

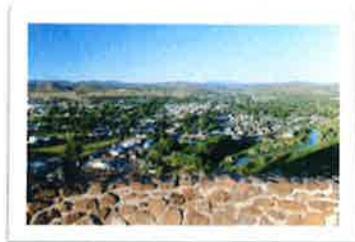


Crook County

COVID-19 Recovery Framework

Prepared based on Governor Kate Brown's

Public Health Framework for Reopening Oregon



Public Health
Prevent. Promote. Protect.

Purpose

The purpose of this document is to provide guidance for individuals and agencies involved in the local process of reopening Oregon (as outlined by Governor Brown/OHA Guidelines), and provide foundational level information that is required to be available in order to address the deliverables identified in the implementation plan.

The reopening plan in Crook County will support an equity-centered lens in the development of initiatives for communication, testing, active surveillance, recovery, and resilience.

Due to ongoing updates, available data, available resources, and newly released information associated with the COVID-19 response, this document should be considered an **adaptive management plan or living document** and reflect updates. The plan updates will be completed by the Crook County Health Department.

As new information becomes available or changes are made in the proposed plan, the Crook County Court, Crook County Public Health, Crook County Emergency Management and Incident Command Team, local healthcare providers and partners, local municipalities, and the local business community will be engaged in the process to ensure that information, standards, protocols, or changes are made available to all partners in a timely manner.

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SECTION I: OVERVIEW

Crook County is a rural county located in the geographic center of Oregon with a total area of 2,987 square miles of land and 8.2 square miles of water. The county is bordered by Jefferson and Wheeler Counties to the north, Grant County to the east, Harney County to the southeast, and Deschutes County to the southwest. The population of Crook County is 24,404 (US Census, 2019) and Prineville is the single largest city within the county and is also the county seat. The City of Prineville's population is approximately 10,329, with the remaining population living outside the city.

Thus far Crook County has had one non-hospitalized case of COVID 19. This fact may be a result of the rural nature of the county and adherence to the government's guidelines on preventative measures to reduce exposure. This fortunate fact provides some relief to the residents of Crook County from the terrible loss and suffering being experienced and felt elsewhere around the state and country, while not relieving them of the necessity to continuing to comply with sound and practical efforts to control exposure. Physical distancing and stay-at-home interventions are helping to flatten the curve of COVID-19's spread. It is vital that this trend continue to lower infections to a controllable level in Oregon.

While public health and healthcare providers continue to respond to COVID-19, it is important to begin the process of reopening Oregon and look specifically at what is needed in Crook County to safely and effectively open to allow the local economy, business, and residents to work in a way that minimizes the risk of resurgence in cases, hospitalizations, and deaths. Crook County recognizes the economic burden and the sacrifice that the community members, businesses, first responders, and healthcare workers have made during this global pandemic. It is therefore imperative that our strategy to reopen is deliberate, thoughtful, and inclusive while not putting our population at additional risk for even larger negative impacts.

This document is prepared in response to Governor Kate Brown's solicitation of working strategies for Oregon counties. This supports and enhances Governor Brown's April 20, 2020 document entitled "Reopening Oregon: A Public Health Framework for Restarting Public Life and Business" to responsibly reopen businesses in Oregon in a phased approach, to include its criteria and guidelines, amid the COVID-19 pandemic.

Within that framework, Crook County, Oregon, hereby submits its plan for a Phase 1 reopening of Crook County. This plan has been designed in collaboration with the Crook County Court, Crook County Public Health, St. Charles Healthcare, Emergency Management/Incident Team, Law Enforcement, the City of Prineville, regional partners, county departments, and business partners.

Current Status

The Central Oregon Public Health Partnership (Crook, Deschutes, and Jefferson County Public Health) Regional Epidemiologist, Dr. Jenny Faith, provides a daily situational update. These

updates indicate slow spread from initial in-county reports on April 21, 2020, with peak cases on April 28, 2020, and a downward trajectory of positive cases since that date. Additionally, syndromic surveillance in Oregon (Oregon ESSENCE - Electronic Surveillance System for the Early Notification of Community-Based Epidemics) provides real-time data for public health and hospitals to monitor what is happening in emergency departments across the state before, during, and after a public health emergency. Data from ESSENCE shows a downward trajectory in individuals reporting to healthcare providers with symptoms associated with influenza-like illness or COVID-like symptoms over the past 14 days. The regional epidemiologist’s daily report has shown a downward trajectory of influenza-like illness or COVID-like symptoms over the past 14 days.

Crook County has been fortunate to have only one positive test to date. While COVID-19 was spreading rapidly early on, the quick and decisive measures taken have slowed that rate. The health and safety of our community is our priority, and this trend of slow or no growth must continue. The REGION 7 counties have the following number of cases as of May 2, 2020:

County	Population (US Census 2019)	Cases
Crook	24,404	1
Deschutes	197,692	78
Jefferson	24,192	13
Grant	1,366	1
Harney	7,329	1
Klamath	68,238	39
Lake	7,869	0
Wheeler	1,332	0

SECTION II: PREREQUISITES FOR PHASED REOPENING OF OREGON

The health and safety of our community remains our priority. As the data and ongoing research indicates, it would be naïve to think there will be no additional cases identified even while remaining under the Governor’s Executive Order. A phased approach to reopening our economy will keep the COVID-19 positive growth rate curve or line relatively flat. Taking small, calculated steps will allow the economy to start reopening through a strategic approach that protects the health of the community. To reopen, it is critical to have in place the following:

- Robust testing and case investigation and contact tracing capability
- Healthcare system capacity and PPE supplies
- Plans for health and safety

In order for Crook County to meet the criteria to reopen, we have outlined capacities in this plan. It is important to consider that many of these capabilities do not fall specifically to Crook County or county departments. They are, therefore, the responsibility of other agencies and organizations which are partnering with Crook County for the purpose of this plan.

