

Lane County Covid-19 Return to Service

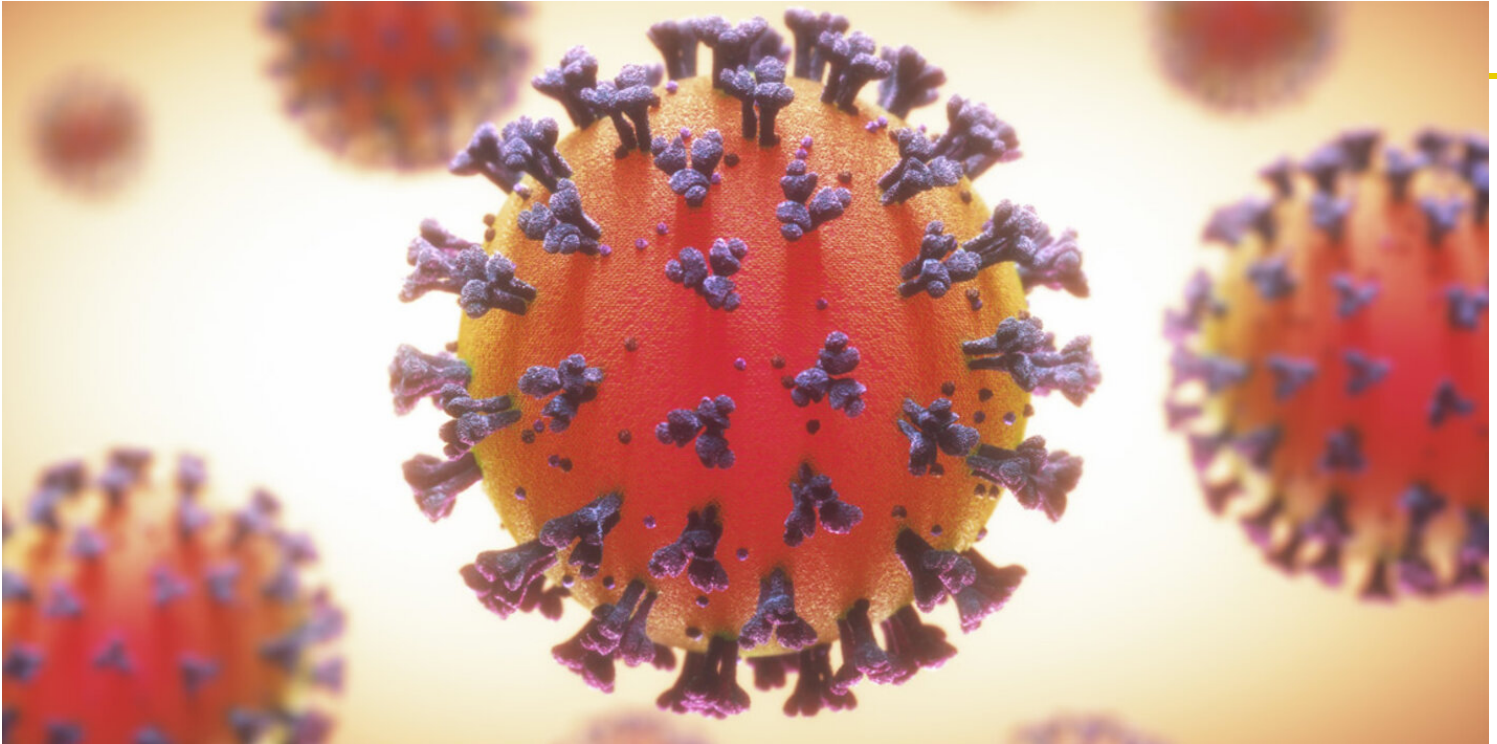


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About the Institute for Policy Research and Engagement

The Institute for Policy Research and Engagement (IPRE) is a research center affiliated with the School of Planning, Public Policy, and Management at the University of Oregon. It is an interdisciplinary organization that assists Oregon communities by providing planning and technical assistance to help solve local issues and improve the quality of life for Oregon residents. The role of IPRE is to link the skills, expertise, and innovation of higher education with the transportation, economic development, and environmental needs of communities and regions in the State of Oregon, thereby providing service to Oregon and learning opportunities to the students involved.

About the UO – Lane County Policy Lab

The University of Oregon's School of Planning, Public Policy and Management and the government of Lane County started a partnership in 2018 to provide applied learning experiences for students, applied research settings for faculty and staff, and technical assistance to the Lane County government.

This project was funded in part by the UO – Lane County Policy Lab.

Land Acknowledgement

The University of Oregon is located on Kalapuya Ilihi, the traditional indigenous homeland of the Kalapuya people. Following treaties between 1851 and 1855, Kalapuya people were dispossessed of their indigenous homeland by the United States government and forcibly removed to the Coast Reservation in Western Oregon. Today, descendants are citizens of the Confederated Tribes of Grand Ronde Community of Oregon and the Confederated Tribes of the Siletz Indians of Oregon, and continue to make important contributions in their communities, at UO, and across the land we now refer to as Oregon.

