
Purpose of Playbook:

- Establish best practices for proactive, multi-agency coordination and response efforts for COVID-19 outbreaks in a facility. This coordinated response will:
  - Help prevent and slow the spread of COVID-19,
  - When possible, ensure the facility can continue to operate safely, and
  - Identify strategies to prevent further spread of COVID-19 within the facility.

- Place equity at the forefront of coordination and response efforts, centering the values outlined in the Governor’s equity framework:
  - Prioritizing equity and addressing racial disparities,
  - Addressing underlying systemic causes of health and economic inequities, and
  - Ensuring an inclusive and welcoming Oregon for all.

- The playbook does not create legal requirements for agency action and response.

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CCA</td>
<td>Child Caring Agency</td>
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<td>CCLP</td>
<td>Children’s Care Licensing Program</td>
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<tr>
<td>CRRU</td>
<td>COVID Response and Recovery Unit</td>
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<tr>
<td>LPHA</td>
<td>Local Public Health Authority</td>
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<td>OAR</td>
<td>Oregon Administrative Rules</td>
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<td>ODHS</td>
<td>Oregon Department of Human Services</td>
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<td>OHA</td>
<td>Oregon Health Authority</td>
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<td>Opera</td>
<td>Oregon Pandemic Emergency Response Application</td>
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<td>ORS</td>
<td>Oregon Revised Statute</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
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Definitions

- For the purposes of this playbook, the following definitions apply:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Case</td>
<td>“Case” means a facility youth, provider or staff who has confirmed or presumptive COVID-19. Confirmed and presumptive cases are defined in the COVID-19 Investigative Guidelines.</td>
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<td>Lead agency</td>
<td>“Lead agency” means ODHS Child Welfare and the ODHS Children’s Care Licensing Program, further defined under Agency Roles.</td>
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<td>Facility</td>
<td>“Facility” means any Oregon Department of Human Services (ODHS) Child Welfare-contracted Proctor Foster Home or Facility. This includes:</td>
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<td>• Residential Child Caring Agencies: Settings serving 1 or more youth under guardianship by Child Welfare.</td>
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<td>• Foster Child Caring Agencies: Foster homes.</td>
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<td>Operational standards</td>
<td>“Operational standards” means the standards the facility must maintain to continue operations safely, ensure the continuation of safe care and support of each child and their care provider. This includes:</td>
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<td>• Adequate staffing ratios and supervision</td>
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<td>• Program leadership availability</td>
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<td>• PPE availability</td>
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<td></td>
<td>• Ability to cohort and isolate</td>
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<td>Outbreak</td>
<td>An “outbreak” typically means that two or more confirmed or presumptive cases of COVID-19 from different households are epidemiologically linked in time and space. In some high-risk types of facilities, a single case of COVID-19 may be monitored as an outbreak. Facility-specific outbreak thresholds are defined in the COVID-19 Investigative Guidelines. For child welfare settings, “Outbreak” means one (1) or more positive COVID-19 cases in a facility.</td>
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Agency Roles

Local Public Health Authority (LPHA)

- Responsible for investigating reportable diseases and disease outbreaks and controlling the spread of disease. ORS 433.006.

Oregon Health Authority (OHA)

- Responsible for establishing the rules and investigative guidelines related to infection control and disease outbreak investigation and management. OHA’s Public Health Division works with LPHAs, other sister agencies and facilities to support local outbreak management efforts.
**ODHS Children's Care Licensing Program**

- Responsible for licensure of Child Caring Agencies providing Residential and Proctor Foster placements and services.
- Provides training and oversight to licensed Foster Child Caring Agencies.

**ODHS Child Welfare**

- Responsible for the guardianship and placement coordination of children in state custody.
  - **Central Office** oversees local area branch offices; coordination and care of complex cases and coordination of housing for children
  - **Child Welfare Treatment Services** is the program area within Child Welfare responsible for contracting directly with and providing regulatory oversight to Child Caring Agencies who provide BRS or Shelter Care in Residential or Proctor Foster settings.
  - **Local Branch Offices** are in each county of Oregon. The local branch case managers are often court appointed to be a child’s guardian but may also provide case management to children through a voluntary placement agreement. The local branch offices also certify child foster care homes for children.

**COVID-19 Response and Recovery Unit (CRRU)**

- Staffed by OHA and the Oregon Department of Human Services (ODHS), the CRRU supports the multi-agency response through the following teams:

**Regional Response Program (RRP)**

- The RRP works with the LPHA and sister agencies to:
  - Identify at-risk facilities
  - Establish situational awareness
  - Support medical surge
  - Coordinate and support response actions through existing regional coalitions.

