Oregon Health Authority

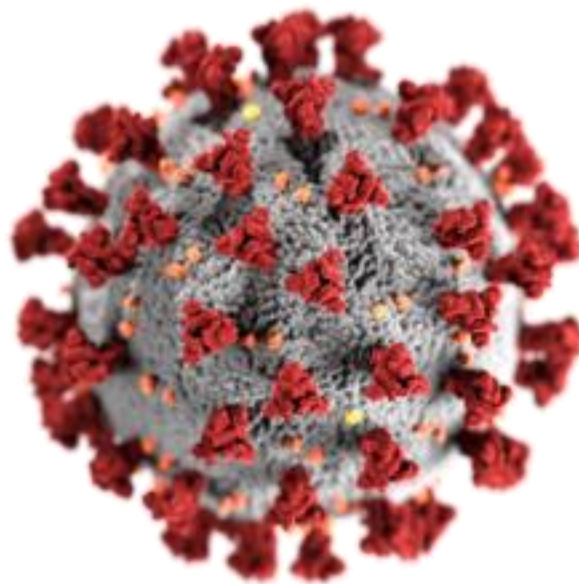DHS | Oregon Department of Human Services

A Tool Kit for Foster Care or Group Home Providers Operating Homes with 5 or Fewer Residents

June 2020

This guide is intended as a resource for providers operating homes licensed or certified to support 5 or fewer residents by the Oregon Health Authority or Department of Human Services, including:

- Foster Homes
- 24-Hour Group Homes
- Residential Treatment Homes
- Residential Treatment Facilities
- Other licensed community housing

People living in the settings listed above have physical, medical and/or mental health conditions which place them at greater risk of serious illness or complications due to COVID-19. By implementing preventative practices to limit potential exposure or transmission of COVID-19 and providing a responsive approach to outbreak situations, providers may limit the risk to individuals.

This toolkit provides information related to infection control, including resource links and tools that may be used to help providers assess readiness and risk, as well as to put a speedy response into practice.

*Content for this guide was borrowed heavily from Oregon Health Authority's "LTCF COVID-19 Response Toolkit- March 22, 2020".

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What is COVID-19?

COVID-19 is a virus mainly spread between people in close contact or through respiratory droplets from coughing or sneezing.

COVID-19 is highly contagious, and the virus can survive on surfaces and may be spread through touching contaminated surfaces, including doorknobs, handrails, and countertops.

Symptoms of the viral infection vary and range from a mild respiratory illness to severe pneumonia with respiratory failure and septic shock. Often, infected people will present with a fever and severity of the illness may worsen in the second week of infection.

Not everyone infected with COVID-19 will require hospitalization. Individuals may need support in monitoring the severity of symptoms and determining when to seek medical attention.

People seeking medical care due to COVID-19-like symptoms may be provided with a letter that identifies that the individual is considered part of a high-risk population and be prioritized for testing.

Program Specific Resources

Office of Developmental Disabilities Services (ODDS)- Department of Human Services (DHS):

The Office of Developmental Disabilities Services (ODDS) policy transmittals:
APD PT 20-015- "Provider Expectations- COVID-19 (Coronavirus) Risk Mitigation and Response"

APD PT 20-028- "DD Residential and Adult Foster Home Settings Visitation Restriction"

APD PT 20-045- ""Stay Home, Stay Safe", Executive Order 20-12"

APD AR 20-049 "Information to report to ODDS re: individual with suspected or positive case of COVID-19"

APD PT 20-058 "COVID Testing for DSPs and Caregivers in Residential Settings"

APD PT 20-067- "COVID-19 Testing Requests for Individuals with I/DD"

ODDS Fact Sheet: "Knowing Your Rights during COVID-19":
https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/Covid-Medical-Rights-Fact-Sheet-Final.pdf

ODDS Stay Home, Save Lives Video:
https://www.youtube.com/watch?v=Ikb0awBbSZQ&feature=youtu.be

Child Welfare – DHS:
COVID-19 Testing Resource for Staff:
https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CCLU/Documents/Letter%20for%20COVID-19%20Testing.pdf

