Lake County
Reopening Plan

Prepared based on Governor Kate Brown’s
Framework for Reopening Oregon
Purpose

The purpose of this document is to provide guidance for Oregon’s Phased Reopening and give information that will need to be addressed in the implementation of Lake County’s individual plan.

The Lake County Board of Commissioners created and convened the Lake County Reopening Committee for the purpose of outlining a County plan for Phase 1, 2 and 3 of Reopening Oregon.

The Committee consisted of our Incident Commander, Public Health Director, Public Health Medical Officer, Emergency Manager, Medical Providers/Doctors and a County Commissioner.

Due to the ever changing nature of our fluid situation, information associated with COVID-19 guidelines will be handled as an adaptive management plan and/or living document.

The Lake County Board of Commissioners approved this plan on 5/8/2020.
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Section I: Overview

Lake County is a rural/frontier county in the south-central region of Oregon. As of the 2010 census, the population was 7,895. Lake county has a total area of 8,358 square miles, making it the 3rd largest county in the state with more than one square mile per resident. The County seat is Lakeview, which is Lake County’s largest city with a population of 2,294. Paisley is Lake County’s only other incorporated city with a population of 243. The majority of the population lives outside of the urban growth boundaries in extremely rural communities.

Lake County is in the high desert region known as the Oregon Outback, on the northwestern edge of the Great Basin. The communities outside of Lakeview and Paisley consist of Westside, Plush, Adel, Valley Falls, Christmas Valley, Fort Rock, Silver Lake, Summer Lake, and New Pine Creek.

The Lake County economy consists largely of agriculture and natural resource management and extraction. It is home to many large cattle ranches, hay farms, and timber holdings (both public and private), as well as several frontier towns and early 20th-century homesteads. Although lumber was once a primary economic driver in Lake County, today only one mill remains.

As of May 8th, Lake County has been fortunate to have had 0 confirmed cases for COVID-19. Our Local County Government and County partners are very proud of their quick and organized response to the COVID-19 crisis, as well as the sacrifices and efforts our communities have made in their individual lives to protect our at-risk population. Lake County has made every effort in following all Federal, State and OHA guidelines, with special attention to CDC guidance for limiting potential spread of a virus. The County has provided public information kiosks throughout all our communities to keep our population informed and up to date with the situation.

We have seen and watched in sorrow as our fellow counties across Oregon and our Nation struggle to comply with the sound and practical efforts to control exposure and contamination through self-isolation, social distancing, sanitation and all other precautionary safety measures, appropriate and relevant to maintaining community public safety.

However, we also recognize and see within our own County communities, the heartache, despair, uncertainty and fear caused by the efforts to slow or stop the spread of this virus through the shutdown of non-essential business and commerce. With the favorable health condition and downward trajectory of influenza-like illnesses that exists in Lake County, relative to COVID-19, the devastating economic impact to our County seems even more extreme and detrimental to the overall health of our communities. Relief and assistance to the mental health needs in our County, along with additional pressure and impacts on public safety issues and our law enforcement require as much attention as continuing disease mitigation efforts.
PREREQUISITES FOR PHASED REOPENING OF LAKE COUNTY

Each of the following seven prerequisites as pertaining to Lake County have been met for phase one of Reopening Oregon.

1. Declining prevalence of COVID-19
   a. The percentage of emergency department visits for COVID-19-like illnesses are less than historic averages for flu.
   b. This metric of a “14-day decline in COVID-19 hospital admissions” does not apply to Lake County as we have not had a confirmed case.

   a. As part of Region 7 and based on Lake County’s population, our testing requirements (at a rate of 30 per 10,000 people per week) would be up to 26 COVID-19 tests per week for those that meet the criteria set by Oregon Health Authority (OHA). Lake County medical providers at Lake Health District along with the Medical Officer for Lake County Public Health believe that this rate of testing is sustainable.
   Lake County has implement a testing regimen that prioritizes symptomatic persons and individuals who may have come into contact with a known COVID-positive person, and have a plan to test and monitor when there is a positive test from a congregate setting. This includes the long-term care facility, our county jail and the State Prison (see attached response plans). Testing is available for frontline and essential workers.
   b. Lake County has maintained and will continue to maintain an appropriate number of testing sites to accommodate our limited County population of only 7,895. As mentioned in our Overview, Lake County has provided public information kiosks throughout all our communities to keep our population informed and up to date with the situation, as well as daily updates on social media to include accurate info as to where and how people can get tested. Lake County Hospital works closely with our local Public Health who in conjunction with OHA plans to use collected data to track and trace the spread of the virus. Testing is accessible to low-income and underserved communities.

