



OREGON YOUTH AUTHORITY

**AGENCY
CORONAVIRUS 2019
(COVID-19)
PANDEMIC
RESPONSE PLAN**



TABLE OF CONTENTS

I. OVERVIEW	4
A. WHY AN AGENCY PLAN IS REQUIRED.....	5
B. CORONAVIRUS DISEASE 2019 (COVID-19).....	5
1. Transmission	5
2. Symptoms.....	6
3. How to Prevent Infection.....	6
4. Incubation Time for Symptoms to Develop	7
C. PLANNING ASSUMPTIONS	7
1. Advance Notice	7
2. Self-Reliance	7
3. Service Disruptions	7
4. Medications and Vaccines	7
5. Availability of Health Care.....	8
6. Limiting the Outbreak.....	8
7. Managing Youth Who Are Infectious.....	8
8. Coordination	9
D. GOALS.....	9
II. CORE COMPONENTS.....	9
A. CONTINUITY OF AGENCY OPERATIONS.....	9
1. Roles and Responsibilities.....	9
2. Essential Operations	11
3. Youth Management During Pandemic Outbreaks	11
B. COMMUNICATION	12
1. Purpose	12
2. Audiences.....	12
3. Goals	12
4. Measures.....	13



5.	Channels	13
6.	Timeline	13
C.	COORDINATION AND TRACKING	13
1.	Agency Pandemic Coordinator	13
2.	Work Unit Pandemic Information Liaisons (PILs)	14
3.	Pandemic Information and Surveillance.....	14
4.	Notices.....	16
5.	Workplace Exposure Notifications	15
D.	STAFFING	17
1.	Planning for Workforce Reductions.....	17
2.	Absenteeism Due to Pandemic	17
3.	Reducing Impact of Staff Shortages.....	18
4.	Managing Attendance	18
5.	Promoting Attendance	18
6.	Assessing Staff Resources.....	19
7.	Deployment of Staff	19
8.	Duty to Notify.....	19
9.	Duty to Stay Home if Ill	20
10.	Confidentiality.....	21
E.	MODES OF DISEASE TRANSMISSION	21
1.	Direct Transmission	Error! Bookmark not defined.
2.	Indirect Transmission.....	21
F.	REDUCTION OF DISEASE TRANSMISSION	21
1.	Prevention	22
2.	Identification	22
3.	Contact Precautions.....	23
4.	Physical Distancing.....	24
5.	Medical isolation.....	25
6.	Quarantine.....	26



7.	Office and Facility Access.....	26
G.	INFECTION CONTROL	27
1.	Hand Hygiene.....	27
2.	Respiratory Hygiene and Cough Etiquette.....	28
3.	Personal Protective Equipment (PPE)	28
4.	Environmental Cleaning and Disinfection	30
5.	Sanitation of Vehicles and Security Equipment	31
H.	WAREHOUSE OPERATIONS.....	32
1.	Continuity of Services	32
2.	Shipping.....	32
3.	Ordering Pandemic Supplies	33
4.	Warehouse Stocks.....	33
I.	VACCINES.....	33
1.	Vaccine Availability for Youth	33
2.	Vaccine Availability for OYA Staff	34
J.	STAFF TRAINING	34
K.	GLOSSARY	34
L.	RESOURCES	36
ATTACHMENT 1.....		37
ATTACHMENT 2.....		41

Links to the Agency COVID-19 Pandemic Plan Appendices:

- [Appendix A - Facility Services](#)
- [Appendix B - Health Services](#)
- [Appendix C - Community Services](#)
- [Appendix D – Central Office](#)



I. OVERVIEW

This document has been created in order to provide guidance and direction for OYA staff on the protocols that must be followed in all OYA offices and facilities during the COVID-19 pandemic. A pandemic is a global disease outbreak. A pandemic occurs when a new pathogen emerges for which there is little or no immunity in the human population, begins to cause serious illness, and then spreads easily from person to person worldwide.

A. WHY AN AGENCY PLAN IS REQUIRED

The World Health Organization had declared a pandemic due to the spread of Coronavirus Disease 2019 (COVID-19).

Pandemics can cause great disruption in how society functions as a whole. The spread of COVID-19 has been very rapid. It is possible that infected people transmit the disease before symptoms appear, adding to the risk of spread.

Public health officials have issued warnings about possible surges in the number of people seeking medical attention, that would overwhelm available services and supplies. The possibility of high rates of staff absenteeism due to actual illness, illness of family members, school closures or lack of resources for childcare may create facility staffing crises.

This is OYA's contingency plan to minimize the inherent risks of a pandemic and continue to provide for staff, youth, and community safety.

B. CORONAVIRUS DISEASE 2019 (COVID-19)

Coronavirus Disease 2019 (COVID-19) is a respiratory illness that can spread from person-to-person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China and is now causing an international pandemic.

1. Transmission

The virus is thought to spread mainly between people who are in close contact with one another (within approximately 6 feet) through



respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

2. **Symptoms**

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of:

- Fever;
- Cough;
- Shortness of breath;
- Muscle pain,
- Chills;
- Sore throat; or
- New loss of taste or smell.

Complications of COVID-19 can include pneumonia, multi-organ failure, and in some cases death.

3. **How to Prevent Infection**

People can help protect themselves from respiratory illness with everyday preventive actions.

- a) Avoid close contact with people who are sick.
- b) Avoid touching your eyes, nose, and mouth with unwashed hands.
- c) Wear a face covering in public places indoors or when outdoors and unable to maintain 6 feet of separation.
- d) Maintain 6 feet of separation from individuals who are not household members.
- e) Wash your hands often with soap and water for at least 20 seconds.
- f) If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.



There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

4. **Incubation Time for Symptoms to Develop**

The estimated incubation period (the time between being exposed and becoming ill) averages 5 days after exposure, with a range of 1-14 days.

5. **Quarantine and Medical Isolation**

OYA close-custody facilities may quarantine or medically isolate youth to help prevent the spread of COVID-19. See Appendices A and B for more information.

C. PLANNING ASSUMPTIONS

When developing pandemic response plans for OYA offices and facilities, the following assumptions have been taken into consideration:

1. **Advance Notice**

Oregon Health Authority will provide information about the spread of a pandemic within the state and will make notifications about what public health measures are to be taken. Communities across the state may be impacted simultaneously. OYA will respond rapidly to implement plans to manage during pandemic outbreaks.

2. **Self-Reliance**

All state agencies in Oregon are challenged to maintain continuity of operations because of staff absences. OYA may not be able to rely on mutual aid resources. The operations of OYA facilities during this pandemic will be conducted with minimum assistance from other agencies.

