

Multnomah County Adult Care Homes: Significant efforts made to ensure vital services can continue safely during the pandemic with areas for improvement noted

Adult Care Homes (ACHs) are licensed, single family residences that offer care for up to five adult residents in a homelike setting. The homes are in residential neighborhoods. Each home has one operator who may employ additional caregivers. All homes are licensed annually and monitored quarterly via unannounced home visits by Multnomah County's Aging and Disability Services' Adult Care Home Program (ACH Program). The ACH Program enforces the Multnomah County Administrative Rules that govern the licensing and operations of the approximately 620 licensed adult care homes in Multnomah County, Oregon.

Included in the ACH Program's responsibilities is ensuring that residents are cared for in a homelike atmosphere that is safe and secure and to enforce the county administrative rules in order to protect the health, safety, and welfare of ACH residents.

ACH operators have the overall responsibility for the provision of residential care and must meet the standards outlined in the administrative rules. Some homes have a resident manager; this is a person approved by the ACH Program and employed by the home operator, who lives in the home, is responsible for daily operations of the home and care given to residents on a 24-hour basis, and must comply with the ACH Program rules. Many homes also have caregivers. A caregiver is any person employed by the operator to provide residential care and services to residents. For some homes, an operator and caregiver may be the same person, and some homes may support a relative as the resident in the care home setting.

Adult care homes, like other congregate care living facilities, are vulnerable to COVID-19 spread as many of the residents are older, and many have underlying health conditions, placing them at higher risk for severe consequences from COVID-19.

To help us gain an understanding of the ACH Program's processes in place to monitor ACHs during the pandemic, we interviewed ACH Program management and staff. We also reviewed supporting documentation of their monitoring efforts. We found that the program had pivoted quickly to remote working conditions for the ACH Program licensers and support staff. At the time of our audit, the ACH Program performed monitoring activities remotely through email, telephone, and video conferencing. However, to help ensure homes addressed health and safety concerns, the ACH Program still performed some in-person activities during this time. Overall, the ACH Program management and staff indicated they felt the shift to working remotely was done safely and in a way that supported them and the ACH residents.

Why We Conducted an Adult Care Home Survey

We conducted a survey of the ACHs to help substantiate the ACH Program's efforts and assess ACH compliance with federal, state, and local guidelines and recommendations related to the pandemic.

Our findings are intended to provide community members, county management, and the Board of County Commissioners with information to help understand efforts made to ensure vital services, such as adult care homes, can continue safely during the pandemic.

Results of the Adult Care Homes Survey

In September 2020, the Auditor's Office conducted a survey of all ACH operators, resident managers, and caregivers the ACH Program monitors and for which the ACH Program had a valid email address as of August 19, 2020. We collected responses for several weeks and ensured respondents' anonymity by not collecting identifying information.

Thank you participants

We asked respondents to identify their role with the ACH (operator, resident manager, and/or caregiver). The response rate was highest among operators (34%) and resident managers (32%), with caregivers providing a lower response rate (8%). A respondent could select more than one option since some persons may fill more than one role in a home.

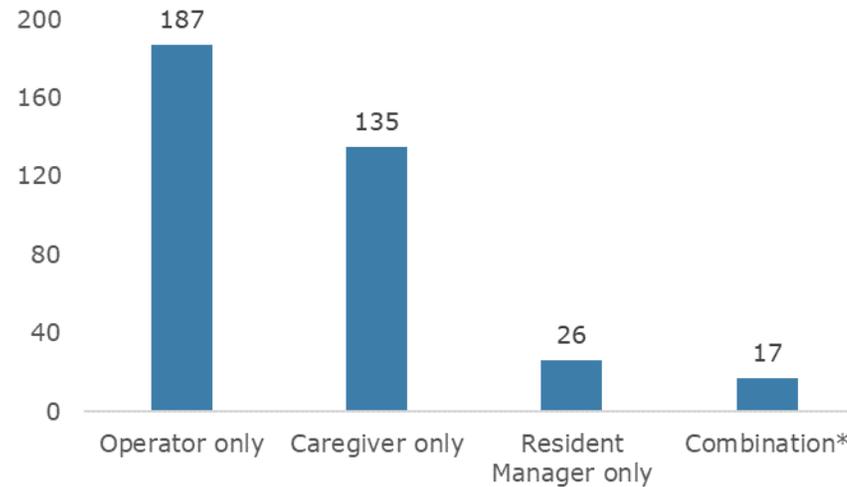
We analyzed results by provider type (e.g., caregiver only vs operator/resident manager/combination) and by number of residents in a home (e.g., one resident vs more than one resident) and found little to no significant variation in results, in most cases. Most results are presented based on all responses provided unless specifically identified. Please see the appendix for a copy of the survey.

We provided an opportunity for comments, which were wide-ranging

We ended the survey with an optional comment box for respondents to share any additional concerns or comments about their experience during the pandemic. About 20%, or 73 of the people who took the survey, chose to comment. We categorized each comment as positive, neutral, and/or negative. Overall, respondents who provided comments were more likely to leave neutral (38) or negative (30) comments than positive ones (5). Negative comments were a combination of specific issues and/or responding more generally to the pandemic situation itself.

We have incorporated some selected comments in the report to highlight findings and provide insights into respondents' perceptions. In some cases, comments helped explain why people answered the way they did. We edited responses for clarity and to remove identifying references.

Operators made up the majority of the 365 respondents to the survey

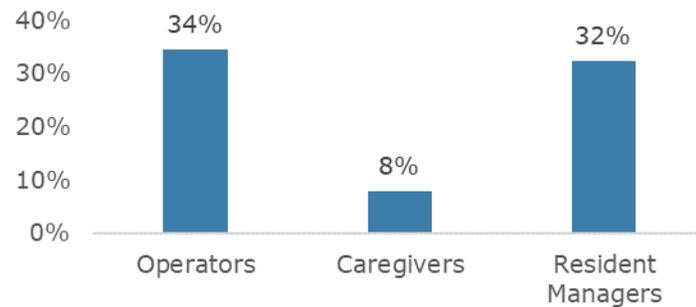


*Some persons are responsible for multiple roles within a home
Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Response rates were highest among operators

Of the 580 operators who received the survey, 200 (34%) provided responses. Of the 1,931 caregivers who received the survey, 151 (8%) provided responses. Of the 99 resident managers who received the survey, 32 (32%) provided responses. The difference in these numbers to those in the above graph relate to the 17 respondents who identified themselves in more than one role for the home.

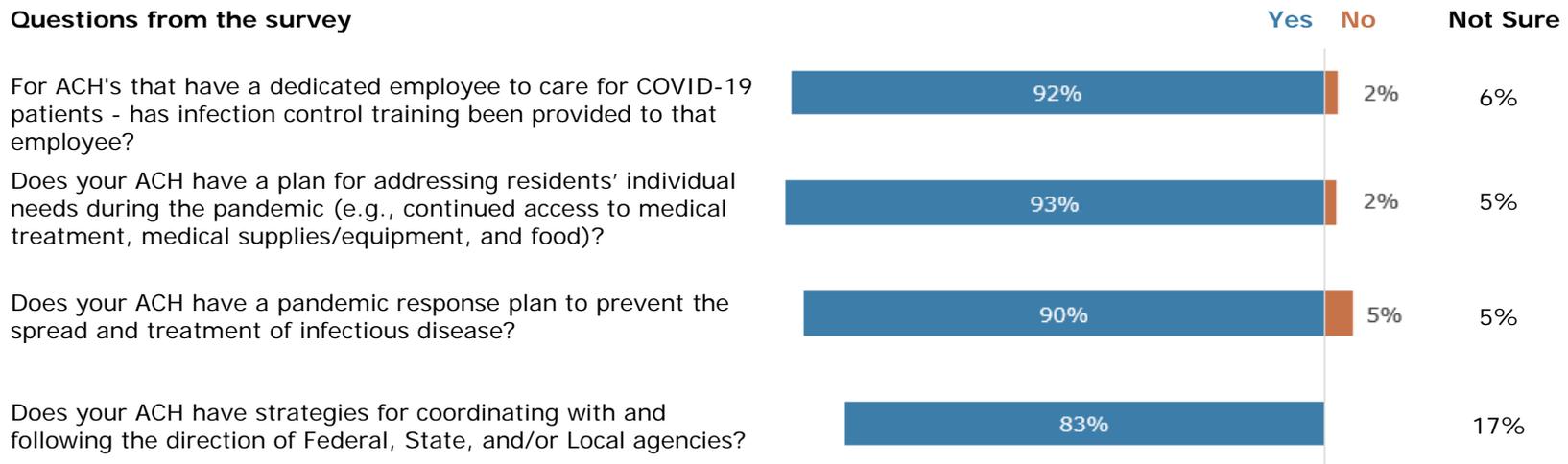
Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.