OSPHL Resource for COVID-19 Testing for CCA Staff:
https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CCLU/Documents/OSPHL%20Resource%20for%20COVID-19%20Testing%20for%20CCA%20Staff.pdf

Child Welfare Provider FAQ: https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CCLU/Pages/index.aspx

Health Systems Division (HSD) – OHA:

Updated guidance for behavioral health providers can be found at
https://www.oregon.gov/OHA/HSD/AMH/Pages/Tools-Providers.aspx or on the
COVID-19 Healthcare Partner Resources page. This includes guidance for all
OHA-licensed mental health residential treatment facilities, adult foster homes,
residential substance use disorder treatment and detox programs, and Intensive
Treatment Services Day Treatment programs.

https://www.oregon.gov/DHS/PROVIDERS-
PARTNERS/LICENSING/CCLU/Documents/SymptomaticCCWorkerHCPLetter.p
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Infection Prevention Readiness Assessment Tool for COVID-19

The following infection prevention and control readiness assessment tool has been adapted from CDC's Infection Prevention Assessment Tool. This tool may be used by residential setting providers to prepare in prevention and caring for individuals with COVID-19. Using this tool may include interviewing staff and caregivers, as well as assessment through direct observation. This tool can be used more than once, and it may be appropriate for a provider to reassess or update the tool as the pandemic situation continues.

The assessment focuses on key areas, including:

- Visitation policies during an outbreak or pandemic situation
- Education, monitoring, and screening of all employees
- Education, monitoring, and screening of individuals
- Availability of personal protective equipment (PPE) and other supplies
- Infection prevention and control practices (e.g., hand hygiene, use of PPE, and cleaning and disinfection of environmental surfaces and resident care equipment)
- Communication

For nursing homes, see Oregon's long-term care facility guidance.

Residential Setting Infection Prevention Readiness Assessment Tool for COVID-19

Date of Assessment:

COVID-19 Status of the Residential Setting:

☐ No cases of COVID-19 in the setting

☐ No cases of COVID-19, but acute respiratory illness has been identified. Number of cases of acute respiratory illness:

☐ Cases (positive tested or presumed positive by a health care professional).
Number of cases associated with setting, including providers, staff, caregivers, and individuals:

Supplies on Hand at the Residential Setting:
Which products and how many days' supply of the following does the home/setting have available?

☐ Facemasks:

☐ Isolation Gowns:

☐ Eye Protection- goggles, face shields, etc.:

☐ Gloves:

☐ Alcohol-Based Hand Rub (ABHR) or Sanitizer:

Visitor Policies during COVID-19 Pandemic in accordance with program administrative rules and policy transmittals		
Completed/ Implemented	**Policy or Action**	**Comments**
☐	Communicate to individuals and family/friends that visits are limited to essential persons during COVID-19	
☐	Identify and support to individuals to maintain family and friend contact through alternative methods, including phone calls and video chats	
☐	For the few essential persons who are permitted to access the home, the setting provider, staff or caregivers will screen the visitor, including inquiring about fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. Visitors with symptoms will not be allowed in the setting	
☐	Essential persons visiting the home are required to wear a cloth face covering, face shield or facemask when available	
☐	Essential persons visiting the home are limited to areas of the home setting necessary to fulfill the purpose of the visit	
☐	Essential persons visiting the home and individuals, staff and caregivers are asked to wash hands upon entering the home and as appropriate	
☐	The areas of the home where essential persons accessed are cleaned/disinfected promptly following the visit	
☐	Visits of essential persons to the home are scheduled in advance whenever possible	
☐	Essential persons visiting the home are to monitor for symptoms for at least 14 days following visit. If symptoms are present, visitors should self-isolate, seek healthcare, and notify the provider of the symptoms, the date of the visit, and person(s) they came in contact with during the visit	
☐	Provider will screen individuals and staff for symptoms of COVID-19 daily for 14 days following a report of an essential visitor presenting with symptoms. Obtain testing promptly if symptoms develop.	

