Clackamas County
Phase I Reopening Application

May 2020

CLACKAMAS
COUNTY

May 19th, 2020

Honorable Governor Kate Brown
c/o/Jennifer Andrew
254 State Capitol
Salem, OR 97301-4047

Clackamas County's Application for Phase One Reopening

Dear Governor Brown:

On behalf of the Clackamas County Board of Commissioners, we are pleased to submit Clackamas County's Phase 1 Reopening Application for consideration by the Governor's Office and the Oregon Health Authority. Our residents have taken your directive to "Stay Home, Save Lives" seriously and local efforts have been highly effective in "flatting the curve" for COVID-19 in Clackamas County. Our community has experienced significant community impacts, and it is time to begin gradually reopening additional sectors of our local economy.

Staff within our Clackamas County Emergency Operations Center have worked hard on an in-depth analysis of each of the 7 prerequisites required for entering Phase 1. We are confident that we either meet the necessary requirements or have comprehensive plans in place to address urgent needs as our businesses (identified in Phase 1) start to reopen. Additional financial and technical resources from state and federal sources will be critical to implement our plans related to testing, contact tracing and monitoring, and isolation facilities.

We have been in regular communication with our partners in Health Region 1 and neighboring Local Public Health Authorities to coordinate local response efforts, prepare for reopening, and monitor the established gating criteria. We are doing all we can to prevent having to re-impose restrictions. We also recognize the need for our residents and visitors to remain vigilant in protecting themselves and others from the risks of COVID-19. This includes handwashing, maintaining physical distance, and wearing face coverings.

We respectfully request that you contact us directly regarding our application and its approval or need of additional information before there is a media announcement from the State of Oregon.

Thank you for your consideration,

Jim Bernard
Chair
On behalf of the Clackamas
County Board of Commissioners

Gary Schmidt
County Administrator

Sarah Present, MD, MPH
Health Officer

TABLE OF CONTENTS

Prerequisites for a Phased Reopening of Clackamas County 3
Overview 5
Purpose **6**
Objectives **6**
Whole Community Approach 6
Equity and Social Justice **6**
Leadership and Decision-Making **7**
Communication Strategy 7
Section 1: Criteria for Reopening Clackamas County 8
Prerequisites for Phase I Reopening 8
1. Declining prevalence of COVID-19 ..... **8**
2. Minimum Testing Regimen **10**
3. Contact Tracing System **11**
4. Isolation Facilities **12**
Outbreak Situations 13
1. Long-Term Care Facilities (LTCFs) 13
2. Food Processing Facility 14
3. Multi-County Outbreaks 14
5. Finalized Statewide Sector Guidelines **14**
6. Sufficient Health Care Capacity **15**
7. Sufficient PPE Supply **15**
Summary 16
Section 2: Phases of Reopening 17
Guidance throughout Phases **17**
Section 3: Moving into Recovery and Resiliency 18
Recovery Planning 18
Appendix – Letters of Attestation 19
A. Providence Milwaukie Hospital 19
B. Providence Willamette Falls Medical Center 19
C. Legacy Health System 19
D. Kasier Hospital 19
E. American Medical Response (AMR) 19

Prerequisites for a Phased Reopening of Clackamas County

CRITERIA	STATUS	CRITERIA MET?
1. Declining prevalence of COVID-19		
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 ***Responsible Entity**: OHA-State*	Clackamas County meets this criterion.	**YES**
A 14-day decline in COVID-19 hospital admissions ***Responsible Entity**: County*	Clackamas County is observing a 14-day decline in hospital admissions.	**YES**
2. Minimum Testing Regimen		
Region is able to administer testing at a rate of 30 per 10k per week ***Responsible Entity:** Health Region*	Based on the population size of the Health Region, the region needs to administer 5,865 tests per week. Present testing capacity is approximately 12,400 per week as of 5/11/20, which is more than twice the needed capacity.	**YES**
Sufficient testing sites accessible to underserved communities ***Responsible Entity**: County*	Clackamas County has developed a field-based testing strategy to reach priority populations. Eight (8) federally qualified health centers have sufficient testing capacity; contracts are under development with culturally specific organizations to reach additional priority populations.	**In Process**
3. Contact Tracing System		
County has 15 contact tracers per 100k people ***Responsible Entity:** County*	Clackamas County needs at least 63 case investigators. The County presently employs 21 case investigators. Clackamas County has increased contact tracers from 6 to 21; completion is dependent on ability to hire additional staff and adequate funding; also dependent upon OHA providing training and new technology	**In Process**
County contact tracing workforce is reflective of the county and able to work in needed languages ***Responsible Entity**: County*	Clackamas County has deployed existing Public Health staff to serve our multi-lingual community members. The County is hiring additional staff to meet additional particular language needs. The County is also contracting with CBOs that have multilingual staff.	**In Process**

County is prepared to trace 95% of all new cases within 24 hours ***Responsible Entity**: County*	Clackamas County is prepared to trace 94.7%* of all new cases within 24 hours. **The true number suspected to be higher after data clean up.*	**YES**
4. Isolation Facilities		
Counties have hotel rooms available for those who cannot self-isolate ***Responsible Entity**: County*	One site operating in Clackamas County for COVID-19 cases who are unstably housed and discharged from the hospital (site has been minimally used to date); Clackamas County contracts with a community-based social service agency to distribute hotel vouchers for individuals who are unable to self-isolate; County partnered with Metro to identify potential sites for future use; County is working with regional and state partners to evaluate potential future sites and sharing resources.	**In Process**
Narrative of how Clackamas County will respond to three different outbreak situations ***Responsible Entity**: County*	See outbreak situation narrative below for Long-Term Care Facilities, Food Processing Facility, and Multi-County Outbreaks.	**YES**
5. Finalized Statewide Sector Guidelines		
Each sector must adhere to OHA guidelines to protect employees and consumers, make workspaces safer and implement processes that lower risk ***Responsible Entity**: OHA-State*	Sector guidance is available for the following employers: outdoor recreation organizations; retails stores; childcare operations; transit agencies; personal services; restaurants and bars; shopping centers and malls; and fitness-related organizations.	**YES**
6. Sufficient Health Care Capacity		
Region must be able to accommodate a 20% increase in hospitalizations ***Responsible Entity**: Health Region*	Clackamas County's four (4) local hospitals provided letters of attestation.	**YES**
7. Sufficient Personal Protective Equipment Supply		
Hospitals in region are reporting PPE supply daily through HOSCAP ***Responsible Entity**: Health Region*	Clackamas County's four (4) local hospitals provided letters of attestation.	**YES**
Hospitals in region must have a 30 day supply of PPE ***Responsible Entity**: Health Region*	Clackamas County's four (4) local hospitals provided letters of attestation.	**YES**
Counties must have sufficient PPE for first responders ***Responsible Entity**: County*	EOC presently managing and disseminating PPE for first responders. PPE supplies are still below what the County's first responders are requesting; projected completion is dependent on the stabilization of the supply chain.	**NO**

Overview

The Clackamas County Emergency Operations Center (EOC) activated on February 28, 2020 in response to the evolving COVID-19 incident. The Clackamas County Board of County Commissioners made an emergency declaration on March 2, 2020 to help coordinate communications and continuity plans. Since that time, there has been an increase and subsequent downward trajectory of cases within Clackamas County. However, the community impacts from this pandemic are far reaching, and will continue to affect our community even after the immediate response to the public health crisis demobilizes. The phased approach to reopening Clackamas County will aim to reduce the risk of overwhelming medical capacity should there be an increase in COVID-19 cases, and further mitigate community impacts caused by the virus.