Adult care homes' preparedness at the time of taking the survey was generally strong.

According to survey results, adult care homes (ACHs) were generally well prepared and trained for addressing COVID-19.

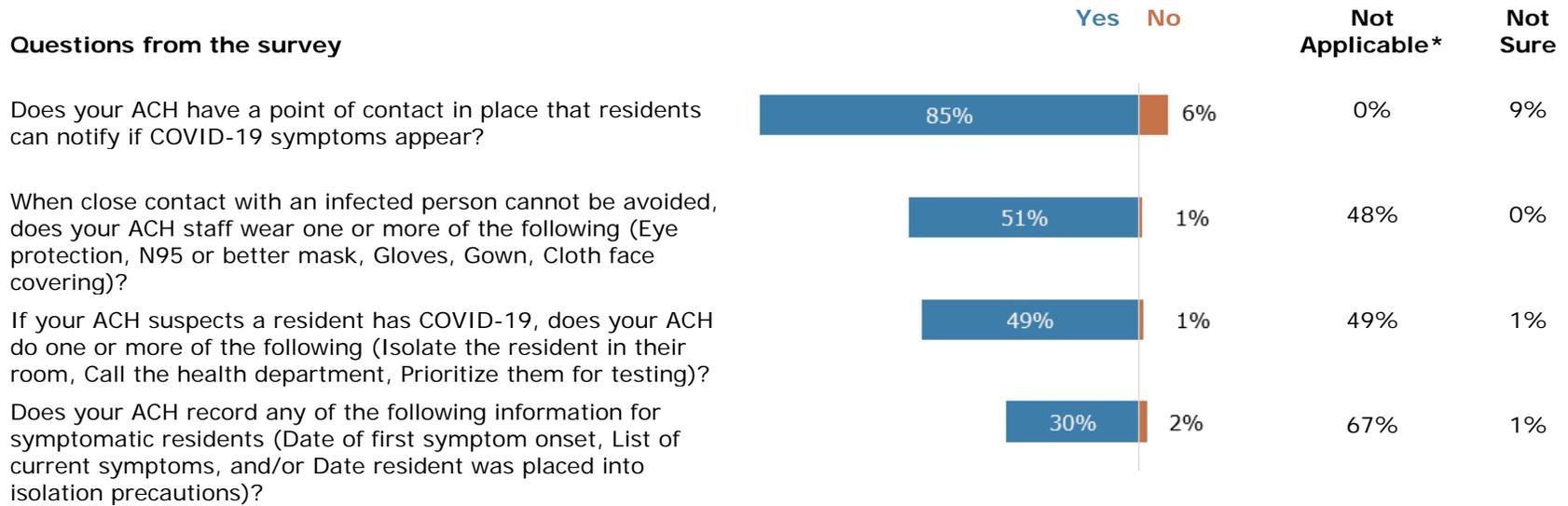
Questions from the survey



Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Exposure control – survey respondents indicated efforts by adult care homes at the time of taking the survey were generally in place.

For respondents that indicated exposure control efforts applied, they reported that the ACH was taking appropriate efforts to monitor, limit, and record information. *No* and *Not Sure* responses are minimal (0% to 2%) for questions related to exposure, with the exception of whether ACHs have a point of contact in place for residents to notify if COVID-19 symptoms appear.



*Not Applicable option: No residents have shown symptoms or have been suspected of having COVID-19
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

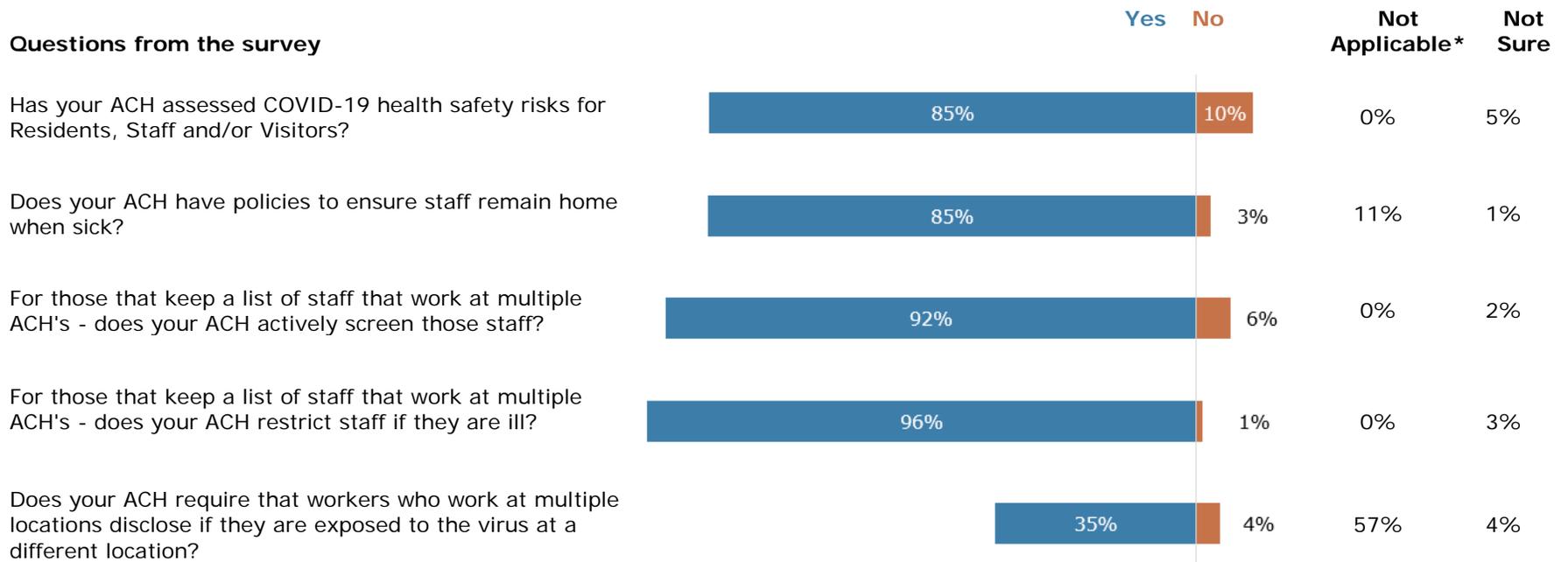
Results indicate some respondents do not have or are not sure if a point of contact is in place that residents can notify if COVID-19 symptoms appear.

Homes with multiple residents (e.g., 4 to 5) are considered to pose an increase in risk, as there may be more staff working in the home and visitors entering the home compared to homes with fewer residents.

- A majority (10 of 17) of those that indicated “no”, they did not have a point of contact in place, work with/for ACHs with 4 to 5 residents in the home.
- A majority (20 of 23) of those that indicated “not sure” also work with/for ACHs with 4 to 5 residents in the home.

Infection control – survey respondents indicated efforts by the adult care home at the time of taking the survey were generally in place.

Proper infection control can help prevent or stop the spread of infections, such as COVID-19, in congregate care settings. ACH personnel who live outside the home or work at multiple ACHs present a higher risk of spreading the infection from or to residents in an ACH.



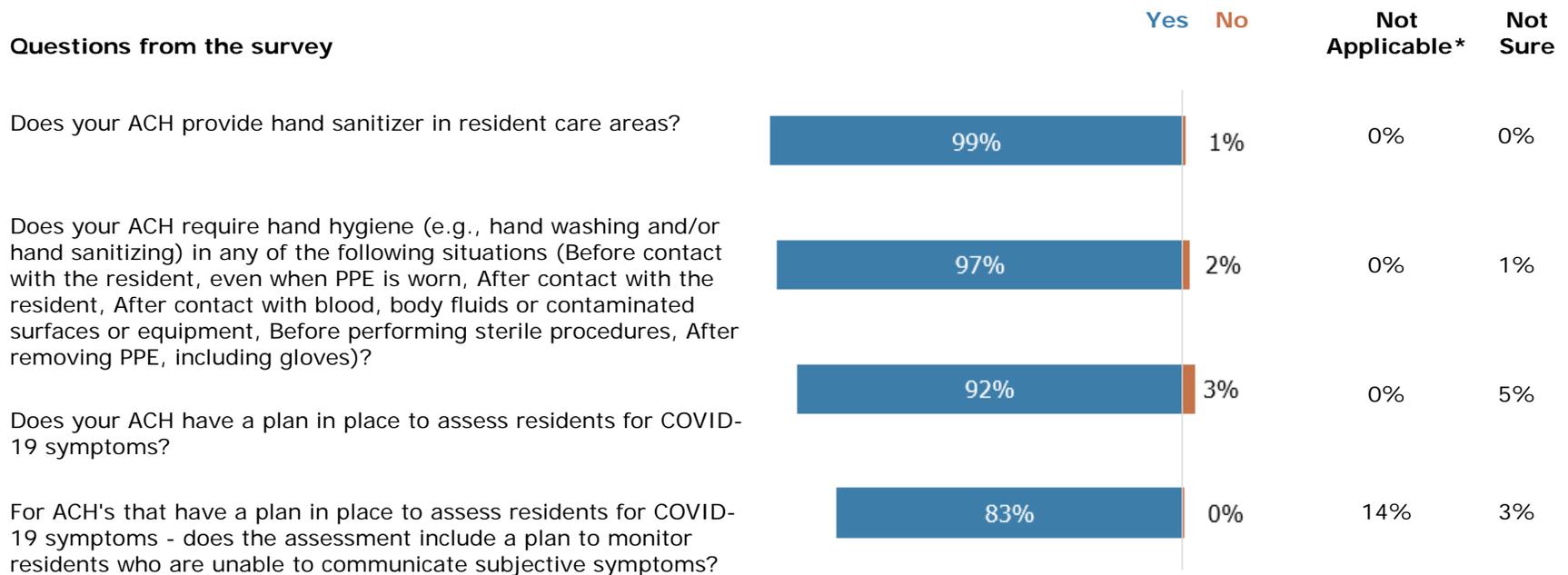
*Not Applicable option: No staff work at another location
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate some homes had not assessed the health safety risks for residents, staff or visitors.