IPRE operations and projects take place at various locations in Oregon, and wishes to acknowledge and express our respect for the traditional homelands of all of the indigenous people of Oregon. This includes the Burns Paiute Tribe, the Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians, the Confederated Tribes of the Grand Ronde Community of Oregon, the Confederated Tribes of Siletz Indians of Oregon, the Confederated Tribes of the Umatilla Indian Reservation, the Confederated Tribes of Warm Springs, the Coquille Indian Tribe, the Cow Creek Band of Umpqua Tribe of Indians, and the Klamath Tribes. We also express our respect for all other displaced Indigenous peoples who call Oregon home.

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Executive Summary

As the incidence of new COVID_19 cases began to slow, the federal, state, and local governments continued to establish guidelines and plans to reopen government business and society at large. Our report proposes guidance and a suggested framework for the Lane County government reopening.

It is estimated that the novel SARS-CoV-2 seeded in the U.S. in January of 2020. Since that time, the virus has spread exponentially in every state in the country. A shortage of testing supplies and personal protective equipment (PPE), the lack of effective treatments and a vaccine, and the aggressive nature of the virus have resulted in significant loss of life and economic loss; marginalized communities have been affected disproportionately, further victimizing our most vulnerable populations. Decisions and processes for reopening must be made in the context of all these challenges.

To create a framework for Lane County employees to return to service, the following sources were reviewed and considered: 1) literature on government responses and reopening after past pandemics, 2) examination of local governments' current reopening plans (including the Lane County Blueprint), and 3) current Oregon State and federal guidelines. Through this evaluation two primary lenses emerged: operability and equity.

Operability requires a balance of health and productivity. We are recommending that in Phase 1 almost all business be conducted remotely. For Phase 2, we recommend: a) business that does not require in-person interaction continue to be conducted remotely, b) social distancing, sanitation, and PPE be employed and used consistently in office, c) masks be provided for visitors, d) physical barriers be erected (i.e. plexiglass), and e) visual cues be placed to reinforce social distancing. It is imperative that Lane County be adaptable and able to revert to previous phases in case of a COVID-19 spike.

Equity requires multiple contact points for the public: telephone, online, remote pick-up/drop-off boxes in accessible locations. Phase 2 allows for in-person appointments, and Phase 3 allows for a complete reopening of service counters. Outreach to individual communities and leaders, and gathering data and input from those communities, is vital now and moving forward.

Our team encourages Lane County to build on the Lane County Blueprint, incorporating processes that will ensure health, operability, equity, and adaptability through the COVID-19 crisis. The Blueprint has inventoried supplies and assessed capacity, which is excellent. What's needed now is to build in processes on how to keep the curve flat while medical experts and scientists continue to search for and discover treatments and a vaccine.

Introduction

The coronavirus epidemic came to the U.S. in early 2020. As cases grew exponentially, the nation found itself woefully unprepared to identify, trace, contain, and treat the infected population. Personal protective equipment, testing supplies, and ventilators were in short supply. The national stockpile was drawn down quickly, and states were left to fend for themselves. Private testing came online in February, and the capacity to test increased, but testing supplies were and still are far too low to keep up with tracing and diagnosis. It became clear to public health officials and governors that the only sure measures that could be taken to flatten the curve was to impose social distancing measures.

Our purpose in this paper is to describe what is known of the virus, provide a basis for decision-making based on previous recovery efforts, examine current efforts for recovery, and finally to make recommendations based on our research for the Lane County government reopening.

Epidemiology and Pathogenesis of COVID-19

Origin and Identification

In December of 2019, pneumonia cases of unknown origin presented in the Wuhan, Hubei Province of China. On January 7, 2020, a novel virus was isolated from cells of one of the patients and was identified as a coronavirus by the Chinese Center for Disease Control. The virus spread quickly to other parts of China, and the World Health Organization (WHO) took notice, identifying the spread of the resulting disease as a public health crisis of international concern. The International Committee on Taxonomy of Viruses named the virus “severe acute respiratory syndrome coronavirus-2” (or SARS-CoV-2) and the WHO would come to identify the disease caused by SARS-CoV-2 as “coronavirus disease 2019,” (or COVID-19) (Ge, Yuan, Xiao, Wang, Deng, Yuan, Xiao, 2020).