On March 23, Governor Brown issued the Executive Order, "Stay Home, Save Lives", directing everyone in Oregon to stay at home to the maximum extent possible, adding that many businesses will be temporarily closed to stem the spread of COVID-19. Clackamas County residents have adhered to the Governor's order, following physical distancing requirements and health safety measures. Our commitment to these guidelines proved to significantly slow the spread of the virus, and flatten the curve. Governor Brown emphasized that taking steps to gradually and incrementally reopen based on science and measureable data, we can safely reopen Oregon.

On May 1, Governor Brown issued an order authorizing elective and non-urgent procedures once providers ensure compliance with several policy and resource requirements. On May 8, 2020, the Governor announced that counties could submit an application to qualify for Phase I of reopening. In Phase I, restaurants and bars can operate with a limited sit-down service, personal care businesses can reopen, and limited in-person local gatherings up to 25 can occur. If approved, counties can start reopening businesses with restrictions on May 15.

PHASE	DATE	UPDATES TO CURRENT STATE
0	**May 1**	Non-emergency procedures, medical & dental clinics – start at 50% (PPE dependent)
	May 5	Recreation where physical distancing can be followed (some state park day use areas and boat ramps, option for county/federal campgrounds)
	May 15	Open stand-alone retail – must follow OSHA guidelines: furniture stores, art galleries, jewelry shops, and boutiques. Open childcare, summer school, camps and youth programs (with limitations and specific guidelines)
I	**May 19**	Clackamas County will apply for Phase I Reopening, demonstrating the county's fulfillment of seven (7) pre-requisite criteria; Once approved, the County will open businesses, restaurants, bars, personal services, churches, theatres, health clubs while continuing to adhere to physical distancing restrictions on limiting capacity.
II	**Phase II**	After 21 days in Phase I, counties continuing to meet the prerequisites may be - able to enter Phase II; - Further expand gathering size, allow some office work, begin allowing visitation to congregate care.
III	**Phase III**	All large gatherings should be cancelled or significantly modified through at least September. Guidance on large gatherings scheduled for later in the fall will be provided this summer. - Concerts, conventions, festivals, live audiences sports will not be possible until a reliable treatment or prevention is available.

Clackamas County is using caution to move into Phase I of reopening. The County is aware of the public health risks involved in relaxing the stay at home order, but is also sensitive to the economic and social impacts our community is experiencing. We are planning a comprehensive approach to transitioning through the phases of reopening, ensuring that all members of our community, especially those who historically have been left out of conversations, are represented throughout our transition to the "new normal".

Purpose

The Clackamas County Reopening Application will allow the County to demonstrate that it meets the criteria required for Phase I of reopening. Once approved, this document will grow into a comprehensive planning document to guide our community through the phases of reopening, to recovery and resiliency. Therefore, this document will remain fluid, adaptable, and flexible as we manage uncertainties. In the near future, we will understand much more about the impacts to our community and local economy. A plan will allow us to continuously evaluate our process and establish benchmarks for implementation, especially as our community moves into planning for social and economic recovery.

Objectives

The objectives of the Clackamas County Reopening Application aim to meet the primary goal of entering Phase I of reopening. As we transition through the three phases of reopening, our objectives will expand based on the changing circumstances, and needs of our community due to the COVID-19 incident. The following objectives frame the intentions during Phase I of Reopening Clackamas County:

1. Demonstrate fulfilment of the seven (7) Prerequisites for Reopening Oregon;
2. Provide guidance to business sectors and the general public for practicing safety measures as we move through the early phases of reopening; and
3. Provide guidance around the future Phases of Reopening, moving into recovery and resiliency.

Whole Community Approach

As Clackamas County makes strides recovering from the COVID-19 pandemic, the united effort of government, private sector, nongovernmental agencies, faith-based and community organizations to meet our community's needs remains strong. Recovery after a disaster requires a whole community approach, which fully engages our social networks, fosters community building, and supports our shared path to resiliency. Throughout the phases of reopening and recovery, leadership will engage community stakeholders and recovery partners to identify collective priorities and facilitate recovery strategies where appropriate and needed.

Equity and Social Justice

The whole community concept lays the foundation for inclusive recovery, which is further bolstered by Equity and Social Justice (ESJ) concepts. ESJ principles state that all impacted communities, including vulnerable and underserved populations, should have access to recovery support services, resources, and programs. The Clackamas County Emergency Operations Center (EOC) has incorporated ESJ and trauma-informed approaches in its operations, including the establishment of a Liaison branch to ensure broad representation of underserved populations, the creation of Behavioral Health "Go Teams" who are conducting outreach to populations at-risk of severe behavioral health events, and a focus on providing social supports for community members who are most impacted by COVID-19. Clackamas County will apply whole community and ESJ concepts throughout reopening operations, paying specific

attention to COVID-19 transmission and social and economic impacts in communities of color, and maintain awareness of their significance in order to achieve an effective community-wide recovery. Using a whole-community approach will allow the County to recognize community capabilities and needs, foster relationships with community leaders and empower local action, and help to better understand community complexities.

Leadership and Decision-Making

The Clackamas County Board of County Commissioners (BCC) is the decision-making body for COVID-19 related response and recovery efforts. The BCC has delegated authority to the EOC to develop the application for review by the State. The EOC, in coordination with the Clackamas County Public Health Division, is responsible for gathering information to meet the criteria to enter the County into Phase I of reopening. The County Administrator is responsible for sending the application to the State for review and approval. Once approved, the EOC will monitor the prerequisites to determine if and when the County is ready to move forward into the next phase. Clackamas County will coordinate its reopening and recovery efforts with all local jurisdictions, special districts, tri-county regional partners, Health Region 1, and local community-based organizations.

Communication Strategy

The County will ensure that its employees and residents are aware of the COVID-19 related public health guidance, to keep people, their families, employees and businesses, safe. Clackamas County developed a webpage specifically for the COVID-19 incident: https://www.clackamas.us/coronavirus. This webpage is updated regularly with current information, including links to Governor Brown's Reopening Guidance and resources for maintaining public health through reopening. The Public Information Officers (PIO) within the Clackamas County Emergency Operations Center (EOC) ensure information is provided to the community through robust and comprehensive methods, including updating social media channels, producing media releases, and translating information into languages other than English to reach all populations in the community. The EOC Liaisons Section relays information to vulnerable and priority populations, as well as municipalities. Clackamas County's PIOs also participate in regional Joint Information System (JIS) virtual meetings with regional partners to assure coordination or messaging across the region's shared media market.