- A majority (17 of 25) of those that indicated, “No assessments have been performed”, work with/for ACHs with 4 to 5 residents in the home.

Infection control – survey respondents indicated efforts for hygiene and assessing COVID-19 symptoms at the time of taking the survey were strong.

Proper infection control includes appropriate hygiene among personnel and residents to help prevent or stop the spread of infections. An ACH that provides and requires proper hygiene controls is better prepared to help address the risk of spreading an infection, such as COVID-19. Additionally, ACHs that assess residents for COVID-19 symptoms are likely to identify a need for increased measures sooner.

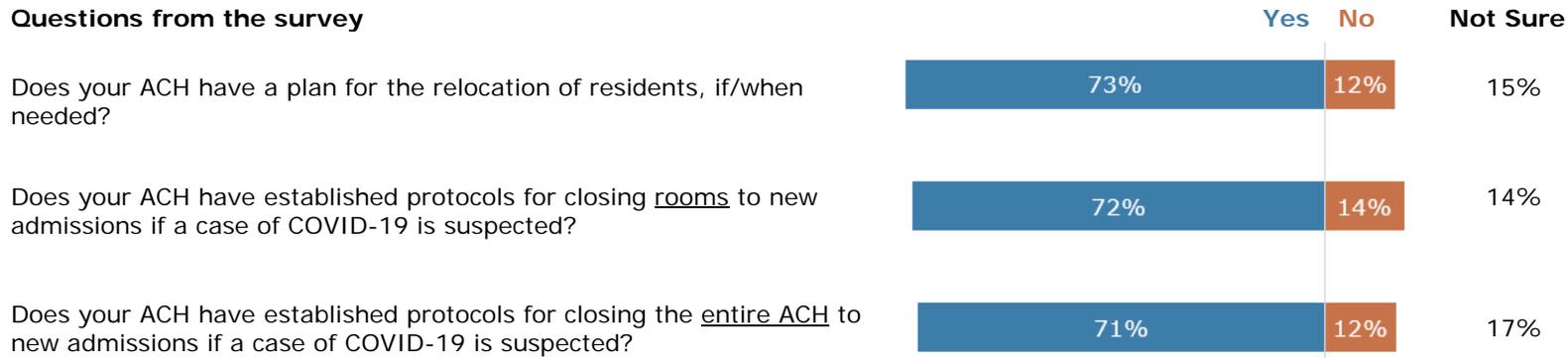


*Not applicable option was simply "N/A"
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Infection control – survey respondents indicated efforts for new admissions to homes with more than one resident at the time of taking the survey could be improved.

Proper infection prevention and control readiness can help with preparations to care for residents with COVID-19. For the next set of questions we are presenting the responses from respondents that work with/for homes with more than one resident. If a home has only one resident, the assumption has been made that the home has been licensed specifically for that resident and that these questions would not apply.

Questions from the survey



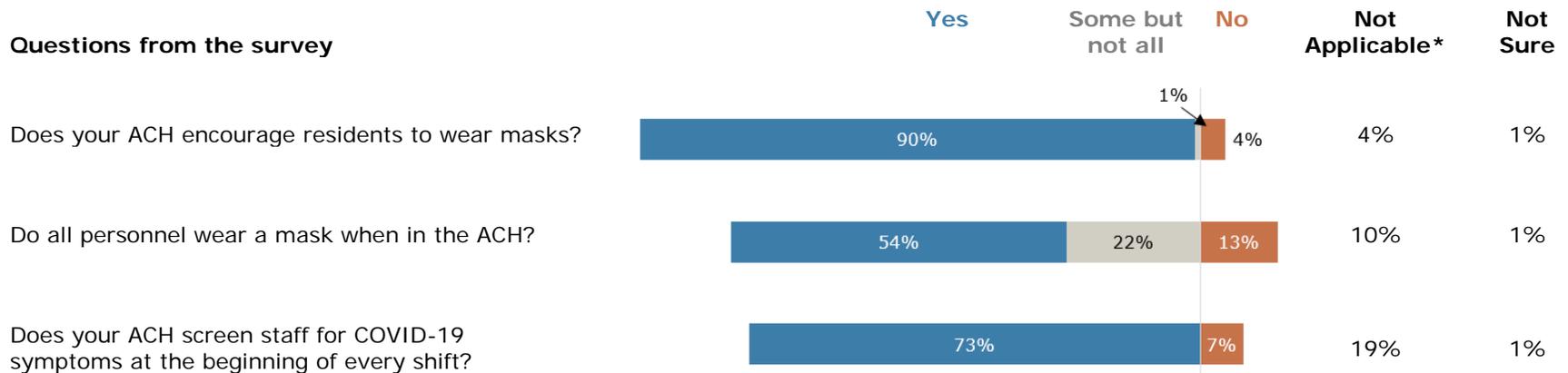
Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Some ACH's appeared to lack awareness of efforts needed to limit new admissions to homes with suspected cases of COVID-19.

Based on the responses received, it appears some ACHs may not be aware of the need to limit new admissions to the home if there is a suspected case of COVID-19 in the home. There is an opportunity for increased information sharing to the ACH's. The ACH Program should provide reminders to all operators for the need to close a home to new admissions if a case of COVID-19 is suspected and to have plans in place in the event a relocation is needed.

Source control – survey respondents indicated protocols during the month prior to the survey were generally good.

Proper source controls can help prevent the spread of COVID-19. Source control is a strategy used to help reduce disease transmission through respiratory secretion (e.g., coughing or sneezing). N95 respirators and surgical masks are examples of products used as a strategy to limit exposure. Cloth facemasks may be used in epidemic situations, such as COVID-19, when there are shortages of surgical masks.



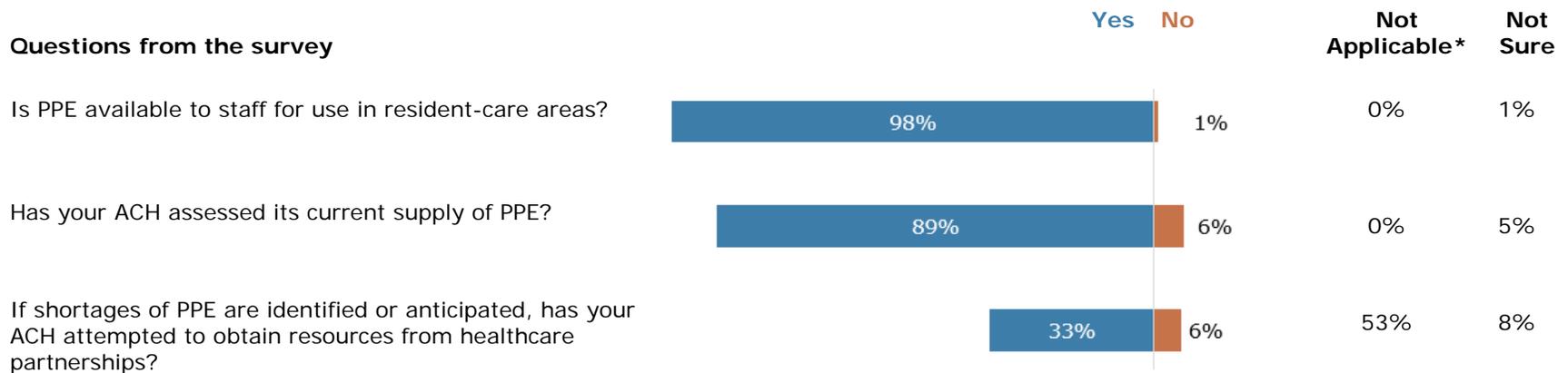
*Not applicable option was simply "N/A"
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results may reflect live-in caregiver situations.