3. **Service Disruptions**

There may be significant disruption of public and privately-owned infrastructure, including transportation, commerce, utilities, public safety, communications, and schools. OYA will need to continue mission-critical operations during any service disruptions.

4. **Medications and Vaccines**



Medications used to treat the pathogen causing the pandemic may become in short supply. Vaccines may be prioritized. Other medical resources, including hospital beds, may be scarce. OYA cannot totally rely on the use of medications, vaccines, and consistent access to hospital beds for non-critical youth to limit the spread of illness among staff and youth. Other measures which may control disease spread, such as hand hygiene, cough etiquette, and physical distancing will need to be emphasized also.

5. **Availability of Personal Protective Equipment**

Personal protective equipment (PPE) may be limited in quantity during a pandemic. Purchasing and distribution of PPE must be well coordinated. During the COVID-19 pandemic, OYA developed agencywide procedure HS I-C-8.3 Procurement and Distribution of COVID-19 PPE in response to the limited availability of PPE.

6. **Availability of Health Care**

The number of ill youth requiring care at the facilities may overwhelm the health care resources of the facilities. Contingency plans must be made to ensure that adequate health care staff is available to respond to facility outbreaks.

7. **Limiting the Outbreak**

Increasing the physical distance between people and limiting person to person contacts will slow the spread of COVID-19. This is called social or physical distancing. Use of face masks or face coverings is required of all staff when they cannot maintain appropriate physical distance, and encouraged of youth. Schools, businesses, community centers, and other public gathering spaces may be closed. If they remain open, they will use physical distancing to reduce the spread of illness. The physical distancing strategies employed by schools, businesses and agencies may reduce the number of OYA staff available to work.

8. **Managing Youth Who Are Infectious**

The group setting of facilities is itself conducive to spread of disease. OYA facility and field staff will likely deal with youth who are unwilling or unable to comply with directives for physical distancing, use of face coverings, medical isolation, or other health measures. OYA staff will be responsible for supervising youth who



are ill or possibly infected and who may also be non-compliant with public health measures.

9. **Coordination**

Actions taken by OYA during the COVID-19 pandemic are coordinated with state and local health departments.

D. GOALS

The goals of the OYA COVID-19 pandemic response are to ensure continuity of agency essential functions, to promote a healthy work environment, and to provide information that is timely and accurate.

II. CORE COMPONENTS

The body of OYA's COVID-19 Pandemic Response plan contains information relevant to all agency offices and facilities. The plan includes four Appendices which include information applicable to specific agency work units.

A. CONTINUITY OF AGENCY OPERATIONS

1. Roles and Responsibilities

- a) OYA has participants in the following interagency COVID-19 pandemic response groups:
 - Governor's Coronavirus Response Team (CRT);
 - Oregon's Joint Information Center (JIC); and
 - Oregon's Emergency Coordination Center (ECC).

- b) OYA has adopted the below-listed internal COVID-19 response groups.
 - OYA Coronavirus Response Team: Includes the director, deputy director, assistant directors, medical director, public policy manager, and pandemic coordinator. The purpose of the OYA CRT is to make decisions and policy pertaining to the pandemic response.
 - Continuing of Operations Plan Council (COOP): Includes representatives from Health Services, Facility Services, Community Services, Development Services, Communication Office, Information Services, Human Resources, Physical Plant



Operations, COOP coordinator, Emergency Management coordinator, and pandemic coordinator. The purpose of the COOP Council is to keep current on the pandemic status, pandemic preparation and response, and COOP Section 3: Recovery Plans for Loss of Workforce.

- Pandemic Information Liaisons (PILs): Include representatives from Central Office divisional units, each facility, and each field office. The PILs keep track of (numbers) staff and youth affected by the virus (report to pandemic coordinator), and communicate questions/information to/from the coordinator. They are also responsible for ensuring that contractors are kept up to date on the status of active cases among OYA staff and youth supervised by OYA with whom they might have had contact.
- c) Every field supervisor, OYA Central unit supervisor, and facility superintendent or camp director will identify a redundant chain of command so that in case of illness, staff remains aware of a known line of supervision at all times. See Attachment 1.
 - d) The OYA director has identified mission critical services and priorities which the assistant directors ensure are met.
 - e) OYA Information Systems will arrange for redundant mission critical communication and information systems.
 - f) OYA Human Resources will develop procedures for the reassignment of employees to support essential functions if required.
 - g) The OYA medical director will identify alternative sources of medical care for youth in case the facility Health Services staff members become ill or overwhelmed with cases.
 - h) OYA Business Services will ensure that sufficient numbers of trained back-up staff are available to complete essential business and payroll services.
 - i) OYA Community Services will maintain communication with field offices, residential providers, and community partners to keep them advised of OYA services impacted by the pandemic, and offer any resources available to them.



- j) OYA Development Services will support the facility administration by providing a reduced level of programs and treatment during active phases of the pandemic, and ensuring the Training Academy is functional to support the needs of the agency.
- k) OYA facility superintendents and camp directors will adjust treatment, education, recreation, visitation, and all other activities during active phases of the pandemic.

2. Essential Operations

- a) Activities essential to the operation of each field office, Central Office, and facility or camp are identified and prioritized to sustain mission-critical operations during periods when the workforce is reduced.
- b) In identifying essential operations, priority considerations will include: safety, security, time-sensitivity, fiscal impact, and commitments made to the legislature.
- c) Some strategies to sustain essential operations include:
 - Eliminating or reducing some activities;
 - Assigning and accomplishing the work differently or altering work schedules;
 - Temporarily reducing workload by discontinuing some activities, tasks, meetings, educational and vocational services, work programs, and program reviews;
 - Identifying specific circumstances during which levels of activities will be reduced, such as what activities will be temporarily suspended if 10% of the workforce is absent, or what activities will be temporarily suspended if 40% of the workforce is absent;
 - Telecommuting, if appropriate to sustain essential operations and approved by Human Resources.

3. Youth Management During Pandemic Outbreaks

- a) When programs and activities are disrupted during outbreaks, it is important to provide alternative programs and a schedule for youth daily living and activities. Youth may not be attending school and may



not be able to work on their regular jobs; without daily activities of interest and variety, the youth will become bored and possibly act out.

- b) Each facility will create unit schedules for each unit for use during times of program disruption or reduction. Alternative activities will take physical distancing into account.
- c) Each facility will identify areas that may be suitable for the medical isolation of youth who are ill with the pandemic disease.

