A State of Emergency was declared on March 4, 2020 by the Chairman of the Hoopa Valley Tribe and ratified by the Hoopa Valley Tribal Council on March 5, 2020.

With the Emergency Declaration, Residents residing within the Hoopa Valley Reservation and Employees of the Hoopa Valley Tribe (HVT) became subject to Public Health Orders and the Emergency Management Ordinance, Title 72 of the Hoopa Valley Tribe.

ARTICLE II – PROHIBITIONS AND RESTRICTIONS DURING STATES OF EMERGENCY

Section 72.7 Prohibitions and Restrictions (A.)

In the event that a State of Emergency is declared by the Tribe and the Emergency Operations Plan is activated, any prohibitions and restrictions deemed necessary to ensure the health, safety, and general welfare of the Tribe, Tribal members and the Reservation community are hereby authorized.

Pursuant to the Declaration of the State of Emergency, the Office of Emergency Services (OES) issued – Order #2020-2; Order of the Hoopa Valley Tribe Directing All Individuals Living on the Hoopa Valley Indian Reservation to Stay at Home. Date of Order: April 1, 2020, Effective Until Further Notice.

OES Order #2020-2 (Stay at Home Order) ‘The intent of this Order is to preserve the public health and safety for all individuals ("people") on the Hoopa Valley Reservation’. Reservation. Part #8 – All travel, except Essential Travel as defined in this Order, is prohibited. Part #17. Definitions and Exemptions, b.i. - To engage in activities or perform tasks essential to the health and safety of themselves, their family, or household members.

As part of the Safety Protocols outlined by the HVT-OES Tribal Employees and residents are required to submit and adhere to a Safety Plan when traveling outside to areas deemed ‘High Risk’ by the HVT-OES.

Attached is the form you will need to submit, a week in advance of your travel. Completed forms should be submitted to:

Abraham Camez, Safety Officer
Office of Emergency Services
(503-515-8021)
Hoopa Fire Department – Fire Hall/OES Command
To: Abraham Camez, Safety Officer, Incident Management Team

Date:

RE: SAFETY PLAN TO MITIGATE RISKS ASSOCIATED WITH TRAVELING DURING THE COVID-19 PANDEMIC

I am requesting a waiver of the Travel Restrictions. To help you determine the level of risk of exposure to COVID-19 that is associated with traveling off the Reservation and out of Humboldt County I have prepared a Safety Plan.

Name Individual Requesting Waiver: __________________________________________

Required - Valid Contact Number: __________________________________________

SAFETY PLAN

Reason you are requesting a Waiver of Travel Restrictions: ______________________________

| Anticipated Date of Travel: | ___________________________ |
| ___________________________ |
| Length of Travel: | ___________________________ |

Method of Travel: ___________________________

Planned Route of Travel: __________________________________________________________

Pre-determined stops for food: ___________________________

Pre-determined stops for gas: ___________________________

If applicable, Pre-determined stops for overnight stay(s): ___________________________
Personal Protective Equipment you have or will need:

(Indicate if you will need PPE supplies)

Additional individuals accompanying you:

Steps that you will take to protect yourself while traveling:

Acknowledgement that if I deviate from this Safety Plan that I could be asked to self-quarantine for a certain period of time. Additionally, I understand that I am required to immediately notify my supervisor if I become ill, while on travel or after travel.

________________________________
Signature of Traveler                                                                                      Date

________________________________
Signature of  HVT-OES Safety Officer                                                                                       Date

________________________________
Signature of OES Incident Commander                                                                                       Date

Hoopa Valley Residents and Hoopa Valley Tribal Employees must notify your employer of planned travel and obtain acknowledgement of notification by:

Acknowledgement from Supervisor of Employer located within the Hoopa Valley Reservation:

Signature:_____________________________________________________

________________________________
Name and Title                                                                                                      Date