The Oregon Health Authority (OHA) notes that evidence has shown that wearing a mask can help protect from spreading and catching COVID-19. Based on the Governor's statewide requirement, all caregivers are to wear masks while providing care. However, the order does not require live-in caregivers to wear a mask while providing care. All caregivers who live outside the ACH are mandated to wear masks or face coverings while working with residents. Some exceptions can be granted if the ACH caregiver has a documented medical need that prevents them from wearing a mask or if a caregiver wearing a mask triggers a resident's anxiety causing them to engage in stressor behaviors.

Personal Protective Equipment (PPE) Inventory – survey respondents indicated PPE in the adult care home during the month prior to the survey were generally good.

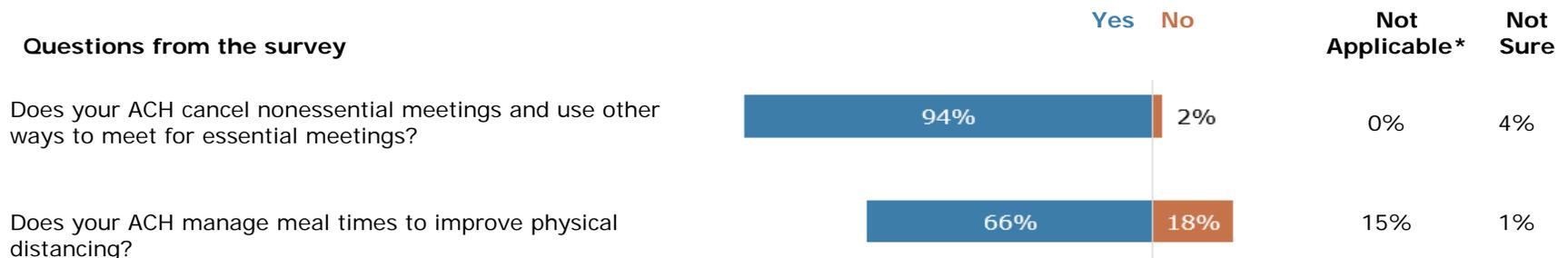
Personal Protective Equipment (PPE) options described in the survey, included facemasks, eye protection, gloves, gown, and/or N-95 mask or better.



*Not Applicable option: Have not experienced a shortage in the past month
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Physical Distancing – survey respondents indicated protocols during the three months prior to the survey were generally good.

To help prevent the spread of COVID-19, ACHs should encourage physical distancing. For those that responded to our survey, the majority of ACHs appears to have made modifications to nonessential meetings by canceling such meetings and/or using other ways to meet for essential meetings. The Centers for Disease Control and Prevention (CDC) recommends delivering meals to rooms instead of communal dining, staggering meal times, or do a grab-and-go dining.



*Not applicable option was simply "N/A"
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate that some ACHs are not managing meal times as a way to improve physical distancing.

- A majority (33 of 42) of those that indicated "no" – their ACH does not manage meal times to improve physical distancing – work with/for ACHs with 4 to 5 residents in the home.
- Homes may have live-in personnel and not allow visitors, thereby limiting the homes' overall exposure.
- Respondents expressed concerns for resident's wellbeing due to isolation from visitors and outings. Additional limitations within the home may be viewed as more harm than good.

Selected comments

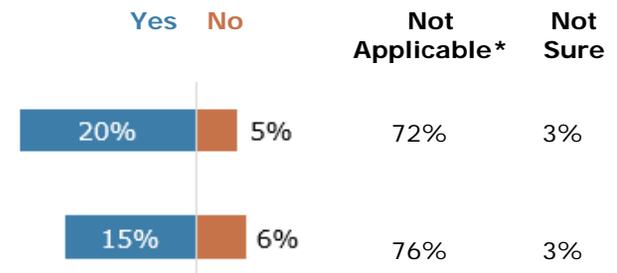
- *Concerns for my resident's wellbeing due to lack of social and family visits and outings*
- *I have had residents who are depressed, behaviors, and sad on a daily basis. Residents who started antidepressant pills who have never had mental health issues. Never have I seen such mental effects like this has caused.*

Reporting – survey respondents indicated protocols during the three months prior to the survey were generally good but areas of concern exist.

To help prevent the spread of COVID-19, state and local authorities require providers to report to the ACH Program anytime a resident, staff, or household member has shown any symptoms, or is pending test results or has a positive test result. Positive test results must also be reported to the Multnomah County Health Department.

Questions from the survey

Does your ACH report to the ACHP any time a resident, staff, or household member has shown any symptoms, or is pending test results or has a positive test result?



Does your ACH report positive test results to Multnomah County Health Department?

*Not applicable option: No symptoms, pending test results or positive test results have occurred
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate some homes are not reporting symptoms or positive test results.

- Any homes not properly reporting are of concern. Homes with more than one resident present additional risk as an infected resident could spread to other vulnerable residents.
- All of those that indicated “no” work with/for ACHs with more than 1 resident in the home.

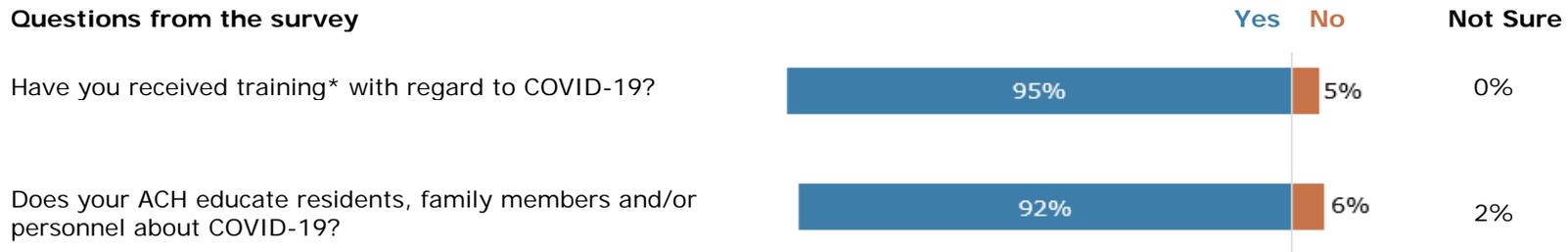
There is an opportunity for increased information sharing to ACHs.

Based on the responses received, it appeared some ACHs may not be properly reporting COVID-19 symptoms and test results to the ACH Program. The County’s ACH Program should provide a reminder to all operators and caregivers of the requirement for reporting such information, who they are to report to, and how and when to report such information.

Training and education – survey respondents indicated efforts at the time of taking the survey were generally strong.

Training of healthcare professionals and others who may come into contact with residents is essential to help prevent and control the spread of the COVID-19 virus, mitigate exposure, and inform what steps are to be taken in various situations.