The PIO office meets daily with other information officers within the Joint Information System. The purpose of these calls is to share information on current questions, projects and concerns. Because accurate information is paramount during this situation, the Public Information Officers collaborate with their counterparts to ensure that the EOC has the most current facts, and that all partner agencies are providing the public with consistent messaging where possible and appropriate. The partner agencies also combine efforts on informational flyers and other materials when appropriate, to maximize efficiencies and consistency of messaging.

Leadership in the EOC will continue to provide briefings and updates to the BCC on the County's ongoing response and recovery activities. The BCC holds weekly listening sessions and periodic town hall meetings to keep the community informed, and allow opportunities for direct engagement. Throughout the phases of reopening, the EOC will continue to coordinate with regional health systems and other counties in Health Region 1, and with the Oregon Health Authority.

Section 1: Criteria for Reopening Clackamas County

All Oregon counties need to meet seven (7) prerequisites in order to restart businesses and public life in compliance with Governor Brown's framework. The establishment of each prerequisite requires collaboration between public health officials, hospitals, government agencies, businesses, and Clackamas County community members. The reopening process is interdependent upon the capacity and resources available in Health Regions, and at the County and State levels. The following section provides details about the prerequisite criteria, demonstrating Clackamas County's ability to enter into Phase I of reopening.

Prerequisites for Phase I Reopening

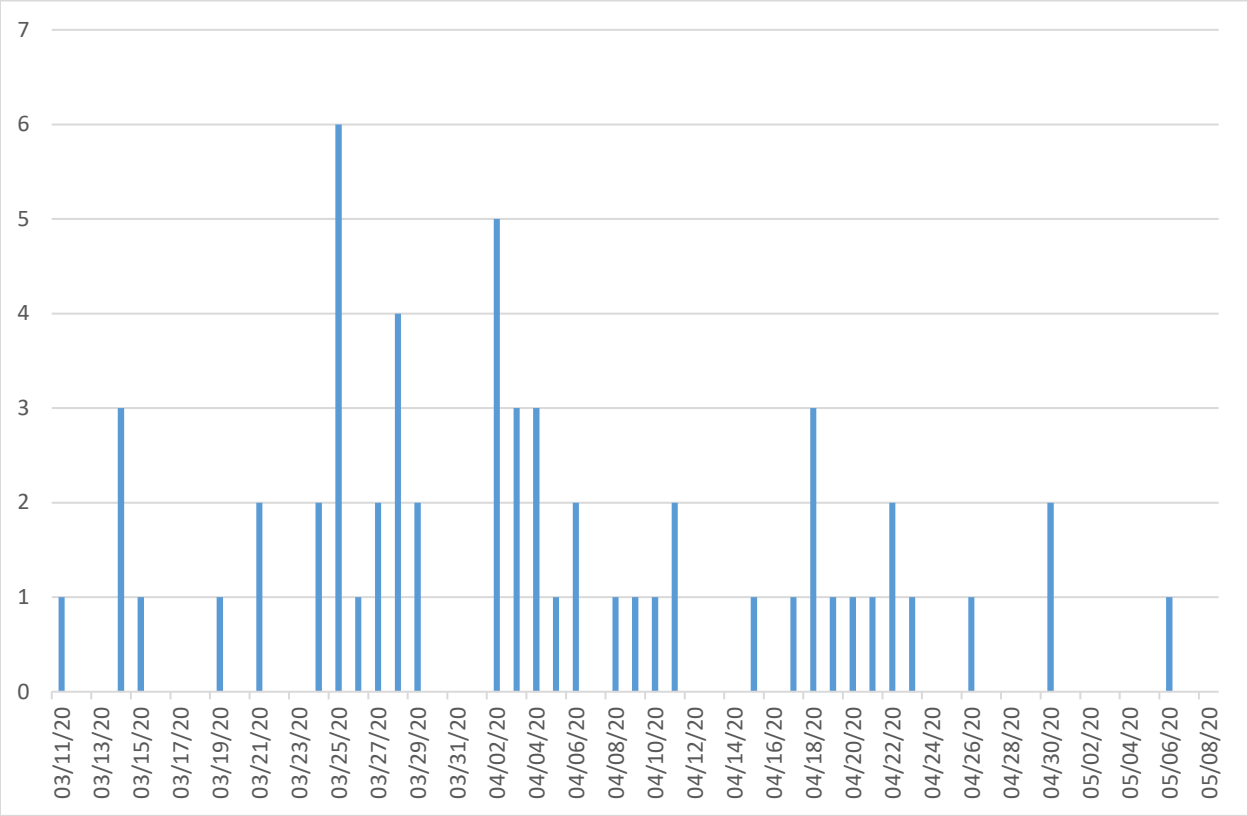
Clackamas County demonstrates that it meets the seven (7) prerequisites for reopening, as detailed below:

1. Declining prevalence of COVID-19

CRITERIA	STATUS	CRITERIA MET?
1. Declining prevalence of COVID-19		
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 ***Responsible Entity**: OHA-State*	Clackamas County meets this criterion.	**YES**
A 14-day decline in COVID-19 hospital admissions ***Responsible Entity**: County*	Clackamas County is observing a 14-day decline in hospital admissions.	**YES**

Clackamas County's Public Health Division ("Public Health") is measuring how fast COVID-19 is growing within our communities and among vulnerable populations, including our communities of color and people who live in congregate settings, such as long-term care facilities, adult foster care homes, and corrections facilities.

Figure 1. COVID-19 Hospitalizations, Clackamas County, March 11 – May 8, 2020.



Source: OHA ORPHEUS Database, accessed May 15, 2020.

Figure 1 represents all COVID-19 hospitalizations in Clackamas County, the first occurred on March 11, 2020. During two most recent weeks we have reliable data for (4/25 - 5/8) there were four (4) new hospital admissions. In the two weeks prior to that there were 13 new hospital admissions. In the two-week period before that, there were 23 new hospital admissions. Hospitalizations related to COVID-19 have decreased significantly over the last several weeks, demonstrating that the County meets the prerequisite criteria.