3. Contact Tracing System
   a. Following the Prerequisites, Lake County. Lake County Public Health is prepared to contact trace all new cases within 24 hours, and conduct all case investigations. Their investigation team is comprised of five staff members which includes two bilingual Spanish speakers.
Lake County has a ratio of 5 per 7,500 people that exceeds the ration set forth by the Oregon Health Authority of 15 per 100,000. Should additional support be needed, Lake County Public Health will contact OHA Acute and Communicable Disease Program for additional assistance.

4. Isolation Facilities Criteria
   a. Counties must have hotel rooms available for people who test positive for COVID-19 and who cannot self-isolate. The Department of Public Health at the Oregon Health Authority will provide support to local public health to identify needs and help with resources.

   YES – Should an individual or family that is experiencing homelessness contract COVID-19 or be identified as a contact of a known COVID-19 case, Lake County will use the Lake County Public Health liaison to identify housing through a voucher system for local hotels and mobile housing units provided from a company in Klamath County (See Appendix G). Lake County Public Health staff will monitor their needs for necessities of daily living, food, laundry, and medications while in isolation. The department will connect them with housing and food assistance programs as needed as identified in the CLARA system through the partnership with Oregon Health and Science University. Lake County Public Health will work with OHA to monitor individuals on isolation and quarantine. Unless there is a need for medical services, it is strongly recommended those who test positive for COVID19 and/or have signs and symptoms, stay at home until they have been symptom-free for 72 hours (3 days). By following these strategies, it will help protect the health and safety of workers in critical industries, high risk facilities, mass transit, and other sectors.

   b. Narratives describing three different outbreak situations in the county include our Long Term Care Facility at Lake Health District, Warner Creek Corrections Facility and the Lake County Jail. (See Appendix D, E & F.)

5. Finalized Statewide Sector Guidelines
   a. Lake County fully intends to adhere to the statewide guidelines from Oregon Health Authority, and take every precaution to protect employees and consumers. We have outlined in our plan how we continue to make the physical work space safer and implement processes that lower risk of infection in the business.

6. Sufficient Health Care Capacity
   a. Please reference our Hospital Surge Plan and apply it to our Region when making the determination as to whether Lake County meets this metric.
7. **Sufficient PPE Supply**
   a. Please reference Lake County’s PPE supply information provided to OHA daily by our hospitals and clinics in both our Health Districts. Also reference attached letter from Lake Health Districts CEO Charlie Tveit.
   b. Lake County and our Incident Command are is in constant communication with our volunteer emergency responders and can attest a continued effort to bolster and maintain a sufficient PPE supply for first responders in the county.

**Section II: Gating Criteria & Preparedness**

A. **Gating Criteria**
   1. **Symptoms**
      
      *(Downward trajectory of influenza-like illnesses (ILI) AND COVID-like syndromic cases reported within a 14-day period)*

   2. **Cases**
      
      *(Downward trajectory of documented cases within a 14-day period OR positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests))*

**Current Status**

Lake County has shown a downward trajectory of influenza-like illnesses reported within a 14-day period, according to data from Lake District Hospital. Lake County has also been fortunate to have no confirmed cases of COVID-19 as of May 8, 2020.

We have seen very slow growth in the nearby counties with positive cases. The health and safety of our community is our priority, and this trend of slow or no growth must continue. However, it would be naive to think that we will never get a case. Lake County has created a Lake County Reopening Committee in the Incident Command Structure to continuously monitor the situation and identify Management Action Point metrics as part of an information-based, phased approach to reopening.

**Plan for Reopening**

A phased approach to reopening our economy will keep the COVID-19 positive growth rate curve or line relatively flat. If no management action points are reached within a two-week period, which would be the incubation period of the virus, then it would be permissible to move to the next phase. Taking small, calculated steps will allow the economy to start reopening through a strategic approach that protects the health of the community.

