
OHA update for Houseless/Shelter Population

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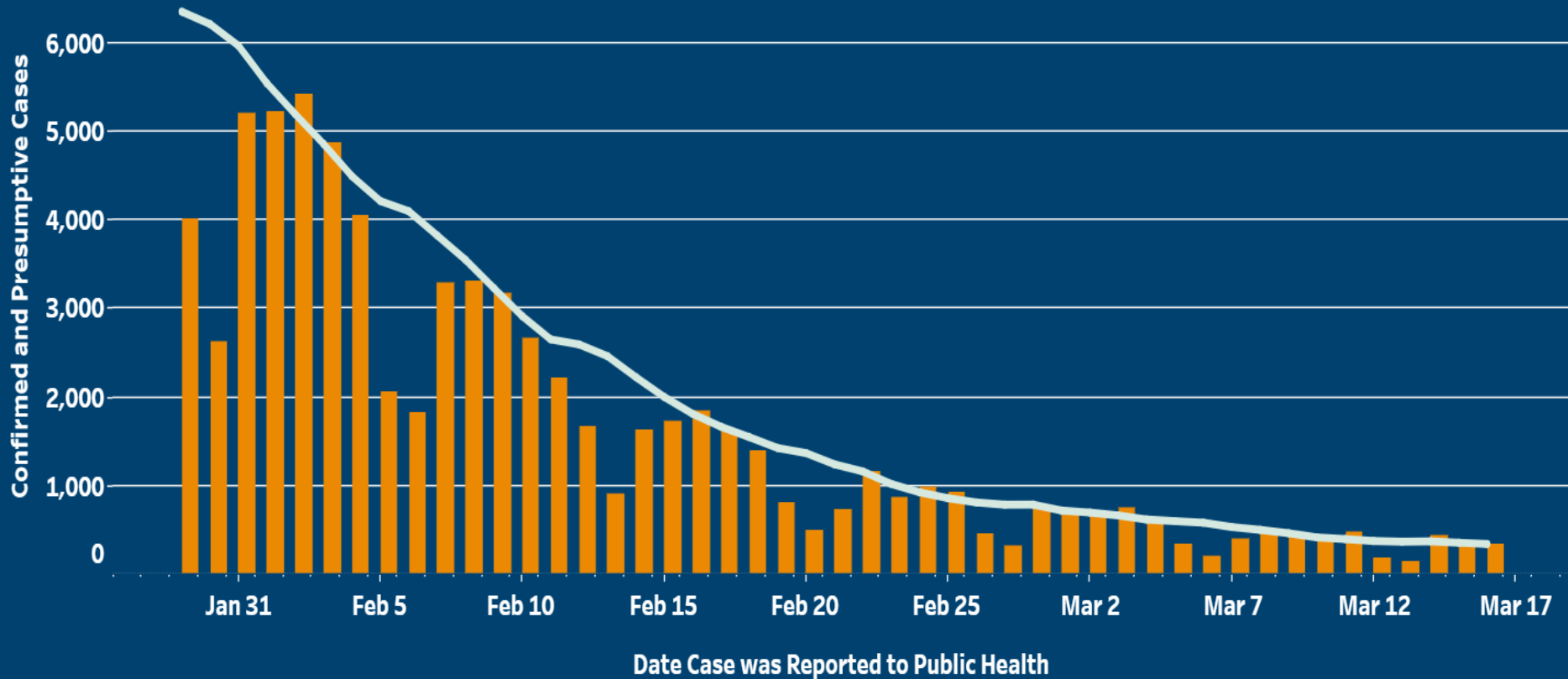
The logo for the Oregon Health Authority features the word "Oregon" in orange, "Health" in blue, and "Authority" in orange, all in a serif font. A blue horizontal line is positioned below the word "Health".

Oregon
Health
Authority

New Cases	7 Day Daily Average of Cases	Cases Per 100k in Previous 7 Days	COVID-19 Patients Hospitalized†	Tests Reported	Test Positivity	New Deaths
331 ▼	327.7	53.75	215 ▼	15,853	2.5%	27

