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May 06, 2020

The Honorable Kate Brown
Governor, State of Oregon
900 Court Street, NE, Ste. 254
State Capitol
Salem, Oregon

Governor Brown,

Thank you for the time you and your staff have spent assisting Baker County in the preparation of the "Baker County Reopening Plan".

While unfortunately Baker County experienced our first positive COVID-19 case today, we responded to the incident as outlined in the plan and continue to meet the plan requirements. We are confident that we can meet any further incidents in the same positive, proactive manner.

Attached please find the "Baker County Reopening Plan" along with supporting documentation. The plan was crafted by our Baker County Emergency Management Director, the Baker County Health Department and has been coordinated with Baker County Health Officer, Dr. Eric Lamb MD, President and CNO Priscilla Lynn of Saint Alphonsus Medical Center- Baker City, and the Baker County Board of Commissioners.

We recognize that reopening is a process that requires focus on the public health issues while considering the impacts to our economic stability. At no time does our plan place the economics above the health of our community, we recognize we need both to be successful. In the plan you will note that our medical review team working in close coordination with the Oregon Health Authority oversees all critical actions and has the authority to hold, or even reverse the phase actions.

In closing Governor, thank you for your concern for our county and its residents.

Sincerely,

Mark E. Bennett

Mark E. Bennett, Commissioner
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Enclosure

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April 24, 2020

The Honorable Kate Brown
Governor, State of Oregon
900 Court Street, NE, Ste. 254
State Capitol
Salem, OR 97301-4047

Governor Brown,

Attached please find the "Baker County Reopening Plan." We have carefully addressed the criteria that your office outlined in the County Commissioner briefing on Monday. Reopening of the county is so critical, this plan has risen to the number one priority of our Incident Management Team. As of this date, Baker County still does not have a confirmed case of COVID-19.

The plan has been coordinated with Baker County Health Officer, Dr. Eric Lamb MD, President and Chief Nursing Officer, Priscilla Lynn of Saint Alphonsus Medical Center-Baker City, the Baker County Health Department and the Baker County Board of Commissioners.

The plan focuses on metrics and taking a science-based approach, using a combination of education, social distancing, and precautions for each specific type of enterprise. We have built the platform on an Adaptive Management concept, recognizing that the entire event is in a constant state of change and many of the factors are outside of our control.

Highlights of the plan include:

- A unit has been established within our local Incident Command structure that will continuously monitor and evaluate community health measures, and take action based on data.
- The Baker County Health Department has expanded the local county contact tracing team to immediately isolate any impacted individuals.
- To enhance contact tracing, the plan requires designated establishments to retain a customer/visitor log which would be available to the county should a need arise.

Recognizing that education for businesses is critical to affording the public the maximum level of protection, the plan also establishes within the Incident Command structure an education unit to meet with businesses and ensure that they are meeting the

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requirements of CDC, State of Oregon and the Baker County Reopening Plan. This team will also work with concerned citizens regarding firms that they may feel are not meeting those requirements.

In closing Governor, as you are well aware, it is critical for our county's economic stability that we reopen for business as soon as possible. The combination of the COVID-19 event and the current disaster in cattle prices have dealt a devastating economic blow to our community.

Baker County acknowledges that our testing numbers are low, however, it's important to recognize that individuals seeking medical care for COVID-19 like symptoms is also low. At the onset of the COVID-19 event, a community curbside clinic was established, but recently that clinic was discontinued for non-use.

The Commissioners have designated Commissioner Mark Bennett as the point of contact for follow-up. Commissioner Bennett can be contacted at mbennett@bakercounty.org or 541.519.8421.

Thank you for working with us on this plan for our community!

Sincerely,

Baker County Board of Commissioners

Bill Harvey

Mark E. Bennett

Bruce A. Nichols

Attachments:

Baker County

Reopening Plan Application

May 7, 2020

Prepared based on Governor Kate Brown's

Public Health Framework for Reopening Oregon

and

Prerequisites for Phased Reopening of Oregon

Purpose

The purpose of this document is to provide guidance for those involved in the process of reopening Baker County and to provide information that must be addressed in the implementation of individual plans.

Due to the nature of the COVID-19 event, new information will continue to become available. The Baker County Reopening Plan will be managed adaptively as a 'living document' to address those changes when needed.

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Section I: Overview

Baker County

Baker County is a rural county located in the northeastern region of the state with its eastern-most border along the Snake River, which separates Oregon from Idaho. It consists of 3,088 square miles and has a population of 16,134 (2010 census). The single largest city within the county is the county seat, Baker City, with a population of approximately 9,828, indicating that about 61 percent of the county's population resides in the city of Baker City. Additionally, there are 7 other incorporated towns (one with zero full time residents)[1] and approximately 25 other unincorporated towns in the county. The county's economy is based primarily on the region's farming and ranching industry, with the production of cattle, the growing of necessarily included feed crops to support the raising of livestock, and various other farm produced food crops seen on a major scale.

Being a rural and sparsely-populated county with the majority of its population based in Baker City, the vast amount of the county's land mass is unpopulated.

To date, Baker County has had only one positive case of COVID 19. This fact may be the result of the county's sparse and spread out population (natural social distancing) and adherence to the government's guidelines on preventative measures to reduce exposure. This fortunate fact provides some relief to the residents of Baker County from the terrible loss and suffering being experienced and felt elsewhere around the state and country, though it does not relieve them of the necessity of continuing to comply with sound and practical efforts to control exposure and contamination, self- isolation, hygiene, and all other precautionary measures, appropriate to age group, underlying condition, and other relevant considerations.

