

# **Coos County**

# **Phased Reopening**

# **Plan**

**Prepared based on Guidance from the Office of  
the Governor of the State of Oregon and the  
Oregon Health Authority**

**Submitted May 8, 2020 by the Coos County Board of Commissioners, Coos  
County Public Health, and Bay Area Hospital**

# Purpose

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

Due to this ever-changing information associated with COVID-19 these guidelines will be handled as an adaptive management plan or living document.

## **Section I: Overview**

### **Coos County**

This document is presented as Coos County's Plan for Phased Reopening. Coos County is part of Health Region 3 & 5, which consists of Coos, Douglas, Lane, Curry, Jackson, and Josephine Counties.

Thus far, Coos County has three positive cases of COVID-19 and one presumptive case, excluding cases involving Adults in Custody (AICs) housed at the State of Oregon Department of Justice's Shutter Creek Correctional Facility. The AICs are not free to move about the community and their medical care has been provided by the State of Oregon at facilities outside of Coos County.

The low numbers of positive cases in Coos County may be as a result of the county's low population density (natural social distancing) and adherence to the government's guidelines on preventative measures to reduce exposure. Coos County's citizens understand the continued necessity 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 all of the other relevant considerations. Coos County continues to provide public information and outreach to our citizens on a daily, sometimes hourly, basis to update them on the current status of the disease as well as the need to continue with best practice for prevention.

## **Section II: Prerequisites for Phased Reopening**

### **1. Declining Prevalence of COVID-19**

- a. The percentage of emergency department visits for COVID-19 like illnesses are less than historic average for flu at the same time of year.
- b. A 14-day decline in COVID-19 hospital admissions.

#### **Current Status**

This prerequisite does not apply because Coos County has less than five cases. However, our hospitals are working to understand the new metric and will monitor it going forward.

#### **Plan for Re-opening**

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

A Business/Medical Case Review Unit has been created in the Incident Command Structure. This group is made up of Economic Development Professionals, Doctors, Infection Prevention Control Manager, Public Health Officials, and Emergency Management. This Unit will continuously be evaluating the numbers of tests done, positive tests and the information collected during contact tracing. They could

change the Management Action Points based on information, such as positive COVID tests from healthcare workers or residents and/or staff of a Long Term Care Facility (LTCF).

## 2. Minimum Testing Regimen

- a. Regions able to administer testing at a rate of 30 per 10k per week.
- b. Sufficient testing sites accessible to underserved communities.

### **Current Status**

This is a regional requirement, and is evaluated at the regional level. Robust testing has been defined for the State of Oregon as 15,000 tests per week. Based on Coos County's population, our testing requirements would be 192 tests per week for those that meet the criteria set by Oregon Health Authority (OHA). We are allowing for testing in various regions of the county in order to reach underserved communities, and we are also working with Coos County Area Transit in order to ensure that people have transportation options for reaching testing sites. In addition, we are working with the Coquille Indian Tribe in order to ensure that they are providing testing for the tribal community.

### **Plan for Re-opening**

Additional testing kits will be necessary to sustain a reopening plan. We will use available testing in concert with regional healthcare partners for specific testing situations where rapid turn around will have the most impact.

There are testing sites in nearby jurisdictions that could run tests for Coos County, including a testing site in nearby Curry County at Gold Beach. We expect that, as more testing supplies are available, increased amounts of testing will be done at the Curry County site. This will increase Coos County's access for testing and provide quicker testing results. Currently, Coos County is following the guidance provided by OHA when testing patients for COVID-19.

## 3. Contact Tracing System

- a. County has 15 contact tracers per 100k people.
- b. County contact tracing workforce is reflective of the county and able to work in needed languages.
- c. County is prepared to trace 95% of all new cases within 24 hours.

Coos Health and Wellness (CHW) 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.

### **County has 15 contact tracers per 100k people.**

Per the guidance document, Coos County is expected to have 10.0 FTE case tracers.

CHW will provide the staff for Case Investigations and Contact Tracing. This team will be led by the Epidemiologist. Our current FTE are as follows:

- 1 WIC staff who has been reassigned to contact trace
- 2 Home Visiting nurses\* who have been reassigned to contact trace

1 Epidemiologist who provides additional contact tracing but is primarily our subject matter expert.

\* Home Visiting nurses are providing this service at the expense of serving their assigned caseloads and generating billable hours. A long-term solution will be needed to allow these nurses to return to this work and to ensure continuity of care for these children/families.

We anticipate being able to draw upon additional staff from the following:

1 employee from Environmental Health

1 employee from our Public Health Advisor CDC (PHAP)

1 employee from our Communicable Disease/Clinic nurse (will entail shifting of required duties to a public health aide and behavioral health nurse)

A Spanish-speaking staff member from CHW Front Desk/Records as needed

We have also reached out to our Medical Reserve Corps (MRC) volunteers and have, at this time, identified 7 individuals who are willing to assist. We are working to ascertain the total FTE that these individuals are able to commit to. We have contacted an additional twelve MRC volunteers about their availability.