The Reopening Committee will monitor the situation throughout the reopening process. This group consists of the Incident Commander, Public Health Director, Public Health Medical Officer, Emergency Manager, Medical Providers/Doctors, and a County Commissioner. This Committee will continuously be evaluating the numbers of tests done, positive tests and the information collected during contact
tracing. They could change the Management Action Points based on information, such as positive COVID tests from healthcare workers or residents and/or staff of a Long Term Care Facility (LTCF).

In consultation with the Public Health Branch of the Incident Command Structure, a consensus was reached on the following management action points should positive cases occur.

**Management Action Points: Positive Cases per week: 7**
- **Hospitalized Cases:** 7
- **Patients on a Ventilator:** 2

If these management action points are reached, a HOLD (described in Section III) may be placed on moving forward with any other business sector reopening and allow time for contact tracing to occur. Based on the data provided through contact tracing and testing, the Lake County Reopening Committee and Incident Command Team will recommend to the County Board of Commissioners the need to continue a hold, or take steps backward, until we reach a steady state.

3. **Hospitals**
   (Treat all patients without crisis care AND robust testing program in place for at-risk healthcare workers)

**Current Status**
Lake County medical providers at Lake Health District along with the Medical Officer for Lake County Public Health believe that all patients can be treated without crisis care, given Lake District Hospital’s increased and current capacity.

Robust testing has been defined for the State of Oregon as 15,000 tests per week. Based on Lake County’s population, our testing requirements would be up to 26 tests per week for those that meet the criteria set by Oregon Health Authority (OHA).

**Plan for Reopening**
Lake Health District has a robust testing program in place for at-risk healthcare workers, including emerging antibody testing. This includes 409 serology tests, 194 RP2 kits, 54 Abbott tests, and 226 collection kits as of April 28, 2020. Lake County has enough tests to meet the requirements of the current robust testing program.

Lake County Emergency Operations Center (EOC) will continue to use the state’s existing Ops Center to make requests for testing media from the state.

**B. Core State Preparedness**
1. **Testing & Contact Tracing**
   - Screening and testing for symptomatic individuals
   - Test syndromic/influenza-like illness-indicated persons
   - Ensure sentinel surveillance sites are screening for asymptomatic cases (sites operate at locations
Lake District Hospital is currently screening and testing for symptomatic individuals, as well as testing for syndromic/influenza-like illness-indicated persons. As of May 7th, 2020, Lake County has performed 117 COVID-19 tests, 114 negative and 3 pending.

Lake County Public Health will conduct all contact tracing and case investigations. Their investigation team is comprised of five staff members which includes two bilingual Spanish speakers. Lake County has a ratio of 5 per 7,500 people that exceeds the ration set forth by the Oregon Health Authority of 15 per 100,000. Should additional support be needed, Lake County Public Health will contact OHA Acute and Communicable Disease Program for additional assistance.

2. Healthcare System Capacity
   - Sufficient Personal Protective Equipment (PPE)
   - Ability to surge ICU capacity

Personal Protective Equipment
PPE supply and the current supply chain is adequate for the needs identified in the phases described below in Section III. Currently, Lake County has a 30 day supply on hand. All PPE is stored in a centralized location and distributed to the medical facilities, long term care facilities, public safety agencies, and other users as necessary. The table below shows the amount of PPE on hand and the average burn rate.

<table>
<thead>
<tr>
<th>PPE Type</th>
<th>Amount on Hand</th>
<th>Burn Rate per Day</th>
<th># of Days of PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td>57800</td>
<td>1000</td>
<td>58</td>
</tr>
<tr>
<td>Gowns</td>
<td>25899</td>
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<td>N95</td>
<td>3788</td>
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<td>42</td>
</tr>
<tr>
<td>Face Shields</td>
<td>1146</td>
<td>15</td>
<td>76</td>
</tr>
</tbody>
</table>

Surge Plans
Lake County is prepared to handle several hospitalized COVID-19 patients at a time and the surge capacity of Lake District Hospital is sufficient. Lake District Hospital has developed a detailed Surge Plan that will serve as a guide for COVID-19. While the hospital is licensed for 24 in-patient beds, in the event of a "surge" of patients with known or suspected COVID-19, Lake District Hospital has increased its capacity through a multi-tiered response plan overseen by the Hospital's Incident Command structure.