A Tool Kit for Foster Care or Group Home Providers Operating Homes with 5 or Fewer Residents

Education, Monitoring, and Screening of Providers/Staff/Caregivers/Direct Support Professionals (DSPs)		
Completed/ Implemented	**Policy or Action**	**Comments**
☐	Provider conducts routine monitoring and check-in with staff/caregivers/DSPs working in the home to evaluate for symptoms, including at the start of each shift	
☐	Provider routinely communicates with staff/caregivers/DSPs to inform policies/expectations related to: - Sick leave and not working when ill - Importance of handwashing - New info related to PPE or staffing shortage - Outbreak situation in the local community - Recommendation to wear a face covering or face mask, even when not delivering direct care	
☐	Provider retains a list of any staff/caregivers who work in multiple settings: Staff/caregivers are actively screened for symptoms of COVID-19	
☐	Providers issue a COVID-19 priority testing request for care providers who are symptomatic- "Request for COVID Testing for DSPs and Caregivers" letter	
☐	Request for CoVid-19 testing letter for Child Caring Agencies: https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CCLU/Documents/Symptomatic CCWORKERHCPLetter.pdf	

Education, Monitoring, and Screening of Individuals		
Completed/ Implemented	**Policy or Action**	**Comments**
☐	Provider supports individual in understanding and following the "Stay Home, Stay Safe", Executive Order 20-12	
☐	Provider supports individual with access to COVID related resources such as the "COVID-19 Stay Home, Save Lives" video and other resources, such as Knowing Your Rights during COVID-19 fact sheet	
☐	Provider/staff/caregivers support individual with opportunities for activities and choice in the setting	
☐	Provider/staff/caregivers support individuals to: • Frequently wash hands • Maintain social distance • Practice respiratory etiquette, such as covering cough, using and throwing away tissues, etc. • Wear a cloth face covering, face shield or facemask when leaving their room (in larger settings) or going out • Change clothing and wash hands whenever returning to the setting following any activity outside of the home • Report when they are experiencing symptoms of illness	
☐	Provider conducts routine monitoring and check-ins with individuals in the home/setting at least daily to evaluate for symptoms, including fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell.	
☐	Provider promptly supports individuals in accessing healthcare as appropriate when individuals report or present with COVID-19 symptoms. Individuals are provided with a letter requesting prioritization in testing to give to their healthcare provider when the individual is symptomatic and seeking healthcare. For ODDS individuals the following may be used:"COVID-19 Testing Request Letter	
☐	Provider implements isolation of symptomatic individuals to minimize spread of infection	

	Provider reports suspected or confirmed COVID-19 case(s) to the local public health authority and to the local or state licensing authority under which the setting is licensed or certified in accordance with program policy.	

Availability of PPE and Other Supplies

Completed/ Implemented	Policy or Action	Comments
☐	Provider has assessed current supplies and availability of PPE and other critical materials, including sanitizers, cleaners, and tissues. EPA-registered disinfectants specifically identified for use against SARS CoV-2 (list N) should be used: https://www.epa.gov/ pesticide-registration/list-n-disinfectants-use-against-sars-cov-2	
☐	Provider is aware of and will seek assistance from resources to obtain supplies if/when supply inventory is depleted	
☐	Provider makes supplies for hand hygiene readily accessible to staff/caregivers and individuals as safe and appropriate	
☐	Provider makes PPE readily accessible to staff/caregivers and individuals as necessary and appropriate	
☐	Provider maintains a stock of disinfectant and cleaning supplies that are readily available in the setting	
☐	Provider ensures there are tissues and designated locations for disposal easily accessible to staff/caregivers and individuals as appropriate	