Questions from the survey

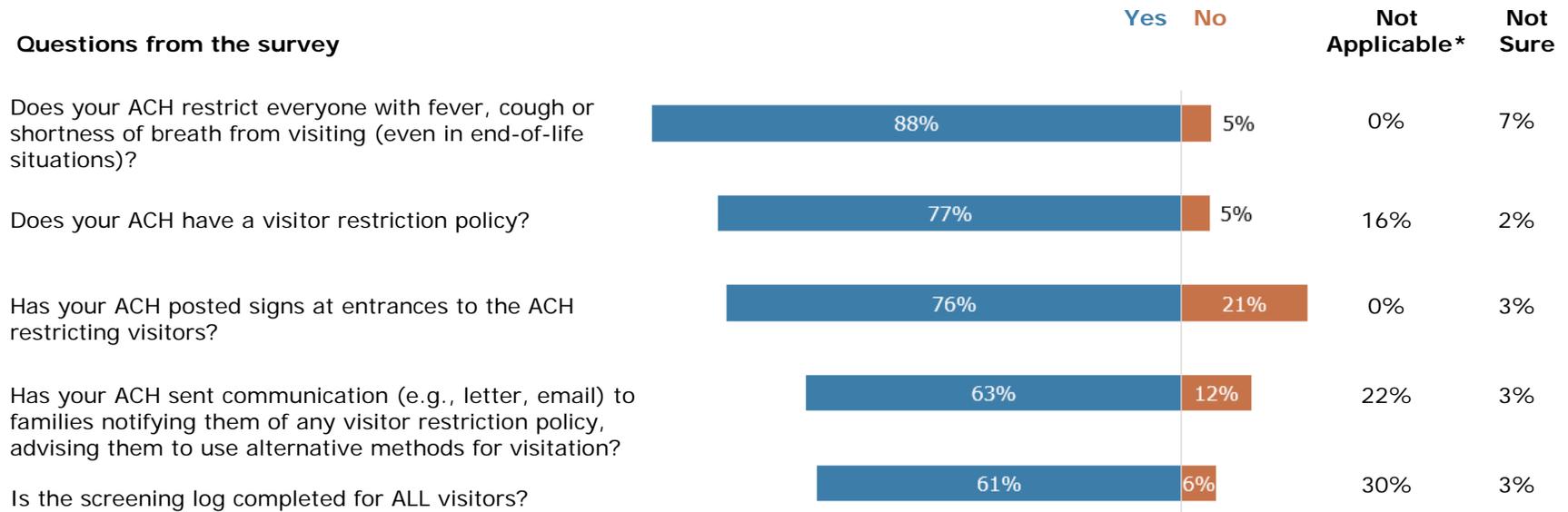


*Options available for the respondent to select from included (one or more options could be selected): COVID-19 symptoms and modes of transmission, Hand hygiene during interactions with residents and their environment, Selection of appropriate PPE, How to put on and take off (don and doff) PPE, Cleaning and disinfecting environmental surfaces, Cleaning and disinfecting resident care equipment.

Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Visitors – survey respondents indicated policies at the time of taking the survey were generally good but areas for improvement exist.

Proper visitor policies help ensure visitors remain well informed of any restrictions on the ACH.



*Not applicable option: There are no visitors or the ACH has had no visitors
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate some homes are not posting signs at entrances to notify of restrictions.

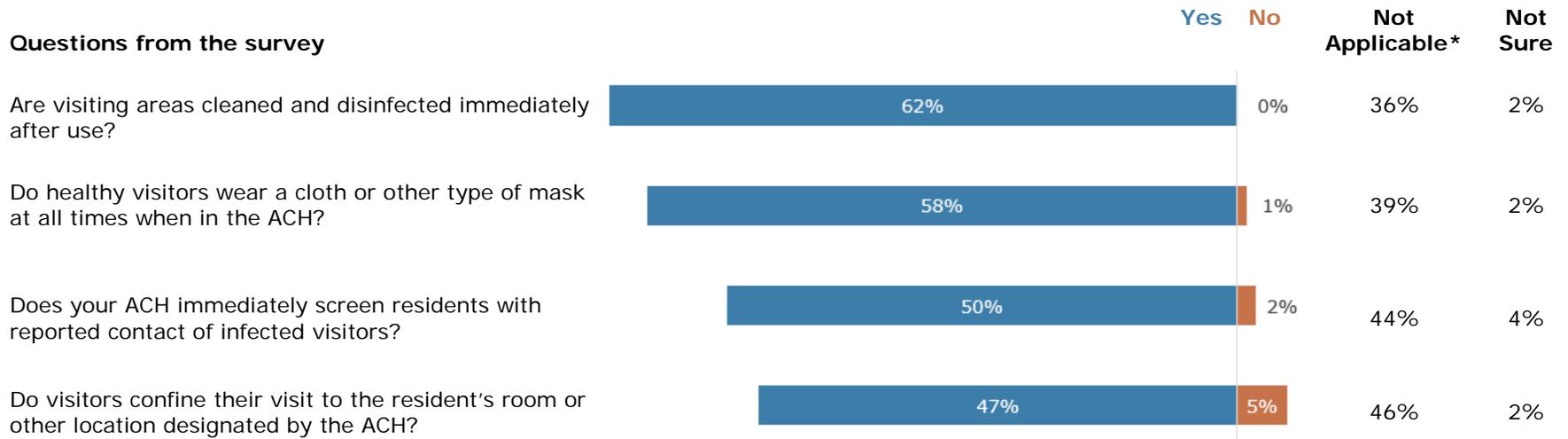
The CDC and the Oregon Health Authority recommend that a facility post a sign at the entrance to the facility advising that unauthorized visitors may not enter the facility.

Homes with multiple residents are considered to pose an increase in risk, as there may be more staff working in the home and visitors entering the home compared to homes with a single resident.

- A majority (36 of 47) of those that indicated “no” – their ACH has not posted signs – work with/for ACH’s with more than one resident in the home.

Visitors – survey respondents indicated protocols at the time of taking the survey were generally good.

Proper visitor protocols can help prevent the exposure and spread of COVID-19.

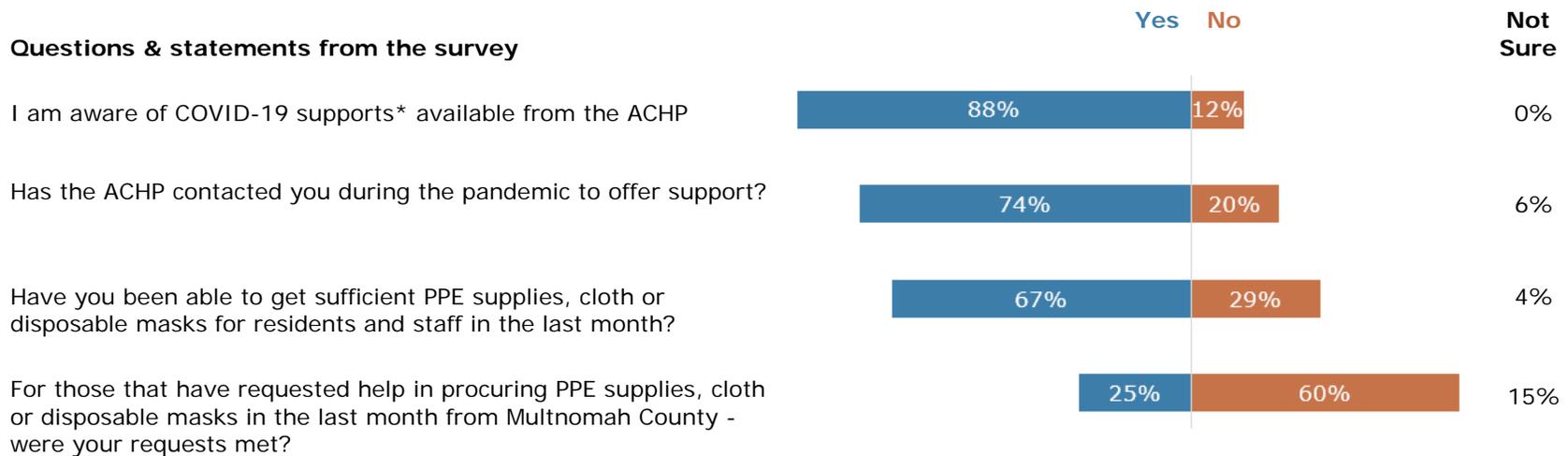


*Not applicable option: There are no visitors or the ACH has had no visitors

Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

County ACH Program support for operators and resident managers could be improved.

Part of the survey focused on the County's ACH Program support to operators and resident managers and if those surveyed felt, they were receiving adequate support from the ACH Program.



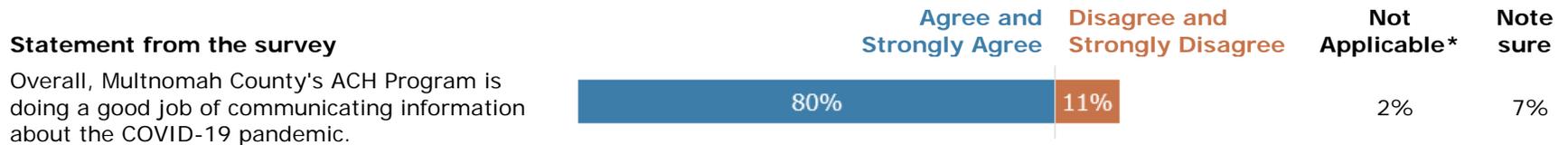
*ACH Program website, ACH Program online resources, PPE, group webinars
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Opportunity for increased support by the ACH Program to operators and resident managers.

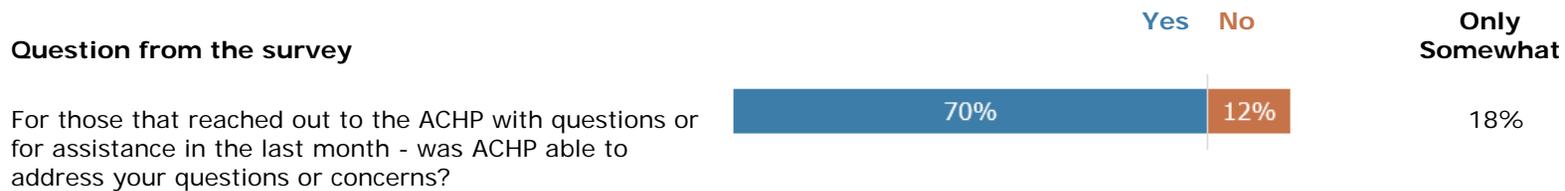
Multnomah County and specifically the ACH Program provides information on their websites about COVID-19 and various links to resources including how to obtain masks. However, the ACH Program should review their outreach and communication processes to ensure all operators and resident managers are receiving adequate information.