B. COMMUNICATION

1. Purpose

The purpose of the agency pandemic communication plan is to help reduce the incidence and spread of illness among employees and youth by providing education and updates on the disease.

2. Audiences

- Employees (field, facilities, central)
- Youth
- Families, visitors, vendors, volunteers

3. Goals

- a) Awareness: Employees and youth are aware of:
 - The existence and phase of the pandemic;
 - The symptoms of the pandemic disease;
 - The dangers posed by the pandemic disease;
 - Steps they can take to minimize the incidence of illness; and
 - What to do if others around them become ill.
- b) Understanding: Employees and youth understand how to minimize the likelihood of getting and possibly spreading the pandemic disease.
- c) Support: Employees and youth accept and support the need to implement safety measures.
- d) Action: Employees, youth and contractors implement safety measures as a part of their daily routines.



4. Measures

- a) Number of sanitizers ordered from the MYCF warehouse each month.
- b) Number of youth and employee COVID-19 positive cases on any given day.

5. Channels

- a) E-mails:
 - Weekly pandemic updates from Communications Office;
 - Director's messages as needed on the OYANet;
 - Information stored in Health Services site under COVID-19.
- b) Electronic E-zines:
 - OYANet and OYA public website;
 - Links to other trusted sites (e.g., DHS/PHD, OR-OSHA, DAS, CDC).
- c) Video
- d) Print
 - Newsletters
 - Local facility newsletters
 - Presentation toolkit
- e) In-person Presentations and Demonstrations
 - Team meetings
- f) Other: To be determined as needed

6. Timeline

Communications campaign expected to run as needed according to the nature of the COVID-19 pandemic.

C. COORDINATION AND TRACKING

1. Agency Pandemic Coordinator

- a) Prior to and during a pandemic, OYA will appoint



a pandemic coordinator. During the COVID-19 pandemic, the OYA rules/policy coordinator is the pandemic coordinator.

b) **Agency Pandemic Coordinator**

The role of the OYA pandemic coordinator is to ensure OYA is following its pandemic plan, document specific items listed in the Pandemic Plan Tracking Log, submit daily reports to the director, and ensure there is continuous communication between the different agency departments specific to the pandemic response. The pandemic coordinator collaborates with the Communications Office to provide current information to staff, youth, and partners, to minimize disruption to agency mission-critical activities.

2. Work Unit Pandemic Information Liaisons (PILs)

- a) Each Facility PIL will coordinate with facility Health Services staff and facility management to maintain accurate records of COVID-19 employee and youth cases pending test results, COVID-19 employee and youth positive cases, number of staff on quarantine due to exposure at work, number of youth on quarantine, and number of youth in medical isolation. This data is reported to the pandemic coordinator each weekday.
- b) Each field office and Central Office work unit PIL will collect information on the number of employees pending COVID-19 test results, number of employees who are absent due to being COVID-19 positive, number of staff on quarantine due to exposure at work. The information will be communicated to the pandemic coordinator each weekday.
- c) PILs will ensure contractors are notified on the status of active cases among OYA staff and youth supervised by OYA with whom they might have had contact. It is the responsibility of the relevant assistant director to ensure their PIL has the information needed to do this.
- d) A list of PILs and their back-ups for all agency work units is documented in the OYA Pandemic Plan tracking log.

3. Pandemic Information and Surveillance



- a) OYA's website: www.oregon.gov/oya will include information related to the pandemic as it affects agency partners and youth families. OYA's intranet may also include information specific to staff, as appropriate.
- b) The Communications Office will collaborate with the OYA pandemic coordinator to provide periodic pandemic education, information, and FAQs, via email to OYA World, OYA's external website, and the OYA intranet. Additional communication includes postings to OYA's blog, social media channels, and talking points, flyers, and posters distributed to field offices and close-custody facilities. If this information is medical in nature, it will be reviewed prior to publication by the OYA medical director. If the information is related to employees, it will be reviewed prior to publication by the agency's Human Resources manager.
- c) Facility Health Services staff will follow notification protocols for making notifications to the state and county health departments during the pandemic. If the facility does not have Health Services staff, or if these staff members are unavailable, then the OYA medical director will work with the facility administration to ensure all required notifications to health departments are made regarding youth in that facility.
- d) The Communications Office will collaborate with the OYA pandemic coordinator to provide notices on the OYA website, blog, and social media channels — in addition to talking points, flyers, or posters distributed to staff — in order to keep agency partners and the families of youth informed of agency pandemic actions, including the possible temporary restriction of visiting access to facilities or closure of offices.
- e) The OYA pandemic coordinator will gather information from the PILs regarding positive COVID-19 youth, maintaining ongoing surveillance records which will be communicated as directed by the OYA COVID-19 Response Team (OYA CRT).
- f) The pandemic coordinator will provide a daily report to the OYA medical director of the numbers and locations of youth who are positive COVID-19 within close-custody facilities.
- g) The pandemic coordinator will gather information from the PILs about employees pending COVID-19 test results, number of employees who



are absent due to COVID-19 positive, and number of employees who are in quarantine due to exposure at work. This information is reported to the OYA medical director and Human Resources manager when numbers may affect daily operations.

- h) Facility living unit managers or their designees will keep in contact with the parents/guardians of youth who are ill or hospitalized with COVID-19, providing them with information on the youth's medical status as provided by facility Health Services. Special phone or video calls are allowed, as staffing allows, so that youth who are ill with COVID-19 may communicate with their families.
- i) Facility administration will communicate with potential visitors regarding temporary disruption of visiting due to the pandemic and will post notifications accordingly. During periods when visiting is not allowed, facility administration will determine an enhanced schedule of phone or video visiting calls for youth. Skype kiosks may be used for youth video calls. Computers connected to the OYA network (staff computers) must never be allowed for youth use.
- j) Videoconferences may be held with OYA staff to share information as needed.

4. Notices

- a) Various notices related to COVID-19 spread prevention will be posted in each office and facility in all areas accessed by staff, youth, visitors, volunteers, and contractors.
- b) Notices regarding COVID-19 precautions and health screening will be posted on the entry to each office and facility.
- c) Copies of specific notices explaining office or facility safeguards, or potential closures or restricted entry will be made available in the entryways of facilities and field offices.
- d) Notices will include information on office closures, program changes, reductions in service, visiting limitations, alternatives to visiting, health department information, outbreak surveillance, measures to limit transmission, or other topics related to the pandemic.