Infection Prevention and Control Practices

Completed/ Implemented	Policy or Action	Comments
☐	Provider/staff/caregivers perform hand hygiene/proper hand washing: • Before contact with an individual, even when PPE is worn • After contact with each individual • After contact with blood, body fluids, or contaminated surfaces or equipment • Before providing direct care to an individual or performing a medical support task • After removing PPE	
☐	Provider and staff/caregivers wear the following PPE when providing direct support to symptomatic or COVID-19 positive individuals for ten days following positive test or onset of symptoms. • Gloves • Isolation Gown • Surgical face masks should be used when providing direct care for suspected or confirmed case of COVID-19. • Eye Protection, such as face shield or goggles	
☐	PPE is properly removed in a manner to prevent self-contamination and new PPE is put on when supporting a different individual	
☐	Providers/staff/caregivers/DSPs receive education and training on disinfection and cleaning practices with increased cleaning of high touch surfaces	
☐	Providers/staff/caregivers/DSPs maintain social distancing whenever possible, including in common areas and break areas	

COVID-19 Outbreak Response Tool for Residential Settings

A SINGLE CASE OF ACUTE RESPIRATORY ILLNESS SHOULD PROMPT ACTION

☐ Notify your local public health authority (LPHA) immediately.

☐ Notify local or state licensing authority (APD, CW, HSD, ODDS) in accordance with program policies

☐ Notify staff/caregivers, volunteers, individuals, and families of suspected or confirmed cases, as appropriate, while ensuring individual privacy and confidentiality as much as possible.

☐ Support symptomatic individuals in seeking healthcare and requesting testing, including providing individuals with a "COVID-19 Testing Request Letter"

☐ Support symptomatic staff/caregivers/DSPs in requesting COVID testing prioritization from their healthcare provider by issuing a testing request letter- "Request for COVID Testing for DSPs and Caregivers"

   https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CCLU/Documents/SymptomaticCCWorkerHCPLetter.pdf

☐ Immediately prohibit symptomatic staff/caregivers/DSPs/volunteers and/or those with suspected or confirmed cases from access to the setting and/or having direct contact with individuals that could result in exposure. See OHA Provisional Guidance: Clinical Care and Healthcare Infection Prevention and Control for COVID-19 for return-from-work guidance. Individual programs may have additional restrictions and/or conditions.

☐ Actively perform surveillance to identify any new cases rapidly so they can be managed appropriately. Screen for fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. Report these cases daily to your LPHA and local licensing authority (APD, CW, HSD, ODDS). Residents and staff exposed to COVID-19 residents should be monitored at a minimum three times a day for symptoms for 14 days after exposure to a case.

☐ Implement system to screen staff/caregivers/DSPs for illness before each shift; screening should include a check for fever, and respiratory symptoms (cough,

shortness of breath, or sore throat). Any ill employee should be immediately excluded from work.

☐ Ensure availability of PPE in the setting, including masks, gowns, gloves, and eye protection (face shields or goggles).

☐ Monitor stocks of PPE and hand hygiene and cleaning supplies and re-order as needed. If PPE shortages arise and supplies cannot be obtained from local healthcare partners nor any additional vendors, contact your local health department.

☐ Ensure that staff know how to put on, take off, and dispose of PPE properly, to avoid contamination and wastage of limited supplies. Staff should be trained on optimization strategies when PPE supplies are low.

☐ When interacting with any symptomatic or COVID-19 positive individual, providers/staff/caregivers/DSPs, shall use caution, including using PPE- eye protection (face shields and goggles) and facemasks. The use of N95 masks (fit-tested) may be used if available. See the OSHA webpage for resources and consultation options: https://osha.oregon.gov/covid19/Pages/default.aspx

☐ Support individuals in practicing respiratory etiquette. Those with signs and symptoms of a respiratory infection should:

- Wear a surgical facemask if they need to leave the room
- Cough or sneeze into their elbow
- Cover their nose and mouth with tissue when coughing or sneezing, dispose of the tissue in the nearest waste receptacle, and perform hand hygiene

☐ Ensure that materials for respiratory etiquette are available throughout the setting, including tissues and no-touch waste receptacles.

☐ Ensure that materials for frequent hand hygiene are available throughout the setting, including alcohol-based hand rub, and supplies for soap-and-water hand hygiene, such as disposable paper towels and accessible sinks supplied with warm water.