ACHs are generally satisfied with the ACH Program but areas for improvement exist.

Part of the survey focused on satisfaction with the ACH Program and the communication and support to operators, resident managers, and caregivers.



*Not applicable option was simply "N/A"
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.



Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.



Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate some respondents feel the ACH Program communication could be clearer.

The County's ACH Program had to pivot quickly to a telework environment. This had a direct impact on how ACH Program licensors interacted with ACH personnel. The results above provide a generally positive response about the ACH Program. However, opportunity for improvement exists.

Selected comments

Seven of the thirty negative open-ended comments were directly related to the ACH Program. Below are a few of those comments:

- *Multnomah County ACHP's response and support were minimal, delayed, incomplete and confusing. Our main support was federal/state/CDC sites. Changing the "assigned" licenser to the "licensor of the day" created confusion, broke an established relationship with the county in the middle of these difficult times.*
- *Multnomah County has been very difficult to communicate with and delay in answering questions or even providing support for us (operators and caregivers) who are on the front lines.*
- *We were not contacted about renewal status and evacuation plans, haven't been contacted at all except about having any openings for new residents.*
- *The ACHP does not seem to be able to coordinate any proper communications with the ACH.*

As a reminder (see chart above), 80% of respondents indicated they agreed or strongly agreed with the statement that the ACH Program is doing a good job of communicating information about the COVID-19 pandemic. We have included the above comments to share with the ACH Program where improvements can be made and provide an opportunity to address them.

Recommendations for the ACH Program

Based on those who responded to our survey, adult care homes reported taking steps to reduce the risk of COVID in line with guidance. In addition, the ACH Program pivoted quickly to a remote setting during the pandemic to support the ACHs. While we noted these efforts, we also noted an opportunity for the ACH Program to increase their communications with ACHs to help ensure compliance with federal, state, and local requirements to support the health and safety of vulnerable residents in the ACH as well as staff working in the homes.

Therefore, we recommend the ACH Program perform a review of all recent communication with each ACH and ensure that each ACH has received sufficient information and is aware of requirements and guidelines pertaining to the pandemic. A particular focus is needed in the areas of exposure, infection control, physical distancing, and reporting. A review should be performed as soon as possible and no later than 30 days from issuance of this report. If contact is needed, the contact should be made within at least 90 days from the issuance of this report.

County Organization-Level Support

Guidance to departments and employees: Guidance is thorough; employees report implementation gaps

Guidance

Why did we look at centralized guidance? Why is it important?

Centralized guidance is guidance and policies from central county leadership to departments and employees. The existence of guidance alone is not enough to ensure a safe workplace, but is a necessary first step.

The county provides critical services to the community and has over 5,000 employees. Many services cannot be done remotely. It is important that the county operate safely to protect the people it serves, its workforce, and the public, as well as ensure that critical services can continue uninterrupted.

What guidance is the county providing to departments and employees about operating safely during the pandemic?

Central Human Resources put together centralized guidance for county operations during the pandemic. The guidance is published on the county's intranet. It is available to all employees.

Policies and guidance have changed over time. Guidance continues to change. At the time of our audit, the guidance covered topics including: masks/face coverings, health screenings, cleaning and disinfecting, strategies to reduce employees on site, and physical distancing in shared/public spaces.

Examples of guidance and policies:



Onsite and field staff are required to wear masks or face coverings, except in private individual workspaces.



Many staff are required to confirm they are symptom free before work, through temperature checks or written or verbal statements.



Workstations should be spread out and access to shared spaces should be reduced.

Management established most guidance quickly. Additional guidance was added over time. For example, guidance with minimum standards for making workspaces safe was added in August 2020.

Public Health also publishes guidance for the community on the county's public-facing website. Some of this guidance applies to contracted service providers, like nonprofit homeless shelter providers.

What centralized guidance is the county providing to employees about sick leave and other supports?

Information about sick leave and supports is available on the county's intranet.

Changes that the county made to sick leave policy in response to COVID-19 include:

- Allowing employees to borrow from future leave
- Up to 80 hours of additional paid leave for COVID-19 related reasons, in accordance with new laws
- Expanding the catastrophic leave program, which allows employees to donate leave time to other employees facing catastrophes
- Allowing employees to telework when they have a dependent at home

The county also shared information about the employee assistance program (EAP) and wellness support in emails to employees and on the intranet.

How does county guidance compare with CDC, state, and other guidance?

We compared the county's guidance and policies to guidance from the Centers for Disease Control and Prevention (CDC), State of Oregon Health Authority, Oregon Occupational Safety and Health (OSHA), and Johns Hopkins University.

Overall, the county's guidance was thorough and was in alignment on nearly all of the recommended topics from these sources.

At the time of our audit, four areas of the county guidance did not align with national and state guidance. However, the county is working on most of these in response to new OSHA requirements. These areas are:

1. Risk Assessment and Planning: At the time of our audit, the county had not yet conducted a formal risk assessment or hazard assessment. This kind of assessment could provide a framework for decision-making. The CDC and Johns Hopkins recommend conducting a risk assessment. In November 2020, OSHA released new requirements for

risk assessments and the county has started that process. OSHA also requires an infection control plan. A workplace specific plan is also a CDC recommendation.

2. **Input and Feedback:** While county leadership has done a lot to solicit employee input, more could be done. The CDC recommends designating a COVID coordinator and sharing that information with employees as a point of contact. County leadership has designated a social distancing officer, but has not shared their information as a point of contact to all employees. Additionally, Johns Hopkins recommends a centralized place for employees to provide anonymous feedback, which the county has not offered.
3. **Exposure Plan:** The county is revising protocols on what to do when an onsite employee tests positive for COVID-19. Previous guidance for managers on this topic primarily involved notifying HR and holding a management meeting to discuss the situation. It left notification of close contacts to the public health contact tracing process. The guidance was not on the intranet at the time of our audit. However, the county is currently revising the protocols for potential exposures due to new OSHA requirements. The new protocols will include a process for notifying employees of a potential exposure.
4. **Training and Information:** The county has provided a lot of information on new policies and about COVID-19. In December 2020, the county also released required training on these topics. Information and training was another new OSHA requirement.

In fall 2020, we sent a survey to all county employees to provide them with an opportunity to communicate their experiences during the pandemic. Employees reported concerns in our survey related to the potential of workplace exposure. Some employees expressed concerns about not knowing what would happen if someone at their workplace tested positive. Employees were both concerned about a lack of a plan and wanted information for their own health.

Guidance in Practice

What controls does the county have in place to ensure departments are following guidance?

County leadership works with departments on approving changes in operations and providing advice.

Over the summer, the county went through a process for departments to present service plans to central leadership. The plans described changes to increase any in-person services, or keep

services remote. The Chair made final decisions about the plans, in consultation with other county leaders and experts. As new situations arise, that process can be repeated, as needed.

The Chief Operating Officer and Chief Human Resources Officer reported that they meet regularly with department heads to discuss safety steps. They also rely on traditional complaint methods to detect problems, such as OSHA complaints, HR complaints, and union grievances. County policies on COVID-19 safety measures are like any other county policy and can result in discipline. Staff with expertise, like staff from Facilities, consider themselves as consultants, and do not oversee implementation.

Are departments following guidance?

According to our survey of employees, departments could improve their implementation and enforcement of guidance, as described below.