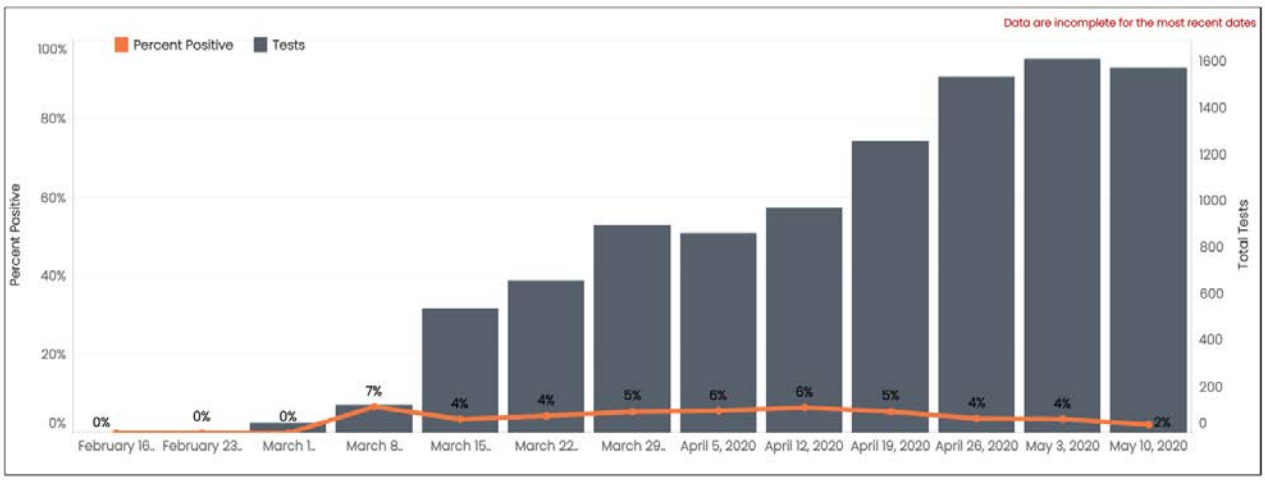
In 2019, Clackamas County's emergency room (ER) visits for influenza-like illness (ILI) symptoms peaked at 4.0% of visits on April 22. Then ILI visits stayed between 0.5% and 2.0% for the remainder of April through May 15. In late-April to mid-May 2020, COVID-like illnesses (CLI) never went above 3.0% (April 30). The first two weeks of May the percent of CLI visits to ER's hovered between 0% and 1.5% (OHA ESSENCE Database, accessed May 15, 2020). In addition, the statewide percentage of emergency visits for the flu or flu-like illness normally averages 1.5% when it is not flu season (May-September). Statewide, COVID-19 hospitalizations are at 1.1%, below the 1.5% threshold (OHA Health and Safety Criteria, May 15, 2020). Therefore, Clackamas County meets these criteria.

2. Minimum Testing Regimen

CRITERIA	STATUS	CRITERIA MET?
2. Minimum Testing Regimen		
Region is able to administer testing at a rate of 30 per 10k per week ***Responsible Entity:*** *Health Region*	Based on the population size of the Health Region, the region needs to administer 5,865 tests per week. Present testing capacity is approximately 12,400 per week as of 5/11/20, which is more than twice the needed capacity.	**YES**
Sufficient testing sites accessible to underserved communities ***Responsible Entity****: County*	Clackamas County has developed a field-based testing strategy to reach priority populations. Eight (8) federally qualified health centers have sufficient testing capacity; contracts are under development with culturally specific organizations to reach additional priority populations.	**YES**

Hospitals, community health clinics, and Public Health have tested many of our community members for COVID-19. As we reopen, Clackamas County and our Health Region partners will need to expand testing to monitor the incidence of COVID-19 cases, especially in underserved communities and essential workers. Clackamas County is responsible for developing sufficient testing capacity, focusing specifically on underserved communities, essential workers, and industries where workers may not be able to practice optimal physical distancing (e.g., agricultural processing, meat packing).

Figure 2. Total Tests for COVID-19, Clackamas County, May 15, 2020



Source: *COVID-19 Regional Dashboard*, *accessed May 15, 2020.*

Based on the population size of the Health Region, the region needs to administer 5,865 tests per week. Present testing capacity is approximately 12,400 per week as of 5/11/20, which is more than twice the

needed capacity, as shown in Figure 2. Public Health has relied on health systems to conduct testing for the majority of the County's population and will continue this partnership through the reopening process. Public Health will focus its future efforts on increasing capacity to ensure the following underserved populations have equitable access to testing, including: 1) Latinx community members; 2) People living in congregate living situations; 3) Houseless; 4) Close contacts who cannot otherwise be tested through private providers. Clackamas County is working with partner agencies to have Rapid Testing Response Teams support and expand the County's testing strategy.

3. Contact Tracing System

3. Contact Tracing System		
CRITERIA	**STATUS**	**CRITERIA MET?**
County has 15 contact tracers per 100k people ***Responsible Entity:*** *County*	Clackamas County needs at least 63 case investigators. The County presently employs 21 case investigators. Clackamas County has increased contact tracers from 6 to 21; completion is dependent on ability to hire additional staff and adequate funding; also dependent upon OHA providing training and new technology	**In Process**
County contact tracing workforce is reflective of the county and able to work in needed languages ***Responsible Entity****: County*	Clackamas County has deployed existing Public Health staff to serve our multi-lingual community members. The County is hiring additional staff to meet additional particular language needs. The County is also contracting with CBOs that have multilingual staff.	**In Process**
County is prepared to trace 95% of all new cases within 24 hours ***Responsible Entity****: County*	Clackamas County is prepared to trace 94.7%* of all new cases within 24 hours. **The true number suspected to be higher after data clean up.*	**YES**

Contact tracing is the practice of investigating those who have been in contact with an infected person. It is a crucial part of slowing the COVID-19 pandemic. Public Health finds and monitors those who have come into contact with someone who has COVID-19 and notifies people exposed to the virus. The Oregon Health Authority is requiring Clackamas County to have 63 full-time staff to conduct this critical disease investigation work to slow the spread of the virus as a core component of our reopening plan.

Prior to the COVID-19 incident, Clackamas County had six (6) communicable disease staff. Since the start of COVID-19, Public Health increased its capacity to 21 such staff, and by next week, Public Health will employ over 40 contact tracers. The county has a plan in place to reach the minimum 63 staff for case investigation, contact tracing, and monitoring through temporary hiring, contracting, Medical Reserve Corp Volunteers, and relying on the Oregon Health Authority's staff.

The County conducted an analysis of workforce needs and identified the roles and skills needed for implementing the OHA Investigative Guidelines for Covid-19 investigation. The County is implementing workflows that include specialty teams for outbreaks. The County will not be able to implement daily monitoring of contacts until the OHA provided software is in place. The County is adequately staffed for the current case rate, responds to all cases within 24 hours and has identified resources to increase staffing as case counts increase. Resources to meet the required contact tracing are as follows:

- The County has established contracts with community-based organizations that employ a culturally specific workforce. These workers will do contact monitoring and navigation to social supports for persons isolating and quarantining.
- The County has an agreement with a local nursing school to access a pool of 120 students available to start work June 11. The instructor will support hiring, orientation, training and oversite. The pool of students include Spanish, Russian, Romanian and Ukrainian speakers.
- The County has an agreement with the County FQHC for imbedded staff to do case and contact investigation, monitoring and social supports. Details are under negotiation.
- The county has several contracts in place with temporary agencies who can supply licensed nurse and certified nurse assistance with a short turn around.
- The County has re-purposed Public Health staff to COVID contact tracing.
- The County is in conversation with workforce development agencies regarding hiring of unemployed workers.
- The County would like support from OHA for surge capacity.

The Public Information Officers in the EOC are producing a video to educate the public about contact tracing. There is a lack of understanding and education on what contract tracing involves. It's important for the public to understand that this work is enhanced due to the COVID-19 global pandemic but is not new. Public Health agencies across the country conduct contact tracing for many diseases and conditions on an ongoing basis to prevent outbreaks. Examples include sexually transmitted infectious, whooping cough, measles, and tuberculosis.