☐ To limit exposure risks and to maintain PPE supply, bundle care as much as possible and physically isolate the individual from other residents. Limit changes in staffing/caregivers, provide individuals with as much personal space as possible and limit access to common areas of the home. Discontinue group or shared activities. Provide as much care as possible to symptomatic individual in their room or designated bathroom to limit exposure to others, including bringing meals and activities to the individual. Disinfect high-touch surfaces in the room.

☐ Enhance routine cleaning and disinfecting procedures, focusing on high-touch surfaces such as railings, door handles, counter tops/tables, phones, and light

switches at least twice daily. Ensure that your facility is using an appropriate [EPA-registered disinfectant](#) and staff knows the contact time needed for disinfection.

☐ If COVID-19 is suspected or has been confirmed (any combination of individual/provider/staff/caregivers/DSPs), the provider may not admit new individuals in the home for placement. Providers may need to consult with the Local Public Health Authority and the program they are licensed or certified under regarding an infection control plan and considerations for new admissions.

If additional infection control support is needed, submit an OHA Infection Control Consult Request Form online:
https://epiweb.oha.state.or.us/fmi/webd/ICRequest?homeurl=https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/COVID-19.aspx

Strategies for Personal Protective Equipment (PPE) Conservation during COVID-19

In accordance with Oregon Health Authority guidance

Wearing appropriate PPE can help to prevent the spread of infection. However, there are reported shortages of PPE, including N95 respirators, surgical masks, and gowns. This shortage may impact provider abilities to purchase adequate supplies and adhere to PPE recommendations during this pandemic situation.

Unsafe re-use of PPE due to limited supplies poses a risk of exposure and infection. It is very important that providers/staff/caregivers are strategic in maximizing usage and minimizing risk to effectively and efficiently use PPE.

Four major strategies for efficient and effective use of PPE include:

Limiting use: PPE should be prioritized for care of symptomatic or COVID-19 positive individuals. Limit cross contamination and the need for changing out PPE by limiting changes in staffing to specific individuals.

Reprocessing: If possible, utilize PPE that can be cleaned, disinfected, or sanitized for repeated use. Only some PPE can be reprocessed, depending on what material the equipment is made from and what the PPE is used for. Information on reprocessing should be available in the equipment manufacturer's guidelines. Examples of PPE that may be reprocessed include washable gowns and goggles or face shields that can be disinfected after use. There are currently no widely accepted procedures for reprocessing of face masks with disinfectants.

Extended Use: Bundle care by clustering direct contact support and health-related tasks for each individual to limit the number of changes of PPE. The same PPE may be used for providing support for multiple tasks when the PPE is not removed or touched between tasks. Use of a face shield or face mask together can prolong the use of the underlying mask, as the shield protects the mask to some degree from surface contamination.

Limited Reuse: Remove facemasks after each encounter with different individuals. Wearing the same facemask (N95 or surgical/procedural) for multiple encounters with different individuals, should only be considered in a *crisis-level* PPE shortage. Because limited re-use involves touching potentially contaminated PPE between residents, it may pose a risk of spread of infection. The limited re-use should not be applied when providing care to symptomatic or COVID-19 positive individuals. For more information, consult "CDC's Crisis Alternate Strategies".

Current PPE recommendations for when support is provided to symptomatic or COVID-19 positive individuals include facemasks (N95 respirators or surgical masks), gowns, gloves, and eye protection (such as goggles or face shields).

It is essential for staff, caregivers, and volunteers to be trained on how and when to use PPE in order to conserve limited supplies.

N95 Respirators

What are they?

Devices worn over the mouth and nose and designed to fit the face very closely and to filter out at least 95% of 0.3-micron airborne particles. For N95 masks to work properly, care providers must be medically cleared to wear them, be fit-tested to ensure that a proper seal has been achieved, and trained in their proper use, safe removal and disposal, and be aware of when their use may be harmful. Respirator use should be in the context of a complete respiratory-protection program in accordance with OSHA Respiratory Protection standards (29 CFR 1910.134).

When are they used and how to maximize supply:
Limit the use of N95 respirators for situations where respiratory protection is most important, such as performance of aerosol-generating procedures on symptomatic or COVID-19 positive individuals or provision of care to individuals with other infections for which respiratory protection is strongly indicated (e.g., tuberculosis, measles, varicella).