Symptomatology

Rothan and Byrareddy (2020) found the period between infection and symptom emergence (incubation period) to be around 5 to 6 days, and in the most severe cases, the time between the emergence of symptoms and death varies from 6 to 41 days, with a median of 14 days. In a study including 391 patients and 1286 of their close contacts, the median onset of symptoms was 4.8 days, and it was estimated that 95% of people who develop symptoms do so within 14 days of infection (Bi et. al., 2020). The variation in progression is dependent on multiple variables that include age, pre-morbidities, and status of immune system. Patients most commonly present with fever, cough, and fatigue. Other respiratory symptoms include rhinorrhea, sneezing, sore throat, sputum production, hemoptysis, dyspnea, and hypoxemia. Imaging of coronavirus patients has also revealed pneumonia, ground-glass opacities, acute respiratory distress syndrome, and thrombosis (Rothan and Byrareddy, 2020; Wise, 2020). Gastrointestinal symptoms such as diarrhea have also presented in patients who were SARS-CoV-2 positive, as well

as acute cardiac injury (Rothan and Byrareddy, 2020). Inflammatory markers including higher leukocyte levels, higher levels of cytokines, and an increased incidence of clotting are responsible for much of the tissue damage, symptomatology, and severity of the disease. Bi et. al. (2020) estimated the median number of days to recovery was 20.8 days.

Transmission

SARS-CoV-1 (SARS) replicates more heavily in the lower respiratory tract and SARS viral load, which determines likelihood of transmission, peaks in conjunction with symptom development. In contrast, the viral load of SARS-CoV-2 asymptomatic patients has been found to be similar to those who were symptomatic or pre-symptomatic. Given the length of time for incubation and the various forms of presentation, SARS-CoV-2 eludes symptom-based detection. In other words, by the time the virus is detected due to symptoms, the host has been producing and shedding high levels of the virus (Gandhi, Yokoe, Havlir, 2020). Shedding by asymptomatic individuals may be occurring by 25-50% of the infected population (Auwaerter, 2020).

The virus is communicated mainly through respiratory droplets expelled through the nose or mouth of the host via talking, breathing, sneezing, or coughing. Persons can be infected by inhaling the droplets, or through other contact with mucous membranes (i.e. eyes). Wearing a mask can help control transmission from the source, whether symptomatic or asymptomatic, to uninfected individuals (Infection control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), 2020). SARS-CoV-2 has been shown to survive on steel and plastics for up to 3 days but begins to degrade in hours. Fomite transmission could occur if there were respiratory droplets on a surface which were picked up by touch and communicated to a mucous membrane (i.e. touching one's nose, mouth, or eyes) (Doremalen, et al., 2020).

Research

Lane county government is approaching Phase 2 of reopening, post COVID contamination. The Eugene/Springfield community relies on health, safety, and public services from their county government. COVID-19 came onto the global scene so aggressively that there was little time to formulate a planned response, even for experts. As MPA students we have little experience in the field of disaster response, and to mitigate the lack of experience, we utilized two case studies from previous epidemic responses. We also draw on other local governments' plans, and interviews with a public manager and a healthcare professional. Our recommendations for Lane County government's phase-in plan will be predicated and informed by our research.

Literature

Much like Lane County's use of lenses to approach policy, two lenses emerged from our literature review: operability and equity. One of the case studies examined decreasing government inoperability due to illness, and the resulting effects on the local economy. The second case study highlights the ways that government responses to epidemics fail marginalized communities.

Operability

Thinking about government operations in business terms, Amine El Haimer and Joost R. Santos (2015) wrote an analysis following an influenza outbreak which used two risk metrics: "inoperability" and "economic loss." Employment absentee rate served as a proxy for inoperability in the analysis. The first wave contamination of influenza impacted absentee rates by about 10-40%, but as people recovered and came back to work, the second wave contamination increased those numbers and drove up inoperability. While their paper focuses on the impacts of inoperability on local economies, we are focused on inoperability because of its impacts and implications for employee health and service to the community. While we cannot ignore economic impacts, the purpose of our study lies in the value of employee health and Lane County government's responsibility to the people of the community. When second wave contamination occurs, and measures are not in place to minimize inoperability, then an increasing number of government employees will remain out of commission and community members who rely on government services will suffer.

Equity

Unfortunately, marginalized people in Lane County will feel the lack of services more so than other community members. Leach, Scoones, and Stirling (2009) reviewed governments' responses to the H1N1 and avian influenza pandemics, highlighting how epidemics/pandemics have greater impacts on marginalized people: "By failing to take account of questions of social justice and the distributional aspects of experiences of both disease and responses, strategies may worsen further the health or livelihoods of poorer groups" (p.374). People in power are able to shape the narrative of a crisis. Who is being impacted? What are the needs? When marginalized groups do not have

representation, they lose power and autonomy during epidemics or pandemics. Leach, Scoones, and Stirling (2009) argue that those in power can exaggerate the salience of their own needs, and as a result, the needs of marginalized people “are left unaddressed or underplayed” (p.374). In other words, the lack of access to resources causes disproportionate effects on marginalized communities during epidemics. They go on to explain that during the Ebola outbreak, failure to take into account aspects of social justice and misunderstood strategies, may have “further worsen[ed] the health or livelihoods of poorer groups” (p375).

