May 7, 2020

Honorable Governor Kate Brown
Office of the Governor
c/o Jen Andrew
900 Court Street NE Suite 254
Salem OR 97301-4047

Submitted via electronic mail to jennifer.j.andrew@oregon.gov

RE: Jackson County Reopening Prerequisite Status and Plan

Dear Governor Brown:

On behalf of the Jackson County Board of Commissioners, please accept our submission of Jackson County’s COVID-19 Reopening Prerequisite Status and Plan. Jackson County is currently meeting, and we believe will continue to meet, the seven prerequisites found in the Prerequisites for a Phased Reopening of Oregon and feel that this Status and Plan demonstrates that. Jackson County is ready to safely reopen at a Phase 1 level.

The Jackson County Board of Commissioners respectfully requests that you, Governor Brown, grant an exception to Executive Order No. 20-12, or take whatever other action is necessary, to allow Jackson County’s businesses, non-profits, governmental entities and, most importantly, its individual citizens and residents, to reopen under Phase 1 guidelines.

These have been challenging times across our County, the State, and the nation and your assistance is appreciated.

Sincerely,

Danny Jordan
County Administrator

DJ:jvl/lS

Attachments

cc: Board of Commissioners
Jackson County is committed to a data and evidence-based reopening strategy that considers the immediate and long-term health and welfare of our community members. We recognize the sacrifice of community members, businesses, first responders, and healthcare workers through this event and it is imperative that our strategy to re-open is deliberate, thoughtful, and inclusive.

Recently, Governor Brown provided the Prerequisites for a Phased Reopening of Oregon which provided seven prerequisites which must be met before a county or region can enter phase one of Reopening Oregon. These prerequisites included the following core areas:

1. Declining prevalence of COVID-19;
2. Minimum Testing Regimen;
3. Contact Tracing System;
4. Isolation Facilities;
5. Finalized Statewide Sector Guidelines;
6. Sufficient Health Care Capacity; and,
7. Sufficient PPE Supply.

Jackson County is currently meeting, and we believe will continue to meet, these seven prerequisites. We recognize that the prerequisites of Minimum Testing Regimen, Sufficient Health Care Capacity and Sufficient PPE supply for the hospitals are not measured at the county level and are instead measured at the Regional Health level. While we are working with our health care partners in Region 3, Jackson and Josephine counties have a long history and natural affiliation in dealing with health care issues in southern Oregon and this pandemic has demonstrated that cooperation. It is less clear how Coos, Douglas, Curry and Lane Counties fit into our regional reopening plan and we respectfully request that strong consideration be given to Region 5’s (Josephine and Jackson Counties) ability to meet these requirements as a standalone region.

Finally, we sincerely believe that Jackson County is in a position to safely reopen at a Phase 1 level and we respectfully request Governor Brown issue an order or take whatever action is necessary to allow Jackson County to do so.
1. **Declining Prevalence of COVID-19** (*prerequisite met*)

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

   **Analysis:**
   
   a. Jackson County Public Health monitors Emergency Department (ED) visits through a syndromic surveillance system (ESSENCE) which looks at how many people are presenting to the ED for certain types of complaints/illnesses. ED visits for COVID-19 like illness peaked in Jackson County during the week of March 15-22, have been steadily declining since that time and have now been within the normal limits of what can be expected, in both the number and percent of visits, for more than 3 weeks. Visits for all age groups except 65+ peaked during the week of March 15th and have since decreased and stabilized at levels similar to those seen prior the arrival of COVID-19 in Oregon. Visits for the 65+ age group continued to increase through the week of March 29 – April 4, but decreased since that time and have been within normal limits for 3 weeks. Visits for other age groups have been within normal limits for 4-5 weeks.

   The chart below shows that Jackson County has seen a downward trajectory in the percentage of emergency department visits for COVID-19-like illness with stabilization at levels similar to the 4-year average for flu during the same MMWR week for the past three weeks.

![Jackson County % ED Visits for COVID-like Illness (CLI) 2020](image)
Similar to trends seen in Oregon and across the nation, total emergency department visits in Jackson County have been low compared to what is typically seen this time of year. Over the past 5 weeks, emergency department visits in Jackson County have been down 22-26% compared to the past 4-year average which could be causing the percent visits for COVID-19-like illness or influenza-like illness to appear higher than they otherwise would be under conditions of normal ED volume. The chart below shows the total number of COVID-19-like illness visits compared to 4-year ILI average and range. It demonstrates that, for the past 3 weeks, the number of visits for COVID-19-like illness have remained below or within the range of what has been seen historically in Jackson County for flu at this time of year.

As of 05/07/2020, in Jackson County there are 49 COVID-19 cases, with no reported deaths. Of the 49 cases, forty cases (82%) have recovered and the remaining 9 (18%) active cases continue to be monitored by Jackson County Public Health. Jackson County has now gone 13 days without a new case being identified with the last positive case reported on April 24th. Jackson County’s case rate of 21.9 COVID-19 cases per 100,000 population places the county well below the statewide average of 56 COVID-19 cases per 100,000 population. The chart below shows that new reported positive cases of COVID-19 in Jackson County peaked on March 30, 2020 and since then the county has seen a steady decline for the last 4 weeks, with several weeks having no new reported cases.
Lastly, the chart below shows suspected and confirmed hospitalized COVID-19 patients for Region 5 for the past 4.5 weeks. A clear declining trend in confirmed and suspect admissions is evident during that time period. The average number of confirmed and suspect hospitalized cases during April 6 – 10 was 23, which decreased to 12 during April 27 – May 1, and during the current week of May 4\textsuperscript{th} has remained below 10. Confirmed COVID-19 hospitalized cases have remained very low – one or less since April 13\textsuperscript{th}.