The heartache, despair, uncertainty and fear caused by the efforts to slow or stop the spread of this terrible disease through the shutdown of non-essential business and commerce is another matter. At this point, with the favorable health condition that exists in Baker County relative to COVID-19, the devastating economic impact to the county seems even more extreme, and relief to these aspects of the effects of the disease require as much attention as continuing disease mitigation efforts.

This document is prepared in response to Governor Kate Brown's solicitation of working strategies from Oregon counties, which support and enhance the "Public Health Framework for Reopening Oregon" and "Prerequisites for a Phased Reopening of Oregon".

[1] Of the six other occupied incorporated towns in Baker County; Haines, Huntington, Halfway, Sumpter, Richland, and Unity, the average population is 262.5 (2010 Census).

Section II: Prerequisites

A. <u>County Prerequisites</u>

1. *<u>Declining prevalence of COVID-19 symptoms</u>*
   a. *The percentage of emergency department visits for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year*
   b. *A 14-day decline in COVID-19 hospital admissions*
   c. *This metric only applies to counties with more than 5 cases.*

Current Status

Baker County has only one positive case of COVID-19 to date. Reports from the local hospital, Saint Alphonsus Medical Center - Baker City, as well as the five local medical clinics, have shown a downward trajectory of influenza-like illness or COVID-like symptoms over the past 14 days. Many are reporting no cases in the last 14 days that would meet the criteria.

While COVID-19 was spreading rapidly early-on, the quick and decisive measures taken have slowed that rate. Nearby counties in Eastern Oregon have seen a very slow growth rate in positive cases. Baker County has created a Business/Medical Case Review Unit (BMCR Unit) in the Incident Command Structure to continuously monitor this evolving situation and has identified Management Action Point metrics as part of an information-based, phased approach to re-opening.

Plan for Re-opening

A phased approach to re-opening will keep the COVID-19 growth rate curve relatively flat and strengthen the local economy. Taking small, calculated steps will allow the economy to start reopening through a strategic approach that protects the health of the community.

A BMCR Unit has been created within the Incident Command Structure. This group is made up of Economic Development Professionals, Doctors, an Infection Prevention Control Manager, Public Health Officials, and Emergency Management officials. This Unit will continuously evaluate the numbers of completed tests, positive tests, and information collected during contact tracing.

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: 8
- Hospitalized Cases: 2
- Patients on a Ventilator: 1
- Surrounding area Hospitals Capacity: 20%

These initial Management Action Points are set so that the BMCR Unit will convene and review available information to help determine if changes need to be made to the reopening process. The BMCR Unit

could change the Management Action Points as more information becomes available, such as positive COVID tests from healthcare workers or residents and/or staff of a long term care facility.

If these management action points are reached, a HOLD (described in Section III) may be necessary before moving forward with any other business sector reopening and to allow time for contact tracing (described in B - 1) to occur. Based on the data provided through contact tracing and testing, the BMCR Unit and Incident Command Team will determine the need to continue to hold or take steps backward until a steady state is reached. This determination will then be passed onto the Oregon Health Authority (OHA), who will review the findings of the BMCR Unit and give recommendations.

If no management action points are reached within a two-week period (the incubation period of the virus), then it would be permissible to move to the next phase.

2. *Contact Tracing System*
    a. *Counties must have a minimum of 15 contact tracers for every 100,000 people. Every county must be prepared to contact trace 95% of all new cases within 24 hours, with OHA certifying a county's readiness. The contract tracing workforce must be reflective of the region and be able to conduct tracing activities in a culturally appropriate way and in multiple languages as appropriate for the population.*

Baker County Health Department (BCHD) will take the lead on Case Investigations and Contact Tracing pursuant to guidelines provided by OHA. See Novel Coronavirus Disease 2019 (COVID-19) Interim Investigative Guidelines, dated May 1, 2020, available through OHA.

BCHD will provide the staff for Case Investigations and Contact Tracing throughout the county for all new cases. This team will be led by the Nursing Supervisor and Office Manager, and will be composed of seven BCHD staff members, two Eastern Oregon Modernization Collaborative staff members, and five Baker County employees trained in Contact Investigations. Four of the above listed team members have ORPHEUS (Oregon's Communicable Disease Database) access and two additional staff will have access before the end of May 2020. Currently Baker County's Contact Tracing team consists of 14 members for a population of 16,000 which exceeds OHA minimum for contact tracers. Since Baker County is a rural county with one hospital and five clinics, constant communication between the health care providers and Contact Tracing Team will ensure that at least 95% of the positive cases are captured within 24 hours. Should additional support be needed, BCHD will contact OHA Acute and Communicable Disease Program for additional assistance.

Census quick facts provides that Baker County is 94.1% white alone, with the second largest group at 4.4% Hispanic or Latino. One member of the Contact Tracing team speaks Spanish.

3. *Isolation Facilities*
    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.*

Houselessness/Inability to Self Isolate

Should an individual or family that is experiencing houselessness contract COVID-19, or be identified as a contact of a known COVID-19 case, Baker County will facilitate alternative housing arrangements. By collaborating with local lodging partners, Baker County has secured 34 rooms for use by individuals that test positive for COVID-19 and cannot self-isolate. The Baker County Health Department will provide daily health check-ins to these individuals, and will use the Human Services Branch of the Incident Command Structure to provide necessities of daily living, food, laundry, and medications while they are kept in isolation. BCHD will also connect them with housing and food assistance programs, or other services, as requested.

b. *Counties provide a narrative of how they will respond to three different outbreak situations in the county (e.g.nursing home, jail, food processing facility, farmworker housing, other group living situation)*

Isolation Strategy

Isolation and Quarantine are defined as:

> Isolation is the physical separation and confinement of a person who is infected or believed to be infected with a communicable disease.
>
> Quarantine is the physical separation and confinement of a person who may have been exposed to a communicable disease and who does not yet show signs or symptoms of a disease.