Additionally, and to the extent possible, the county will support these organizations to increase the ability for testing capacity and/or surge capacity. Currently, Crook County utilizes a Regional Epidemiologist who has sufficient data collection analysis to support our decision-making and will continue to track trends related to total tests, positive tests, cases, and hospitalizations. This data will inform policy makers that it is appropriate to proceed with re-opening and appropriate levels of restrictions if data appear to show a spike in positive testing results.

Crook County Court, Crook County Public Health, and the Emergency/Incident Command Team will continuously monitor the situation and identify metrics as part of an information-based, phased approach to reopening. These metrics will include a number of new cases, the number of tests, contact tracing, PPE, hospitalized cases, and hospital capacity. The group meets weekly and will assess specific issues such as positive COVID tests from healthcare workers or residents and/or staff of a Long-Term Care Facility (LTCF).

As phase one opens, data will determine next steps and the decision to move forward or hold additional phases. Based on the data provided through contact tracing and testing, PPE, and hospital capacity; the Crook County Court, Crook County Public Health, and Emergency/Incident Command Team will determine the need to continue to hold or take steps backward, until the county reaches a steady state.

CROOK COUNTY PREREQUISITES FOR OPENING

1. DECLINING PREVALENCE OF COVID-19	
Crook County has an official OHA count of 1 COVID-19 case as of May 4, 2020.	
CRITERIA	REQUIRED/DEMONSTRATED
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.	YES – According to ESSENCE (Electronic Surveillance System for the Early Notification of Community-Based Epidemics) Crook County’s rate of decline in reported CLI cases has declined in the last 14 days.
b. A 14-day decline in COVID-19 hospital admissions.	YES – Crook County’s rate of decline in reported COVID-like syndromic cases (symptom reporting) has declined at least 50% in the last 14 days (only one case) as reported in ESSENCE.
2. MINIMUM TESTING REGIMEN	
Reference: “COVID-19 Strategic Testing Plan for Oregon” “Oregon COVID-19 Testing and Contact Tracing Strategy”	
CRITERIA	REQUIRED/DEMONSTRATED
a. Regions able to administer testing at a rate of 30 per 10,000 population per week. -Screening and testing for symptomatic individuals -Test syndromic/influenza-like illness indicated persons	YES – This is a regional requirement. As of 5/4/20, Region 7 has a testing rate of 34 per 10,000 population. Crook County Health Department does not directly provide testing. Testing is accomplished through the hospital system and multiple clinics. Crook County expects to work with our local hospital and clinic system to support 30 tests per 10,000 population per week. Testing options and capacity are expanding as more primary and urgent care providers in the region are coming on board to provide drive-through testing options to community members. Testing criteria has also eased up and will be based on two broader important factors: any typical viral symptom (e.g. fever, body aches, runny nose, sore throat, cough, or difficulty breathing) or a known COVID-19 exposure. Local medical provider discretion is essential for this model to work effectively. The addition of point of care Polymerase Chain Reaction testing at St. Charles Health System and health care clinics will enhance the community wide testing availability. The region is also talking with Walmart in Redmond who will provide a mobile pop-up clinic providing 40-150 tests per day. Walmart is also willing

	<p>to provide pop-up clinics to specific populations to ensure testing of frontline and essential workers, along with industries where social distancing is difficult. As the county reopens, an assessment of practices will take place to assess additional testing needs.</p>
<p>b. Sufficient testing sites accessible to underserved communities</p>	<p>YES – This is a regional requirement. CCHD is working with our local FQHC, Mosaic Medical, and St. Charles Health System to ensure easy access to testing for underserved communities through drive through testing sites as well as the Mosaic Medical mobile van.</p> <p>To support partners and contact tracing, Crook County Health Department has 40 tests and another 1,000 ordered through emergency management Ops Center 4/29/20; we will explore increased testing ability with additional OHA staff for outreach. These tests will serve to support testing for underserved communities in coordination with Mosaic Medical (FQHC) which is located in the same building. Mosaic Medical also has a van to provide services to at-risk populations. The department will provide outreach through our bilingual staff in coordination with Mosaic Medical in Crook County.</p> <p>The additional tests are also being used for the Long-Term Care Facilities as needed. Other at-risk populations will be reached through the CCHD Vulnerable Population Liaison who is working with the regional homeless leadership council and NeighborImpact.</p> <p>Crook County Adult Corrections Facility has limited testing supplies on hand and purchased their own supply in coordination with their medical officer.</p> <p>The tri-county area recently created an advertising document through the Joint Information Center to promote testing in Crook, Jefferson, and Deschutes. This will be updated and promoted through the Crook County Website and Facebook page along with regional partners.</p>

	Crook County will monitor data through the tri-county Epidemiologist (Public Health Modernization). Currently, there is a daily update provided to the three counties tracking data and monitoring cases.
c. Robust Testing for First Responders and Healthcare Workers	YES - St. Charles Healthcare System (SCHS) has a testing program in place in Prineville and a drive-through testing location in Bend. Standard testing and rapid testing is available. First responders and healthcare workers have priority testing available through SCHS. In addition, testing is available at Mosaic Medical; Crook County Health Department has 40 tests available and additional tests on order through the Emergency Manager. Central Oregon has not opted for emergency antibody testing due to the problematic rate of testing and availability of FDA approved tests.