5. Workplace Exposure Notifications

When an employee or youth is presumptive or confirmed COVID-19 positive, OYA must complete contact tracing according to OYA checklist [Contact Tracing](#). OYA will notify those who had close contact (as defined by OHA) with a presumptive or confirmed COVID-19 case upon discovery of such fact by phone or in person. Other workplace employees will be notified by email within 24 hours of OYA learning of the presumptive or confirmed positive case, if the person had been in the workplace during the contagious period (as defined by OHA) of the virus.

D. STAFFING

1. Planning for Workforce Reductions

- a) Each field supervisor, Central Office work unit manager, facility superintendent, and camp director will create a staffing plan so essential operations can be continued with a reduced workforce for an appropriate duration based upon the nature of the pandemic. It is estimated that during any given time, the workforce may be reduced by 10% to 40%. Planning will be done for the levels and types of activities that will be undertaken during stages of incremental staff reductions.
- b) Each office and facility will maintain an updated and accurate staff contact roster with phone numbers for each staff, for use in communicating with staff that are homebound during the pandemic, or for use in contacting staff for deployment reasons.

2. Absenteeism Due to Pandemic

Work absences attributable to the pandemic may include:

- Staff who become sick with COVID-19 or must care for someone with COVID-19;
- Staff who are unable to come to work because school, child care, or other family care arrangements are no longer available;
- Staff who are pregnant, immunosuppressed, or otherwise at a high risk to experience complications if they become sick with COVID-19, may be absent due to medical approval to avoid the worksite;
- Staff who are worried, concerned, or fearful about working during the pandemic; and



- Staff who are deployed elsewhere and thus are not present to do their work in their usual work unit.

Facility administrators will work with OYA Human Resources to provide information to staff about appropriate absences and to address staff about inappropriate absences. OYA Human Resources will work directly with DAS for guidance.

3. **Reducing Impact of Staff Shortages**

The agency will employ a variety of strategies to reduce the impact of staff shortages including but not limited to the following:

- Cross-training staff in mission-critical tasks;
- Redeploying staff from less critical jobs to more critical jobs in the same work unit or in different work units;
- Documentation of procedures for mission-critical tasks in desk books and work checklists;
- Maintaining open recruitments for jobs that are critical to agency operations so that vacancies can be quickly filled and temporary staff can be quickly hired;
- Altering program and staff schedules;
- Allowing absent staff with mission-critical jobs to telecommute if possible;
- Seeking cross-agency deployment resources from DAS Human Resources; and
- Communicating with staff and supporting wellness efforts including vaccinations and sanitation to reduce the spread of COVID-19.

4. **Managing Attendance**

Collective bargaining agreements and state policies provide language regarding the use of accrued sick leave in the event that an employee calls in sick due to either their personal illness or the illness of a family member, or if they become ill while at work and need to go home. Human Resources staff will provide guidance and direction when it is necessary to make determinations such as the designation of FMLA/OFLA, or when it may be appropriate to grant employees approval for the use of other forms of paid and unpaid leave.

5. **Promoting Attendance**



Preventatively addressing the reasons that cause staff to be absent from the workplace because of COVID-19 will result in having more staff available to perform the essential functions of the workplace. These actions include:

- Putting infection control practices in place to reduce transmission;
- Helping staff think about and develop alternative arrangements for family in advance, for when school, regular caregivers, or transportation are not available;
- Providing ongoing and up-to-date information, training, equipment, supplies, opportunity to practice, and other workplace resources so staff can work confidently;
- Providing information about how OYA staff and their families can protect themselves from becoming infected and infecting others;
- Promoting the Employee Assistance Program (EAP) which is available to staff to assist in managing home and work responsibilities, by placing brochures in staff break areas; and
- Identifying space for staff to sleep and shower at the facility during periods of time when they might be mandated to work additional shifts.

6. Assessing Staff Resources

The OYA pandemic coordinator will work with OYA Human Resources to identify back-up teams of staff with various needed skill sets to complete essential services. Deployment of back-up staff will be implemented to avoid disruption of essential services.

7. Deployment of Staff

OYA Human Resources will provide guidance on the deployment of staff to fill essential service positions in locations affected by the pandemic. During significant staff shortages that result in an emergency, both facility and non-facility OYA deployed staff may be temporarily deployed in any work area on any task for which they have been trained or certified, or for which they are provided on-the-job training, notwithstanding their classifications and job descriptions. Deployment during emergencies will be managed to cause the least disruption to individual staff as possible.

8. Duty to Notify

- a) During the COVID-19 pandemic, staff are required to notify their supervisor if they become ill with COVID-19 symptoms or if they have been exposed to someone who was COVID-19 positive while working.



- b) Staff should notify their supervisor by phone or email if they have COVID-19 symptoms or have tested positive for COVID-19.
- c) Supervisors are required to pass this information on to the officer-of-the-day (if applicable) immediately.
- d) The officer-of-the-day (OD) will use the information on staff absences to work with Human Resources to arrange deployment of back-up staff when needed to maintain essential operations.
- e) The unit PIL will gather information on the numbers of staff absent waiting COVID-19 test results, or confirmed COVID-19 positive and numbers of youth who are waiting COVID-19 test results, or confirmed COVID-19 positive and provide this information to the pandemic coordinator each day during active outbreaks.

9. Duty to Stay Home if Ill

- a) Staff who are ill with symptoms consistent with COVID-19 are required to stay home from work. Managers should work with HR to verify whether the staff may use specific COVID-19 related leave for this purpose. The proper measures to take according to the CDC is to isolate yourself as you seek medical attention.
- b) If a staff member becomes sick with COVID-19 symptoms while at work, they should notify their supervisor, ensure back-up is in place if needed, and go home. The staff member should stay home and seek medical care from a personal health care provider.
- c) OYA facility Health Services staff may not treat nor triage staff. Staff must seek medical advice and care from their own health care providers.
- d) Staff who come to work with COVID-19 symptoms, or who develop these symptoms during their work day and refuse to go and stay home until well, will be sent home and will not be permitted to return to work without a release from their health care provider. The supervisor will notify the OD (if applicable) who will notify Human Resources and the applicable assistant director.



- e) Staff with COVID-19 symptoms must stay away from the worksite until they no longer have COVID-19 symptoms for the time period described in the OYA Employee Positive COVID-19 Process document.

10. Confidentiality

- a) Staff who have COVID-19 symptoms while at work or indicate that they will be out ill will only be asked focused questions to elicit whether or not they may have COVID-19 and pose a risk of infection to others. Confirmation by a health care provider that the person actually has COVID-19 is not required.
- b) Staff medical information, including a health care provider's note provided to the employer will be kept confidential.