Unless there is a need for medical services, it is recommended those that test positive for COVID-19, and/or have signs and symptoms, stay at home until they have been symptom-free for 72 hours (3 days). This will help protect the health and safety of workers in critical industries.

Should an individual test positive and have other family members in the same home, it is advised that the individual who tested positive use a separate bedroom and bathroom. If an individual tests positive for COVID-19 and lives alone, family or friends (if available) should be used to get groceries and any necessary medications. The groceries or medications should be dropped off outside of the residence to ensure the safety of all of those involved. If an individual tests positive and lives alone with no family or friends available to help get groceries or medications, the Human Services Branch of the Baker County EOC should be contacted. The Human Services Branch will provide necessities of daily living, food, laundry, and medications while the individual is kept in isolation.

Congregate Facilities

In Baker County, congregate facilities include nursing homes, long-term care facilities, treatment facilities, industry/manufacturing companies, and adults in custody. Baker County does not have any large food processing facilities.

The above-mentioned facilities would be required to remain closed to visitors until *Phase 3 - Step 2*. This will ensure that vulnerable populations remain safe and will keep PPE usage down and available for hospitals and clinics, should a surge event occur.

Baker County has worked with local congregate facilities to ensure the safety of their residents to the best of our ability. In Appendix A, we have provided a Congregate Care Facility Checklist, which each facility

has reviewed and returned/or has received and is currently working on meeting. This checklist identifies key areas that should be reviewed and considered in their current plans. Four outbreak situations are discussed below, all of which are based on a congregate-style setting. While the setting may change, the proposed responses are similar.

Outbreak Situations

Should an outbreak situation occur in a congregate care facility, Baker County will follow the OHA *Acute and Communicable Disease Programs (ACDP)* guidelines regarding respiratory disease outbreaks. Baker County Public Health will work with the facility to conduct Case/Contact Investigations of the residents and/or staff. Public Health will work with local medical providers to conduct medical assessments and/or testing of ill residents and/or staff per COVID-19 Investigative Guidelines. Baker County EOC will work towards providing additional PPE as needed.

Long Term Care Facility

Should an outbreak occur in a long-term care facility, Baker County Public Health will receive notification of the increased number of ill residents and/or staff, or of a resident and/or a staff member that has tested positive for COVID-19. Baker County Public Health will notify the Health Officer as well as the ACPD on-call epidemiologist of an outbreak at a long-term care facility. Facility staff will be asked to complete a Respiratory Symptom Log to collect information regarding symptom profile, symptom onset and other pertinent health care information. Public Health will work with the facility to conduct Case/Contact Investigations of the residents and/or staff. Public Health will work with local medical providers who are already providing on-site visits to the facility to collect specimens for testing. Control measures will be implemented to decrease the spread of the infection. Public Health will follow the OHA COVID-19 Investigative Guidelines regarding case investigation, recommendations for isolation and quarantine, and when to return to work.The outbreak will be documented in ORPHEUS, per OHA requirements.

Treatment Facility

Should an outbreak occur in a treatment facility, Baker County Public Health will receive notification of the increased number of ill residents and/or staff, or of a resident and/or a staff member that has tested positive for COVID-19. Baker County Public Health will notify the Health Officer as well as the ACPD on-call epidemiologist of an outbreak at a treatment facility. Facility staff will be asked to complete a Respiratory Symptom Log to collect information regarding symptom profile, symptom onset and other pertinent health care information. Public Health will work with the facility to conduct Case/Contact Investigations of the residents and/or staff. Public Health will work with local medical providers who are already providing on-site visits to the facility to collect specimens for testing. Control measures will be implemented to decrease the spread of the infection. Public Health will follow the OHA COVID-19 Investigative Guidelines regarding case investigation, recommendations for isolation and quarantine, and when to return to work.The outbreak will be documented in ORPHEUS, per OHA requirements.

Manufacturing or Light Industrial Facility

Should an outbreak occur in a manufacturing facility, Baker County Public Health will receive notification of a person who has tested positive for COVID-19. Through the Case Investigation

process, Public Health will obtain dates and times the person was at work and which department of the facility they worked in each day. Information about who they came into contact with (during lunch, breaks or through daily contact). Public Health will work with the human resources contact of the manufacturing facility to conduct Contact Investigations of the employees that may have had close contact with the individual that tested positive. Public Health will keep information relating to the case confidential at all times, and will ask that the employer do the same. If an outbreak is identified, Public Health will notify the Health Officer as well as the ACDP on-call epidemiologist of an outbreak. Public Health will work with the local medical providers to collect specimens for testing. Public Health will follow the OHA COVID-19 Investigative Guidelines regarding case investigation, recommendations for isolation and quarantine, and when to return to work. The outbreak will be documented in ORPHEUS per OHA requirements.

Baker County Jail

Should an outbreak occur at the Baker County Jail, Baker County Public Health will receive notification of an increase in ill adults in custody (AIC) and/or of a jail staff member who has tested positive for COVID-19. Public Health will notify the Health Officer as well as the ACDP on-call epidemiologist of an outbreak at the jail. The jail staff will be asked to complete a Respiratory Symptom Log to collect information regarding symptom profile, symptom onset and other pertinent health care information. Public Health will work with the individual that tested positive for COVID-19 to collect dates and times that they worked and who they came into contact with throughout those days. Public Health will work with the Baker County Jail human resources contact to conduct Case/Contact Investigations of the AIC's and/or jail staff. Public Health will work with the jail medical provider to collect specimens for testing. Control measures will be implemented to decrease the spread of the infection. Public Health will follow the OHA COVID-19 Investigative Guidelines regarding case investigation, recommendations for isolation and quarantine, and when to return to work. The outbreak will be documented in ORPHEUS per OHA requirements.