4. Isolation Facilities

4. Isolation Facilities		
CRITERIA	**STATUS**	**CRITERIA MET?**
Counties have hotel rooms available for those who cannot self-isolate ***Responsible Entity**: County*	One site operating in Clackamas County for COVID-19 cases who are unstably housed and discharged from the hospital (site has been minimally used to date); Clackamas County contracts with a community-based social service agency to distribute hotel vouchers for individuals who are unable to self-isolate; County partnered with Metro to identify potential sites for future use; County is working with regional and state partners to evaluate potential future sites and sharing resources.	**In Process**

Narrative of how Clackamas County will respond to three different outbreak situations ***Responsible Entity**: County*	See outbreak situation narrative below for Long-Term Care Facilities, Food Processing Facility, and Multi-County Outbreaks.	**YES**

Clackamas County has an isolation strategy in place for those who test positive for the virus and do not have a safe, stable place to self-isolate. Clackamas County is also working with our Health Region partners, Metro, and Multnomah and Washington counties to identify alternative sites, including hotel rooms and other community-based sites for individuals who have the virus, or are being monitored for symptoms, but do not have stable housing or employment benefits, and may need additional social supports.

Clackamas County has a contract with the Alton Collins Retreat Center in Eagle Creek to provide housing for up to 20 individuals who have been discharged from the hospital but do not have a safe, stable place to live. Case management for those who are at the Alton Collins Retreat Center is provided by Do Good Multnomah. Wellness checks are provided by a Community Paramedic, employed by Clackamas Fire District #1. Other community members who are at-risk of COVID-19 can receive hotel vouchers so they can safely self-isolate. Public Health staff are currently working with Metro to locate other appropriate alternate care sites and GIS map and categorize site locations by type (surge, quarantine, testing). Contracts with alternate care sites must be put into place prior to the intended surge use.

To further reduce the spread of COVID-19 in our community, Clackamas County is providing hand washing stations and mobile showers for vulnerable members of our community who are at high risk of contracting COVID-19. The EOC also launched the Clackamas County Respite Shelter Program to accept individuals experiencing homelessness who need isolation space for up to 14-days. This program will be made available to any individual needing isolation (i.e. migrant seasonal farm workers, and individuals in recovery housing).

Outbreak Situations

The following narrative describes Clackamas County's response plans for three (3) different outbreak situations.

1. Long-Term Care Facilities (LTCFs)

Over the past several years, Public Health has fostered relationships with LTCFs in an effort to protect residents and staff during outbreak season and continue to strengthen these partnerships during the COVID-19 pandemic. In order to prepare LTCFs in Clackamas County, members of the Public Health Division's Environmental Health (EH) team have provided consultation regarding infection controls and resources (e.g. OHA toolkits). The Infectious Disease Control & Prevention team within the Public Health Division has set up a weekly webinar for LTCFs to provide a platform for relevant updates and for information sharing/networking between facilities. This team investigates potential LTCF outbreaks based on a report of even one suspect case of COVID-19. The team provides guidance and needs around PPE, environmental controls, and testing at OSPHL to ensure proper measures are in place to control a potential outbreak. Public Health also collaborates with DHS and OHA in providing supports to these facilities. Public Health is negotiating contracts for Rapid Testing Response to conduct on-site testing in facilities that do not have staff or medical systems that can do this for them.

2. *Food Processing Facility*

Public Health is typically notified of worksite-related outbreaks either directly from the facility or through case/contact interviews, and determines those most at-risk through case/contact interviews and will monitor asymptomatic contacts until 14 days after last exposure once OHA software is available. Any symptomatic close contacts will become presumptive cases. Public Health also works with a representative from the facility (i.e., manager, occupational health) to determine those at-risk based on aspects such as close contact, job duties, and work schedules. Public Health will provide guidance on control measures and social distancing guidelines in order to protect workers. EH collaborates with Oregon Department of Agriculture (ODA) and forwards concerns to Oregon OSHA as necessary. These investigations potentially include residents of other counties, at which point, would be transferred to the county of jurisdiction for monitoring and contact identification purposes. Clackamas County IDCP team communicates and coordinates cross jurisdictionally as appropriate. In addition, the County is negotiating contracts with culturally specific community-based organizations, focused particularly on the Latinx community, to help with outreach and facilitate county directed testing events for outbreaks, as needed. The County continues to strongly encourage employers to contract directly with health systems to meet testing needs for employees.

3. *Multi-County Outbreaks*

For outbreaks including residents that work and travel across multiple counties (e.g., exposure site in one county and residents from multiple counties), the county that the exposure site is located in will conduct the worksite investigation and plans for testing. This includes contacting a representative from the worksite regarding close contacts, which includes getting a line list that includes name, DOB, phone number, and address. These contacts will then be forwarded to each person's county of residence for interview and monitoring.

5. Finalized Statewide Sector Guidelines

5. Finalized Statewide Sector Guidelines		
CRITERIA	**STATUS**	**CRITERIA MET?**
Each sector must adhere to OHA guidelines to protect employees and consumers, make workspaces safer and implement processes that lower risk ***Responsible Entity**: OHA-State*	Sector guidance is available for the following employers: outdoor recreation organizations; retails stores; child care operations; transit agencies; personal services; restaurants and bars; shopping centers and malls; and fitness-related organizations.	**YES**

Each business sector must adhere to OHA guidelines to protect employees and consumers, make workspaces safer, and implement processes that lower risk. Governor Brown and the OHA released a series of guidelines and resources concerning the prerequisites to "Reopen Oregon". Guidelines were sector-specific, as well as for members of the public and employees.

Clackamas County developed a webpage specifically for the COVID-19 incident: https://www.clackamas.us/coronavirus. This webpage is updated regularly with current information, including links to Governor Brown's Reopening Guidance and resources for maintaining public health

and safety through reopening. The Public Information Officer (PIO) and Clackamas County Emergency Operations Center (EOC) ensure information is provided to the community through robust and comprehensive Joint Information System (JIS) services, including updating social media channels, producing media releases, and translating information into languages other than English to reach all populations in the community.

6. Sufficient Health Care Capacity

6. Sufficient Health Care Capacity		
CRITERIA	**STATUS**	**CRITERIA MET?**
Region must be able to accommodate a 20% increase in hospitalizations ***Responsible Entity**: Health Region*	Clackamas County's four (4) local hospitals provided letters of attestation.	**YES**

The hospitals in our region must be able to have the equipment, staffing and space to provide care for a projected 20% increase in suspected or confirmed COVID-19 cases, and continue to care for other people hospitalized for non-COVID-19-related issues. Every hospital is asked to submit data twice daily to Oregon's Hospital Capacity Web System (HOSCAP). HOSCAP tracks bed capacity information, by type, as well as the number of patients with suspected or confirmed COVID-19 illness who are currently hospitalized. Health Region 1 includes Clatsop, Columbia, Tillamook, Washington, Multnomah counties. Each hospital submitted letters to the County in support of our reopening plan:

- Kaiser Sunnyside Medical Center
- Legacy Meridian Park Hospital
- Providence Milwaukie Hospital
- Providence Willamette Falls Hospital

Clackamas County also has 200+ Medical Reserve Corps (MRC) volunteers of various licensure to provide surge capacity staffing. These volunteers can assist in a variety of areas of response, and provide additional health care capacity if necessary.