Extended use of N95 respirators are an option when performing multiple care tasks. For specific guidance on extended use of N95 respirators, refer to Strategies to Optimize the Current Supply of N95 Respirators.

The respirator must be discarded when:
   o Damp, damaged or hard to breathe through
   o Used during an aerosol-generating procedure
   o Contaminated with blood or other body fluids

Surgical Masks

What are they?

Devices worn over the mouth and nose that fit loosely and create a physical barrier from potential contaminants in the environment. Surgical masks do not prevent inhalation of small COVID 19 particles but may protect against larger droplets. They do significantly protect others from the users' excretions.

When are they used and how to maximize supply:

Surgical masks should be used (with face shields if possible) when providing care for symptomatic or COVID-19 positive individuals. Both symptomatic individuals who have tested positive or are awaiting testing *and* asymptomatic individuals who have tested positive must wear surgical masks to prevent spread.

Extended use of surgical masks is an option when performing multiple care tasks.

The respirator must be discarded when:
- o Damp, damaged or hard to breathe through
- o If contaminated with blood or other body fluids

Goggles

What are they?

Equipment that covers the eyes and surrounding area to prevent droplets or splashes of potentially infectious materials from contacting the eyes.

When are they used and how to maximize supply:

Some form of eye protection should be used when providing direct care to a symptomatic or COVID-19 positive individual, or when splashes or sprays of secretions or body fluids are anticipated.

Depending on the type of goggle and the availability of materials and facilities for reprocessing, it is possible to reprocess and re-use goggles for more than one individual. It is crucial that goggles be cleaned and disinfected appropriately between uses.

Gowns

What are they?
Coverings worn over clothing to minimize contact between skin and clothing and potentially infectious materials.

When are they used and how to maximize supply:
Gowns should be used when providing care for any symptomatic or COVID-19
positive individual.

Limit the use of gowns for high-priority activities such as:
- Aerosol-generating procedures
- Care activities where splashes and sprays are anticipated
- High-contact patient-care activities that provide opportunities for transfer of pathogens to the hands and clothing of the care provider. Examples include:
  - Dressing
  - Bathing or showering
  - Transferring
  - Hygiene-related activities (e.g., shaving)
  - Changing linens
  - Changing briefs or assisting with toileting
  - Device (e.g., central line, indwelling urinary catheter) care or use
  - Wound care

Depending on the type of gown and availability of appropriate laundry services, it is possible to reprocess and re-use gowns. It is crucial that gowns be reprocessed appropriately between uses.

Face Shields

What are they?
Waterproof equipment that covers the face to prevent droplets or splashes of potentially infectious materials from contacting the eyes and surrounding face.

When are they used and how to maximize supply:
Some form of eye protection should be used when providing care for any symptomatic or COVID-19 positive individual, or when splashes or sprays of secretions or body fluids are anticipated.

Extended use of masks and eye protection are an option when performing multiple care tasks.

When supporting healthy or non-symptomatic individuals, providers/staff/caregivers would remove only gowns and gloves (if used) and perform hand hygiene between providing direct support to individuals while continuing to wear the same eye protection and respirator or surgical mask. The risk of transmission due to extended use of eye protection and facemasks is expected to be very low. Providers/staff/caregivers must take care not to touch their eye protection, respirator or facemask. If these items become damaged or soiled at any time, eye protection, respirators, or facemasks should be removed, and hand hygiene performed.

Depending on the type of face mask and availability of materials and facilities for reprocessing, it is possible to reprocess and re-use a face shield for more than one individual, regardless of their diagnosis. It is crucial that face shields be reprocessed appropriately between uses.

Face shields must be replaced when:
- o Damaged or hard to see through
- o If used during an aerosol-generating procedure

Face shields may offer similar protection as masks if used alone as a barrier protecting others from the user's excretions. They may have a role to play when engaging others where facial expression is key to effective communication.