3. CONTACT TRACING

Reference: "Oregon's Plan to Stop the Spread of COVID-19"
"Oregon COVID-19 Testing and Contact Tracing Strategy"
"Interim Investigative Guidelines"

CRITERIA	REQUIRED/DEMONSTRATED
a. Counties must have a minimum of 15 contact tracers for every 100,000 people. Trace 95% of all new cases within 24 hours. The contact 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. DEFINITION: Contact Tracing: is a process used to stop the spread of many different infections in the community. It involves finds and informing the people that an infected the person has been in contact with so they can be tested or followed for additional cases.	YES – Crook County Health Department will take the lead on Case Investigations and Contact Tracing pursuant to guidelines provided by OHA. See Novel Coronavirus Disease 2019 Investigative Guidelines. The team is composed of one Communicable Disease Coordinator, three staff nurses, one regional nurse covering Long-Term Care Facilities, and three Health Educators as needed for CCHD. Based on the 15/100,000 ratio, Crook County would need 4 contact tracers for the population. All additional staff are completing Contact Investigation Training. Four staff have access to ORPHEAS and we received two additional FOBs for access. The Clinical Nursing Supervisor will monitor ORPHEAS for 95% of all new cases traced, documented, and report this out daily. Currently, the department has a bilingual interpreter (Spanish) who will assist as need with investigations and the department has a contract with 'Language Line' so cell phones could be used in the field if needed. If additional support is needed,

	<p>the department will reach out to the Oregon Health Authority.</p> <p>The Crook County Population is 94.8% white and 7.8% Hispanic or Latino (US Census 2019). The department will work with Mosaic Medical to access bilingual staff to assist with contact monitoring as they are assisting in the region.</p> <p>Crook County would like to request funding to support one additional nurse for this response along with a health educator for ongoing communication in the county.</p>
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4. ISOLATION FACILITIES

CRITERIA	REQUIRED/DEMONSTRATED
<p>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.</p>	<p>YES – Should an individual or family that is experiencing homelessness contract COVID-19 or be identified as a contact of a known COVID-19 case, Crook County will use the Crook County Health Department liaison to the Homeless Leadership Council and NeighborImpact to identify housing through a voucher system for local hotels. We will monitor their needs for necessities of daily living, food, laundry, and medications while in isolation. The department will connect them with housing and food assistance programs as needed. The Crook County Court is developing an MOU with NeighborImpact to make this program seamless.</p> <p>In addition, the Crook County Health Department has reached out to local hotels to specifically have a space and an agreement with the hotel. The staff is also researching to options of RVs in the Crook County RV Park.</p> <p>Crook County Health Department will work with OHA to monitor individuals on isolation and quarantine. 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). By following these strategies, it will help protect the</p>

	<p>health and safety of workers in critical industries, high risk facilities, mass transit, and other sectors.</p> <p>The number of individuals who fit in the category may be very low in Crook County.</p>
<p>b. Narratives describing three different outbreak situations in the county.</p>	<p>Long Term Care Facility: Crook County Health Department collaborates closely with the LTCF Executive Directors and Director of Nursing in an outbreak situation. CCHD will work with OHA for an outbreak number and additional resources as needed. CCHD will provide testing supplies as needed and facilitate testing at OSPHL for symptomatic residents and staff of the LTCF.</p> <p>CCHD will ensure that all infection prevention control measures are in place to help mitigate further transmission in the facility based on OHA LTCF COVID-19 Tool Kit guidelines.</p> <p>There is a regional Public Health Infection Prevention Nurse (0.8 FTE) who has established relationships with all long-term care facilities in Central Oregon related to communicable disease prevention and control training/technical assistance to prevent and respond to communicable disease outbreaks.</p> <p>Crook County Jail: Crook County Sheriff's Office has adopted internal guidance on limiting and addressing the potential spread of COVID-19 within the facility. Additionally, Crook County will be utilizing the guidance document developed by the Oregon Health Authority and the Oregon Department of Corrections that serve as guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors.</p> <p>The goal is to:</p> <ul style="list-style-type: none"> • Protect the health and safety of all Law Enforcement Officers (LEOs), members, inmates and the public.

- To reduce the transmission and spread of COVID-19 and/or influenza by maintaining a sanitary facility.
- To ensure the justice system continues to operate without unnecessary delay.

The Sheriff's Office utilizes Crook County Health Department Electronic Health Record System to share the record if needed for follow-up. The jail will notify the Crook County Communicable Disease Coordinator to coordinate efforts in the jail to prevent further spread. The team will use the CCHD Policy along with the OHA/DOC guidance for addressing a case in the jail.

PUBLIC HEALTH DIVISION
Health Security, Preparedness and Response (HSPR)



April 5, 2020

Coronavirus Disease 2019 (COVID-19)

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19). These guidelines have been adapted from CDC.

This document provides interim guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. Recommendations may need to be revised as more information becomes available.

Who is the intended audience for this guidance?

This document is intended to provide guiding principles for healthcare and non-healthcare administrators of correctional and detention facilities (including but not limited to federal and state prisons, local jails, and detention centers), law enforcement agencies that have custodial authority for detained populations (i.e., US Immigration and Customs Enforcement and US Marshals Service), and their respective health departments, to assist in preparing for potential introduction, spread, and mitigation of COVID-19 in their facilities. In general, the document uses terminology referring to correctional environments but can also be applied to civil and pre-trial detention settings.