7. Sufficient PPE Supply

7. Sufficient Personal Protective Equipment Supply		
CRITERIA	**STATUS**	**CRITERIA MET?**
Hospitals in region are reporting PPE supply daily through HOSCAP ***Responsible Entity**: Health Region*	Clackamas County's four (4) local hospitals provided letters of attestation.	**YES**
Hospitals in region must have a 30 day supply of PPE ***Responsible Entity**: Health Region*	Clackamas County's four (4) local hospitals provided letters of attestation.	**YES**
Counties must have sufficient PPE for first responders ***Responsible Entity**: County*	EOC presently managing and disseminating PPE for first responders. PPE supplies are still below what the County's first responders are requesting; projected completion is dependent on the stabilization of the supply chain.	**NO**

Health care professionals, first responders, and other workers who come into contact with the public need adequate levels of appropriate personal protective equipment (PPE) to safely perform their jobs. Clackamas County receives PPE from the federal government, the state, private donations, and direct purchasing, and distributes PPE to health care workers and first responders. In order to safely reopen, hospitals in our Health Region will need a 30-day supply of PPE and will need to report their PPE supplies to OHA on a daily basis. Clackamas County will need sufficient PPE for first responders. American Medical Response (AMR) also submitted a letter to Clackamas County in support of its reopening plan, and confirmed they have a 30-day supply of PPE.

The EOC has conducted an essential PPE analysis for its testing needs, emergency medical services (EMS) needs, private health service needs, and community partner needs. The PPE analysis is for a one-month supply, with a built in contingency, and includes inventory managed by EMS as well as the County. The analysis is conservative in that it anticipates that all of the entities being assisted by the County will continue receiving PPE from their normal supply chains.

Figure 3. Primary PPE Snapshot for 1-Month of Need, Clackamas County

	N95 Mask	Procedure Mask	Face Shield	Gowns	Tyvek Suit	Gloves
1 Month Need	16,799	9,486	15,382	7,194	4,304	67,354
Inventory	20,143	239,995	22,190	771	307	74,650
Sufficient - (Deficit)	**3,344**	**230,509**	**6,808**	**(6,423)***	**(3,997)***	**7,296**

Source: EOC Logistics Section, Clackamas County, May 14, 2020.
**Clackamas County EOC projects a shipment of PPE, May 18-22, to cover the deficit.*

The analysis concluded that the County has sufficient PPE with the exception of gowns and Tyvek suits. The Office of Emergency Management (OEM) has provided notice that we should be receiving a large shipment of gowns in the next couple of weeks as well as continued fulfillment from normal supply chains. Based on the conservative analysis, resumption of normal supply chains, and continued support from OEM, the County believes it has sufficient PPE for Phase I reopening.

Summary

Overall, Clackamas County demonstrates that it meets, or has a plan in place to meet, all prerequisite criteria to enter Phase I of reopening. The County has a robust plan to address the gaps and hopes to have all prerequisites in place in the coming weeks. The County is committed to protecting the health and safety of its residents, while also ensuring the economic prosperity and social wellbeing of our community. As demonstrated above, the County meets most of the reopening prerequisite criteria and has plans in place for the criteria that need fulfillment. The Clackamas County EOC, in coordination with our State and regional partners, and Health Region, are determined to achieve a safe and healthy reopening process for Clackamas County.

Section 2: Phases of Reopening

On May 15, Governor Brown issued Executive Order No. 20-25, "A Safe and Strong Oregon: Maintaining Essential Health Directives in Response to COVID-19, and Implementing a Phased Approach for Reopening Oregon's Economy." The order allows stand along retail businesses to reopen as long as they can follow OSHA guidelines, and the counties and health regions they are in meet the governor's requirements for reopening. Childcare, summer school, and youth programs are also allowed to resume while adhering to certain guidelines and as long as counties they are in meet reopening requirements.

A county will remain in Phase I for at least 21 days before becoming eligible to advance to Phase II. Counties need to demonstrate they are again still meeting the prerequisites to maintain public health before moving into Phase II and Phase III. If counties begin to see significant increases in COVID-19 cases or increasing community spread, local public health officials will work with OHA to evaluate which actions should be taken.

After 21 days in Phase I, Governor Brown will begin Phase II of the reopening process. The goal of Phase II will be to expand gathering size, allow some office work, and begin allowing visitation to congregate care. Phase III will address reopening of conventions, concerts, and festivals. Governor Brown stated that all large gatherings should be cancelled, or significantly modified, through at least September 2020. More details on Phases II and III, and possible criteria for moving to the next phase, are forthcoming.

Guidance throughout Phases

Governor Brown and OHA provided guidance for the public, employers and organizations, and higher-risk individuals to adhere to throughout the phased approach to reopening. It is important to remember the risks and to continue to do our best to protect ourselves, and the community. Public Health guidance continues to encourage these safety measures during the reopening:

- Use face coverings, wear a mask in public
- Practice good hand hygiene
- Cover your coughs and sneezes
- Stay close to home!
- Stay home if you're sick
- Telework when possible
- Avoid touching your face
- Stay home if you are high-risk

As Clackamas County transitions to the next phase, the Emergency Operations Center (EOC) will continue providing resources and coordination for some functions of response. As we move forward into the next phases of reopening, a comprehensive plan will be developed to guide our communities back safely. The plan will expand on the components of the reopening application and align with the County's goals and strategic priorities, to ensure a whole community approach to recovery and resiliency.

Section 3: Moving into Recovery and Resiliency

Clackamas County residents know the impacts of COVID-19 are far reaching, extending beyond public health impacts and affecting many other components of our community. In addition to public health and social services, we have also experienced economic impacts, ecological impacts, and sustained disruptions to our community's social wellbeing. As the curve of COVID-19 infection begins to flatten and descend, the County's efforts will need to transition from public health pandemic response to long-term social and economic recovery, which are implicit aspects of overall public health. While the timeframe remains uncertain for the nation's return to a "new normal", it is imperative to think ahead and plan for the building of a better future. The road from reopening to recovery and resiliency must include holistic, equitable, and inclusive principles for our whole community.

Recovery Planning

The County will respond to community impacts, from reopening through whole-community recovery. It is critical to ensure that we account for impacts to our whole community during the shift from reopening, to recovery, and resiliency. Clackamas County will continue to apply a whole community approach to community recovery, including planning for social, economic, and physical aspects of our communities. To achieve long-term community recovery, the County will start with building a plan that is adaptable, fluid, and flexible as needed for the changing circumstances. The application to move into Phase I of reopening will expand, growing into a comprehensive guiding document to direct our community through the phases of reopening, to recovery and resiliency. The goal is for Clackamas County to not only bounce back from the setbacks caused by COVID-19 virus, but bounce forward to a more vibrant, and resilient place than we were before.

Appendix – Letters of Attestation

All four (4) hospitals serving Clackamas County submitted letters of attestation to support this Reopening Application. In addition, American Medical Response (AMR), the county's emergency medical services provider, submitted a letter of support.

