 and 12 years of age, wear a face covering at all times in settings like grocery stores or pharmacies, where it is likely that physical distancing of at least six feet from other individuals outside their family unit cannot be maintained, and vulnerable people must go.
- Because children between the ages of two and 12 years of age can have challenges wearing a face covering properly (e.g. not touching the face covering, changing the face covering if visibly soiled, risk of strangulation or suffocation, etc.) we urge that coverings be worn with the assistance and close supervision of an adult. Face coverings should never be worn by children when sleeping.

Additional Resources

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

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You can get this document free of charge in other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsaha.state.or.us.



May 15, 2020

Guidance for School Aged Summertime Day Camps

Camps are an important enrichment activity for school-aged children (K-12) and are also important as a source of childcare for many working parents.

“Camps” include any formal grouping of children for a defined period of daytime hours with teen or adult counselors (sports camps, music camps, nature camps, art camps, etc.) outside of licensed childcare centers or formal summer education activities through a school.

Because summer camps are each unique, it will be important for hosting organizations to refer to guidelines for parks, gyms and fitness facilities, and other spaces where they host camps. Close collaborations between camp organizations and other organizations where campers access activities and facilities are essential.

Note: Day camps programs (single-day ski camp, art program at a community park, music camp at a university) that are not associated with a licensed organizational camp facility are not regulated by local public health authorities and are not required to be licensed under [ORS 446](#). Overnight camps are not permitted to open or operate at this time.

Operational Guidance

Communicable disease management plan:

All programs should have a written communicable disease management plan. This plan must include: protocols to notify the [Local Public Health Authority](#) (LPHA) of any confirmed COVID-19 cases among campers or staff; a process and record keeping to assist the LPHA as needed with contact tracing; a protocol for screening campers and staff for symptoms; a protocol to restrict from camp any ill or exposed persons; and possible cessation of camp activities.

- Keep daily logs for each stable group that conforms to the following requirements to support contact tracing of cases if necessary:
 - Child name
 - Drop off/ pick up time
 - Adult completing both drop off/ pick up
 - Adult emergency contact information
 - All staff that interact with stable group of children (including floater staff)
 - This log must be maintained for a minimum of 4 weeks after completion of the camp

- Registration paperwork or other regular means by which camps collect information from campers must contain contact information for all campers and staff
- Restrict from camp any camper or staff known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 days.
- Communicate advice to staff not to work, and guidance to parents not to bring their camper to camp, if they or anyone in their household have recently had an illness with fever or a new cough. They should remain home for at least 10 days after illness onset and until 72 hours after fever is gone, without use of fever reducing medicine, and COVID-19 symptoms (fever, cough, shortness of breath, and diarrhea) are improving. Staff or campers who have a cough that is not a new onset cough (e.g. asthma, allergies, etc.), do not need to be excluded from camp. Camps may consider collecting information about existing conditions that cause coughing on intake forms.
- If anyone who has entered camp is diagnosed with COVID-19, report to and consult with the [LPHA](#) regarding cleaning and possible classroom or program closure.
- Report to the [LPHA](#) any cluster of illness among the summer camp program staff or students.

General

- Camps must frequently remind all staff and parents to keep themselves and their children home with any illness involving fever, new cough, or shortness of breath.
- Individuals should stay and remain home for at least 10 days after illness onset and until 72 hours after fever is gone, without use of fever reducing medicine, and COVID-19 symptoms (fever, cough, shortness of breath, and diarrhea) are improving.
- Camps must provide handwashing and facilities, tissues, and garbage receptacles that are easily accessible to both children and staff.
- All persons in the camp should be advised and encouraged to wash their hands frequently (e.g., after using the restroom, before and after meals, after coming inside, after sneezing, blowing the nose, or coughing) with soap and water for at least 20 seconds.
- Except when eating, preparing, or serving food and after using the restroom, alcohol-based hand-sanitizing products (60 to 95%) may be used as an alternative to handwashing. If soap and water is not feasible (e.g. back country camp), alcohol-based hand sanitizing products may be used; however, every effort should be made to facilitate soap and water handwashing. Hand sanitizer must be stored out of reach of students younger than 5 years of age when not in use.
- Staff and campers should be reminded frequently of the importance of respiratory etiquette as outlined below:
 - Cover coughs and sneezes with a tissue or elbow;
 - Throw any used tissue away immediately into a garbage receptacle; and