Other Governments’ Plans

Our team reviewed phase-in plans from: San Antonio, Texas; Gunnison County, Colorado; Ocala, Florida; Chandler, Arizona; the State of Oregon; and the federal guidelines for reopening. Here, we highlight some of the elements from the plans reviewed that we believe support workforce operability and community equity; we recommend that those elements be incorporated into Lane County’s reopening plan.

Ensuring Health and Operability

Testing and Hospital Capacity. San Antonio’s plan (2020) includes a Phase 1 that is entitled “Stay Home, Work Safe,” which is similar to the social distancing measures implemented during the pandemic so far, except that “increasing testing capacity,” and ensuring “that the healthcare system has capacity to safely treat both COVID-19 patients and others requiring care,” is explicitly stated as a goal and preface to Phase 2, and likely is present to echo federal guidelines. The goal of the plan, which includes all of Bexar County, is to expand testing to over 3,000 tests daily, about a tenth of their governor’s goal for state testing capacity; the plan does not, however, flesh out hospital capacity. The “Blueprint for Reopening Lane County” (2020) is much more specific in terms of articulating current and needed resources. Lane County should continue to inventory and try to bolster testing capacity and testing supplies to be able to test employees when indicated (i.e. exposure, travel, contact tracing), ensuring quick detection and preservation of their workforce.

A Healthy Work Environment. Gunnison County has put together a document entitled “COVID-19 Safe Work Protocols” (2020). The plan includes a number of control measures that the county has or is in the process of implementing. Gunnison established waiting areas that have demarcated spots separated by 6 feet to keep citizens safe and are in the process of either establishing workspaces that are 6 feet apart or placing physical barriers between workspaces to keep employees safe.

Hand sanitizer, waste baskets, and tissues have been placed in waiting areas and employee areas, and disinfecting wipes have been provided to enable and encourage employees to clean frequently. The Gunnison County plan is explicit in their description of sanitization including:

- “Encourage hand washing, wear masks, and routinely disinfect common spaces, desks, phones, keyboards...”

- “Require customers to wear face mask [sic] and disinfect hands upon entry into public facilities.”
- “Utilize larger space to allow social distancing; 6’ in all directions requires 144sq.ft. per person,” (Gunnison, 2020, p.1).

The city government of Ocala, Florida also includes details on cleaning processes and social distancing in their Reopening Plan (2020). The Ocala plan calls for employers to designate employees to clean touched surfaces frequently, insists that staff be properly trained on the handling of cleaning products, and that employees wear gloves to clean and handle trash. These points may seem like minutia, but work environments should have policy, procedure, and documentation (including any hazardous material information) around and on chemicals that are used regularly by employees (OSHA, n.d.). Since these chemicals will undoubtedly be a part of the workplace for a while, employees should be trained on possible adverse effects and proper use, and we recommend Lane County incorporate these procedures and materials in employee handbooks and work manuals.

In addition to social distancing measures echoed in many of the plans, Ocala emphasizes a few more constructive procedures. The first is encouraging employees to use the phone and computer for communication even if employees are in the same building; for necessary in-person meetings, Ocala’s plan calls for short durations of meetings, large meeting rooms, and the avoidance of shaking hands. The second is to instruct employees not to “congregate in work rooms, pantries, copier rooms or other areas where people socialize (City of Ocala, 2020). We suggest Lane County also discourages gathering in common areas. Lastly, Ocala advises employers and employees on social activity:

- “Where appropriate, supervisors should stagger employee shifts and lunch/rest breaks.”
- “Employees should eat lunch at their desk or away from others (avoid crowded break rooms).”
- “Employees should avoid public transportation (walk cycle, drive a car) or go early or late to avoid rush-hour crowding on public transportation.”
- “Employees should limit recreational or other leisure classes, meetings, activities, etc., where close contact with others is likely” (City of Ocala, 2020, p.3-4).

Our team believes it reasonable and very possible to stagger shifts and lunch breaks. We believe department heads should consider allowing employees who are vulnerable, have vulnerable family members at home, or who will have childcare issues to work at home part time or full time if their work allows. In other words, perhaps supervisors may stagger not just lunch breaks, but in-office workdays; this staggering of in-office workdays will afford more space for the observance of social distancing and limit employee exposure. We believe this kind of flexibility will preserve operability and allow for an easier transition back to restrictions when/if there is a second wave.

Since restrictions have been lessened, and public transportation is available, our team does not believe employees can or should be asked to limit their utilization of public

transportation or dictate what they do in their leisure time. The county can, however, reinforce healthy practices messages.

Lastly, The City of Ocala (2020) asks that all nonessential business travel be suspended. Should employees have to travel, they are asked to call the HR department before returning to work, and to notify supervisors and HR if there are any respiratory symptoms or fever. Employees may be asked not to return to work for a specified period of time in order to ensure that returning employees have not acquired COVID-19. Our team recommends Lane County adopt the same suspension of nonessential business travel and cautious return to work, in the event of any travel (business or otherwise).