Non-Voluntary Isolation or Quarantine

Should someone refuse to voluntarily isolate or quarantine, two processes are proposed and outlined below, both of which are based on guidance found in the Oregon Isolation and Quarantine Bench Book 2019 (2nd. Ed.).

- Non-emergency quarantine or isolation
- Emergency quarantine or isolation process

The local public health administrator (LPHA) may file a petition with Circuit Court for an order to isolate or quarantine a person if there is a reasonable belief (based on information provided by medical staff that has interacted with the person, or on contact tracing) that the person has been exposed and that the person poses a serious risk to the health and safety of others if not confined. If granted, the state or county may request that the court order state or local law enforcement to assist public health officials in enforcing a court's order for isolation or quarantine.

B. <u>Regional Prerequisites</u> *(These prerequisites are measured at the Health Region level, not the county level. An individual county cannot move into phase one if regional testing capacity is beneath that level.)*

1. *<u>Minimum Testing Regimen</u>*
   a. *Regions must be able to administer COVID-19 testing at a rate of 30 per 10,000 people per week. Regions must implement a testing regimen that prioritizes symptomatic persons and individuals who came into contact with a known COVID-positive person and includes testing of all people in congregate settings when there is a positive test. This includes long-term care facilities and county jails among others. The plan must include frequent tests of frontline and essential workers and industries where workers may not be able to practice optimal physical distancing (e.g., agricultural processing, meat packing).*
   b. *Regions must maintain an appropriate number of testing sites to accommodate its population and must fully advertise where and how people can get tested. The region must work with local public health and OHA to use the collected data to track and trace the spread of the virus. Testing must be accessible to low-income and underserved communities.*

Testing Regimen

Baker County Health Department has worked with health care providers in the county on satisfying the testing guidance from OHA, by prioritizing symptomatic persons and individuals that have come into contact with an individual who has tested positive for COVID-19. Based on contact tracing and health care provider assessments, tests are conducted for those that meet OHA's criteria/guidance. Based on a testing rate of 30 per 10,000 people per week, Baker County would need the ability to test at a rate of 49 tests per week. With the number of available testing sites throughout the county (see below), Baker County meets this criterion.

Testing Sites

Testing has mainly been done by two providers in Baker County, each of which offer drive thru/curbside clinics. Recently, Pine Eagle Clinic in Halfway has gained the capacity to test. These testing sites are available to anyone, resident or non resident, in Baker County. The hours and additional location information of testing sites are available on the County-run website www.bakercountycovid19.com under *Health Information*.

Plan for Re-opening

Additional testing kits will be necessary to sustain a reopening plan and meet the minimum testing criteria. Baker County has requested 202 collections kits through the state's OpsCenter program to have sufficient supplies to meet the minimum testing requirements. OpsCenter is an electronic software tool that aids in the management of events. The number of collection kits was determined based on having a two-week supply of the minimum number of tests required per week and enough collection kits to test the county's largest congregate care facility should an outbreak occur. Once we have our minimum supply of 202 collection kits, Baker County EOC will monitor the Incident Command System (ICS) 204 forms, which are submitted daily by the clinics/hospital, and re-order collection kits on a weekly basis through OpsCenter.

St. Alphonsus Medical Center - Baker City and St. Luke's Clinic will continue to order testing kits through their respective health systems. Should either facility suffer a supply-chain disruption, Baker County will have the needed collection kits available to continue offering testing in our area.

Testing will continue to be offered at the two drive thru/curbside clinics with additional sites being made available with these collection kits. Through the ICS 204 form these other health care providers/clinics can request collection kits and the logistics section of the EOC will deliver the kits to them. With the available collection kits Baker County will be able to offer testing in four of the seven communities in the county.

2. *Sufficient Health Care Capacity*
    a. *To maintain the phased re-opening plan, each region must be able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations compared to the number of suspected or confirmed COVID-19 hospitalizations in the region at the time Executive Order No. 20-22 was issued.* (Executive Order No. 20-22 was issued on April 27, 2020, allowing measured resumption of non-urgent health care procedures using personal protective equipment, and continuing restrictions on visitation in response to coronavirus (COVID-19) outbreaks.)

Surge Plans

Surge Plan Summary - Saint Alphonsus Medical Center - Baker City

As part of a large, integrated care delivery network across Eastern Oregon and Western Idaho, Saint Alphonsus Medical Center - Baker City (SAMC-BC) is uniquely positioned to accommodate patients and their care needs during the COVID-19 pandemic. While the hospital is licensed for 25 medical/surgical and ICU beds, in the event of a "surge" of patients with known or suspected coronavirus, Saint Alphonsus Health System (SAHS) is prepared to increase its capacity through a multi-tiered response plan overseen by the SAHS Incident Command structure. SAMC-BC was targeted to provide for surge capacity at 150% of the current state at the end of March 2020, which equates to 5 ICU beds and 30 Medical/Surgical beds total. In collaboration with Baker County Emergency Management, SAMC-BC has developed a surge plan, which was submitted to the Oregon Health Authority on April 24th, 2020, that exceeds this targeted surge capacity. An alternate care site has been established in close proximity to SAMC-BC and St. Luke's Clinic which has an initial capacity for 60 additional beds - a 240% increase.

The proposed surge plan implements a phased approach, during which resource availability, both internally and externally, would be carefully evaluated. The proposed plan is supported by federal and state waivers that allow Critical Access Hospitals to expand beyond the number of licensed beds.

Surge Plan Summary - Baker County

The purpose of the Baker County Medical Surge Plan is to strengthen medical surge response capability for COVID-19, through a coordinated and collaborative, regional approach. Participants in this surge plan

include Saint Alphonsus Medical Center - Baker City, Baker County Public Health, local medical clinics, long-term care facilities, hospice agencies, and emergency response entities.