Lake County is fortunate that Lake District Hospital had recently undergone a major remodel and the former long-term care spaces had been converted to business offices, and has now been converted back to patient beds, increasing hospital capacity to 47 beds. These offices are easily converted back to patient bed areas, allowing the hospital to increase its current bed capacity by 183%, resulting in a total of 44 in-patient beds. A copy of the Lake County Hospital Surge Plan is included in Appendix A.
Lake County Public Health
Public health services in Lake County is provided through Lake County Public Health, which is a division of Lake Health District. Lake County Public Health has been working closely with the Oregon Health Authority, local emergency management, the hospital and medical providers to monitor the 2019 Novel Coronavirus (COVID-19) outbreak.

Alternative Care Site
The A.D. Hay School gymnasium is on standby for use as an alternate care site for lower acuity hospital patients transferred from the hospital.

Ambulance Care Providers:
Emergency Response Transport Air Ambulances (Rotary-wing & Fixed Wing)
  AirLink Critical Care Transport
  Life Flight Network

Emergency Response Transport Ground Ambulance Resources
Lakeview Disaster Unit       5 transport vehicles
Paisley Disaster Unit        2 transport vehicle
North Lake EMS               2 transport vehicles
Silver Lake Fire & Rescue    2 transport vehicles

Mutual Aid Agreement
Mutual Aid agreements between the various emergency response jurisdictions is critical for a medical surge event since any one Lake County agency/department may not have the human and equipment resources to respond to multiple calls for service.

Public Information
Medical care messages will be collaborated with the partnering agencies in a surge event. This will be done through a Joint Information Center (JIC). The messages from each partner agency will be shared with the other so a common message can be shared from the Public Information Officers (PIOs) to the public. PIOs from Lake County, Lake County Public Health, and Lake District Hospital will work together in distributing the messages to the public.

3. Plans
- Protect the health and safety of workers in critical industries
- Protect the health and safety of those living and working in high-risk facilities (e.g. senior care facilities)
- Protect employees and users of mass transit
- Advise citizens regarding protocols for social distancing and face coverings
- Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity.

The Lake County Reopening Committee feels that our local community and businesses are taking every precaution to protect the health and safety of workers in our critical industries. See attached business plans in Appendix B.
While Lake County does not have any mass transit, we do offer demand response public transportation. Drivers and passengers are screened for symptoms before each trip. The drivers disinfect the vehicle between rides. Three people are allowed on our larger buses to maintain physical distancing protocol. The drivers utilize PPE during the trip and encourage the riders to do the same.

The Committee feels that cloth masks should be strongly recommended while out in public. Lake County will continue to advise citizens regarding social distancing, hand washing, and face coverings. Lake District Hospital requires masks at all times.

Lake County will continue to closely monitor conditions working in cooperation with our Incident Command structure and medical staff. If necessary, we will take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity.

Lake County will provide educational resources to the public for best practices for individual and employee health through Lake County Public Health.

Lake County is communicating with bordering counties, including Modoc County, California. Modoc County is located directly south of Lake County. The county seat for Modoc is Alturas, which is only 52 miles south of Lakeview. With these two communities being in close proximity, we find many citizens commuting between them on a daily basis for work or essential services. Lake Health District also operates a clinic located in Alturas. Modoc County has and is reopening all services while adhering to social distancing guidelines, effective May 1, 2020. Modoc County has zero confirmed positive COVID-19 cases. Lake County will be working closely with Modoc County to monitor how the reopening affects both counties. A copy of Modoc County’s reopening plan is included in Appendix C.
Section III: Reopening Phases

Phase One

This plan is not intended to supersede future guidelines that may come down from Oregon Health Authority. Please refer to the Oregon Health Authority web site for more specific guidance.