- Clean hands after covering coughs and sneezes, and after throwing away used tissues.
- Children over the age of 2 may wear face masks if under close adult supervision.
- Children of any age should not wear a face covering:
 - If they have a medical condition that makes it difficult for them to breathe with a face covering;
 - If they have a disability that prevents them from wearing a face covering;
 - If they are unable to remove the face covering independently; or
 - While sleeping.
- Face coverings cannot be required for use by children and should never prohibit or prevent access to instruction or activities.
- To minimize contact during drop-off and pick-up, allow parents to remain outside of the building for sign-in and sign-out of their children. Consider staggering drop-off and pick-up times and prevent contamination from touch points (writing implements, clip boards, etc.).

Screening for symptoms. What if someone is sick?

- Check for new cough and fever for anyone entering the camp facility/area or interacting with campers and staff. Individuals with a fever greater than or equal to 100.4° F should not be allowed to enter. COVID-19 does not always present with temperature or new cough. Symptoms of COVID-19 include fever and new cough, as well as, shortness of breath or difficulty breathing; fever; chills; muscle pain; sore throat; and new loss of taste or smell.
 - If parent cannot attest to temperature, facility should check temperature.
- If a camper or staff member develops a new cough (e.g., unrelated to pre-existing condition such as asthma), fever, shortness of breath, or other symptoms of COVID-19 during the camp day/class session, isolate them away from others immediately, and send them home as soon as possible.
 - While waiting for a sick child to be picked up, a staff member should stay with the child in a room isolated from others. The caregiver should remain as far away as safely possible from the child (preferably at least 6 feet), while remaining in the same room.
 - The affected individual should remain home for at least 10 days after illness onset and until 72 hours after fever is gone, without use of fever reducing medicine, and COVID-19 symptoms (fever, cough, shortness of breath, and diarrhea) are improving.
- Ensure that the camp has flexible sick-leave and absentee policies that discourage staff from reporting to work while sick.
- If anyone who has entered the camp facility is diagnosed with COVID-19, report to and consult with the [local public health authority](#) regarding cleaning and potential need for closure.

- If anyone who has entered a camp facility is diagnosed with COVID-19, report to and consult with the [local public health authority](#) regarding cleaning and possible program closure.
- Report to the [local public health authority](#) any cluster of illness among the summer program staff or campers.

Physical Distancing

- Camps must be limited to maximum stable groups of 10 or fewer children (“stable” means the same 10 or fewer children in the group each day).
 - The stable group may change no more frequently than once per week (e.g. for camps operating on a weekly schedule).
 - Half-day camps hosting different morning and afternoon groups may be offered. Sanitation measures must be taken between these sessions. A space may hold a maximum of 2 stable cohorts per day.
 - Before and after care must be carefully managed to maintain campers in the same stable cohort in which they will spend their day.
 - A camp can have multiple stable groups of 10 if the camp facility or site can accommodate physical distancing for the number of campers hosted (a minimum of 35 square feet per camper for indoor spaces; a minimum of 75 square feet per camper for outdoor spaces), and campers’ access to or utilization of cabins, tents, meals, restrooms, showers and activities happens within a stable group of 10.
 - Stable cohorts consist of campers and staff; the number of staff needed/necessary for a cohort does not count to the total of 10. Staff should remain with a single cohort as much as is practicable and feasible. Staff who do interact with multiple stable cohorts should wear a face mask and wash/sanitize their hands between stable cohort interaction.
 - **Before and After care:** Stable groups should include the same campers during before care, during the camp day, and during after care. Campers should always be in stable groups, even if there is only one of them in before or after care.
- Camps must ensure that each stable group remains in the same indoor physical space each day and does not intermingle with any other group.
- The number of staff interacting with each group of children should be minimized; staff should be dedicated to a single group and not move between groups if at all possible. If “floater staff” or different staff rotate with the stable group, they should be sure to sanitize their hands prior to entering the space with the stable group of children, and staff should wear face covering. Similarly, if guest speakers come in, they should sanitize their hands on entering and exiting and wear face coverings.
- Daily activities and curriculum should support physical distancing, striving to maintain at least 6 feet between individuals. For example, adjust program in the following ways:
 - Eliminate large group activities (larger than stable cohort)