- Saint Alphonsus Medical Center - Baker City (SAMC-BC) - SAMC-BC principally serves Baker County and is the only hospital in the county. The support and coordination of SAMC-BC in a medical surge event is critical to the efforts of Baker County to respond to disaster. As part of the St. Alphonsus Regional Medical Center located in Boise, Idaho. SAMC-BC is an affiliate of Trinity Health, one of the largest multi-institutional, Catholic health care delivery systems in the nation. The surge plan in place at SAMC-BC implements a phased approach in order to open rooms and segregate patients in the case of the pandemic event. SAMC-BC staff continue to work directly with the Oregon Health Authority with their plan.

- Baker County Public Health - Public health in Baker County is administered through the Baker County Health Department, which continues to work closely with the Oregon Health Authority, local emergency management, hospitals and medical providers to monitor the COVID-19 pandemic.

- Local Medical Clinics - The Baker City Seventh Day Adventist School is on standby for use as an alternate care site for lower acuity hospital patients transferred from the hospital.

- Long-Term Care Facilities - Local long-term care facilities are operating under the Baker County Surge Plan.

- Hospice Agencies - Local hospice agencies are operating under the Baker County Surge Plan.

- Emergency Response Entities - A Mutual Aid Agreement is in place, with the last major update completed September 11, 2011. This agreement between the various emergency response jurisdictions is critical for a medical surge event, as a single Baker County agency/department may not have the human and equipment resources to respond to multiple calls for service.

    - Emergency Response Transport Air Ambulances
        - Life Flight Network and St. Luke's Medical Clinic (Rotary- and Fixed-Wing)
    - Emergency Response Transport Ground Ambulance Resources
        - Baker City Fire Department – Baker ASA (4 transport vehicles)
        - Eagle Valley Ambulance - Richland ASA (1 transport vehicle)
        - Halfway/Oxbow Ambulance – Halfway and Oxbow ASA (2 transport vehicles)
        - Treasure Valley Paramedics – Huntington ASA (4 transport vehicles)
    - Additional Non-Emergency/Inter-Facility Transportation Ambulance Services (Ground & Air)
        - Baker City Fire Department – Baker, Richland, Halfway, Oxbow and Huntington, ASAs

- Med-Transport Inc. – Baker, Richland, Halfway, Oxbow and Huntington, ASAs
- Halfway/Oxbow Ambulance – Halfway/Oxbow ASAs
- Eagle Valley Ambulance – Richland ASA
- Life Flight Network
- St. Luke's Clinic

3. *Sufficient PPE Supply*
   a. *All hospitals in the health region must report PPE supply daily to OHA's Hospital Capacity system. Large hospitals and health systems in the region must attest to a 30-day supply of PPE, and small or rural hospitals must have a 14-day supply.*
   b. *Counties must attest to sufficient PPE supply for first responders in the county.*

PPE Supply and Reporting

Since the beginning of the COVID-19 response, Baker County EOC has requested that each sector which uses medical grade PPE fill out an ICS (Incident Command System) Form 204. This form contains questions relating to how much PPE a sector is using and if there are any needs which need to be addressed with additional information or supplies. The EOC reports this information to the Oregon Office of Emergency Management (OEM) while the hospital is required to submit directly to the OHA using the Hospital Capacity System.

Though the normal supply chain for PPE is stressed, the current Push PPE supply chain in Baker County is adequate to offset the current needs for the reopening phases as identified in Section III if there is a disruption in the PPE normal supply chain.

Many sectors do not need medical grade PPE. With the implementation of cloth/reusable face masks, there will not be an additional drain on the current supply chain for medical grade PPE. The sector with the most need for medical grade PPE is Professional Services, which includes the Hospital, Clinics, Dentists, Optometrists, etc. These businesses have been prioritized as follows to ensure that, should the resupply rate of PPE become strained, a structured slowdown of PPE use can occur:

Professional Services	1 - Hospitals
	2 - Clinics
	3 - Dentists
	4 – Optometrists

The Baker County EOC will continue to work with our Professional Services sector to monitor the PPE supply chain. The Baker County EOC have been in communication with this group to ensure we have a 30-day supply, as well as an additional supply in the event of a surge, of the following PPE items: N95 Masks, Surgical Masks, Gowns, Gloves, Face Shields, Cloth Face Masks (used to cover N95/Surgical Masks if face shields are not used). There is adequate PPE for our Professional Services which use medical grade PPE. This will be reviewed at each phase as described in Section III below.
Until the supply chain is fully back to normal, optimization and reuse guidelines will remain in effect. This will also include the use of a hydrogen peroxide vapor machine that will disinfect PPE. This will extend the life of available PPE even further than normal reuse guidelines. Baker County has hosted

meetings with medical grade PPE users to ensure optimization and reuse guidance has been shared with all.

Baker County EOC is in communication with all First Responders and they have adequate PPE.

C. <u>State Prerequisites</u>

1. *<u>Finalized Statewide Sector Guidelines</u>*
    a. *Each sector must adhere to Oregon Health Authority statewide guidelines to protect employees and consumers, make the physical work space safer and implement processes that lower risk of infection in the business.*

Baker County will be following the Oregon Health Authority's guidance for the General Public, Guidance for Employers, and Guidance to Specific Sectors (Restaurantes, Bars, Breweries, Brewpubs, Wineries and Tasting Rooms, Retail Outdoor Recreation, Childcare) when those documents are finalized. Additional guidance will be provided and referenced as it becomes available.