- **Guidelines for Individuals**
  - Practice good hygiene
  - Strongly consider wide use of face coverings in public
  - All individuals, WHEN IN PUBLIC (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others
  - Stay home if sick
  - Vulnerable individuals should shelter in place
  - Minimize non-essential travel

- **Guidelines for Employers**
  - Develop and implement COVID 19 policies and procedures in accordance with OHA Guidelines.
  - Monitor workforce for indicative symptoms
  - Consider contact tracing procedure for keeping record of name, date/time of visits. Businesses should inform customers/visitors of the reason the information is being collected and how the information will be used. *Example language: This business is collecting basic information to share with public health in the event a COVID-19 case is identified associated with this business.*
  - Encourage working remotely if possible
  - Minimize non-essential travel
  - Make reasonable accommodations for vulnerable individuals
  - Encourage limited fraternization in break areas
  - Limit customers to maximize physical distancing, set up staging areas
  - Stagger shifts if possible
  - Host remote access meetings for staff when appropriate
  - Separate work stations to comply with physical distancing, provide barriers if necessary/possible
  - Provide educational resources through public information outlets

- **Schools and organized youth activities**
  - Will remain closed with exceptions for childcare opening to all with priority for essential workers. Reference guidelines established by the OHA and Oregon Board of Education.

- **Visits to hospitals and senior living facilities**
  - Hospital currently only allows visitors for the following:
    - **Child Birth:** 1 visitor allowed, generally significant other.
    - **Dying:** No more than 2 visitors a day can come visit.
• **Large Venues (sports, theaters, churches):**
  - The committee agrees with churches opening with recommendation for caution while following strict physical distancing cloth masks and sanitation protocols, as deemed appropriate during Phase One.

• **Sit-down Dining – Restaurants & Bars**
  - Sit down dining to open during Phase One while maintaining social distancing of six feet by using less than every other booth/table and not to exceed 50% of normal capacity. Physical barriers may increase capacity. Contact tracing will be recommended and will contain patron data of name, contact information, time in and time out of facility. Cleaning/Disinfectant requirements of commonly touched surfaces and in between each set of patrons of booths and tables. Physical barriers should be implemented at cashier locations. Employees in contact with patrons will wear a cloth face mask.
  - Prohibit customer self-service operations, including buffets, salad bars, soda machines and growler refilling stations.
  - Encourage outdoor seating where social distancing can be more easily achieved.
  - Disinfect customer-contact surfaces at tables between each customer/dining party including seats, tables, menus, condiment containers and all other touch points.
  - Prohibit counter and bar seating. This applies to all facilities including bars, breweries and tasting rooms. Counter and bar ordering is acceptable if the operation finds that this decreases worker exposure. Counter ordering approach requires that food and alcohol are taken to a table that meets distancing requirements for consumption and at least six (6) feet of physical distance is maintained among customers and employees during the ordering process.
  - All on-site consumption of food and drinks, including alcoholic beverages must end by 10 p.m.

• **Gyms**
  - May open with strict physical distancing, sanitation and safety protocols, limited hours, and a strong recommendation for masks and screening.

• **Non-emergency Medical Procedures**
  - Will resume as clinically appropriate.

• **Retail stores**
  - Limit the number of customers in the retail store and focus on maintaining at least six (6) feet of distance. Store management should determine maximum occupancy to maintain at least six feet of physical distancing, taking into consideration areas of the store prone to crowding such as aisles, and limit admittance accordingly.
  - Post clear signage (available at healthoregon.org/coronavirus) listing COVID-19 symptoms, asking employees and customers with symptoms to stay home.
• Frequently clean and sanitize work areas, high-traffic areas, and commonly touched surfaces in both customer/public and employee areas of store.

• Strongly encourage all employees and customers to wear cloth face coverings. If a store sets a policy that all employees and customers are required to wear cloth face coverings, store management should consult with their legal counsel to determine whether or not such a requirement can be enforced and whether they will provide cloth face coverings for those who do not bring their own.

• Consider placing clear plastic or glass barriers in front of cashiers or customer service counters, or in other places where maintaining six (6) feet of physical distance between employees and customers is more difficult.

• Use signage to encourage physical distancing and encourage one-way flow with marked entrances and exits, but do not block egress for fire exits. Use signage to direct one-way flow of traffic.

• **Personal Services**
  
  • Beauty Salons and Barbers may open if only seeing one client at a time per person, washing hands between each customer and implementing sanitation protocols. Frequent cleaning/disinfection of commonly touched surfaces will be required.
  