E. MODES OF DISEASE TRANSMISSION

1. Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.

2. Indirect Transmission

The virus may be spread in other ways. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. **This is not thought to be the main way the virus spreads.**

F. REDUCTION OF DISEASE TRANSMISSION



1. Prevention

Throughout the duration of the COVID-19 pandemic, the following general prevention measures will be implemented to interrupt viral infection transmission.

- a) Promote good health habits among staff and youth:
 - Avoid close contact with persons who are sick.
 - Avoid touching your eyes, nose, or mouth.
 - Wear a face covering or mask.
 - Wash your hands often with soap and water for at least 20 seconds.
 - Cover your sneeze or cough with a tissue (or into a sleeve). Then throw the tissue in the trash.
 - Stop handshakes and fist bumps.
- b) Conduct frequent environmental cleaning of “high touch” surfaces.
- c) Institute physical distancing measures to prevent spread of germs. See next section for details.
- d) Staff stay at home if they are sick.
- e) If staff become sick at work, they should be advised to promptly report this to their supervisor and go home.
- f) Employees should be advised to consult their health care provider by telephone and seek testing if they have symptoms of cough, fever, or difficulty breathing.
- g) If employees have been exposed to a known COVID-19 case, they should consult their health care provider for next steps.
- h) Influenza (flu) vaccine is recommended for persons not previously vaccinated.
- i) Vaccine specific to the pandemic virus is recommended for persons not previously vaccinated.

2. Identification



- a) The earlier someone who is infected with COVID-19 is identified, the more that can be done to limit the number of people who are exposed and subsequently become infected. In facilities, identification, monitoring, and reporting cases of ill youth and staff will take place throughout the pandemic.
- b) When the greatest numbers of people are sick, it may not be possible for Health Services staff to diagnose and verify each individual with COVID-19 in a timely manner. Therefore, every staff needs to know the basic COVID-19 symptoms (listed in I-B, above).
- c) If a staff member or youth has COVID-19 symptoms, take immediate steps to provide physical distancing. Staff members must go home and seek testing from their personal healthcare provider. Youth will be distanced from other youth and referred to Health Services staff for care and testing.
- d) There may be disincentives for individuals to report COVID-19 symptoms. Examples include:
 - Youth who don't want to miss a special event or visit;
 - Staff who come to work when symptomatic to avoid loss of pay;
 - Visitors who have traveled a long distance to see a youth;
 - Delivery personnel or contractors who minimize the extent of their illness so they can get their job done; and
 - Managers who come to work ill because they don't want to let their staff down or they have so much work to do they think they can't stay home
- e) Agency supervisors will discuss the potential disincentives with their staff to aid in understanding the transmission risks that they may be taking if they fail to report COVID-19 symptoms. There may be times when staff, visitors, volunteers, or contractors will not be permitted to be in OYA offices or facilities due to appearing symptomatic.

3. Contact Precautions

- a) Youth Placement



Place youth requiring Contact Precautions in a single room or area. Group youth with confirmed COVID-19 in the same room or youth-care area.

Personal protective equipment will be used as described below.

b) Youth transport

Limit transport and movement of youth outside of the room to medically-necessary purposes. When transport or movement is necessary, ensure that appropriate PPE is used. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting youth.

c) Youth-care equipment and instruments/devices

Use disposable noncritical youth-care equipment (e.g., blood pressure cuffs) or implement youth-dedicated use of such equipment. If common use of equipment for multiple youth is unavoidable, clean and disinfect such equipment before use on another youth.

If noncritical disposable youth-care equipment is unavailable, clean and disinfect reusable items by using a low- to intermediate-level disinfectant after each use. Alternatively, place contaminated reusable items in a plastic bag for transport.

d) Environmental measures

Ensure that rooms of youth in quarantine or medical isolation are prioritized for frequent cleaning and disinfection (e.g., at least daily), with a focus on frequently-touched surfaces (e.g., lavatory surfaces in youth bathrooms, all doorknobs, etc.) and equipment in the immediate vicinity of the youth.

4. Physical Distancing

- a) Decreasing the number of people and the number of times people are in direct contact with each other may slow the speed of transmission of COVID-19 among people living and working together.



- b) The greater the number of ill persons, the more aggressively the use of physical distancing may be implemented.
- c) Examples of physical distancing in an office setting include:
 - Providing individual chairs in waiting areas, rather than couches, and spacing them out as far as possible (at least six feet);
 - Moving desks so two staff don't work facing each other without a barrier;
 - Limiting group meetings to maximum occupancy of meeting space that allows 35 square feet per person; and
 - Limiting the number of staff in break rooms at the same time by staggering lunch times and break times.
- d) Examples of physical distancing in a facility setting include:
 - Providing individualized education via packets or media, rather than gathering youth together in a classroom;
 - Suspension of elective group activities, such as recreational games;
 - Temporarily discontinuing dining as a large group, and instead, dining in smaller groups or individually;
 - Increasing space between people sharing the same living area, such as moving beds further apart, using portable beds to accomplish space increases, ensuring youth sleep head-to-toe to each other to increase space, or having youth sit separately instead of using couches; and
 - Maintaining a 6-foot distance from others whenever possible.
- e) Examples of physical distancing in any setting include:
 - Avoiding casual contact with others in group settings;
 - Avoiding gathering in groups larger than 10 individuals;
 - Avoiding shaking hands or greeting others by touch; and
 - Maintaining additional distance between yourself and others.

5. Medical isolation



Reducing contact with someone who is COVID-19 positive will reduce the number of additional people who may become ill as a result.

- a) For staff who are COVID-19 positive, their local public health authority will direct them on proper quarantine or medical isolation.
- b) For youth in facilities, each facility has identified medical isolation areas to be used if needed.
- c) Medical isolation areas must be approved by the OYA medical director and facilities manager.
- d) See Appendices A and B for details on medical isolation in close-custody facilities.

6. **Quarantine**

Quarantine is the separation of people who have been exposed to an illness - but who are not yet ill - from other people. Quarantine is typically used during the earliest stages of an outbreak to help control transmission. Once an individual has contracted COVID-19, medical isolation is the proper practice.

In circumstances when a youth is due to be released, has been potentially exposed to COVID-19, but is not symptomatic, it may be appropriate to quarantine the youth to ensure that they are healthy when released. Decisions to quarantine well youth will be made by facility administrators in consultation with the OYA medical director and the Facility Services assistant director.

See Appendices A and B for more information about quarantine in close-custody facilities.