A. Providence Milwaukie Hospital
B. Providence Willamette Falls Medical Center
C. Legacy Health System
D. Kasier Hospital
E. American Medical Response (AMR)

Providence Health & Services
4400 N.E. Halsey St., Building 2
Suite 599
Portland, OR 97213
www.providence.org/oregon

PROVIDENCE
Health & Services

May 6, 2020

Clackamas County Board of Commissioners
2051 Kaen Road
Oregon City, OR 97045

Dear Commissioners:

In accordance with Governor Brown's framework for reopening, Providence Milwaukie Hospital provides this update on our bed surge capacity, personal protective equipment supply chain reliability and commitment to daily PPE reporting to the Oregon Health Authority.

Bed Surge Capacity
Providence Milwaukie Hospital activated our Incident Command structure on March 16, 2020; this was in addition to a Regional Command Center to support all eight Providence hospitals in Oregon. This structure enables Providence to plan and respond to an anticipated surge of COVID-19 patients in an efficient manner. Providence Milwaukie Hospital has adequate bed capacity to accommodate an increase in volume if we experience a future surge of COVID-19 patients.

PPE Supply Chain Reliability
Providence Milwaukie Hospital ensures we have a reliable PPE supply chain to guarantee access to PPE and accommodate the any expected surge. Providence manages supplies across our eight Oregon hospitals, this allows us to shift supplies in the event of a surge. Providence Milwaukie Hospital will continue to maintain a reliable supply chain for PPE.

PPE Reporting to Oregon Health Authority
Providence Milwaukie Hospital reports PPE to the Oregon Health Authority through the HOSCAP system. We have committed to continuing this reporting of PPE to the Oregon Health Authority.

Providence Milwaukie Hospital is committed to communicating with our community and the state on our preparedness and stands ready to serve the needs of the community.

Sincerely,

Lisa Vance
Chief Executive Officer
Providence Health & Services – Oregon

Steve Freer, M.D.
Chief Medical Officer
Providence Health & Services - Oregon

OFFICE OF THE DIRECTOR
Kate Brown, Governor

Oregon Health Authority

500 Summer St. NE E20
Salem, OR 97301
Voice: 503-947-2340
Fax: 503-947-2341

Hospital Attestation to Resume Non-Emergent or Elective Procedures

On April 27, 2020, the Governor issued Executive Order 20-22, that allowed hospitals to resume non-emergent or elective procedures, by May 1, 2020 at the earliest, if a hospital is in compliance with Oregon Health Authority (OHA) guidance. The guidance issued by OHA on April 29, 2020, requires hospitals to have adequate personal protective equipment (PPE) on hand and to attest to OHA prior to resuming non-emergent or elective procedures, that the hospital meets OHA standards.[1]

This attestation form must be signed by an individual with legal authority to act on behalf of the hospital or health system.

I, William Olson (printed name), on behalf of Providence Health & Services (name of hospital or health system), attest to the following (please check any of the boxes that apply and supply any additional information):

- [X] The hospital or health system intends to resume non-emergent or elective procedures by (insert date) May 4, 2020
- [X] The hospital or hospitals within the health system have adequate medical grade PPE supplies that meet applicable National Institute for Occupational Safety and Health and U.S. Food and Drug Administration regulations for performing non-emergent or elective procedures.
- [ ] As a large hospital (as defined in OHA guidance) the hospital has an adequate 30-day supply of PPE on hand that is appropriate to the number and type of procedures to be performed or an open supply chain, as that is defined in OHA's guidance.
- [ ] As a small hospital (as that is defined in OHA guidance), the hospital has an adequate 14-day supply of PPE that is appropriate to the number and type of procedures to be performed on hand or an open supply chain, as that is defined in OHA's guidance.

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[1] The guidance can be found at https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2322u.pdf.

[X] As a health system, PPE supplies on hand were calculated at a health system level and the PPE requirements can be met for each of the hospitals within the health system listed below.

If a health system is submitting this attestation, please list all of the hospitals in the system for which this attestation applies:

Providence St. Vincent Medical Center, Providence Milwaukie Hospital

Providence Portland Medical Center, Providence Seaside Hospital

Providence Willamette Falls Medical Center; Providence Hood River Memorial Hospital; Providence Medford Medical Center; Providence Newberg Medical Center

I certify that the responses in this attestation are accurate and complete. I understand that if OHA determines that a hospital is not in compliance with the PPE requirements, OHA may require the hospital to cease performing non-emergent or elective procedures for a specified period of time.

William Olson COO

Printed name and title

04-30-2020

Date

Signature

Providence Health & Services
4400 N.E. Halsey St., Building 2
Suite 599
Portland, OR 97213
www.providence.org/oregon

PROVIDENCE
Health & Services

May 6, 2020

Clackamas County Board of Commissioners
2051 Kaen Road
Oregon City, OR 97045

Dear Commissioners:

In accordance with Governor Brown's framework for reopening, Providence Willamette Falls Medical Center provides this update on our bed surge capacity, personal protective equipment supply chain reliability and commitment to daily PPE reporting to the Oregon Health Authority.

Bed Surge Capacity
Providence Willamette Falls Medical Center activated our Incident Command structure on March 16, 2020; this was in addition to a Regional Command Center to support all eight Providence hospitals in Oregon. This structure enables Providence to plan and respond to an anticipated surge of COVID-19 patients in an efficient manner. Providence Willamette Falls Medical Center has adequate bed capacity to accommodate an increase in volume if we experience a future surge of COVID-19 patients.

PPE Supply Chain Reliability
Providence Willamette Falls Medical Center ensures we have a reliable PPE supply chain to guarantee access to PPE and accommodate the any expected surge. Providence manages supplies across our eight Oregon hospitals, this allows us to shift supplies in the event of a surge. Providence Willamette Falls Medical Center will continue to maintain a reliable supply chain for PPE.

PPE Reporting to Oregon Health Authority
Providence Willamette Falls Medical Center reports PPE to the Oregon Health Authority through the HOSCAP system. We have committed to continuing this reporting of PPE to the Oregon Health Authority.

Providence Willamette Falls Medical Center is committed to communicating with our community and the state on our preparedness and stands ready to serve the needs of the community.

Sincerely,

Lisa Vance
Chief Executive Officer
Providence Health & Services – Oregon

Steve Freer, M.D.
Chief Medical Officer
Providence Health & Services - Oregon

OFFICE OF THE DIRECTOR
Kate Brown, Governor

Oregon Health Authority

500 Summer St. NE E20
Salem, OR 97301
Voice: 503-947-2340
Fax: 503-947-2341

Hospital Attestation to Resume Non-Emergent or Elective Procedures

On April 27, 2020, the Governor issued Executive Order 20-22, that allowed hospitals to resume non-emergent or elective procedures, by May 1, 2020 at the earliest, if a hospital is in compliance with Oregon Health Authority (OHA) guidance. The guidance issued by OHA on April 29, 2020, requires hospitals to have adequate personal protective equipment (PPE) on hand and to attest to OHA prior to resuming non-emergent or elective procedures, that the hospital meets OHA standards.[1]

This attestation form must be signed by an individual with legal authority to act on behalf of the hospital or health system.