  • Six feet physical distancing between clients. Cloth face masks will be required (by provider or public). Face coverings, capes, smocks required by employees and for clients, depending on the services provided.
  
  • Remove all magazines, newspapers, snacks and beverages from waiting areas.
Phase Two

- **Guidelines for Individuals**
  - All vulnerable individuals should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.
  - All individuals, when outside of their homes (e.g., parks, outdoor recreation areas, shopping areas) should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless cloth face masks are used.
  - Non-essential travel can resume.

- **Guidelines for Employers**
  - Continue to encourage telework, whenever possible and feasible with business operations.
  - Close common areas where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.
  - Non-essential travel can resume.
  - Strongly consider special accommodations for personnel who are members of a vulnerable population. This would include physical barriers and the use of cloth face masks when social distance cannot be maintained.

- **Bars**
  - Maintain social distancing of 6 feet. Every other booth/table or approximately 50% of normal capacity, however, physical barriers may increase capacity. Contact tracing will be recommended and will contain patron data of name, contact information, time in and out of facility. Cleaning/disinfectant requirements of commonly touched surfaces and in between each set of patrons of booths and tables. Physical barriers should be implemented at cashier locations. Employees in contact with patrons will wear a cloth face mask. All employees will self-monitor for influenza-like illnesses (ILI). No bar seating will be available unless it meets the social distancing measure of 6 feet from the bartender.

- **Others (Sports, Theater, Pools, …)**
  - Maintain social distancing of 6 feet, recommend the use of cloth face masks if social distancing cannot be done, frequent cleaning of commonly touched surfaces, encourage employees to self-monitor for influenza-like illnesses (ILI) and COVID-like signs and symptoms. Contact tracing would be recommended for sessions longer than one hour and when social distancing cannot be maintained. (Special circumstances will be considered for those in this group)
Monitor for two weeks checking against any Management Action Points.

**Move Forward** – If after 21 days there is no change in the Gating Criteria or the Core State Preparedness, Lake County will determine upon review with our committee if we can support moving to Phase Two.

**Hold** – This would mean that an additional one to two weeks is required to adequately determine if the Gating Criteria and Core State Preparedness requirements are able to be met/maintained.

**Reduction of Phase Two** – Use contact tracing to determine which sector may be contributing to increase of COVID-19 cases. The review unit will review the data collected from contact tracing to identify possible contributing factors and institute new guidance for the sector that is suspected of contributing to an increase of COVID-19 cases. For example, if pools are contributing to the increase, open swim may be postponed and lap swim continue.
Phase Three

Phase 3 Step 1
- Guidelines for Individuals
  - Vulnerable individuals can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.
  - Low-risk populations should consider minimizing time spent in crowded environments.
- Guidelines for Employers
  - Resume unrestricted staffing of worksites.

Monitor for two weeks checking against any Management Action Points. Should the Management Action Points be checked the Reopening Committee will advise the following:

Move Forward – Will wait for State guidance regarding what reopening steps can be taken to continue onto Phase 3 Step 2.

HOLD – This would mean that an additional one to two weeks is required to adequately determine if the Gating Criteria and Core State Preparedness requirements are able to be met/maintained.

Reduction of Phase 3 Step 1 - Reduce gatherings based on Reopening Committee recommendations.

Phase 3 Step 2

Allow visitation to Long Term Care Facilities, Adults in Custody (AIC) and congregate settings to occur. Visitors will wear cloth face masks unless physical barriers are in place. Prior to entry visitors wash their hands at a handwashing station and will be screened for influenza-like illnesses (ILI) AND COVID-like signs and symptoms and temperatures logged. Employees in contact with residents will follow the LTCF Tool Kit guidance. All employees will follow the LTCF guidance for screening for influenza-like illnesses (ILI) AND COVID-like signs and symptoms prior to entry to the building.
Requests

Outdoor Recreation Sites
Request that all outdoor recreation sites could open as long as social distancing guidelines are followed in conjunction with state and federal partners. This includes, but is not limited to, boat ramps, trailheads, and campgrounds. Lake County does not generally have high use numbers at our recreation sites because of our remoteness.

Feedback
If this plan is not accepted, please refer back to the Lake County Board of Commissioners with changes, deficiencies and/or other recommendations.