7. **Office and Facility Access**

At various stages of a pandemic, it may be advisable to suspend entry into an office or facility by non-essential personnel. The decision to suspend entry will be made by the facility or unit assistant director in consultation with the OYA medical director and OYA director.



The OYA medical director in collaboration with the assistant directors will determine when the suspension of entry for non-essential staff can be lifted.

G. INFECTION CONTROL

In addition to the below infection control procedures, OYA has a supplemental infection control plan to comply with Oregon OSHA rules OAR 437-001-0744 Addressing COVID-19 Workplace Risks.

1. Hand Hygiene

- a) Hand hygiene includes both hand washing with either plain or antimicrobial soap and water or use of alcohol-based or benzalkonium chloride-based products that do not require water use.
- b) Staff are to follow the instructions for proper hand washing which are included in the OYA Bloodborne Pathogens Plan Handbook located on OYA Intranet in the Health Services section in the Infection Control Folder, as well as in the OYA policy on Infection Control (I-C-8.3).
- c) Staff will wash hands with soap and water whenever possible. Use of hand sanitizer will assist in hand hygiene but does not replace hand washing with soap and water.
- d) Staff will wash hands after coming near or into contact with blood, body fluids, secretions, excretions, and contaminated items; after removing gloves; and after direct contact with a person known to have COVID-19. Staff will wash hands after using the toilet and before handling any food products.
- e) In addition, staff will wash hands periodically, every hour, if possible, to provide additional reduction of pathogen transmission.
- f) Staff will place bottles of hand sanitizer throughout offices and facilities to assist in hand hygiene. If the hand sanitizer contains alcohol, it will not be placed in areas accessible to youth. Instead, benzalkonium chloride-based hand sanitizer products will be placed in areas accessible to youth.



- g) Posters will be placed in areas frequented by staff and youth, as well as in restrooms and control rooms with instructions on proper hand washing. The posters are available on OYA Intranet in the Health Services section with the Infection Control Plan information.

2. Respiratory Hygiene and Cough Etiquette

- a) All persons should cover their mouths and noses when sneezing or coughing, using tissues or the crooks of their own arms to cough or sneeze into instead of their hands.
- b) Tissues used by symptomatic individuals should be disposed of in no-touch biohazard bags in labeled biohazard containers.
- c) All persons should wear face coverings when they cannot maintain more than six feet of separation from others.
- d) All persons should wash their hands after coughing, sneezing, blowing their noses, or touching their runny noses.
- e) Symptomatic persons must be promptly isolated. Ill staff must be sent home immediately, and ill youth must be placed in medical isolation.
- f) Staff will place boxes of tissues throughout offices and facilities to assist in proper respiratory hygiene.

3. Personal Protective Equipment (PPE)

- a) Each office and facility will maintain an inventory of pandemic supplies, including:
- N-95 respirators (medical isolation areas in facilities and transports only when a youth is COVID-19 positive)
 - face masks (regular surgical masks)
 - facial coverings
 - disposable vinyl, latex, or nitrile gloves
 - disposable paper gowns
 - disposable paper sheets
 - disposable emesis (vomit) bags



- tissues
 - toilet paper
 - hand sanitizer
 - bleach and/or Hepastat
 - spray bottles to use for sanitizer solution
 - paper towels
 - mop heads and buckets
 - plastic garbage bags
 - trash containers
- b) The MacLaren warehouse carries stock of these items. It is recommended that all offices and facilities order the items through the warehouse for agency cost savings.
- c) The Oregon Health Authority (OHA) may provide some PPE medications and vaccines related to the pandemic which may be available to Health Services staff at each facility. The OYA medical director will coordinate ordering pandemic-related medications and vaccines using the processes outlined by OHA.
- d) PPE supplies and disinfectants are controlled according to OYA procedures HS I-C-8.3 Procurement and Distribution of COVID-19 PPE, and BS I-C-8.3 Procurement and Distribution of COVID-19 Disinfectants.
- e) PPE for youth and staff in close-custody facilities will vary based on the type of contact they have with COVID-19 cases. Each type of recommended PPE is defined below. The medical director will approve use of different PPE based on current supply and recommendations from the CDC and OHA.
- **N95 respirator**
See below for guidance on when face masks are acceptable alternatives for N95s. N95 respirators should be prioritized when staff anticipate contact with infectious aerosols from a COVID-19 case.
 - **Face mask**
 - **Eye protection** – goggles or disposable face shield that fully covers the front and sides of the face
 - **Disposable patient examination gloves**
Gloves should be changed if they become torn or heavily



contaminated while examining or assisting an ill youth and before examining or assisting another youth.

- **Disposable medical isolation gown or single-use/disposable coveralls, when feasible**
 - If staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.
- f) Staff must wear a facial covering anytime they are in the workplace, and when they cannot maintain six feet of separation from others.
- g) Staff working in quarantine areas or medical isolation areas must follow the facility local operating protocol (LOP) for these areas. The LOP has the list of required PPE for that area.
- h) Guidance for optimizing the supply of each category can be found on CDC's website:
 - [Guidance in the event of a shortage of N95 respirators](#) [link]
Based on local and regional situational analysis of PPE supplies, **face masks with face shields are an acceptable alternative when the supply chain of respirators cannot meet the demand.** During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.
 - [Guidance in the event of a shortage of face masks](#) [link]
 - [Guidance in the event of a shortage of eye protection](#) [link]
 - [Guidance in the event of a shortage of gowns/coveralls](#) [link]

4. Environmental Cleaning and Disinfection



A critical part of reducing transmission of a pandemic disease is to maintain a sanitary environment. Thus, staff will adhere to the following standards:

- a) Staff will be especially attentive to using Standard Precautions during pandemics.
- b) Staff will follow the guidelines for sanitation that are included in the OYA Infection Control Plan.
- c) Bleach solution is the recommended means to sanitize surfaces (1-part bleach to 10 parts water). This solution is placed in marked spray bottles for use in sanitizing. Every day, the remaining solution must be discarded and fresh solution made. An approved alternative to bleach is Hepastat Quick Mix spray.
- d) If a surface to be sanitized would be damaged by bleach, such as cloth sofas or chairs, then Hepastat or another commercial sanitizer safe for fabrics may be used.
- e) If a surface to be sanitized would be damaged by any liquid spray product, such as electronic devices, keyboards, remote controls, and phones, then a commercial sanitizing wipe safe for electronic devices will be used. Note that no wipes may be used on computer screens, cell phones, or cameras. Follow manufacturer recommendations for these surfaces.
- f) Sanitation of common office areas should be completed once a day. A sanitation checklist is available on OYANet on the Health Services site with the Infection Control Plan information.
- g) Regular sanitation of high touch areas (doorknobs, stair rails, phone handsets and buttons, computer keyboards, remote control devices, water fountains, water coolers, counters, all bathroom surfaces) must be completed.