I, William Olson (printed name), on behalf of Providence Health & Services (name of hospital or health system), attest to the following (please check any of the boxes that apply and supply any additional information):

- [X] The hospital or health system intends to resume non-emergent or elective procedures by (insert date) May 4, 2020
- [X] The hospital or hospitals within the health system have adequate medical grade PPE supplies that meet applicable National Institute for Occupational Safety and Health and U.S. Food and Drug Administration regulations for performing non-emergent or elective procedures.
- [ ] As a large hospital (as defined in OHA guidance) the hospital has an adequate 30-day supply of PPE on hand that is appropriate to the number and type of procedures to be performed or an open supply chain, as that is defined in OHA's guidance.
- [ ] As a small hospital (as that is defined in OHA guidance), the hospital has an adequate 14-day supply of PPE that is appropriate to the number and type of procedures to be performed on hand or an open supply chain, as that is defined in OHA's guidance.

[1] The guidance can be found at https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2322u.pdf.

[X] As a health system, PPE supplies on hand were calculated at a health system level and the PPE requirements can be met for each of the hospitals within the health system listed below.

If a health system is submitting this attestation, please list all of the hospitals in the system for which this attestation applies:

Providence St. Vincent Medical Center, Providence Milwaukie Hospital

Providence Portland Medical Center, Providence Seaside Hospital

Providence Willamette Falls Medical Center; Providence Hood River Memorial Hospital; Providence Medford Medical Center; Providence Newberg Medical Center

I certify that the responses in this attestation are accurate and complete. I understand that if OHA determines that a hospital is not in compliance with the PPE requirements, OHA may require the hospital to cease performing non-emergent or elective procedures for a specified period of time.

William Olson COO

Printed name and title

04-30-2020

Date

Signature

OFFICE OF THE DIRECTOR
Kate Brown, Governor

Oregon Health Authority

500 Summer St. NE E20
Salem, OR 97301
Voice: 503-947-2340
Fax: 503-947-2341

Hospital Attestation to Resume Non-Emergent or Elective Procedures

On April 27, 2020, the Governor issued Executive Order 20-22, that allowed hospitals to resume non-emergent or elective procedures, by May 1, 2020 at the earliest, if a hospital is in compliance with Oregon Health Authority (OHA) guidance. The guidance issued by OHA on April 29, 2020, requires hospitals to have adequate personal protective equipment (PPE) on hand and to attest to OHA prior to resuming non-emergent or elective procedures, that the hospital meets OHA standards.[1]

This attestation form must be signed by an individual with legal authority to act on behalf of the hospital or health system.

I, Trent Green (printed name), on behalf of Legacy Health (name of hospital or health system), attest to the following (please check any of the boxes that apply and supply any additional information):

- [x] The hospital or health system intends to resume non-emergent or elective procedures by (insert date) May 1, 2020

- [x] The hospital or hospitals within the health system have adequate medical grade PPE supplies that meet applicable National Institute for Occupational Safety and Health and U.S. Food and Drug Administration regulations for performing non-emergent or elective procedures.

- [ ] As a large hospital (as defined in OHA guidance) the hospital has an adequate 30-day supply of PPE on hand that is appropriate to the number and type of procedures to be performed or an open supply chain, as that is defined in OHA's guidance.

- [ ] As a small hospital (as that is defined in OHA guidance), the hospital has an adequate 14-day supply of PPE that is appropriate to the number and type of procedures to be performed on hand or an open supply chain, as that is defined in OHA's guidance.

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[1] The guidance can be found at https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2322u.pdf.

☑ As a health system, PPE supplies on hand were calculated at a health system level and the PPE requirements can be met for each of the hospitals within the health system listed below.

If a health system is submitting this attestation, please list all of the hospitals in the system for which this attestation applies:

Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center,
Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center,
Legacy Silverton Medical Center

I certify that the responses in this attestation are accurate and complete. I understand that if OHA determines that a hospital is not in compliance with the PPE requirements, OHA may require the hospital to cease performing non-emergent or elective procedures for a specified period of time.

Trent Green, Senior Vice President & COO
Printed name and title

4/30/2020
Date

Signature

OFFICE OF THE DIRECTOR
Kate Brown, Governor

Oregon Health Authority

500 Summer St. NE E20
Salem, OR 97301
Voice: 503-947-2340
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Hospital Attestation to Resume Non-Emergent or Elective Procedures

On April 27, 2020, the Governor issued Executive Order 20-22, that allowed hospitals to resume non-emergent or elective procedures, by May 1, 2020 at the earliest, if a hospital is in compliance with Oregon Health Authority (OHA) guidance. The guidance issued by OHA on April 29, 2020, requires hospitals to have adequate personal protective equipment (PPE) on hand and to attest to OHA prior to resuming non-emergent or elective procedures, that the hospital meets OHA standards.[1]

This attestation form must be signed by an individual with legal authority to act on behalf of the hospital or health system.

I, James L. Robinson III (printed name), on behalf of Kaiser Sunnyside + Westside (name of hospital or health system), attest to the following (please check any of the boxes that apply and supply any additional information):

- [X] The hospital or health system intends to resume non-emergent or elective procedures by (insert date) 5/11/20
- [X] The hospital or hospitals within the health system have adequate medical grade PPE supplies that meet applicable National Institute for Occupational Safety and Health and U.S. Food and Drug Administration regulations for performing non-emergent or elective procedures.
- [X] As a large hospital (as defined in OHA guidance) the hospital has an adequate 30-day supply of PPE on hand that is appropriate to the number and type of procedures to be performed or an open supply chain, as that is defined in OHA's guidance.
- [ ] As a small hospital (as that is defined in OHA guidance), the hospital has an adequate 14-day supply of PPE that is appropriate to the number and type of procedures to be performed on hand or an open supply chain, as that is defined in OHA's guidance.

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[1] The guidance can be found at X.

☒ As a health system, PPE supplies on hand were calculated at a health system level and the PPE requirements can be met for each of the hospitals within the health system listed below.

If a health system is submitting this attestation, please list all of the hospitals in the system for which this attestation applies:

Kaiser Sunnyside Medical Center
Kaiser Westside Medical Center

I certify that the responses in this attestation are accurate and complete. I understand that if OHA determines that a hospital is not in compliance with the PPE requirements, OHA may require the hospital to cease performing non-emergent or elective procedures for a specified period of time.

James L. Robinson III, PsyD
Printed name and title

5/8/20
Date

[illegible], PsyD
Signature

May 15, 2020

Philip Mason-Joyner
Operations Manager
Clackamas County Public Health Division
2051 Kaen Road, Oregon City, OR 97045

Dear Philip,

This letter is to inform Clackamas County Public Health and the Clackamas County Board of Commissioners that AMR Clackamas has sufficient Personal Protective Equipment (PPE) supplies currently on hand and the ability to maintain adequate PPE supplies for 30 days to support the reopening of Clackamas County. AMR Clackamas currently has sufficient PPE for a 14-day burn rate. Through local, regional, and national AMR supply chains and stockpiles, AMR Clackamas County is able to sufficiently provide PPE to all AMR Clackamas employees for at least 30 days.

Sincerely,

Jason Mahle
Operations Manager
AMR Clackamas County

12438 SE Capps Rd.
Clackamas, OR 97015