- Increase the distance between children during table work
 - Plan activities that do not require close physical contact among multiple campers
 - If at all possible, designate equipment (e.g., art supplies, musical instruments balls, mitts, etc.) solely for the use by a single cohort and sanitize between practices or uses. If equipment must be shared between cohorts, it must be sanitized before and after each use by a stable cohort.
 - Minimize time standing in lines and take steps to ensure that 6 feet of distance between the campers is maintained.
 - Restrict non-essential visitors and volunteers.
 - Activities that include brass or woodwind instruments should increase physical distance as these instruments may disperse respiratory droplets farther than 6 feet.
- Parents or other visitors may only come to camp for special events (e.g., theater productions, sports games) if 6 feet distancing between all persons can be maintained. Visitors should wear face coverings and sanitize their hands when they enter.

Intensify cleaning, disinfection, and ventilation

- Clean, sanitize, and disinfect frequently touched surfaces (for example, playground equipment, stationary climbing frames, door handles, sink handles, drinking fountains, transport vehicles) multiple times per day
- Avoid use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
- Ensure safe and correct application of disinfectants and keep these products away from children following labeling direction as specified by the manufacturer.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods.
 - Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollen in or exacerbating asthma symptoms) to children using the facility.

Field Trips/Transportation

- Neither campers nor staff should travel with others outside their stable group
- Camp staff should document name of stable cohort(s) and staff including the driver, along with the date and time of the trip and the vehicle number/license.
- Drivers can transport multiple stable groups if wearing a mask and sanitizing hands before and after each driving each stable group.
 - Vehicles should be cleaned between each group of students and staff following [transportation guidelines](#).

- Camper and staff spacing in vehicles must allow 3 feet of physical distance between people.

Food service

- All usual food handling and storage protocols should be observed.
- Campers and staff should wash hands with soap and water prior to eating. In limited circumstances (e.g., back country camps) where use of soap and water is not possible because of lack of running water, using alcohol-based hand sanitizer (60-95%) is acceptable.
- Campers should bring their own food if at all feasible. Campers should be instructed not to share food with other campers.
- If food is served by the camp, individual plating of meals is preferred. Buffet style service is acceptable if individual plating is not feasible. Family-style food service should not be allowed.

Miscellaneous:

- Camps held in public settings (e.g., parks) should follow the general camp guidelines as above; any [other guidelines](#) related to the location of the camp. For example, camps in state parks should follow state park use guidelines as well as summer camp guidelines.
- [Swimming pools are closed statewide.](#)
- Swimming in lakes is allowed if the 6-foot physical distancing standard can be maintained.
- Camps may train staff to formal start of camp if physical distancing can be maintained. This should include training on COVID-19 facts, cleaning/sanitation and safety.
- Campers and staff who are arriving to camp from outside of the US should verify that they have been in the US for 14 days without symptoms (fever, cough, shortness of breath) prior to the start of camp.
- During the COVID-19 crisis, child abuse reporting has gone down by more than 60% per day. Summer camps should include training to recognize and report suspected child abuse and neglect. Staff can report any suspected child abuse by calling 1-855-503-SAFE (7233). Additional resources can be found through the [Early Learning Division](#) and [Oregon Department of Education](#).
- High risk employees and campers:
 - The nature of congregate gatherings raises risk for individuals with health conditions and or age that place them at higher risk of adverse outcomes with COVID 19. Campers and Employees in higher risk categories should not attend camp settings where adherence to physical distancing is not likely to occur.
 - High risk is defined as
 - People 60 years and older;

- People with chronic lung disease or moderate to severe asthma;
 - People who have serious heart conditions;
 - People who are immunocompromised
 - 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; and
 - Any other underlying conditions identified by the OHA or CDC.
- Lakes: Campers and staff swimming in lakes should maintain 6-foot physical distancing and follow all hand washing and other hygiene recommendations. Facilities for changing in and out of swim gear should be treated per [guidance](#) for closest facility type (e.g., restroom, etc.).

Additional resources:

- [Signs you can post](#)
- [Mask and Face Covering Guidance for Business, Transit and the Public](#)
- [OHA Guidance for the General Public](#)
- [OHA General Guidance for Employers](#)
- [CDC's Guidance for Administrators in Parks and Recreational Facilities](#)

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