5. Sanitation of Vehicles and Security Equipment

Vehicles must be sanitized between uses. EPA-approved disinfectants will be placed in each vehicle and will be used to sanitize the steering wheel, gear shift, door handles, mirror, and other high touch areas. Hand



sanitizer will be kept in each vehicle and must be used when entering the vehicle and before exiting the vehicle.

All hard and soft restraints, restraint boards, and other gear that is used by more than one youth will be sanitized between uses.

Other security equipment, including communication radios, microphones, and shared keys will be sanitized between uses with a sanitizer safe for such equipment.

H. WAREHOUSE OPERATIONS

1. Continuity of Services

- a) The warehouse supply specialists make their purchases using a SPOTS card. Any purchases above their SPOTS limit is made through OYA Central Procurement using a Purchase Order (PO).
- b) The MacLaren warehouse manager is the purchasing approver for Central Warehouse supplies. The MYCF superintendent, maintenance manager, and program director are the back-ups for purchasing approval.
- c) If purchasing assistance is needed due to staff absences, the procurement specialist at Central Office can assist. If the procurement specialist is not available, OYA may seek DAS assistance for procuring critical items. Commercial delivery companies could be used in an emergency at a much greater cost to the agency.
- d) During the COVID-19 pandemic, staff must follow HS I-C-8.3 Procurement and Distribution of COVID-19 PPE and BS I-C-8.3 Procurement and Distribution of COVID-19 Disinfectant.
- e) Delays in order filling are expected during times of significant staff shortages, facility outbreaks, or community outbreaks.

2. Shipping

UPS and Federal Express come to the warehouse daily, so supplies can be shipped out daily. The back-up if UPS and Federal Express are unable



to come to the facility is to use another vendor or to take the packages to the Woodburn U.S. Post Office.

During the COVID-19 pandemic, juvenile parole/probation assistants have been designated as emergency delivery personnel when PPE or disinfectant must be shipped from the warehouse to a close-custody facility or other location approved by the medical director or director.

3. **Ordering Pandemic Supplies**

During the COVID-19 pandemic, HS I-C-8.3 Procurement and Distribution of COVID-19 PPE must be followed.

4. **Warehouse Stocks**

During a pandemic, the warehouse will report on stocks available and stocks used on a weekly basis, ensuring that OYA administration is made aware of any critical shortages faced by the agency.

I. **VACCINES**

In December 2020, the Advisory Committee on Immunization Practices (ACIP) recommended use of two mRNA COVID-19 vaccines for which FDA granted Emergency Use Authorizations (EUAs): Pfizer-BioNTech (approved for ages ≥ 16 years) and Moderna (approved for ages ≥ 18 years). Both products require two doses, spaced at either three weeks (Pfizer-BioNTech) or one month (Moderna) apart. Clinical trials conducted after receipt of the second dose of vaccine for both products showed vaccine efficacy of $>90\%$ (Pfizer-BioNTech: 95%; Moderna: 94.1%).

1. **Vaccine Availability for Youth**

- a) The Oregon Health Authority will provide vaccines as they are available for prioritized groups within Oregon. The OYA medical director will be in contact with the OHA and will notify OYA when COVID-19 vaccines are available for groups of youth.
- b) Youth will also be offered influenza vaccine annually.
- c) The agency Communications Office will create materials to provide information to youth about the value of getting vaccinated for both influenza and COVID-19 when available.



2. Vaccine Availability for OYA Staff

- a) Staff are encouraged to get vaccinated with all COVID-19 and influenza vaccines recommended by OHA in order to protect their health and the health of those with whom they come in contact.
- b) Staff may access necessary vaccines via their health care providers, pharmacies or other places where vaccines are offered.
- c) The OYA medical director will notify staff where to obtain recommended COVID-19 and influenza vaccines once available. Staff at risk may be able to get priority vaccines through their personal health care provider.

J. STAFF TRAINING

The Oregon Youth Authority Training Academy (Training Academy) will provide an orientation to pandemic issues with reference to the OYA Agency Pandemic Response Plan in New Employee Orientation (NEO). Information regarding agency-approved measures to take in reducing transmission will be included in this orientation.

All staff are required to complete a COVID-19 training in compliance with OR-OSHA rules OAR 437-001-0744 Addressing COVID-19 Workplace Risks.

K. GLOSSARY

Close contact of a COVID-19 case— In the context of COVID-19, an individual is considered a close contact if they a) have been within approximately 6 feet of a COVID-19 case for a total of 15 minutes or longer during a 24-hour period, or b) have had direct contact with infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and



the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

Confirmed vs. Suspected COVID-19 case vs. Suspected COVID-19 case

– A confirmed case has received a positive result from a COVID-19 laboratory test, with or without symptoms. A suspected case shows symptoms of COVID-19 but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

Medical Isolation – Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a single room with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinical providers and public health officials. In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion.

Quarantine – Quarantine refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for OYA youth and employees for COVID-19 should last for a period of 10 days. Ideally, each quarantined individual would be quarantined in a single room with solid walls and a solid door that closes. If symptoms develop during the 10-day period, the individual should be placed under medical isolation and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the individual can return to their previous residency status within the facility.

Physical Distancing – Physical distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Physical distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals will be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Although physical distancing is challenging to practice in correctional and detention environments, it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19.



Staff – In this document, “staff” refers to all public sector employees as well as those working for a private contractor within a secure facility (e.g., private healthcare or food service). Except where noted, “staff” does not distinguish between healthcare, custody, and other types of staff including private facility operators.

Symptoms – Symptoms of COVID-19 include fever, cough, shortness of breath, muscle pain, chills, sore throat, or a new loss of taste or smell. Like other respiratory infections, COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations most at risk for disease and complications are not yet fully understood.

