Joint Response Protocol for COVID-19
Outbreak in an Emergency Child Care Setting

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>CRRU</td>
<td>COVID Response and Recovery Unit</td>
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<tr>
<td>ELD</td>
<td>Early Learning Division</td>
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<tr>
<td>LPHA</td>
<td>Local Public Health Authority</td>
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<tr>
<td>OAR</td>
<td>Oregon Administrative Rules</td>
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<td>OCC</td>
<td>Office of Child Care</td>
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<td>ODE</td>
<td>Oregon Department of Education</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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<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
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Definitions
Joint Response Protocol for COVID-19 Outbreak in an Emergency Child Care Setting

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

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Case</td>
<td>“Case” means a person who has confirmed or presumptive COVID-19. Confirmed and presumptive cases are defined in the <a href="#">COVID-19 Investigative Guidelines</a>.</td>
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<tr>
<td>Lead agency</td>
<td>“Lead agency” means ODE Early Learning Division’s Office of Child Care and the ODHS Direct Pay Unit, further defined under Agency Roles.</td>
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<td>Facility</td>
<td>“Facility” means an Emergency Child Care facility or setting. Emergency facilities may include:</td>
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<tr>
<td></td>
<td>- Temporary unlicensed emergency child care</td>
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<tr>
<td></td>
<td>- Registered family child care homes</td>
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<td></td>
<td>- Certified child care centers</td>
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<td></td>
<td>- Certified family child care homes</td>
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<tr>
<td></td>
<td>- Migrant and seasonal farmworker child care programs</td>
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<td></td>
<td>- Migrant Head Start programs</td>
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<td></td>
<td>- School-age recorded programs</td>
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<td></td>
<td>- Preschool recorded programs</td>
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<td></td>
<td>- Baby Promise</td>
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<tr>
<td></td>
<td>- Preschool Promise</td>
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<tr>
<td></td>
<td>- Oregon Pre-Kindergarten (Early Head Start or Head Start)</td>
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<tr>
<td></td>
<td>- Relief nurseries</td>
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<td></td>
<td>- Child care programs operated by school districts</td>
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<tr>
<td>Operational standards</td>
<td>“Operational standards” means the standards the facility must maintain to continue operations safely and maintain staffing to provide adequate supervision. This includes:</td>
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<td>- Adequate staffing and supervision of multiple cohorts</td>
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<td>- Ability to prevent exposure among cohorts safely</td>
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Outbreak 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 emergency child care facilities or settings, “Outbreak” means 1 or more COVID-19 presumptive or positive cases.

### 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)
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- 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.

Lead Agencies

ODE Early Learning Division

- The Office of Child Care provides support and oversight to child care facilities.

ODHS Direct Pay Unit

- The Direct Pay Unit coordinates payments for child care funded through an ODHS-approved program.

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
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- 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, with the exception of ELD who will notify LPHA on all cases.

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
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- Outline the conditions the facility must meet to continue operations.
- The specific agency protocols are listed below.

ODE Early Learning Division Response Protocol

- Enter outbreak information in tracker, cross-report to LPHA and email lead agency staff to be notified, including DPU and ELD Programs if applicable, to include:
  - Facility name, license number or RA number
  - ZIP code
  - Contact name and phone number
  - Number of cases
  - For each case, whether the case is a child, staff member or someone entering the facility
  - Last time each case was on site
  - When the facility received notification of the presumptive/positive case(s)
  - Whether the facility is open or closed
    - Extent of closure: Whole facility or specific classrooms/cohorts
  - If known, the expected date of re-opening

- Review requirement for provider to complete appropriate notifications to LPHA, as well as DPU and ELD Programs, if applicable.

- Review requirements with provider to complete appropriate notifications to all families and individuals who have entered the facility during the presumed or positive case’s infectious period\(^1\) about the need for quarantine and that the LPHA will contact them for follow-up. Notification should include:
  - Families in the cases’ stable cohort(s)
  - Any visitor (e.g., therapist) who attended during the case’s infectious period

- Offer a virtual visit to identify if additional supports are needed to remain open, or to reopen.
  - The LPHA will be invited to attend but is not responsible for coordinating or participating in the visit.

- ELD will work with LPHA to stabilize the facility.
  - LPHA will discuss infection control strategies with the facility, which may include benefits of closing versus remaining open. LPHA may want to contact ELD-OCC for conferral of options.
  - If ELD believes a classroom or facility should close and it has not, contact LPHA for conferral.

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\(^1\) Two days before symptom onset to 10 days after symptoms onset, or 2 days before the first positive test result in a COVID-19 case without symptoms.
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- These will be case-by-case decisions, based on Guidelines requirements and recommendation from LPHA. Seek OHA conferral as needed. OCC decision to pursue formal/required closure is an Enforcement decision, which triggers specific Due Process rights and will be made at the level of Legal and Enforcement Director or OCC Director.

- Provide any appropriate technical assistance to facility on cleaning processes, reopening (if closed), etc.

- Review the facilities’ COVID-19 health and safety plan to confirm compliance with Health and Safety Guidelines for Child Care and Early Education.

ODHS Direct Pay Unit Response Protocol

- For ODHS-approved providers receiving public funds:
  - Identify current families connected to the provider.
  - Connect with COVID point people and district leadership.

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.
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- 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:
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- 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. Inform families to contact 211 for child care referral.
     b. Contact Child Care Resource and Referral (CCRR) for additional tools and resources.

  2. Strengthening capacity to limit spread:
     a. Ensure that all children and staff in cohort are quarantined in alignment with the guidelines.
     b. Review the facilities’ COVID-19 health and safety plan for any additional recommended steps.
c. Contact CCRR for additional tools and resources

3. Maintaining adequate staffing to continue safe operations:
   a. If a facility has maintained stable groups in classrooms, one case in a stable group would require only the exposed group to quarantine.
   b. If floater staff who work with more than one stable group have been found positive/presumptive, then each stable group the floater staff worked with would need to quarantine.

4. Enforcement recommendations
   a. Closure: In the event of closure:
      i. Inform families to contact 211 for child care referral.
      ii. Contact CCRR for additional tools and resources.

5. If facility closes, strategies needed to reopen:
   a. Schedule a site visit and verify that the facility complies with the COVID-19 health and safety plan.

Response Protocol Process Map

- For a flowchart that details the multi-agency response protocol, view the process map.

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

Lead Agency Contacts
- ELD Office of Child Care
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- 503-947-1400
- ODHS Direct Pay Unit (for ODHS-approved providers)
  - 800-699-9074 or 503-378-5500

Interagency approval

Jana McLellan, Director
COVID-19 Response and Recovery Unit

Signature

December 4th, 2020

Date

Miriam Calderon, Early Learning Systems Director
Early Learning Division

Signature

11/23/2020

Date

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