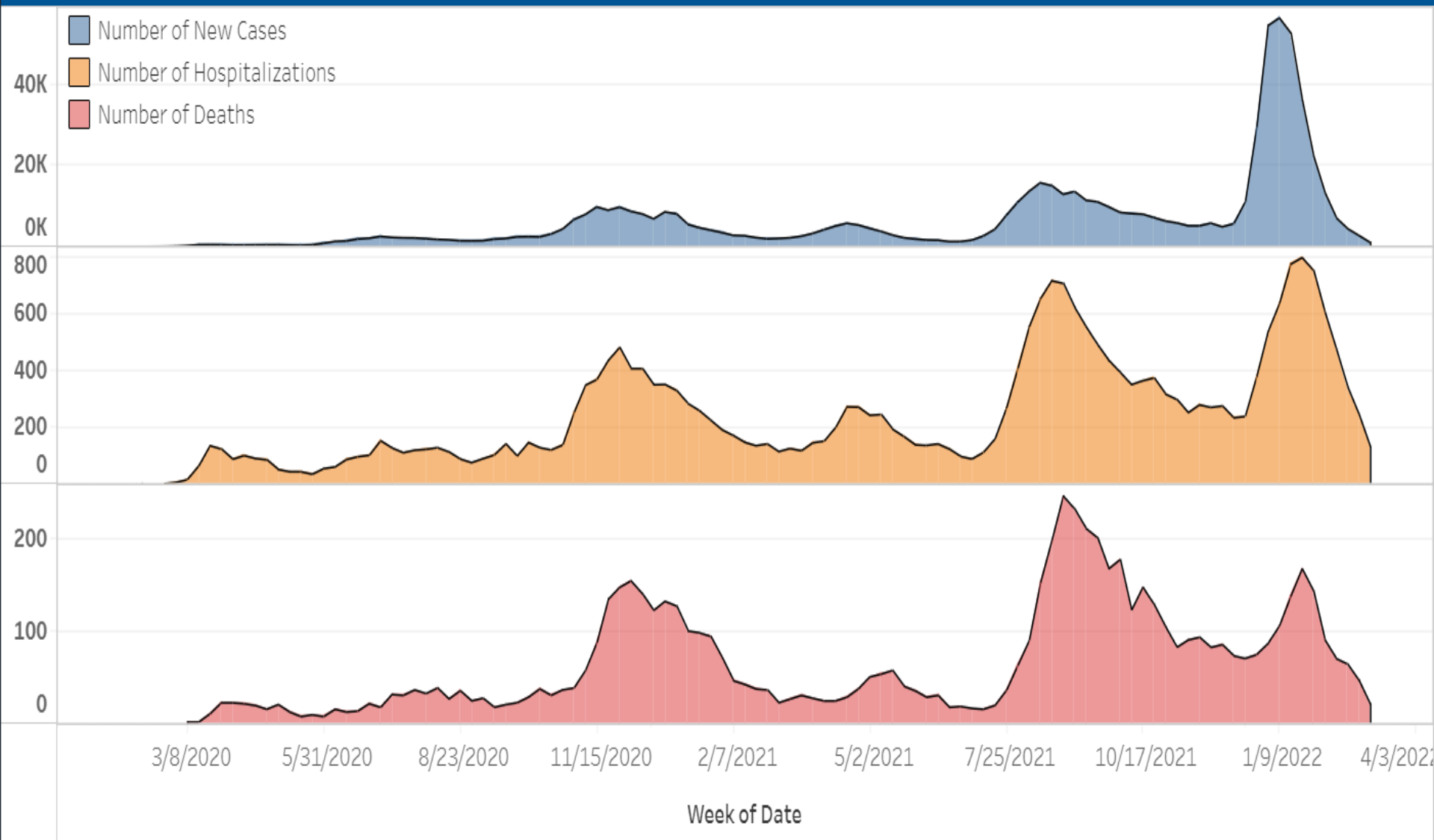
Arrows indicate an increase or decrease from the previous day. †Hospitalization data from Oregon’s Hospital Capacity Web System (HOSCAP).

Daily Cases and 7 Day Moving Average over the Previous Six Weeks



<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19Update/DailyDataUpdate>

Overview: Comparing number of new cases, hospitalizations and deaths over time



<https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19CaseDemographicsandDiseaseSeverityStatewide/SeverityTrends>

Masking in Houseless/ Shelter Population

- ❖ Indoor Masking Mandate was lifted on March 12th, 2022. Congregate settings that are not health care settings are not subject to the rule. Congregate setting that is a health care setting will be subject to Oregon Administrative Rule 333-019-1011
- ❖ People living in residential congregate settings tend to come from more vulnerable groups. Residents may be older adults with health problems or dementia, individuals with an intellectual or developmental disability, people living with severe mental illness, **people experiencing homelessness**, those involved in the carceral system, or people experiencing a combination of these factors.

Masking in Houseless/ Shelter Population

- ❖ OHA strongly recommends people at high risk of severe disease and hospitalization continue to wear masks in indoor 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

Masking in Houseless/ Shelter Population

- ❖ Those responsible for congregate settings may choose to require masks for staff and residents even after OHA lifts mask requirements.
- ❖ For organizations that choose to require masks, OHA recommends the following:
 - A clear, written policy that is available to staff and visitors
 - Staff training on the policy and how to educate visitors on the policy
 - Clear, visible signs at entrances and throughout the facility
 - Extra masks to provide to staff and visitors who do not have one
 - A clear, written protocol to respond to complaints

Resources

- ❖ Masking FAQ:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3898M.pdf>

- ❖ Healthcare setting masking FAQ:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3898n.pdf>

- ❖ The CDC has information and recommendations for various congregate settings:

Retirement and Shared Housing (<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/index.html>)

Homeless Service Providers (<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>)

Correctional and Detention Facilities (<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>)

Quarantine recommendations

- ❖ 10 days residents (regardless of vaccination status) and staff (not up to date on Covid-19 vaccination)
- ❖ Residents of non-healthcare congregate living settings who attend school or work outside of that setting are allowed to return to work or school after exposure presumptive COVID-19 case, presuming that they remain asymptomatic
- **Up to date** means a person has received all recommended doses in their primary series COVID-19 vaccine, and a booster dose when eligible

(Non-healthcare congregate settings (including, but not limited to, homeless shelters, supported/supportive living, temporary/transitional housing, employer-provided congregate housing, cruise ships)

Isolation Recommendations

- ❖ 10 days. Can shorten during periods of critical staffing shortages in consultation with LPHA or OHA

- ❖ Residents may return to work or school after completion of their 5-day isolation period provided;
 - they have been fever-free for at least 24 hours,
 - their symptoms are improving,
 - and they are able to mask while around other people for the remaining 5 days of their isolation period.
 - Should continue to isolate from other residents in the congregate living setting for the full 10-day isolation period.