Section III: Re-Opening Phases

<u>Phased Lifting of Restrictions</u>

During all phases, the Baker County Incident Command Team and Baker County Health Department will provide messaging to continually remind individuals and employers to practice the principles of good hygiene in order to limit the spread of the virus:

- wash hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces
- avoid touching your face
- sneeze or cough into a tissue or the inside of your elbow
- disinfect frequently used items and surfaces as much as possible
- strongly consider using face coverings while in public, particularly when social distancing is not easy to maintain or when using mass transit.

Additional messages will center around 'People Who Feel Sick Should Stay Home':

- do not go to work, school or grocery store
- stay home except for seeking medical services
- contact and follow the advice of your medical provider
- stay home until you are symptom free for 72 hours (3 days)
- continue to adhere to State and local guidance as well as complementary CDC guidance, particularly with respect to face coverings.

Continual education of employers and other community members throughout this process will be implemented to ensure Baker County continues to reduce the potential for spread of COVID-19.

Employers

In accordance with Federal, State, and local regulations and guidance, employers will develop and implement appropriate policies, informed by industry best practices, regarding:

- social distancing and protective equipment
- testing, isolating, and contact tracing
- sanitation
- use and disinfection of common and high-traffic areas
- business travel

Employers will be required to monitor their workforce for indicative symptoms, and to not allow symptomatic people to physically return to work until they are symptom free for 72 hours. Additionally, employers will be required to develop and implement policies and procedures for workforce contact tracing following a positive COVID-19 test of an employee (https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html)

Phase One

- General Guidelines – 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 social distancing is not practical) they could transmit the virus to their household. Precautions should be taken to isolate vulnerable residents from others.
    - ALL INDIVIDUALS, when outside of their homes (e.g., parks, outdoor recreation areas, shopping areas), should maximize social distance from others. Social settings of more than 10 people, where appropriate social distancing may not be practical, should be avoided unless cloth face masks are worn.
    - AVOID GATHERING in groups of more than 10 people in circumstances that do not readily allow for appropriate social distancing of 6 feet (e.g., receptions, trade shows)
    - GROUP TRAINING attendee numbers should be based on the size of the available square footage. This square footage, minus the area of displays, provides the available amount of occupiable floor space. Dividing this figure by 28.36 square feet (the area of a 6' diameter circle) and subtracting 1 results in the occupancy number for training or events. If events contain multiple vendors, the vendors should be spaced so that social distancing standards can be observed. Example: A Fire Department must conduct training drills. The department has two 14' by 30' apparatus bays available for the training. These two bays provide a total of 840 square feet of space. Using the equation above, 28 people could attend while practicing social distancing. The person in charge of the training or event would be responsible for ensuring social distancing requirements are met.

- MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

- General Guidelines – Employers

  - Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations.
  - If possible, RETURN TO WORK IN PHASES.
  - CLOSE COMMON AREAS where personnel are likely to congregate and interact, or enforce strict social distancing protocol.
  - MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.
  - 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 distancing can not be maintained.[2]

Baker County will monitor Phase I for three weeks, evaluating the status of *Phase I* against Management Action Points. Based on this evaluation, the BMCR Unit will advise the following:

- Move Forward – If, after three weeks, there is no change in the Prerequisite Requirements and the BMCR Unit advises that reopening steps can continue, Baker County will move to *Phase Two*.

- HOLD – An additional one to three weeks is required to adequately determine if the Prerequisite Requirements are able to be met/maintained.

- Reduction of Phase One, Step 1 – All Professional/Personal Services would be asked to reduce current patrons or appointments by 50%. The BMCR Unit will monitor any changes and advise to hold for one to three weeks before returning to *Phase One*.

- Reduction of Phase One, Step 2 – Should the COVID-19 Curve not change based on *Reduction of Phase One Step 1*, the BMCR Unit will review contact tracing to determine which sectors may be contributing to an increase in the COVID-19 curve. Identified sectors would be asked to close. Other sectors would continue to follow *Reduction of Phase One, Step 1*. The BMCR Unit will determine whether to hold for one to three weeks before returning to *Reduction of Phase One, Step 1*.

- Reduction of Phase One, Step 3 – Return to "stay-at-home". Hold here for one to three weeks. Ensure the Prerequisite Requirements are met and restart *Phase One* with *Reductions Phase One, Step 2* and work backwards until we reach Phase One. After one to three weeks, re-assess the Prerequisite Requirements and move to Phase Two.

[2] Federal Guidelines Opening Up America Again

Phase Two

General Guidelines – 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 social 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.

Group training and event attendee numbers should be based on the size of the available square footage. This square footage, minus the area of displays, provides the available amount of occupiable floor space. Dividing this figure by 28.36 square feet (the area of a 6' diameter circle) and subtracting 1 results in the occupancy number for training or events. If events contain multiple vendors, the vendors should be spaced so that social distancing standards can be observed. Example: A Fire Department must conduct training drills. The department has two 14' by 30' apparatus bays available for the training. These two bays provide a total of 840 square feet of space. Using the equation above, 28 people could attend while practicing social distancing. The person in charge of the training or event would be responsible for ensuring social distancing requirements are met.

NON-ESSENTIAL TRAVEL can resume.

General Guidelines – Employer

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 can not be maintained.[3]

Monitor for three weeks checking against any Management Action Points. Should the Management Action Points be checked the Business/Medical Case Review Unit will advise the following:

Move Forward – Should after three weeks there is no change in the Prerequisite Requirements and the Business/Medical Case Review Unit advises that reopening steps can continue, Baker County will move to Phase Three unless the state will not allow anyone to go to Phase Three then we will repeat Phase Two at a social distancing of 3 feet with some additional easing of restriction for events.

HOLD – This would mean that an additional one to three weeks is required to adequately determine if the Prerequisites requirements are able to be met/maintained.