LOCAL PUBLIC HEALTH AUTHORITY NUMBERS IN OREGON
(updated Feb 2020)

County	General	CD Nurse	CD Fax	Env Health	Animal Bites	After Hours CD
Baker	541-523-8211	General	541-523-8242	General	General	541-523-6415
Benton	541-766-6835	General	541-766-6197	541-766-6841	EH	541-766-6835
Clackamas	503-655-8411	503-655-8411	503-742-5389	503-655-8411	CD	503-655-8411
Clatsop	503-325-8500	General	503-325-8678	General	General	503-791-6646
Columbia	503-397-7247	971-757-4003	503-893-3121	503-397-7247 Env Health & Animal Bite Fax 888-204-8568	EH	503-397-7247
Coos	541-266-6700	541-266-6700	541-888-8726	541-266-6720	541-266-6720	541-266-6700
Crook	541-447-5165	General	541-447-3093	541-447-8155	General	541-447-5165
Curry	541-425-7545	541-373-8118	541-425-5557	541-251-7074	EH	541-425-7545
Deschutes	541-322-7400	541-322-7418	541-322-7618	541-388-6566	EH	541-322-7400
Douglas	541-440-3571	541-440-3684	541-464-3914	541-317-3114	EH	541-440-3571
Gilliam*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Grant	541-575-0429	General	541-575-3604	General	General	541-575-0429
Harney	541-573-2271	541-573-2271	541-573-8388	541-575-0429	EH	541-573-2271
Hood River	541-386-1115	541-387-7110	541-386-9181	541-387-6885	541-387-7110	541-386-1115
Jackson	541-774-8209	General	541-774-7954	541-774-8206	General	541-774-8209
Jefferson	541-475-4456	General	541-475-0132	General	General	541-475-4456
Josephine	541-474-5325	General	541-474-5353	General	General	541-474-5325
Klamath	541-882-8846	541-882-8846	541-850-5392	541-882-8846	General	541-891-2015
Lake	541-947-6045	General	541-947-4563	General	General	541-947-6045
Lane	541-682-4041	General	541-682-2455	541-682-4480	EH	541-682-4041
Lincoln	541-265-4112	General	541-265-4191	541-265-4127	EH	541-265-4112
Linn	541-967-3888	541-967-3888 x2488	541-924-6911	541-967-3821	EH	541-967-3888
Malheur	541-889-7279	541-889-7279	541-889-8468	541-473-5186	EH	541-889-7279
Marion	503-588-5342	503-588-5621	503-566-2920	503-588-5346	EH	503-588-5342
Morrow	541-676-5421	General	541-676-5652	541-278-6394	General	541-676-5421
Multnomah	503-988-3674	503-988-3406	503-988-3407	503-988-3400	CD	503-988-3406
Polk	503-623-8175	General	503-831-3499	503-623-9237 x1442	EH	503-932-4686
Sherman*	541-506-2600	General	541-506-2601	541-506-2603	General	541-506-2600
Tillamook	503-842-3900	503-842-3912	503-842-3983	503-842-3902	EH	503-842-3900
Umatilla	541-278-5432	General	541-278-5433	General	General	541-314-1634
Union	541-962-8800	541-910-7209	541-963-0520	General	541-910-7209	541-962-8800
Wallowa	971-673-1111	971-673-1111	971-673-1100	971-673-0440	541-426-3131	971-673-1111
Wasco*	541-506-2600	General	541-506-2601	971-673-0440	General	541-506-2600
Washington	503-846-3594	503-846-3594	503-846-3644	503-846-8722	503-846-3594	503-412-2442
Wheeler	541-763-2725	General	541-763-2850	General	General	541-763-2725
Yamhill	503-434-7525	503-434-4715	503-434-7549	General	CD	503-434-7525