CHW is also working closely with Southwestern Oregon Workforce Investment Board (SOWIB) to identify and train dislocated workers to act as contact tracers with the goal of meeting this requirement by May 15, 2020.

Should additional support be needed, CHW will work with neighboring jurisdictions and Oregon Health Authority to seek immediate support. Oregon Health Authority has stated they have about 100 contact tracers ready to deploy to counties. If needed, we would seek to fill in any remaining FTE with these individuals.

**County contact tracing workforce is reflective of the county and able to work in needed languages**

As stated above, we have a Spanish-speaking staff member from CHW Front Desk/Records who can assist with our Spanish Speaking population. For other languages, we will utilize our Language Line.

Use of contact tracers who live in our community will allow for local knowledge of our community resources and facilitates referrals to needed services identified during the interview process.

**County is prepared to trace 95% of all new cases within 24 hours**

We will develop a schedule where weekends and holidays are covered by our more experienced contact tracers, allowing for case tracing within a 24 hour period outside of the regular weekday schedule with minimal oversight/support.

#### **4. Isolation Facilities**

a. Counties have hotel rooms available for those who cannot self-isolate.

b. Counties provide a narrative of how they will respond to three different outbreak situations in the county.

For the first requirement, Coos County has arrangements in place to provide hotel accommodations that support isolation for community members who may not otherwise be able to isolate effectively. Should an individual or family that is experiencing homelessness contract COVID-19 or be identified through

contact tracing as a contact of a known COVID-19 case requiring isolation, Coos County will work with local partners and volunteers as necessary to seek necessary lodging. Hotels have been located within the County that may be utilized in the event of need. Policies and procedures are in development to ensure that the necessities of daily living, food, laundry, and medications are provided while individuals are kept in isolation. Coos County is also actively exploring the option of entering into contracts with local lodging facilities for the provision of housing for COVID-19 related isolation and quarantine on an as needed basis.

Similarly, we have confirmed with local and regional hospitals that sufficient baseline and surge capacity is in place to accommodate outbreaks. Coos County continues to partner with many other community-based resources and organizations to coordinate prevention and response efforts.

As with any communicable disease, Coos County is prepared to respond to outbreaks of COVID-19 in a wide variety of settings and situations. Regardless of the setting of potential outbreak, Coos County has robust policies and protocols in place to first prevent and then, as necessary, respond to and manage an outbreak. As the county's public health authority, Coos Health and Wellness Department leadership and staff have the expertise and logistical capabilities to prevent and manage outbreaks through timely education, testing, investigation, isolation, contact tracing, and coordinated delivery of all necessary emergency services and public health services.

Coos County has focused particular effort on preventing and preparing for infectious disease outbreaks in (1) congregate living facility settings, (2) food processing facilities, and (3) correctional facilities. In all cases, CHW is prepared for timely, comprehensive response to COVID-19 outbreaks in these and other settings.

Regarding outbreak response within congregate facilities, Coos County has in place policies and protocols to investigate and address outbreaks of COVID-19 and other infectious diseases.

We have established policies for outbreak investigations and response in congregate facilities and overall in any setting. Other tools in place include the county's contact tracing team, which is a coordinated team of specialists that work to distribute COVID-19 tests, partner with local EMS teams to perform tests, investigate and track cases, perform contact tracing (and facilitate isolation as needed), provide education support, and provide supplemental PPE and other supplies as needed to contain, limit, and manage an outbreak.

Within correctional facilities, Coos County operates our facilities under stringent, ongoing protocols for prevention and outbreak response. Coos County Sheriff Craig Zanni has worked proactively to minimize growth of the jail population throughout the pandemic to aid in preventing an outbreak. Within facilities, the Sheriff's Office has implemented a policy of daily temperature checks and health questionnaires for all corrections workers, and Coos County has recently acquired additional tests that may be used to test inmates and corrections officers as appropriate. All corrections facilities continue to use strict disinfecting protocols and have adapted for social distancing. As in response to any outbreak, the county's Rapid Response Team is poised to provide immediate response through coordination of testing, investigation, tracing, and education as further described above for potential outbreaks in the agricultural sector or general population. That includes aggressive methods to quickly identify, isolate (including in alternative and secure housing if needed), and treat or hospitalize inmates, correctional facility staff, or others that may contract COVID-19, and do so in a manner that is protective of both public safety and public health.

## **5. Finalized Statewide Sector Guidelines**

The finalized sector guidelines will be provided by Oregon Health Authority. Coos County will comply with this guidance.

## **6. Sufficient Health Care Capacity**

Region must be able to accommodate a 20% increase in hospitalizations.