Ensuring Equity

Chandler city government in Arizona wishes to move more operations to an online platform throughout all 3 phases. While this does a fine job of covering employee health, it would disadvantage citizens who have limited or no access to the internet, thereby creating equity issues for people trying to access government services. However, in addition to online information and service, Chandler's phase-in plan also includes services by phone that do not require in-person interaction. And although the city is eliminating walk-in service in Phase 1 and Phase 2 of their plan, appointment scheduling is encouraged, providing for a controlled environment in which social distancing can be observed.

To ensure even greater safety, the city is planning to use plexiglass partitions to reduce droplet exposure during in-person appointments and interactions, as well as floor markings to cue/promote social distancing compliance. Phone service, appointment scheduling for necessary in-person interactions, barriers such as plexiglass, and floor markings are all recommended for Lane County in Phase 1 and 2 of reopening. Chandler's plan mentions the development of appointment scheduling software; Lane County should invest in an appointment system if one does not already exist. We believe a variety of access points will ensure employee and citizen safety, while allowing access to citizens of different socioeconomic groups, with minimal service interruption.



State and Federal Guidance

Oregon. The State of Oregon advises that as the state and local governments prepare to reopen and continue through the phases of reopening, the following goals are to be kept at the forefront:

- “Declining growth rate of active cases.”
- “Sufficient personal protective equipment.”
- “Hospital surge capacity”
- “Robust testing, tracing and isolation strategy.”

“Strategies that work for the hardest hit and vulnerable populations, including nursing homes and people experiencing homelessness” (Brown, 2020,p.3).Lane County’s Blueprint for Opening (2020) covers all of the above, with the exception of “Strategies that work for the hardest hit and vulnerable populations...” an important aspect of reopening, and one that speaks to equity and the protection of marginalized communities. Our team believes that Lane County, if they haven’t already, should scrutinize the operation of long-term care facilities, and prioritize testing at those facilities. Homelessness is an overwhelming issue that is beyond the scope/ability of this paper, but we believe it would be beneficial for Lane County to consider strategies to test and provide healthcare to this population, especially if the incidence of COVID cases begin to rise again.

The White House. Federal guidelines promote testing and contact tracing, building hospital and ICU capacity, and plans that promote the safety and wellbeing of workers in critical industries, high-risk populations, mass transit workers, social distancing and face coverings, and monitoring that allows a quick retreat in phasing in order to mitigate a surge (White House, 2020).

Interviews

We were able to interview with a federal level government employee, Milo Booth, Senior Advisor to the Director, Bureau of Indian Affairs out of the central office in Washington D.C. We believe Mr. Booth contributed greatly to our understanding of the effects on marginalized communities and helped us look at recovery through the lens of equity. The Bureau of Indian Affairs' (BIA) sole mission is serving their constituents who are marginalized in the United States. Not only has the BIA had to continue to provide programs and services to their constituent base, they have had to figure out social distancing and teleworking in the COVID era. Our second interview was with Leah Wright who works as an emergency room psychologist at River Bend hospital in Springfield, Oregon. The emergency room staff did not have the ability to work remotely and have had to adopt many new workplace protocols in order to keep operability going while keeping employees healthy. River Bend is a large-scale organization and the insight they provide on navigating safety measures for employees and maintaining service provision to the community is immensely helpful in discerning some of the nuances involved with the reopening of Lane County government.

Interview with Milo Booth, Senior Advisor, DBIA

As of March 16th, the Bureau of Indian Affairs moved all employees in Washington D.C. to teleworking. As of May 29th, those orders were still in place with no return date set. What does it look like to move a Federal agency that operates across the nation to remote working? Mr. Booth was able to offer some great insight for this project. Mr. Booth is very familiar with serving marginalized communities, being that Native American tribes are all that the BIA serves. His advice on government handlings of marginalized communities? Well the answer isn't simple. A government liaison needs to be building those relationships well before disaster hits. The best way to keep marginalized communities from suffering disproportionately during crisis mode is to make sure that their needs are known and advocated for in advance. While the BIA only deals with Native American communities, each tribe is very different in needs, demographics, wealth, location, etc. Even the BIA must put in effort to keep the Bureau's programs diverse and fluid. Consultation is a key component between the BIA and tribes. His advice for local governments is to invest the time in establishing relationships early. Local governments should make sure there is a government employee or multiple employees who work with and build relations with all community members. Teleworking at the Department of Interior has been a point of contention between agencies and the internal managers. In the past, some managers have fully supported teleworking, while other senior officials have pushed to eliminate it as an option. The pandemic forced the BIA to work remotely, and the results are surprisingly positive. Although there are some internet capacity issues with a few of the remote field offices, Mr. Booth shared with us that both the director and the field director noted no slip in employee output. Because

labor output had been functioning at 100%, the director and deputy bureau director are considering options of keeping telework as a Bureau staple, which would reduce annual lease costs across the Bureau. Building leases are a significant fixed cost in an organization. While employees can enjoy the flexibility, reduced travel time and costs, and greater work-life balance afforded by a telework option, the Bureau will realize some newfound savings.