[3] Federal Guidelines Opening Up America Again

Reduction of Phase Two Step 1 - Use contact tracing to determine which sector may be contributing to increase of COVID-19 cases. The Business/Medical Case 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

General Guidelines - Individuals

VULNERABLE INDIVIDUALS can resume public interactions, but should practice social 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.

General Guidelines – Employers

Resume UNRESTRICTED STAFFING of worksites.[4]

Monitor for three weeks checking against any Management Action Points. Should the Management Action Points be checked the Business/Medical Case Review Unit will advise the following:

Move Forward – Should after three weeks there is no change in the Prerequisite Requirements and the Business/Medical Case Review Unit advises that reopening steps can continue onto Phase 3 Step 2.

HOLD – This would mean that an additional one to three weeks is required to adequately determine if the Prerequisite Requirements are able to be met/maintained.

Reduction of Phase 3 Step 1 - A: Reduce gatherings based on Business/Medical Case Review Unit 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.

[4] Federal Guidelines Opening Up America Again

Appendix A: Congregate Care Facility Checklist

Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Congregate Health Facilities

Congregate care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services and hospital). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Additional information can be found at www.cdc.gov/COVID-19. Information from state and local health departments, emergency management agency's/authorities should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

These checklist identifies key areas that facilities should consider in their COVID-19 planning. Congregate care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

A preparedness checklist for hospitals, including long-term acute care hospitals is available.
https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf

Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF):
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care- facilities.html

1. Structure for planning and decision making

	Completed	In Progress	Not Started
COVID-19 has been incorporated into emergency management or congregate care plan			
Lead for planning:	Email:		
Name:			
	Phone:		

2. Coordination Baker County Public Health			
	Completed	In Progress	Not Started
People assigned responsibility for coordinating preparedness planning, hereafter referred to as the COVID-19 response coordinator.			
List Coordinator:	Email:		
Name:			
	Phone:		

3. Development of a written COVID-19 plan			
	Completed	In Progress	Not Started
A copy of the congregate care plan or COVID-19 preparedness plan is available at the facility and accessible by staff			

4. Elements of a COVID-19 Plan				
	Completed	In Progress	Not Started	Not Applicable
A plan is in place for protecting residents, personnel, and visitors from respiratory infections, including COVID-19, that addresses the elements that follow:				
A person has been assigned responsibility for monitoring public health advisories (federal and state) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19 is in the geographic area. For more information, see https://www.cdc.gov/coronavirus/2019-ncov/index.html				
Insert name, title, and contact information of person responsible.				
The facility has a process for inter-facility transfers that include notifying transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer.				
The facility has a system to monitor and internally review, development of COVID-19 among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting), see CDC guidance on respiratory surveillance: https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf.				
The facility has infection control policies that outline the recommended Transmission- Based Precautions that should be used when caring for residents with respiratory infection. (In general, for undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection are recommended unless the suspected diagnosis requires Airborne Precautions; see: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html.) For recommended Transmission-Based Precautions for residents with suspected or confirmed COVID-19, the policies refer to CDC guidance; see: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html				

Continued Elements of a COVID-19 Plan				
	Completed	In Progress	Not Started	Not Applicable
The facility periodically reviews specific IPC guidance for healthcare facilities caring for residents with suspected or confirmed COVID-19 (healthcare guidance is available here: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) and additional long-term care guidance (available here: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html).				
Facility Communications:				
Key public health points of contact during a COVID-19 outbreak have been identified. (Insert name, title, and contact information for each.)				
Local health department contact:				
Baker County Health Department 541-523-8211 After Hours 541-523-6415				
A person has been assigned responsibility for communications with public health authorities during a COVID-19 outbreak.				
Insert name and contact information for who is assigned for communications with public health:				
A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility. (Having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information.)				
Contact information for family members or guardians of facility residents is up to date				
Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility.				
A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals and hospital emergency medical services, relevant community organizations—including those involved with disaster preparedness) with whom it will be necessary to maintain communication during an outbreak. Attach a copy of contact list.				
Supplies and resources:				
The facility provides supplies necessary to adhere to recommended IPC practices including:				

Continued Elements of a COVID-19 Plan				
	Completed	In Progress	Not Started	Not Applicable
Alcohol-based hand sanitizer is available in key locations in the facility with hand hygiene (sinks and soap) available in every room				
Facilities have PPE to deal with COVID-19 (N95 masks, Surgical/Procedural masks, gloves, gowns, face shields). Should this supply be used a request will be sent to the Baker County EOC.				
Facility has access to disinfectants to allow for frequent cleaning of high-touched surfaces and shared care equipment				
Products with EPA-approved emerging viral pathogens claims are recommended for just against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human corona viruses should be used according to label				
The facility is in communication with Baker County EOC who is managing logistics of PPE for Baker County and is engaged with the Baker County Health Department.				
Identification and Management of Ill Residents:				
The facility has a process to identify and manage residents with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and daily during their stay in the facility, which include implementation of appropriate Transmission-Based Precautions.				
The facility has criteria and a protocol for initiating active surveillance for respiratory infection among residents and personnel. CDC has resources for performing respiratory surveillance for LTCF during an outbreak, see: https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf				
Plans developed on how to immediately notify the health department for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19.				
The facility has criteria and a protocol for: limiting symptomatic and exposed residents to their room, halting group activities and communal dining, and closing units or the entire facility to new admissions.				
The facility has criteria and a process for cohorting residents with symptoms of respiratory infection.				