This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies' authorities or processes. The guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions. Facilities should contact CDC or their state, local, territorial, and/or tribal public health department if they need assistance in applying these principles or addressing topics that are not specifically covered in this guidance.

Why is this guidance being issued?

Correctional and detention facilities can include custody, housing, education, recreation, healthcare, food service, and workplace components in a single physical setting. The integration of these components presents unique challenges for control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors. Consistent application of scientific, operational, and management practices can help reduce the risk of transmission and severity.

Homelessness:

Should an individual or family that is experiencing homelessness contract COVID-19, CCHD will work with NeighborImpact to secure vouchers for housing at a hotel. We will coordinate with OHA to provide the necessities of daily living, food, laundry, and medications while in isolation. We will connect them with housing, food assistance programs, and other services as needed. The individual will be monitored daily by nursing staff. Utilizing the tool outlined in the US Department Housing and Urban Development, Crook County Public Health and partners would work

to ensure available resources and services can be accessed and utilized.

5. FINALIZED STATEWIDE SECTOR GUIDELINES – County Compliance

CRITERIA

REQUIRED/DEMONSTRATED

a.
Each sector must adhere to Oregon Health Authority statewide guidelines to protect employees and consumers, make the physical workplace safer and implement processes that lower risk of infection in the business.

YES –
CCHD staff will work with the City of Prineville and county staff along with the local Chambers of Commerce, and Economic Development of Central Oregon (EDCO) to ensure OHA sector-specific guidance are distributed and communicated to local employers and businesses. CCHD staff will also provide guidance and support through written checklists, infographics, and videos to support the education of our local business owners. These resources were a request that came out of the business on the COVID-19 Taskforce. As noted earlier a dedicated health educator/communication specialist will be requested.

During all phases, the Crook County Health Department and the Crook County Court will provide **messaging** to continue to remind community members to practice the **principles of good hygiene 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 on **'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

	<p>free for 72 hours (3 days); and continue to adhere to State and local guidance as well as complementary CDC guidance, particularly with respect to face coverings.</p> <ul style="list-style-type: none"> • Continual education of Employers and Individuals throughout this process will be done to ensure we continue to reduce the spread of COVID-19. <p>In addition:</p> <ul style="list-style-type: none"> • CCHD has been asked by the business community to provide educational videos and educational materials which are being developed. • The Crook County Court, Command Team, and Public Health will continue communication with the Prineville Chamber to push out information and monitor the efforts. • Weekly surveillance is maintained by the Regional Epidemiologist based in Deschutes County providing data to Crook, Jefferson, and Deschutes County.
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6. SUFFICIENT HEALTH CARE CAPACITY

References:

“Guidance on resumption of non-emergent and procedures at hospitals”

CRITERIA	REQUIRED/DEMONSTRATED
<p>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 of the Executive Order No. 20-22 was issued.</p>	<p>YES – This is a regional requirement. St. Charles Health System has a Prineville Campus as well as campuses in Redmond, Madras, and the main campus in Bend, Oregon. St. Charles has plans in plan for crisis care for the region and has not had to implement crisis care to date.</p> <p>YES – St. Charles Health System (SCHS) has created an impressive medical surge plan related to COVID-19 and is likely able to meet the hospital needs of COVID-19 patients, including an alternate care site if needed. All Crook County COVID-19 clients will be relocated for treatment to the Bend Campus. To support this tri-county approach, Deschutes County has purchased 30 additional ventilators (which are on backorder), which include 20 transport ventilators and 10 ICU type ventilators.</p>

	<p>According to Oregon's Hospital Capacity ("HOSCAP") web system that allows health care and emergency preparedness partners to share real time status data, SCHS (inclusive of facilities in Crook, Deschutes and Jefferson counties) can provide a maximum of:</p> <p># hospital beds: 287 existing, 610 T3 surge capacity. # critical care beds: 30 existing, 189 T3 surge capacity. # ventilators: 52 existing, 72 T3 surge capacity.</p> <p>Crook County Public Health actively participates in the Regional Healthcare Coalition and the Disaster Medical Care Subcommittee in Region 7. These established partnerships will ensure the continuity of services that the committees were designed to address.</p>
b. This metric is measured at the Health Region level, not the county level.	YES
<p>7. SUFFICIENT PPE SUPPLY Reference: "Guidance on resumptions of non-emergent and elective procedures at hospitals"</p>	
CRITERIA	REQUIRED/DEMONSTRATED
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. This metric is measured at the Health Region level, not at the county level.	<p>YES – St. Charles Healthcare System currently reports daily into the HOSCAP system.</p> <p>PPE supply and the current supply chain is adequate for the needs identified in Crook County and the St. Charles Healthcare System. The PPE for the St. Charles System is available in Crook, Jefferson, and Deschutes County as regional partners. At current levels, St. Charles continues to have an adequate supply of PPE.</p> <p>Medical offices outside the hospital, first responders, LTCF, and clinic groups are expected to follow their normal chain for supplies such as in dental offices unless the county has PPE available from a source other than OHA.</p> <p>Letter from St. Charles Healthcare System (Attachment C)</p>
b.	YES – Crook County Public Health Preparedness and Response Coordinator reports that at current requested levels, current burn rates, and current

Counties must attest to sufficient PPE supply for the first responders in the county.

inventory levels there is enough supply on hand to meet current needs. The county will continue to secure PPE from the State of Oregon.