Interview with Leah Wright, Psychologist, River Bend Hospital

Ms. Wright has had to continue working in the emergency room at River Bend hospital during this entire COVID era. Emergency room operations could not shut down. Hospital staff and employees were not able to stay home or choose to work remotely. Because COVID hit so suddenly, there was little time to plan new workplace protocols. River Bend had to rely on CDC and Federal government leadership to implement safe work environments during a pandemic.

River Bend quickly adopted mandatory mask wearing, 6 feet social distancing floor markers, plexiglass at counters, and temperature checks for employees when coming into work. After a temperature check was conducted and no fever was present then the employee received a colored sticker that they wore on the front of their shirt. A different color was used for each day so as to keep everyone sure that each employee was checked and safe to be in the workplace. An element Ms. Wright was able to share was how flexible both employees and employers were with work scheduling and missed workdays. All personnel adapted to the new measures without complaint and worked hard to stay current on what might improve work conditions and keep patients who needed emergency room care from being compromised. She said operations continued at full capacity, even though emergency room visits dipped considerably right after the stay at home order from Governor Brown. Ms. Wright feels very good about her health being supported while having to continue to show up to work during Oregon's shut down. She also feels good about still being able to serve the community and not expose them to pandemic risks.

Limitations

There were several limitations in the process of compiling information and synthesizing this report. Firstly, there was limited accessibility to public managers, especially in Lane County, for whom we were adapting our findings and making recommendations. **Our request for a short meeting with Lane County public officials was denied, and we were rebuffed by one official who remarked that our team was simply trying to “check a box,” and that there is a “disconnect between academia and practice.”** We disagree with the official that our request was merely an attempt to check a box, but we agree that there is gap between academia and practice. We also believe the best way to bridge that gap is to engage with those who are practicing public administration. Our attempt to remedy the lack of input from Lane County public officials was to utilize the connections made by Kaylee Hudson, one of the authors of this report. Both people with whom she secured interviews are in high demand and, although not tied to Lane County, their time and insight was valuable and added meaning and credibility to this report.

Another limitation included the highly volatile nature of the virus itself. This virus seems to be evolutionarily fit, evasive, adaptive, and complex. The virus' structure and function have been elucidated to some point, but the mechanistic and efficient epidemiology makes it difficult to stop (prevent and treat). The only reliable means of slowing the spread thus far has been social distancing, which makes reopening difficult. We addressed the necessity of social distancing as other government plans have by including physical barriers and cues in the workplace.

By far, our greatest limitation was the time we had to prepare the report. Alas, this report would benefit from more information, input, empirical data – all of which could only be attained after more information about the virus and its impacts are gathered and recorded.

Recommendations

Even without the benefit of being able to speak with Lane County officials, we did have access to a large amount of materials from other local governments, an opportunity to speak with a government official at the national level, and an opportunity to speak with a healthcare professional that has had to remain afloat through COVID and beyond.

SARS-CoV-2 has proven to be a formidable opponent of public health. The amount of cases in the U.S. as of the time of this paper's writing is 1,761,503, and the amount of deaths is 103,700; Oregon currently has 4,185 of the cases in the U.S. and 153 of the deaths. Oregon instituted social distancing guidelines and shut-down many of its businesses in February which likely saved many lives – one only needs to look at many of the other states in the U.S. who waited to do the same, or has rushed back into reopening, for proof of the beneficial measures taken by Governor Brown.

In the absence of consistent national guidance and assistance, governors and their staff, as well as local government officials, have had to figure out how they were going to do the impossible. Many had instituted measures like those that Governor Brown and the few governors before her had put in place. But with unemployment at a historic high, the incident of cases beginning to slow in some parts of the country, the conflicting information coming from the White House, and the unrest resulting from it all, state and local governments are beginning to reopen, or plan for reopening.

Operability and equity among marginalized communities are two primary tenets that emerged from our research. We believe that government's most significant obligation is to the people it serves, and that in order to fulfill that obligation, employees must be healthy. Healthy employees afford operability, and operability supports equity. Hence, we believe that operability and equity should be the lenses utilized in the creation and synthesis of a successful phase-in plan for Lane County. We have, therefore, chosen aspects from all of the plans we reviewed, including Lane County's Blueprint for Reopening and the Governor's guidelines, to construct a 3-phase reopening plan that will preserve employee health, employee service, and the consideration and inclusion of marginalized communities. The Lane County Reopening plan following this report is a composition informed by all the material reviewed herein. The Lane County reopening

must be adaptable, fluid, and informed by the changing data of the COVID crisis. It is our hope that Lane County will move forward while considering the health of their employees, the effects of reopening on operability, and the importance of keeping marginalized communities in mind throughout the process and beyond.