*operated jointly as North Central Public Health District

www.healthoregon.org/lhddirectory

Resources from ODDS
- ODDS Case Management Entity offices:
  - Community Developmental Disabilities Programs
    - See link and scroll to specific County. Start with the Program Manager
    - http://www.dhs.state.or.us/spd/tools/dd/DD-County-Directory.pdf
  - Support Service Brokerages:
    - See link and use word search for County area. Start with the Director
    - http://www.dhs.state.or.us/spd/tools/dd/DD-Brokerage-Directory.pdf
- ODDS COVID-19 Webpage:
  https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/ODDS-COVID-19-information.aspx
- ODDS Policy Transmittals- including APD PT 20-015; 20-028; 20-045; 20-049; 20-058; 20-067:
  https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/ODDS%20Resource%20Library/ODDS-COVID-Transmittal-Explanations.pdf
- ODDS Stay Home, Save Lives Video:
  https://www.youtube.com/watch?v=Ikb0awBbSZQ&feature=youtu.be

Resources from CW
- Child Welfare COVID-19 Webpage:
  https://www.oregon.gov/DHS/CHILDREN/Pages/COVID-19.aspx

Resources and References from HSD
- Desai AN, Patel P. Stopping the Spread of COVID-19. *JAMA*. Published online March 20, 2020. doi:10.1001/jama.2020.4269
- Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
- Coronavirus disease (COVID-19) advice for the public. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

Resources from OHA
- LTCF COVID-19 Response Toolkit- March 22, 2020:

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Emerging%20Respitory%20Infections/LTCF-COVID-19-Response-Toolkit.pdf

- Novel Coronavirus Updates (COVID-19):
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/emerging-respiratory-infections.aspx
- Provisional Clinical and Infection Control Guidance For Healthcare Providers
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/COVID-19.aspx
- Use of PPE in resource constrained settings:
https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288t.pdf

- OHA Infection Control Consult Request:

  https://epiweb.oha.state.or.us/fmi/webd/ICRequest?homeurl=https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Pages/COVID-19.aspx

CMS Announcements
- March 4: Actions to Address Spread of Coronavirus
- March 4: Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge
- March 4: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes
- March 13: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (Revised) (PDF)

Resources from CDC
- Personal Protective Equipment Resources for Donning and Doffing
https://www.cdc.gov/hai/prevent/ppe.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
- Long-Term Care (LTC) Respiratory Surveillance Line List:
https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf
- Poster reviewing proper PPE Donning/Doffing:
https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
- Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Setting:
https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

- Preparing for COVID-19: Long-term Care Facilities, Nursing Homes:
  https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html
  https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings:
  https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Sample long-term care facility letter to residents, families, friends, and volunteers.
  https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/Long-Term-Care-letter.pdf
- What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection
  https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html
- Healthcare Professionals: Frequently Asked Questions
  https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html
- Infection Control Guidance for Shared or Congregate Housing:
  https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html

RESIDENTIAL SETTING VISITOR LOG

Setting Name: _____

Address: _____

Person Entering Setting	Date of Visit	Entry Time	Departure Time	Essential Visitor? Y/N	Purpose	Comments

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RESPIRATORY ILLNESS LOG

Setting Name: _____

Address: _____

Name of Individual/ Provider/Staff/ Caregiver with fever or any respiratory illness symptoms	Individual or care provider?	Date of onset of illness	Symptoms displayed (check all that are present)	Has symptomatic person seen healthcare provider? Y/N	COVID-19 positive or presumed positive? Y/N	Comments, including any testing or results relevant to respiratory illness
			☐ Fever>100 F ☐ Cough ☐ Shortness of breath ☐ Pneumonia ☐ Chills ☐ New loss of taste or smell ☐ Sore throat ☐ Headache ☐ Muscle pain			
			☐ Fever>100 F ☐ Cough ☐ Shortness of breath ☐ Pneumonia ☐ Chills ☐ New loss of taste or smell ☐ Sore throat ☐ Headache			

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			☐ Muscle pain		
			☐ Fever>100 F ☐ Cough ☐ Shortness of breath ☐ Pneumonia ☐ Chills ☐ New loss of taste or smell ☐ Sore throat ☐ Headache ☐ Muscle pain		
			☐ Fever>100 F ☐ Cough ☐ Shortness of breath ☐ Pneumonia ☐ Chills ☐ New loss of taste or smell ☐ Sore throat ☐ Headache ☐ Muscle pain		

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