Continued Elements of a COVID-19 Plan				
	Completed	In Progress	Not Started	Not Applicable
Considerations about Visitors:				
The facility is currently locked down, no visitors				
The facility has plans and material developed to post signs at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of a respiratory infection.				
The facility has criteria and protocol for when visitors will be limited or estricted from the facility.				
Should visitor restrictions be implemented, the facility has a process to allow for remote communication between the resident and visitor (e.g., video-call applications on cell phones or tablets) and has policies addressing when visitor restrictions will be lifted (e.g., end of life situation).				
For more information about managing visitor access and movement in the facility see: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html				
Occupational Health:				
The facility instructs all personnel to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice.				
Education and Training:				
The facility has plans to provide education and training to employees, residents, and family members of residents to help them understand the implications of, and basic prevention and control measures for COVID-19.				
Insert name, title, and contact information:				
Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCP, residents, and family members of residents (e.g., available through state and federal public health agencies), and a plan is in place for obtaining these materials.				
Oregon Health Authority https://www.oregon.gov/oha/pages/index.aspx Strategies to prevent the spread of COVID19 in long term facilities available at: https:// www.cdc.gov/coronavirus/2019 -ncov /healthcare-facilities/prevent spread-long-term-care -facilities .html				

Continued Elements of a COVID-19 Plan				
	Completed	In Progress	Not Started	Not Applicable
Surge Capacity:				
Staffing				
A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.				
Insert name, title, and contact information:				
The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.				
Consumables and durable equipment and supplies				
Estimates have been shared with local and regional planning groups to plan for stockpiling agreements				
Optimization and reuse strategies have been implemented until supply chains return to normal.				
Local plans for expanding morgue capacity have been discussed with local and regional planning contacts				

Saint Alphonsus | Trinity Health

May 7, 2020

Office of the Governor
900 Court Street, Suite 254
Salem, OR 97301

RE: Preparedness of Saint Alphonsus Medical Center- Baker City related to COVID-19

Saint Alphonsus Medical Center- Baker City has been involved with the development of the Baker County Re-Opening plan and has worked closely with the Department of Public Health and County Emergency Preparedness throughout this pandemic. We are confident that our continued relationship will ensure a safe and metered re-opening of our county.

Saint Alphonsus Medical Center- Baker City has created a plan that allows us to adequately provide medical and nursing care in the event the pandemic 'surge' requires increased bed capacity. This is a phased approach and would be carefully evaluated at each phase for resource availability, both internally and externally. This surge plan defines our ability to increase beds to address a rapid influx of patients by up to four times our typical capacity in the most extreme situation. We also continue to report our PPE supplies daily through the Oregon Health Authority Hospital Capacity web application. In order to begin elective procedures, we have attested to an ability to maintain a 14-day supply of PPE per the requirements of a small hospital in Oregon.

Furthermore, Saint Alphonsus Medical Center- Baker City commits to active leadership participation in the established Business/Medical Case Review Unit to contribute hospital information and contribute to the assessment of COVID-19 activity in our community while we continually monitor the effectiveness of the re-opening plan.

Sincerely,

Priscilla P. Lynn, RN, MSN
President and Chief Nursing Officer, Saint Alphonsus Medical Center- Baker City

Office of the Governor
900 Court St.
Suite 254
Salem, OR 97301-4047

5/7/20

Dear Governor Brown;

This letter is in follow-up to my letter sent 4/22/20 about reopening our communities during the COVID-19 Pandemic.

In Baker County we have now had 1 confirmed case of COVID-19. We are doing contact tracing and that patient is in home isolation.

We have been fortunate to only have one confirmed case of COVID-19 thus far, but as we start ramping up testing we are certain to see more cases.

It appears that the rate of new cases in Oregon and Idaho are decreasing. In our Critical Access Hospital we usually transfer our critically ill patients that need prolonged ventilator management to larger hospitals in Boise, Idaho. Boise hospitals have not been overwhelmed so far, and still have capacity to accept ventilator patients should we need to ship them. Our Hospital has developed a surge plan to try to manage a surge if/when that occurs to manage patients here, should we not be able to transfer them to our referral centers in Idaho.

Criteria that communities will need to have in place before we can start to reopen our businesses and society in general.

1. Slow the growth of COVID-19. From a statistical standpoint, this is impossible. We have had 1 confirmed case in Baker County. As we test more, we will see more cases.

2. Acquire adequate personal protective equipment to protect health care workers and first responders. Our County Emergency Preparedness Coordinator has worked with our largest health systems(St. Alphonsus and St. Lukes) and the State to calculate needs and acquire adequate PPE and I will refer you to his calculations and notes.

3. Ramping up COVID-19 testing capacity. We are testing more people. This is why we now have 1 confirmed case. Our current hospital has limited capability of a 6 hour test. We understand that Grande Ronde Hospital in La Grande in neighboring Union County is getting a 3 hour testing machine soon and we are working with them to be able to do some of our testing. St. Luke's Health Systems in Boise has an in house overnight test that we have been using for less urgent testing needs.

4. Developing robust contact tracing systems to track and contain COVID-19 cases. Our Local County Health Department has seven employees that can do contact tracing with more County employees that could be quickly trained if/when needed.

5. Establishing a quarantine and isolation program for new cases. Home isolation will be the mainstay of this requirement. We have Human Services Groups that could work closely with our County Health Department staff to do welfare checks and deliver food/medicine to patients with no family/close friends to fill this role. We are also developing agreements with local motels to house affected people who are homeless. Many of our Medical Providers in the County are already doing telehealth visits and this could be expanded to do frequent checks on isolated patients.

In summary, Baker County would like to continue to work closely with the State to help slow the spread of COVID-19, while at the same time trying to find the safest way to reopen our commerce and society. Please see additional letters from the CEO of our local Hospital as well as our County Commissioners. None of us has any experience doing these things and we look forward to your guidance and recommendations moving forward.

Sincerely,

Eric R. Lamb, M.D.

Baker County Health Officer