Lane County Return to Service: A 3-Phase Plan

Overall Requirements

There must be a minimum of 14 days between phases. The county manager will review the phase-in plan with department heads, who will then decide what positions require employees to be physically present in the office and which positions lend themselves to distance working.

Keep a close eye on overall community cases, local hospital influxes, and PPE availability. Continue to collect data on testing supplies and personnel available to test. Continue to collect and monitor data on healthcare facilities and ICU capacity. Lane County has been forward-thinking in its establishment of testing teams and in its quantifying of resources. This data is critical moving forward and through the phases. If there is a spike in cases, consider reverting to the previous phase.

Phase 1

Health and Operability

- Strongly support work-from-home.
- Administration with sufficient office space to observe social distancing can remain in office space if needed.
- For any other staff whose presence is deemed necessary: density of the workplace must be no greater than that which would allow each employee present to maintain at least 6 feet of distance from other employees.
- All customer/constituent walk-in services closed, except those for which in-person meetings are necessary. For those in-person meetings, appointments should be set that will allow for low density/separation of people.
 - Provide and insist on masks for constituents/visitors while in the building.
 - Develop or purchase appointment software that will facilitate scheduling.
 - Use floor markings to cue social distancing and to keep traffic moving in one direction.

- Close common areas in workplaces.
 - Common areas closed, or signs posted with enforced rule that comply with social distancing in common areas.
- Increased sanitation/cleaning and restructuring of physical workspaces/facilities.
 - Encourage hand washing.
 - Provide masks and insist that employees wear them when entering or exiting the workplace and when/if utilizing common areas (including restrooms).
 - Provide tissues, waste baskets, disinfecting wipes, disinfecting hand gel, and non-latex disposable gloves.
 - Educate and instruct employees on general knowledge of SARS-CoV-2 transmission, cleaning procedures, and cleaning agents.
 - Install plexiglass barriers, especially where social distancing is more difficult, and in preparation for Phase 2 and 3 increased density of employees and constituents.
- Testing and monitoring of symptoms.
 - Consider testing for those coming back to work, especially those who: have traveled, had any respiratory symptoms and/or fever within the last 14 days, may have been in dense or crowded circumstances within the last 14 days, over 60 years of age, are immunocompromised, with comorbidities.
 - Check for fevers and respiratory symptoms. Educate employees and ask them to self-monitor as well.
- No non-essential travel.

Equity Measures

- Establish multiple access points and begin to collect data on their utilization.
 - Telephone services/contact.
 - Internet services/contact.
 - Drop boxes for forms at multiple venues (i.e. library, post office, campus)
 - Information sheets and forms available with drop boxes.
 - If one does not exist, create a monitoring system/data collection system to assess use of access points, so that data can be used to improve public outreach, education, participation.

- Outreach: Increase efforts to communicate with leaders and key contacts of various communities, especially those who are minority groups and/or less visible. Communication should be regular and include asking these leaders about the needs and struggles of the community regarding and around COVID, with emphasis on access to established Lane county government resources.
 - Faith leaders.
 - Boys and Girls Club.
 - Homeless shelters and service providers.
 - Nonprofits involved in equity efforts.
 - Long-term care facility administrators.
 - Senior center managers.
 - Minority advocacy groups.
 - NAACP.
 - Local Native American tribe representatives.
 - Representatives from Asian American communities.
 - English as a second language groups.
- Distribute information in easy to understand forms.
 - For instance, display on Lane County's home page a dashboard that informs on the phase of reopening and the numbers of cases, fatalities, hospital capacity, and healthful behaviors.*

Phase 2

Health and Operability

- Assess the condition and circumstances of services.
 - What has production looked like during the quarantine period?
 - What services are missing and need personnel present to provide them?
- Assess health of employees. Test employee(s) who have: traveled within the past 14 days, had any respiratory symptoms and/or fever within the last 14 days, may have been in dense or crowded circumstances within the last 14 days, over 60 years of age, are immunocompromised, have comorbidities.
- Begin to bring back those who need an office setting to meet work requirements (maybe only part time work initially).

- Allow vulnerable/at risk employees or employees that have family members that are high risk to continue to work from home.
- Stagger lunch times and work shifts if possible.
- All sanitation detailed under Phase 1 should still be observed.
- Social distancing, washing hands, and masks in common areas should continue to be observed and encouraged. Keep signage up as reminders.
- Continue to utilize appointments and low-density work environments.
- Continue to provide masks for visitors and ask they be used while in the building.
- Consider taking temperatures of employees when entering the building.
- Essential travel can resume - case by case review process by department heads.