Although this is a regional requirement, Coos County currently has adequate hospital beds available to accommodate a 20% increase in hospitalizations.

## **7. Sufficient PPE Supply**

- a. Hospitals in region are reporting PPE supply daily through HOSCAP.
- b. Hospitals in region must have a 14 or 30 day supply of PPE, depending on their size and whether they are a rural hospital.
- c. First responders in the County must have sufficient PPE.

### **Personal Protective Equipment**

PPE supply and the current supply chain is adequate for the needs identified, including for first responders. In each sector we have prioritized certain business types, so that should the resupply rate of PPE become strained, a structured slowdown of PPE use can occur.

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, Optometrist, etc. They are prioritized as follows: Professional Services (1 - Hospital, 2 - Clinics, 3 - Dentists, 4 – Optometrists). We have been in communication with this group to ensure we have adequate resources to meet 30 day supply as well as surge needs 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.)

Until the supply chain is fully back to normal, reuse guidelines will remain in effect. This will also include the use of a vapor machine that will disinfect PPE that will extend the life of available PPE even further than normal reuse guidelines.

Finally, the County has reached out to first responders in the County to ensure that they have an adequate supply of PPE. The County contacted all sixteen (16) fire departments, eight (8) police departments, and three (3) ambulance companies operating in the County. All entities contacted have indicated that they have a sufficient supply of PPE.



May 11, 2020

Mrs. Mellissa Cribbins, Coos County Commissioner  
Coos County Courthouse  
250 N. Baxter St  
Coquille, OR 97423

Dear Commissioner Cribbins,

I want to personally thank you, Commissioner Main, and Commissioner Sweet for your steadfast leadership during this COVID-19 pandemic. The tough actions taken by you all and the selfless adherence to social distancing and other measures by the citizens of Coos County, all but eliminated the spread of the virus in our area and provided the Hospitals and other health care entities the time we needed to ramp up capacity, necessary supplies including Personal Protective Equipment (PPE), and build systems of care to ensure we kept our patients and staff safe from infection.

As you, our elected officials, begin to set plans for a phased reopening of our County, be assured that Coquille Valley Hospital is in an extremely strong position to respond should the need arise. We have now, and have had throughout the entirety of the declared State of Emergency, significantly more than a 14-day supply of PPE on hand and our supply chain is completely open and more than adequate for the foreseeable future. Additionally, our testing capabilities are extremely strong right now with the ability to test several times more than the total number of Coos County residents tested to date with results back in two to three days.

Coquille Valley Hospital meets the requirements detailed by Governor Brown related to hospital capacity, supply chain, and PPE on hand for counties wishing to progress to a phase 1 reopening.

Please feel free to contact me should you have questions whatsoever.

Sincerely,  
**Coquille Valley Hospital District**

A handwritten signature in blue ink, appearing to read "Jeffrey M. Lang", with a long, sweeping underline.

Jeffrey M. Lang,  
Chief Executive Officer



OFFICE OF THE DIRECTOR

Kate Brown, Governor



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.<sup>1</sup>

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

I, EUGENE SUKSI (printed name), on behalf of Southern Coos Hospital & Health Center (name of hospital or health system), attest to the following (please check any of the boxes that apply and supply any additional information):

The hospital or health system intends to resume non-emergent or elective procedures by (insert date) 05/18/2020

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.

<sup>1</sup> 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:

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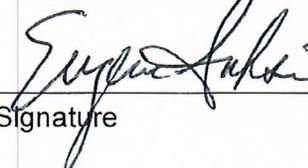
I certify that the responses in this attestation are accurate and complete. I understand that if OHA determines that a hospital is not in compliance with the PPE requirements, OHA may require the hospital to cease performing non-emergent or elective procedures for a specified period of time.

EUGENE SUKSI

Printed name and title

05/11/2020

Date



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Signature



## Hospital Attestation to Resume Non-Emergent or Elective Procedures

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

I, Brian Moore (printed name), on behalf of Bay Area Hospital  
(name of hospital or health system), attest to the following (please check any of the boxes that apply and supply any additional information):

- The hospital or health system intends to resume non-emergent or elective procedures by (insert date) May 11, 2020
- 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.

<sup>1</sup> 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:

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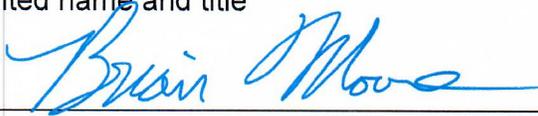
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I certify that the responses in this attestation are accurate and complete. I understand that if OHA determines that a hospital is not in compliance with the PPE requirements, OHA may require the hospital to cease performing non-emergent or elective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

Brian Moore, President and CEO

Printed name and title



Signature

May 8, 2020

Date

[Click here to submit form](#)