Masks and face coverings

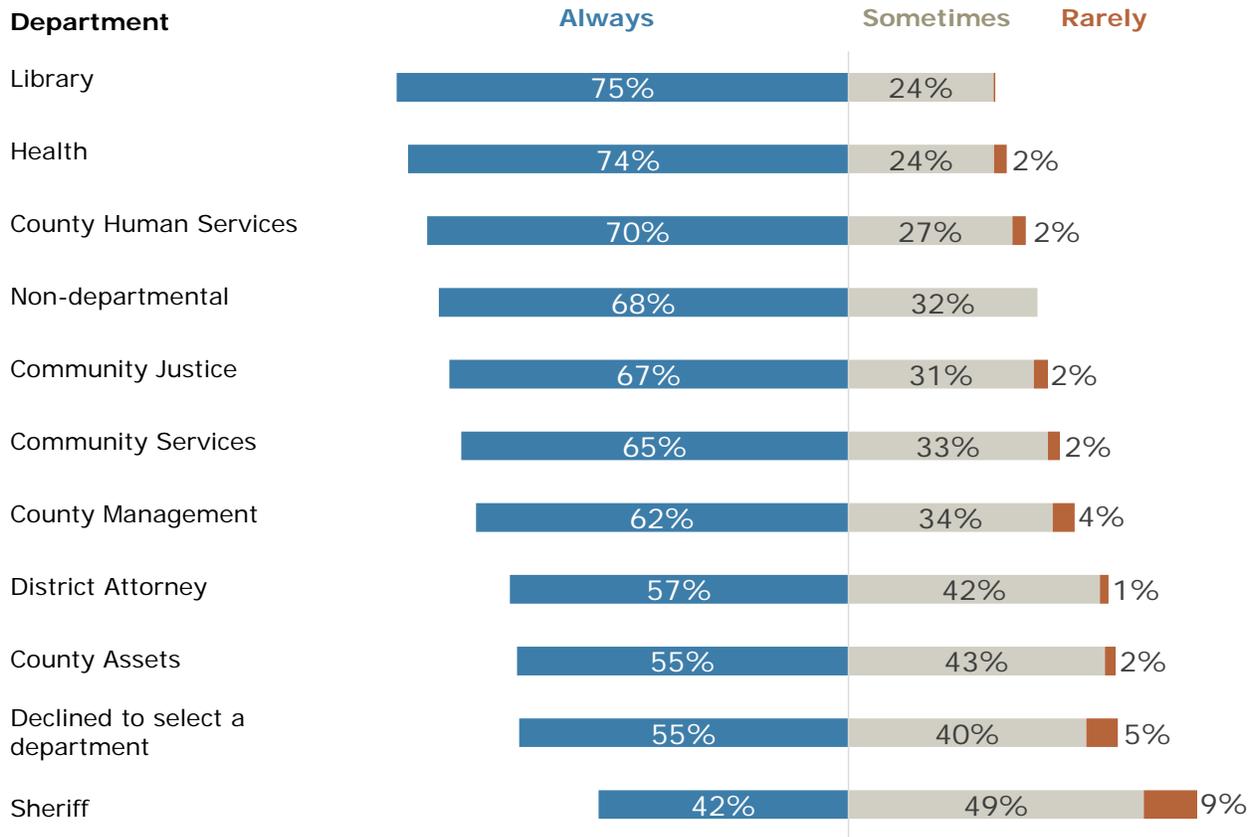
The survey showed generally good compliance with the masks and face coverings policy but there is room for improvement.

When asked if county employees wore face coverings, most respondents said county employees wore face coverings always (64%) or sometimes (33%).

The question, "In my experience, county employees wear masks or face coverings when working with the public or within 6 feet of others," matched county policy at the time of the survey. All county employees should always wear masks under those circumstances.

Employees in the Sheriff's Office and those who declined to provide the department they worked for had the least positive responses. Library and Health Department employees had the most positive responses.

Survey question: In my experience, county employees wear masks or face coverings when working with the public or within 6 feet of others.

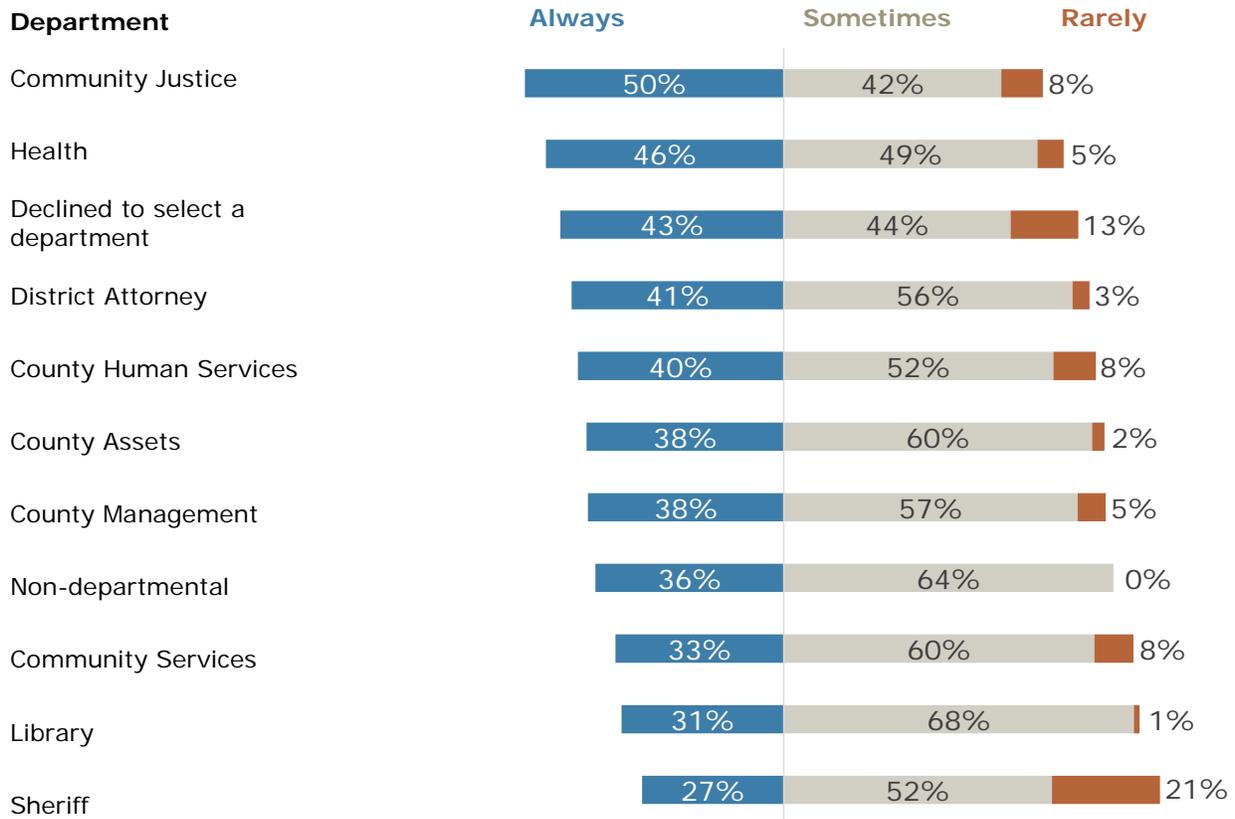


Source: Multnomah County Auditor's county employee survey issued 2020. Note: Respondents who answered N/A are not depicted in the graph. 2,094 respondents answered the question; 86 of those respondents answered N/A.

Respondents reported that the public wore face coverings less frequently than staff, with 38% saying that service users and community members always wear face coverings and 54% saying they sometimes wear face coverings when in county facilities or interacting with county employees. Again, answers varied by department.

We worded the question to match general county policy but it does not apply precisely in all settings. For example, once adults in custody have completed a quarantine period, they are not required to wear masks in their housing unit.

Survey question: In my experience, service users (e.g. clients, patients, people in custody) and community members wear masks or face coverings when in county facilities or when interacting with county employees.



Source: Multnomah County Auditor's county employee survey issued 2020. Respondents who answered N/A are not depicted in the graph. 2,085 respondents answered the question; 390 of those respondents answered N/A.

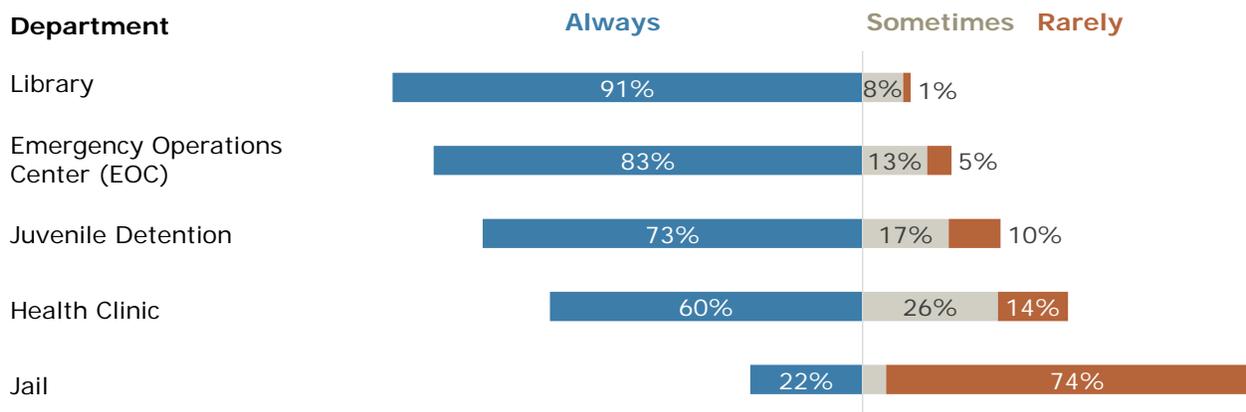
In another question, most respondents agreed or strongly agreed that management enforces the face covering policy (84%). The lowest levels of agreement were from respondents who declined to answer what department they worked for, those from the Sheriff's Office, and those from the Department of Community Services. The Department of Community Services includes Transportation, Animal Services, and Elections.