**Attestation Letter – CC Emergency Manager
(Attachment D)**

Attachment A
Crook County Court Letter
Crook County



300 NE 3rd Street • Prineville, Oregon 97754
Phone (541) 416-6555 • FAX (541) 416-3891

Governor Kate Brown
Office of the Governor
900 Court Street
Salem, Oregon 97301

RE: Crook County COVID-19 Reopening Phase I

Dear Governor Brown,

Thank you for your leadership as Oregon looks to reopen within a public health framework for restarting public life and business. Crook County stands ready to reopen under your guidelines to begin Phase 1 on May 15, 2020.

Crook County has been fortunate with only one case of COVID-19 cases, but we know once restrictions are eased, we may see more cases. We are prepared to response to additional cases and have the support of our Public Health Department and the local healthcare system. We are dedicated to protecting the health of our community and are ready to lead and support responsible business reopening in order to save our economy.

Crook County will continue to utilize its Emergency Operations Center in support of Crook County Health Department to provide an Incident Command Team for monitoring conditions, implementation, coordination, and support of our healthcare providers, business, and community as reopening unfolds and refinements are made. Crook County Health Department will adhere to all COVID-19 tracking and reporting requirements in coordination with Emergency Management. The Public Health Preparedness Coordination/Public Information Officer with continue to coordinate information to the community through various means.

The required plan is submitted which addresses the prerequisites checklist and completes all the requirements necessary to reopen. This plan was developed with input from the Crook County Court, Incident Command Team, St. Charles Healthcare System, and business representatives with guidance from public health.

In full accordance with Oregon guidelines, Crook County requests a reopen date for Phase I of May 15, 2020. Thank you for your consideration and consent to move forward.

Sincerely,

A handwritten signature in black ink that reads "Seth Crawford".

Crook County Judge Seth Crawford

A handwritten signature in black ink that reads "Jerry Brummer".

Crook County Commissioner Jerry Brummer

A handwritten signature in black ink that reads "Brian Barney".

Crook County Commissioner Brian Barney

Seth Crawford, Judge Jerry Brummer, Commissioner Brian Barney, Commissioner

Attachment B

Crook County Health Officer Letter

CROOK COUNTY HEALTH & HUMAN SERVICES DEPARTMENT

A Healthy and Safe Future for the People of Crook County



5/5/20

Governor Kate Brown
Office of the Governor
900 Court Street
Salem, Oregon 97301

RE: Crook County COVID-19 Reopening Phase I

Dear Governor Brown,

Thank you for your leadership as Oregon looks to reopen within a public health framework for restarting public life and business. Crook County stands ready to reopen under your guidelines to begin Phase 1 on May 15, 2020.

Crook County has been fortunate with only one case of COVID-19, but we know once restrictions are eased, we may see more cases. We are prepared to respond to additional cases and have the support of our Public Health Department and the local healthcare system. We are dedicated to protecting the health of our community and are ready to lead and support responsible business reopening in order to save our economy.

The required plan is submitted which addresses the prerequisites checklist and completes all the requirements necessary to reopen. This plan was developed with input from the Crook County Court, Incident Command Team, St. Charles Healthcare System, and business representatives with guidance from public health.

As the health officer for Crook County Health Department, I support the reopening of Crook County. The following are in place:

- Only one case of Covid-19 in Crook County
- Testing ability continues to increase weekly
- The Crook County Health Department has an experienced Communicable Disease Team to follow through on Contact Tracing with back-up support
- The Crook County Health Department has secured isolation facilities in coordination with the NeighborImpact Voucher System
- There is sufficient health care capacity in the tri-county region and sufficient PPE for the response as noted in the plan
- On-going communication and support of sector guidelines

In summary, Crook County would like to continue to work closely with the State of Oregon to help slow the spread of COVID-19, while at the same time trying to find the safest way to reopen our community in full accordance with Oregon guidelines. We look forward to the State of Oregon's continued guidance. Thank you for your consideration and consent to move forward.

Sincerely,

A handwritten signature in black ink, appearing to read "Natalie Good".

Natalie Good, DO, Health Officer
Crook County Health Department

Attachment C

St. Charles Health System Letter



2500 NE Neff Road
Bend, Oregon 97701
541-382-4321
www.stcharleshealthcare.org

May 5, 2020

Crook County Commissioners,

Thank you for your work, and for forwarding the COVID Recovery Framework for Crook County ("Recovery Framework") for our review. In response to your recent request, we have: (i) reviewed and provided feedback on the proposed Recovery Framework; and (ii) shared data needed to complete sections of the Recovery Framework on healthcare worker testing, bed capacity, and personal protective equipment ("PPE") for St. Charles.

I. Proposed Recovery Feedback

Thank you for the opportunity to review and provide input on the proposed Recovery Framework. Our thoughts are below:

1. **Testing Capability:** We appreciate the elements of the document emphasizing the need for robust testing and adequate contact tracing capabilities. We believe it would be helpful to provide specific clarity on the model for dedicated resources that would be used to accomplish this in the event of a potential surge. As we are sure you agree, this will be critical as the County reopens, in an effort to identify new cases promptly, and to isolate effectively.
2. **Travel & Rental Housing:** As the travel industry is an important part of our local economy, we share the County's concerns that this may cause a significant increased risk of importing new cases. This is of a particular concern to the extent that reopening Crook County occurs prior to other areas of the state. Therefore, in an effort to limit a rapid influx of visitors and potentially COVID-19, we would suggest some thoughtful and concrete limitations be placed on short term and hotel rentals. We would also recommend that the County refrain from promoting tourism at this time.
3. **Staged Reopening:** Overall, we believe that a staged reopening would be the most effective way to mitigate risk of community spread of COVID-19. We would be concerned, for example, if all retail, restaurants and bars all opened at once, and therefore would encourage a staged approach. We would prioritize the opening of businesses that could allow for natural distancing to occur (e.g. restaurants that provide for outside dining). We would also recommend that the County encourage masking when people are indoors or in areas where they might congregate (e.g., supermarkets).
4. **Surge Planning:** Finally, we believe that reopening needs to be accompanied by a thoughtful plan to revert to previous restrictions if we start to see a surge. If we open slowly, recovery from surge will likely be much more successful if identified early and actions are taken promptly. We suggest that criteria be developed based on agreed upon metrics that can be measured, shared

transparently, and acted upon abruptly. We would be very happy to partner with you in this endeavor.

II. Healthcare Worker Testing, Hospital Bed and PPE Capacity

We are also providing additional information below regarding testing and capacity as this has been requested by other counties. At present, St. Charles is working diligently to meet the criteria for resumption of non-emergent and elective procedures. We are currently performing procedures that are medically necessary within the Governor's guidance. Given our own concerns regarding our supply of PPE, we have just submitted for the authorization to move forward with the purely elective procedures as of May 11, 2020.

With respect to the issue of testing at risk healthcare workers, we have testing available at St. Charles. We are also of the understanding that the state will be instituting a program to assure testing at the levels needed to support our communities, but have yet to see the details of how this will be accomplished. We do not currently offer SarsCov-2 antibody testing because we are not sufficiently confident in the current technology available through FDA emergency use authorization. This will evolve, and we are hopeful to be able to offer this in the future.

Prior to having to move to an alternate care setting under the St. Charles Surge Plan, we can provide a maximum number of hospital and Critical Care Beds and ventilators for all of Deschutes, Crook, and Jefferson Counties as well as all of Region 7 as set forth below:

Resource	Existing	Surge T3
Hospital Beds	287	610
Critical Care Beds	30	189
Ventilators	52	72

With the above-referenced bed and ventilator capacities, we expect to be treating all patients without having to be under any crisis care protocols.

With respect to PPE, we refer you to the accompanying table that shows the number of days for which we have PPE on hand. Please note that we have at least a 30-day supply of all necessary PPE under contingency capacity standards.¹ However, using conventional capacity standards,² we only have a 20-day supply of N95 masks.

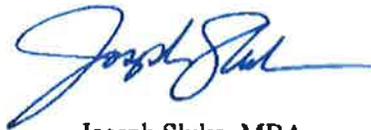
¹ As defined by the CDC, the term "contingency capacity" refers to "measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected facemask shortages."

² The CDC defines the term "conventional capacity" to mean measures that "consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and personal protective equipment (PPE) controls should already be implemented in general infection prevention and control plans in healthcare settings."

Additionally, for your reference, we have provided a separate memorandum that sets forth our understanding of the various roles in supporting the Governor's Prerequisites for Phased Reopening Oregon.

Please let us know if you would like to discuss our feedback or have any questions regarding this letter.

Sincerely,



Joseph Sluka, MBA
President/Chief Executive Officer
St. Charles Health System



Jeffrey V. Absalon, M.D
Chief Physician Executive
St. Charles Health System

w/ attachments

May 5, 2020

RE: St. Charles Prerequisites

Memo:

On behalf of St. Charles Health System, please review the following conditions as of May 5, 2020 relative to the Governor's Prerequisites for Phased Reopening of Oregon ("Prerequisites Document"). Please note that the heading numbers below refer to the applicable section of the Prerequisites Document:

1. Declining Prevalence of COVID-19

It is our understanding that the OHA is gathering data relative to the specific criteria listed in the Prerequisites Document and will be attesting on behalf of the counties that we serve that we meet this criteria.

2. Minimum Testing Regimen

It is also our understanding that the OHA is gathering data relative to the specific criteria listed in the Prerequisite Document and will be attesting on behalf of the Region that we meet this criteria. We also appreciate that the OHA plans to distribute testing supplies throughout the state based on need.

6. Sufficient Health Care Capacity

St. Charles hospitals have built detailed surge plans that include the ability to accommodate greater than a 20% increase in suspected and 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 (April 27, 2020). At the time of the Executive Order, St. Charles had 2 hospitalized patients, and other hospitals within Region 7 had a total of 1 hospitalized patient. (We note that at our peak St. Charles had 14 hospitalized patients). Our surge plans allow us to accommodate a 20% increase in the number for the region (from 3 to 3.6 hospitalized patients) and much more. Additionally, our surge plans have capacity to allow for more than a 20% increase in all hospitalized patients.

7. Sufficient PPE Supply

St. Charles hospitals are reporting our Personal Protective Equipment ("PPE") supply daily to the OHA's Hospital Capacity System. As of today, we attest to the fact that we have a 30 day

supply of PPE on hand for all elements, while utilizing contingency capacity PPE use. Additionally, we have a 30 day supply of PPE on hand for all elements with conventional use, with the exception of N95 masks. Using conventional capacity standards, at present we only have a 20 day supply of N95 masks. Please see the attached table with details regarding our current state of PPE in this environment.

Thank you for your work and support in allowing us to care for our communities.