Equity Measures

- Assess access points listed in Phase 1.
 - Data on volume of calls.
 - Data on volume of visitors to website.
 - Utilization of drop boxes and remote drop-off/pick-up sites.
- Continue with appointments for in-person visits.
- Incorporate feedback from leaders and organizations that interact with and within typically marginalized and at-risk populations.
- Continue to distribute information in easy to understand forms.
 - For instance, display on Lane County's home page a dashboard that informs on the phase of reopening and the numbers of cases, fatalities, hospital capacity, and healthful behaviors.*

Phase 3

Health and Operability

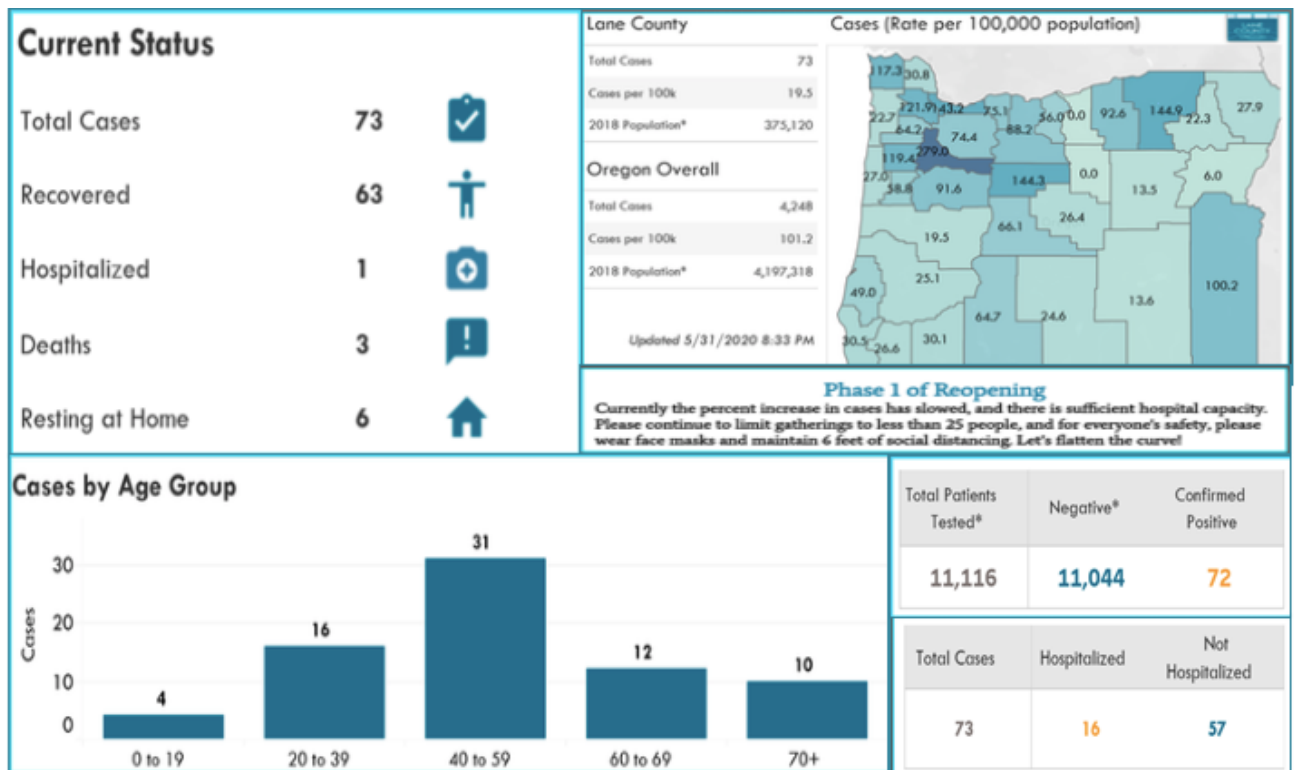
- Assess the condition and circumstances of services. Utilize data and learn from the COVID crisis. What changes have been advantageous beyond minimizing transmission?
 - What tasks/work has been productive in a remote setting?
 - What positions can remain remote?
 - Is there savings from remote or distance work?
 - Consider continuing with remote or distance work where it has been advantageous for both employees and Lane County.

- Bringing back frontline employees. Open service counters.
- Remote working should still be allowed for vulnerable employees, or those with vulnerable family members.
- Sick employees will not be penalized for staying home. Management should promote staying home to lessen the impact of spike in cases or second wave.

Equity Measures

- Assess access points listed in Phase 1.
 - Data on volume of calls.
 - Data on volume of visitors to website.
 - Utilization of drop boxes and remote drop-off/pick-up sites.
- Incorporate feedback from leaders and organizations that interact with and within typically marginalized and at-risk populations.
- Continue to distribute information in easy to understand forms.

*Example of a dashboard with information already available on the Lane County site:



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