Health screenings

County policy requires symptoms checks before starting shifts in several workplace settings. At the time of the employee survey, employees at health care settings were supposed to have temperature checks prior to starting a shift. Employees at Libraries, the Emergency Operations Center, and Corrections Health were to state in writing that they do not have COVID-19 symptoms at the beginning of each shift. Employees in jails, juvenile detention settings, and homeless shelters were to verbally tell their managers that they are symptom free.

According to the employee survey, the county policy on health screenings appears to be unevenly implemented. Among those who responded to the survey, health screenings appear rare at the jail and less consistent at health clinics and juvenile detention settings. People from different departments can work in the same work setting. For instance, most of the people who work at the jail who said they always do a health screening are Corrections Health employees from the Health Department.

Survey question: My work unit requires that I confirm that I am symptom free before starting my work shift.



Source: Multnomah County Auditor's county employee survey issued 2020. Note: Respondents who answered N/A are not depicted in the graph and only those who reported working at one of these five work settings are included. 917 respondents from these settings answered this question; 43 of those respondents answered N/A.

Reducing the number of people onsite

Some county operations have to be done in person, like work in law enforcement, bridge operations, jails, homeless shelters, and the animal shelter. Many other county operations switched to remote services in March.

The Chair's directive since March has been that anyone who is not essential should telework. Eighty percent of respondents agreed or strongly agreed with the statement, "My work unit has reduced the number of people onsite at the same time. For example, through adjusted schedules or increased teleworking." Some departments have worked with the Chair's Office to expand in-person services.

While departments have reduced how many employees are in county buildings, it appears that a large portion of county staff still go to physical worksites, at least occasionally. Nearly half of survey respondents answered workplace questions to reflect that they had both teleworked and worked onsite/in the field in the month before the survey. This includes respondents who primarily telework, but went in for a minimal amount of time. The District Attorney's Office

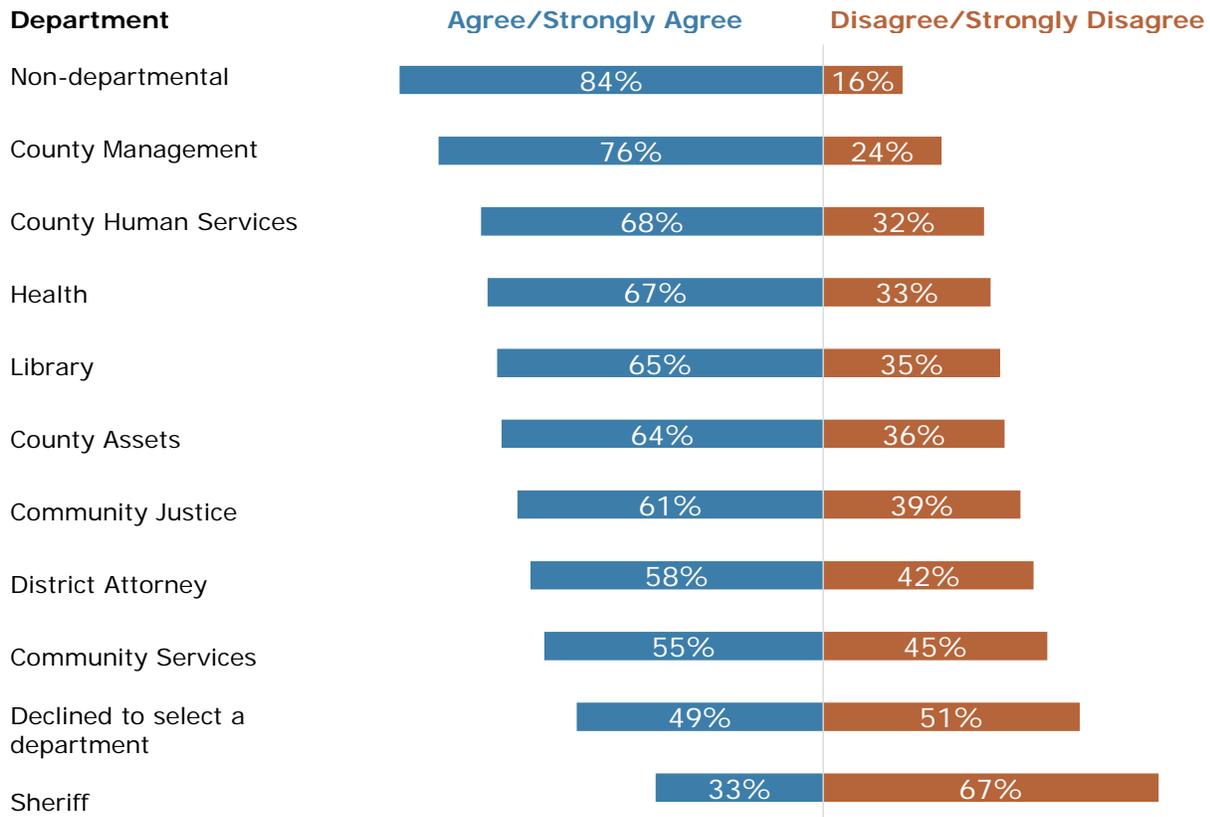
stands out with three quarters of respondents splitting their time between working onsite and remotely.

In open-ended comments, some respondents said they could not do all of their work remotely. Even though many files have moved to electronic formats, a reliance on paper in some departments is bringing people into the office. Some respondents talked about going into the office for things like printing, checking mail, getting signatures, or accessing hard copy files. For example, one respondent wrote, "Some hard copies of documents need to be maintained on file. So coming to work is necessary to complete this task...." Another wrote, "I go into our office once per month to print everything out and file." Others respondents expressed that it felt unfair that they had to come in to work while others worked at home.

Do employees feel safe?

Overall, 40% of survey respondents who work onsite, at least sometimes, are not confident that the measures in place are sufficient to prevent a workplace outbreak. Again, responses varied by department. Non-departmental respondents, which include employees in the Board of County Commissioners' offices, Emergency Management, and the Joint Office of Homeless Services, were most optimistic. Respondents from the Sheriff's Office were least optimistic.

Survey question: I am confident that the measures in place in my work environment are enough to prevent a workplace outbreak.



Source: Multnomah County Auditor's county employee survey issued 2020. Note: Respondents who answered N/A are not depicted in the graph. 2,019 respondents answered the question; 118 of those respondents answered N/A.

Many employees also expressed concern about workplace safety in open-ended questions. For example, when asked what has been the most challenging part of working during the pandemic, respondents said things like:

"I worry all the time about getting sick and taking the virus home."

"[It is challenging] knowing that some colleagues do not follow recommended or required guidelines."

"[It is challenging] trying to stay safe and socially distance in a space which does not allow for social distancing."

"I don't feel like our office is taking enough social distancing steps."

Employees also expressed concerns about safety not directly related to COVID-19 in the work environment. Employees were concerned about safety related to protests and the downtown

environment. Some respondents also reported concerns about taking public transit to work during the pandemic and having to work when there was hazardous air quality.

According to reports from the State of Oregon, during the time of our audit, the county had one workplace outbreak involving five or more people, which is the state's threshold for reporting workplace outbreaks. The county also temporarily closed a small youth shelter in the Donald E. Long Detention Facility when multiple provider staff tested positive for COVID-19. We have since learned about additional workplace outbreaks at the county.

Recommendations

- As soon as possible, the OR OSHA COVID-19 temporary rule implementation committee should complete all new OSHA requirements:
 - Risk assessment, infection control plan, protocols for potential exposure, and employee training.
 - Note: management reports that substantial work toward this recommendation has been completed. This work occurred between the time the report was written and when it was issued. We acknowledge that work has been done, but we did not audit that work. We are leaving the recommendation in the report, so we can follow up on the recommendation thoroughly.
- By March 2021, Central Human Resources should develop a method for employees to provide COVID-19 related feedback anonymously.
- By March 2021, the Chair or her designee should provide employees with a point of contact for COVID-19 safety coordination.
- Based on responses to our office's employee survey, it appears that applying policies is an ongoing challenge. Upon issuance of the report and periodically thereafter, the Chair or her designee should reiterate to managers and employees her expectations that safety policies and recommendations are followed, including the requirement that employees telework as much as possible.