Sincerely,



Joseph Sluka, MBA
President/Chief Executive Officer
St. Charles Health System



Jeffrey V. Absalon, M.D
Chief Physician Executive
St. Charles Health System

St. Charles Resource Dashboard

5/5/20									
Metrics	Criteria	Current (3d avg)	Contingency Use	Conventional Use	Conventional + 50% Elective Surgery Volume	Surge T1	Surge T2	Surge T3	
COVID									
	Tri County Postives	95	na						
	IP Postives	1							
Bed Capacity (1.a.1)									
Excess Capacity									
	St Charles System (normal)	62%	na				459	610	
	GE - Region 7 (Tier 2)	26%					na		
Testing (1.c)									
RAPID & 48-hour UW									
	Nasopharyngeal Swabs (48 hr)	6,647	na						
	Nasal Swabs/ Universal Transport Media (48 hr)	866							
	SARS-CoV-2 Tests (45 min)	928							
PPE (1.b.i) - (s) used in surgery, (c) - used in clinics									
DAYS ON HAND									
	Common Mask	30	100	99	99	99	94	59	44
	Adult Ear Loop Mask	30	129	126	35	35	119	74	56
	Pediatric Ear Loop Mask	30	100	100	100	100	94	59	44
	N95 Mask (s)	30	99	99	20	20	93	58	44
	Surgical Mask W/ Face shield (s)	30	97	98	98	49	92	57	43
	Surgical Mask (s)	30	100	100	100	51	94	59	44
	Face Shields	30	96	97	97	97	1,421	883	664
	Bouffant Cap	30	100	100	100	39	94	59	44
	Sanitizing Wipe Oxiver (c)	30	92	90	90	45	87	54	41
	Sanitizing Wipe Sanicloth (c)	30	69	69	69	35	67	41	31
	Hand Sanitizer (s)	30	64	65	65	33	62	38	29
	Exam Gloves - Boxes (s)	30	96	96	96	72	90	56	42
	Surgical Gown (s)	30	100	99	99	41	94	58	44
	Isolation Gown	30	100	100	100	100	94	59	44
	Safety Glasses/Goggles (c)	30	100	103	103	103	94	59	44

Attachment D

Letter from Emergency Manager



SHERIFF

"PEOPLE SERVING PEOPLE"

C R O O K C O U N T Y

Sheriff John Gautney

May 4, 2020

Muriel DeLaVergne-Brown
Crook County Health Department
375 NW Beaver St.
Prineville, OR 97754

Ref: Crook County PPE Certification

Muriel,

As part of the Crook County COVID-19 Recovery Frame work and the requirement for Crook County Emergency Management to acknowledge the status of our Personal Protection Equipment (PPE) held in Cache.

I hereby attest and certify that Crook County and its agencies have sufficient PPE on hand in the event the county has a resurgence in COVID-19 cases. The quantities on hand are as follows;

	FEMA PUSH	County Agency Owned
Surgical Masks	1,209	2,905
N95 Masks	1,900	20,634
Face Shields	870	132
Safety Glasses	33	50
Procedure Masks	12,694	0
Gloves	2,609	114,300
Gowns	229	791
Sanitizer	54 8oz	60g

Sincerely,

Michael Ryan, Commander
Crook County Emergency Management
Crook County Sheriff's Office

308 NE 2nd St, Prineville, OR 97754

Phone: (541) 447-6398 | Fax: (541) 416-0353 | Website: <http://sheriff.co.crook.or.us/>

May 7, 2020

Dear Governor Brown,

We, the undersigned steering committee members of the **Oregon Region 7 Healthcare Coalition** on behalf of health and medical partners in the counties of Crook, Deschutes, Grant, Harney, Jefferson, Klamath, Lake, and Wheeler attest to having met the following regional metrics established as Prerequisites for Phased Reopening of Oregon.

Minimum Testing Regimen:

- Region is able to administer testing at a rate of 30 per 10,000 per week
- Region maintains sufficient testing sites accessible to underserved communities.

Sufficient Healthcare Capacity:

- Region is able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations.

Sufficient PPE Supply:

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

Digitally Signed 05/07/2020 2:13 PM

Andrea Kidder, St. Charles Health System
Region 7 HCC Steering Committee
Health Care Representative

Digitally Signed 05/07/2020 12:12 PM

Perrilyn Wells, Harney District Hospital
Region 7 HCC Steering Committee
Health Care Representative

Digitally Signed 05/07/2020 11:27 AM

Mike Ryan, Crook County Sheriff's Office
Region 7 HCC Steering Committee
County Emergency Management Representative

Digitally Signed 05/07/2020 12:39 PM

Emily Wegener, Jefferson County Public Health
Region 7 HCC Steering Committee
Local Public Health Authority Representative

Digitally Signed 05/07/2020 3:25 PM

Doug Kelly, Redmond Fire and Rescue
Region 7 HCC Steering Committee
Emergency Medical Services Representative

Questions about this attestation should be directed to:

Kattaryna Stiles

Oregon Health Authority Liaison to Oregon Region 7 Healthcare Coalition

Kattaryna.L.Stiles@state.or.us

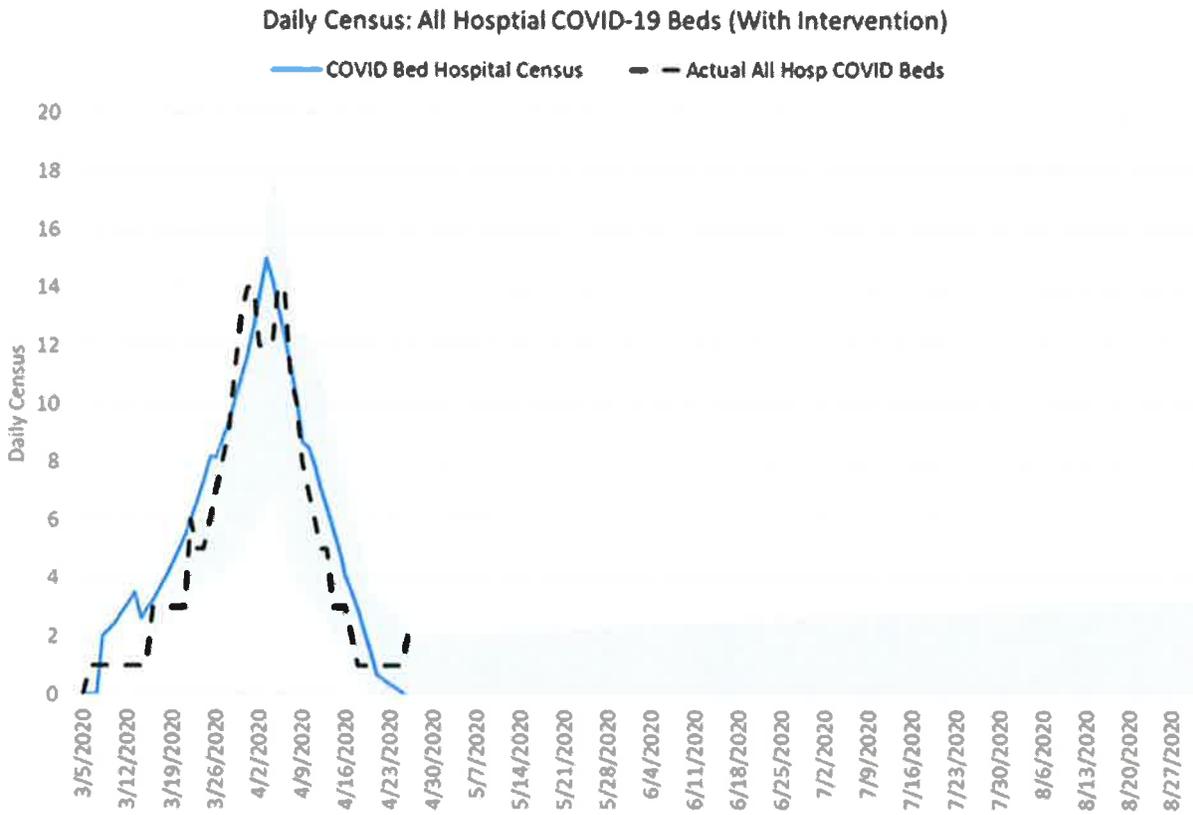
PREREQUISITES FOR PHASED REOPENING OF OREGON:

Region 7 Healthcare Coalition Prerequisites Checklist

Metric	Metric Met In Region?	Validation Sources	Challenges of Maintaining Compliance
2. Minimum Testing Regimen			
Regions able to administer testing at a rate of 30 per 10k per week	YES	OHA County testing questionnaire completed by counties week of May 4, 2020. ORPHEUS records of testing conducted.	National supply chain issues result in inadequate distribution of testing materials to frontier counties, which constricts them from expanding capacity and creates future uncertainties about ability to maintain capacity.
Sufficient testing sites accessible to underserved communities	YES	Database of testing sites across region (in progress). OHA County testing questionnaire completed by counties week of May 4, 2020.	
Sufficient Health Care Capacity			
Region must be able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations	YES	HOSCAP daily reports Existing hospital surge agreements 1135 hospital waivers Hospital reopening attestation forms	None identified
7. Sufficient PPE Supply			
Hospitals in region are reporting PPE supply daily through HOSCAP	YES	HOSCAP daily reports	None identified
Hospitals in region must have a 14 or 30 day supply of PPE, depending on their size and whether they are a rural hospital.	YES	Regional health system daily metric reporting. Hospital Reopening Attestation Forms: <ul style="list-style-type: none"> • St. Charles Health System • Harney District Hospital • Blue Mountain Hospital • Lake District Hospital • Sky Lakes Medical Center 	National supply chain is stabilizing but could destabilize with another nationwide surge.

Attachment E

St. Charles Hospital Admission Data



Attachment F

Regional Testing Rate

County	Positive Cases 5/4/20 Note: as of 5/4/20 this also includes 1 presumptive (i.e., may not yet be tested) case in Region 7	Negative Tests 5/4/20	Total Tests 5/4/20	Population size estimate (2019, Portland State University Annual Population Estimates)	Tests per 100,000 population, as of 5/4/20	Total Tests reported as of 4/27/20	Number of new tests reported for the previous week (4/28/20 to 5/4/20)	Tests per 10,000 population for the previous week (4/28/20 - 5/4/20)
Crook	1	235	236	23440	1006.8	180	56	23.9
Deschutes	79	2208	2287	193000	1185.0	1810	477	24.7
Grant	1	54	55	7360	747.3	49	6	8.2
Harney	1	70	71	7360	964.7	48	23	31.3
Jefferson	14	350	364	23840	1526.8	203	161	67.5
Klamath	39	2212	2251	68190	3301.1	1846	405	59.4
Lake	0	72	72	8080	891.1	67	5	6.2
Wheeler	0	13	13	1440	902.8	11	2	13.9
Total (Region 7)	135	5214	5349	332710	1607.7	4214	1135	34.1
Total (Oregon)	2759	60697	63456	4236400	1497.9	51197	12259	28.9