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# OHA-OHCS update

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# Strategies to Support Staffing

- Provide training and educational materials related to COVID-19 for staff and volunteers.
- When possible, minimize face-to-face interactions with clients for staff members who are not up to date on COVID-19 vaccination.
- Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Prepare to support case investigation and contact tracing activities in collaboration with local health departments.

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# Strategies to Support Staff

- Regardless of vaccination status, assign outreach staff and volunteers who are at increased risk for severe illness from COVID-19 to duties that do not require them to interact with clients in person.
- Outreach staff and volunteers should review stress and coping resources for themselves and their clients during this time

# Staffing Support

- Encourage staff and volunteers to get vaccinated and boosted as soon as possible and stay up to date on vaccinations.
- Advise staff who are not up to date on COVID-19 vaccination to maintain 6 feet of distance while interacting with clients, staff, and volunteers, where possible.
- Require outreach staff to wear well-fitting masks or respirators when working in public settings or interacting with clients. They should still maintain a distance of 6 feet from each other and clients, even while wearing masks.

# Shortening Isolation and Quarantine (Best practice-10days)

- Examples of when quarantine/isolation durations might be shortened:
- Staffing shortages threaten to compromise the continuity of essential operations.
- There is insufficient space to quarantine or isolate all residents who have been exposed or infected for the full recommended 10-day periods.
- Resources are constrained and the facility has been deemed to be at lower risk for transmission based on facility or client characteristics (e.g., a shelter where individual rooms are available and clients are not at high risk for severe outcomes)

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# Masking

- OHA will lift the indoor mask requirement no later than March 31, 2022.
- OHA has no current plans to lift mask requirements in [health care facilities](#).
- Some people may choose to continue wearing masks.
- Health experts strongly recommend people at high risk of severe disease and hospitalization continue to wear masks in indoor public settings, including people:
  - Who are unvaccinated.
  - With compromised immune systems.
  - With underlying health conditions.
  - Are 65 and older.
  - Living with others at high risk of severe disease.

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# Masking

- By March 31, COVID-19 transmission should be low enough for mask requirements to be lifted safely, without jeopardizing hospital capacity or in-person classroom learning.
  - Hospitalizations are projected to have dropped below 400 patients with COVID-19 per day by March 31; this is the level where we were prior to the Omicron surge.
- Lifting mask requirements no later than March 31 supports local decision-making, guided by science and data and the communities being served. As we learn to live with this virus, it will be important for local leaders and school districts to make informed decisions about what layered mitigation measures are needed based on the levels of COVID-19 in their communities.

# Masking

- After mask requirements are lifted, employers and businesses can still set their own requirements to protect employees and patrons, including requiring masks indoors and proof of vaccination, in compliance with Americans with Disability Act guidelines and Title VII of the Civil Rights Act
- Masking FAQ:
- <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3898M.pdf>