**Inter-agency Support Team (IAST)**

- When the outbreak exceeds the RRP’s capacity, the IAST works with necessary regulatory staff from sister agencies to:
  - Create and implement an action plan to stabilize the facility, and
  - Identify state or federal resources needed to implement the plan.
- The members of the IAST should include but are not limited to:
  - CRRU response and operations directors
  - IAST lead
  - RRP

- CRRU Intervention Section manager
- Lead agency representatives
- LPHA
- CRRU epidemiologists

COVID-19 Emergency Response Team Epidemiologists (CRRU epidemiologists)

- When an outbreak is identified in a facility, CRRU epidemiologists:
  - Collaborate with the LPHA to monitor case numbers;
  - Coordinate LPHA requests for specialized outbreak expertise from CRRU epidemiologists;
  - Assume a leadership role in the outbreak response if LPHA capacity is limited;
  - Track and report outbreak status daily;
  - Approve testing at the Oregon State Public Health Laboratory; and
  - Coordinate with OHA’s Acute and Communicable Disease Prevention program’s Healthcare Acquired Infections Team for infection control consultations.

Office of Emergency Management (OEM)

- Responsible for coordinating and maintaining a statewide emergency services system for emergency and disaster communications.

Response Protocol

- The Response Protocol outlines best practices for how agencies should:
  - Respond to a facility outbreak,
  - Determine when to escalate the response to CRRU,
  - Request additional resources, and
  - Take into account the equity impact of decisions and prioritize actions that address equity considerations.

- Each agency's process is listed below. The LPHA and CRRU epidemiologists are usually first notified about facility outbreaks. However, in the event that another agency is notified before the LPHA, the agency should notify CRRU epidemiologists to initiate coordination and response efforts.

LPHA Response Protocol

- COVID-19 Investigative Guidelines require LPHAs to:
  - Immediately report an outbreak through Oregon's COVID-19 database (Opera) or by notifying CRRU epidemiologists (see Appendix for after-hours contact information).

- If applicable, notify the facility, preferably the Human Resources (HR) Department if one exists, or someone in management, that there is a COVID-19 positive result associated with the facility and provide information regarding immediate measures the facility can take to limit the spread of the disease, using the playbook and toolkit information. If there is more than one confirmed or presumptive case associated with the facility, that information may be shared with the facility as well.

CRRU epidemiologists Response Protocol

- CRRU epidemiologists will share a summary of the situation with the lead agency or agencies, including:
  - Case volume,
  - Infectious period dates,
  - Any facility prevention measures in place,
  - Issues of concern associated with the facility, and
  - Other pertinent information as deemed appropriate by CRRU epidemiologists.

- CRRU epidemiologists will also monitor the stability of the facility with the LPHA. If the facility is unable to stabilize without additional support, CRRU epidemiologists will coordinate a response with other CRRU teams.

Lead Agency Response Protocol

- The lead agencies should:
  - Assess risk,
  - Identify disparities experienced within the facility setting whose mitigation, if addressed up front, could help slow the spread of disease among both individuals served at the facility and facility staff. Examples of such disparity issues might include:
    - Language access and communication preferences
    - Cultural responsiveness at the facility
    - Income and housing
    - Access to health coverage and health care
    - Access to resources that support an individual’s ability to isolate or quarantine
    - Risk of greater exposure to the virus due to circumstances such as the nature of their job, working multiple jobs, household size
    - Being part of a population at higher risk for COVID-19 (such as individuals with underlying conditions, people over age 65)
    - Other economic and systemic barriers that prevent people from following isolation, quarantine or other safety and infection control protocols

- Consult with the facility about safety and infection control protocols, and
- Outline the conditions the facility must meet to continue operations.

- The specific agency protocols are listed below.

ODHS Children’s Care Licensing Program Response Protocol

- Utilize and update CCA COVID-19 program status tracking system.

ODHS Child Welfare Response Protocol

- Child Welfare will consult with the CCA, LPHA and/or OHA to assist in ensuring appropriate supervision for clients served throughout the outbreak. Considerations include the ability of the CCA to ensure staffing ratio and ability to isolate within the program. If the CCA is not able to safely supervise clients during an outbreak, Child Welfare may facilitate a separate isolation. Determinations will be made on a case by case basis with the CCA, Treatment Services and CCLP.

Resource Requests

- If an agency identifies that the facility needs additional support and resources to help prevent or slow the spread of the disease, including supporting employees at the facility, the agency or CRRU epidemiologists should notify the RRP.

RRP Response Protocol

- If CRRU epidemiologists and RRP agree that the facility needs additional support, the RRP should complete a Mission Analysis. The Mission Analysis should include an assessment of the risk of instability based on the following factors, where applicable:
  - Number of COVID-19 positive cases.
  - Continued exposure and increase in COVID-19 positive cases.
  - Continued risk of the facility not meeting operational standards.
  - Continued risk of community and cross-community exposure.
  - Contact tracing ability and culturally and linguistically appropriate response.
  - Quarantining resources (e.g., isolation housing or support of workers’ quarantining).
  - Testing resources.
  - Continued concern and lack of precautionary measures being effectively established and implemented.
  - Facility’s response and willingness to coordinate safety efforts with the lead agencies, LPHA, and RRP.
  - Gaps requiring technical assistance.

- The RRP should verify information with the CRRU epidemiologist assigned to the outbreak, provide technical assistance as needed, and provide status updates to the LPHA, CRRU epidemiologists, CRRU leadership and responsible agencies.
  - If not already addressed by the LPHA, technical assistance may include referring individuals impacted to local community-based organizations for isolation and quarantine resources.