L. RESOURCES

1. [CDC Coronavirus Disease 2019 Guidance Documents](#)
2. [Oregon Health Authority COVID-19: https://govstatus.egov.com/OR-OHA-COVID-19](https://govstatus.egov.com/OR-OHA-COVID-19)
3. [Oregon Health Authority: Guidance on Management of COVID-19 in Correctional and Detention Facilities](#)
4. [OYA Coronavirus \(COVID-19\) Guidance on Key Issues – Secure Facilities](#)
5. [OYA Coronavirus \(COVID-19\) Guidance on Key Issues – Community Residential Providers and Foster Families](#)
6. [Oregon Health Authority Novel Coronavirus Disease 2019 \(COVID-19\) Interim Investigative Guidelines](#)



ATTACHMENT 1

OYA ORGANIZATIONAL CHART – PROVIDING COMMAND STRUCTURE AND SUPERVISORY AUTHORITY TO ENSURE CONTINUITY OF AGENCY OPERATIONS

Director's Office

Position	Back-Up	2nd Back-Up
Director	Deputy Director	Business Services Assistant Director
Deputy Director	Business Services Assistant Director	Facility Services Assistant Director
Assistant to the Director	Community Services ESS2	Business Services ESS2
Public Policy/Govt Relations	Public Records Analyst	Rules and Policy Coordinator
Communications Director	Deputy Communications Manager	Social Media Communications Officer
Chief Investigator	PREA Coordinator	Investigator 3

Business Services

Position	Back-Up	2nd Back-Up
Assistant Director for Business Services	Community Services Assistant Director	Facility Services Assistant Director
Exec Support Spec 2	Community Services ESS2	Information Services ESS 2
Facilities Maintenance Manager	Maintenance & Operations Manager	MacLaren Maintenance Manager
Chief Financial Officer	Deputy Chief Financial Officer	Facilities Budget Analyst 3
Deputy Chief Financial Officer	Chief Financial Officer	Accountant 4
Human Resources Manager	Assistant Human Resources Manager	Business Services Assistant Director



Community Services and Parole Offices

Position	Back-Up	2nd Back-Up
Assistant Director for Community Services	Chief of Parole/Probation Operations	Senior Policy & Practices Advisor
Executive Support	Facilities Services ESS2	Business Services ESS2
Community Resources Manager (including CRU, FC, YBAT)	Community Services Assistant Director	Chief of Parole/Probation Operations
Interstate Compact Coordinator	Community Services ESS2	Senior Policy & Practices Advisor
Chief of Parole/Probation Operations	Senior Policy & Practices Advisor	Community Resources Manager (including CRU, FC, YBAT)
Senior Policy & Practices Advisor	Chief of Parole/Probation Operations	Agency Rules & Policy Coordinator
Parole Supr - Benton, Linn, Polk, Yamhill	Parole Supervisor – Lane	Parole Supervisor - Marion
Parole Supervisor - Clackamas	Parole Supervisor – Marion	Parole Supervisor - Multnomah
Parole Supervisor - Lane	Parole Supr - Benton, Linn, Polk, Yamhill	Parole Supervisor - Marion
Parole Supervisor - Multnomah	Parole Supervisor – Clackamas	Parole Supr - Clatsop, Columbia, Tillamook, Washington
Parole Supervisor - Coos, Curry, Douglas	Parole Supr - Jackson, Jose, Klamath, Lake	Parole Supervisor - Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa
Parole Supervisor - Marion	Parole Supr - Benton, Linn, Polk, Yamhill	Parole Supervisor—Lane
Parole Supr - Jackson, Jose, Klamath, Lake	Parole Supervisor - Coos, Curry, Douglas	Parole Supervisor - Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa
Parole Supr - Clatsop, Columbia, Tillamook, Washington	Parole Supervisor - Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa	Parole Supervisor - Coos, Curry, Douglas
Parole Supr - Crook, Desch, Hood River, Gilliam, Jeff, Sherman, Wheeler, Wasco	Parole Supervisor - Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa	Parole Supr - Jackson, Jose, Klamath, Lake



**Parole Supervisor - Baker,
 Grant, Harney, Malheur,
 Morrow, Umatilla, Union,
 Wallowa**

Parole Supr - Jackson, Jose,
 Klamath, Lake

Parole Supervisor - Baker,
 Grant, Harney, Malheur,
 Morrow, Umatilla, Union,
 Wallowa

Facility Services and Facilities

Position	Back-Up	2nd Back-Up
Assistant Director for Facility Services	Chief of Operations	Operations Policy Analyst 4
Exec Support Spec 2	Community Services ESS2	Business Services ESS2
Chief of Operations	Assistant Director for Facility Services	Operations Policy Analyst 4
Camp Florence Director	Officer of the Day	Assistant Camp Director
Camp Tillamook Director	Officer of the Day	Assistant Camp Tillamook Director
Eastern Oregon YCF Superintendent	Officer of the Day	Unit B Treatment Manager
MacLaren YCF Superintendent	Officer of The Day	Program Director
Oak Creek YCF Superintendent	Officer of the Day	Program Director
RiverBend YTP Director	Officer of the Day	Assistant Camp Director
Rogue Valley YCF Superintendent	Officer of the Day	Program Director
Tillamook YCF Superintendent	Officer of the Day	Orca Treatment Manager
Young Women's Transition Program Director	Same as Oak Creek	Same as Oak Creek



Development Services

Position	Back-Up	2nd Back-Up
Development Services Assistant Director	Development Services Implementation Manager	YRS Implementation Manager
Training Academy Director	Training Specialist	Program Trainer
OIIR Director	Native American Svc Coordinator	
Native American Coordinator	Multicultural Services	
Transition Specialist, Marion County	Transition Specialist, Multnomah County	

Health Services

Position	Back-Up	2nd Back-Up
Medical Director	MYCF Physician	Nurse Manager
Nurse Manager	MYCF Supervising RN 1	MYCF Supervising RN 2
Exec Support Spec 2	Health Services ESS 1	Business Services ESS2

Information Systems

Position	Back-Up	2nd Back-Up
Chief Information Officer	Technical Services Manager	Application Development Manager
Technical Services Manager	Sr. Systems Architect	Sr. Technical Systems Administrator
Application Development Manager	JJIS.Net Architect	Business Intelligence Architect



ATTACHMENT 2 PANDEMIC INFORMATION LIAISONS (PILS)

Location	PIL	Phone	Back-up PIL	Phone2	Safety Chair	Phone3
Camp Florence						
Camp Tillamook						
EOYCF						
MYCF						
OCYCF						
OCYWTP						
RiverBend						
RVYCF						
TYCF						
Director's Office						
Business Services						
Community Svc						
Facility Services						
Development Svc						
Health Services						
Multnomah						
Clackamas						
Marion, Polk						
Lane						
Coos, etc						



Oregon Youth Authority
Agency COVID-19 Pandemic Response Plan

Location	PIL	Phone	Back-up PIL	Phone2	Safety Chair	Phone3
Malheur, etc.						
Washington, etc.						
Josephine, etc.						
Deschutes, etc.						
Linn, etc.						
Foster Care						
Res Providers						