**Escalation to Inter-agency Support Team (IAST)**

- Upon review of the RRP Mission Analysis, the CRRU may decide to escalate the response by activating an IAST. This decision should be based on:
  - The facility’s ability to safely meet operational standards;
  - The risk for further instability;
  - Lack of adequate staffing;
  - Risk that the facility might have to close within 36 hours;
  - Potential of increased spread of outbreak in the facility;
  - The facility’s ability to properly train staff to practice required safety measures (e.g., use of PPE).

- The CRRU may determine the need for additional support of the LPHA or facility based on:
  - Information provided by the responsible agency, CRRU epidemiologists and LPHA, and
  - The facility’s capacity to control and contain an outbreak.

- The CRRU may identify and delegate a Lead for the IAST, but not in all cases. Depending on the size and complexity of an outbreak:
  - The IAST may respond to multiple outbreaks, or
  - More than one IAST may be activated.

**IAST Response Protocol**

- Ongoing outbreak investigations are extremely sensitive and should be considered confidential. ORS 433.008
- Once the IAST is convened, the IAST Lead relies on analysis completed by the RCSG and responsible agency, which may highlight a facility’s capacity to stabilize with the support of the LPHA and CRRU epidemiologists.
- The IAST Lead coordinates and convenes a meeting with relevant partners to outline a plan of action.
  - The IAST Lead completes the initial agenda and meeting invite. The meeting should include:

- A list of actions (see the Appendix for a list of suggested action plan items); and
- Responsible parties who will carry out those actions.

- The IAST Lead may propose a cadence for follow-up meetings (e.g., 4-hour, 8-hour, or 24-hour intervals).
- If additional resources or support are identified, the IAST may agree to include additional partners on follow-up meetings.
- Meeting notes, which may include plans of action, will be sent out to the IAST participants. Subject matter may include but is not limited to:
  - IAST attendee/participant list
  - Context of outbreak
  - Testing information + planning
  - Staffing information + planning
  - Equity issues
  - Communications
  - Potential strategies for mitigation and support
  - A timeline of key events

- An IAST may continue its support and coordination functions until the team decides that:
  - The IAST is no longer needed, and
  - The facility has stabilized.

- The stabilization of a facility does not mean that the outbreak has been closed by OHA or the LPHA.

Strategies to Consider

- At a minimum, the IAST should consider the following potential strategies when developing the action plan, ensuring that issues of equity are adequately addressed in the strategies. CRRU and the lead agencies should implement the strategies.

1. Review of toolkit resources and precautions
   a. See Resources page below

2. Strengthening capacity to limit spread:
   a. Coordinate with facility for testing of employees
   b. Evaluate systems in place for prevention of employee exposure
   c. Consider need to utilize quarantine space.

3. Maintaining adequate staffing to continue safe operations:
   a. Support agency with labor resources.
4. Enforcement recommendations
   a. Close.

5. If facility closes, strategies needed to reopen:
   a. Testing of employees
   b. Cleaning facility
   c. Setting up safety precautions for facility

**Response Protocol Process Map**

- For a flowchart that details the multi-agency response protocol, [view the process map](#).

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**Appendix**

**Contacts**

**CRRU Epidemiologists:**
- After hours and weekends, the facility should contact the State of Oregon Public Health Duty Officer:
  - Voice/text: 971-246-1789
  - PHP.DUTY-OFFICER@dhsoha.state.or.us

**Oregon Emergency Response System**
- 800-452-0311

**Regional Response Program**
- [Community.LifeLine@dhsoha.state.or.us](mailto:Community.LifeLine@dhsoha.state.or.us)

**Lead Agency Contacts**
- ODHS Child Welfare – Treatment Services
  - **Primary Contact:** Sara Fox, Treatment Services Program Manager at 503-400-5575 or [sara.b.fox@dhsoha.state.or.us](mailto:sara.b.fox@dhsoha.state.or.us).
  - **Back-Up:** Ahnjene Boleyn, Treatment Services Assistant Program Manager at 971-701-1763 or [Ahnjene.boleyn@dhsoha.state.or.us](mailto:Ahnjene.boleyn@dhsoha.state.or.us)
  - **Back-Up:** Nancy Allen, Treatment Services Placement Manager at 503-473-1859 or [nancy.a.allen@dhsoha.state.or.us](mailto:nancy.a.allen@dhsoha.state.or.us)
- ODHS Children’s Care Licensing Program

- Tom Vanderveen, CCLP Manager: 503-569-1091 or tom.vanderveen@dhsoha.state.or.us

Resources

- ODHS Licensing & Treatment Services COVID-19 FAQ
- OHA COVID-19 FAQ
- OHA COVID-19 Updates

Interagency approval

Signature
Jana McLellan, Director
COVID-19 Response and Recovery Unit

Date 11/19/2020

Signature
Rebecca Jones Gaston, Director
ODHS Child Welfare

Date 11/16/2020

Signature
Sara Fox, Treatment Services Program Manager
ODHS Child Welfare

Date 11/19/2020

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