Together, all of the data above – emergency department visits for COVID-19-like illness, newly confirmed cases, and COVID-19 hospitalizations – strongly support the conclusion of a declining prevalence of COVID-19 in Jackson County.
2. **Minimum Testing Regimen** *(prerequisite met)*

**Prerequisite:**

a. Regions must be able to administer COVID-19 testing at a rate of 30 per 10,000 people per week. Regions must implement a testing regimen that prioritizes symptomatic persons and individuals who came into contact with a known COVID-positive person and includes testing of all people in congregate settings when there is a positive test. This includes long-term care facilities and county jails among others. The plan must include frequent tests of frontline and essential workers and industries where workers may not be able to practice optimal physical distancing (e.g., agricultural processing, meat packing).

b. Regions must maintain an appropriate number of testing sites to accommodate its population and must fully advertise where and how people can get tested. The region must work with local public health and OHA to use the collected data to track and trace the spread of the virus. Testing must be accessible to low-income and underserved communities.

**Analysis:**

a. In the Oregon Health Authority report titled *Expansion of COVID-19 Testing in Oregon*, April 25, 2020, it concludes that Region 5, including Jackson and Josephine Counties, are currently averaging a weekly testing rate of 30.4 tests per 10,000 people and that the “region likely has sufficient capacity to manage its own testing.”

As of early April, Jackson County had the highest rate of testing per capita than any other county in Oregon and any other state in the US except New York, Washington, and Louisiana. We credit our healthcare system partners and outstanding Public Health division staff for quickly standing up testing, establishing a unified regional protocol,
coordinated communication to the public, and completing relentless day and night monitoring of testing results.

A total of 3,888 tests have been completed in Jackson County through April 25th with an overall test positivity rate of 1.3%. Assuming that few if any people were tested more than once, this equates to testing approximately 1.7% of the Jackson County population. Testing volume was steady for only 2 consecutive weeks (April 5 - 18) and in that time, test positivity decreased. Since increasing to over 100 tests per week, test positivity has never been higher than 2.2%.

There are three health care agencies conducting COVID-19 testing in Jackson County including Asante, Providence, and La Clinica. Their testing capacity is as follows:

**Asante**: Asante has three facilities in Region 5 including Asante Ashland Community Hospital in Ashland, Asante Rogue Regional Medical Center in Medford, and Asante Three Rivers Medical Center in Grants Pass. These facilities currently process all of their tests in-house using the BDMax platform. They are currently running between 50-60 tests per day with a 3-4-hour turnaround time.

Asante receives kits for around 800-850 tests every 8-10 days from BD and the supply appears to be stable at this time. Their two BDMax analyzers can handle up to 275 tests per day if needed. Asante also has the ability to run testing on two additional platforms: Cepheid and Qiagen, but have just received their first tests from Cepheid this week and have not yet received any from Qiagen. Asante plans to complete the validation for the Cepheid analyzer this week, but is uncertain of the stability of test kit availability for this platform. If Asante is able to get reagents from both Cepheid and Qiagen, their testing capacity would increase by an additional 375 tests per day.

**Providence**: Providence Medford’s tests are processed by the Providence regional lab, which handles tests for eight hospitals in Oregon, as well as more than 100 Providence clinics and immediate care facilities around the state. Since beginning COVID testing in mid-March, Providence has been running about 350 tests a week, on average, for the southern Oregon area. Turnaround time is 24-48 hours.

Right now, there is available capacity to increase the number of tests. However, the number of tests that Providence Medford could run per day if at maximum capacity is highly dependent on the overall demands for the regional lab. The overall maximum for the Providence regional lab is about 900 tests per day. As other areas of the state also ramp up testing, this could negatively impact the number of tests from Jackson County that could be reliably processed within a reasonable time. Another potential issue with assuring future levels of testing could be availability of test kit supplies, which are experiencing high demand nationwide.

**La Clinica**: La Clinica’s tests are processed by Lab Corp and currently have a 2-4-day turnaround time (more often 2 days). They have run 229 tests since beginning testing in mid-March, ranging from 1 – 18 per day. They receive a supply of 50 tests per week from Lab Corp.

Future testing capacity depends greatly on availability of test kits from Lab Corp. La Clinica has staff to scale up to 25-30 people a day with assessment at their respiratory
They have a reserve of 250 test kits and there has been some indication from Lab Corp that if they had a higher burn rate on their test kits that they could receive a more consistent supply. This, however, is highly dependent on overall national-level demand for Lab Corp supplies and services.

**Jackson County Overall:** Taking all testing facilities together, a conservative estimate is that we have enough reliable capacity to run a minimum of 1,000 tests with rapid turn-around per week for the foreseeable future. Given a very reasonable assumption that Providence could handle 100 tests per day from southern Oregon and Asante has a consistent 8-day time table on receipt of new test kits from BD, capacity could be over 1,400 tests per week from the hospital labs alone. Adding access to external commercial labs on top of this, it is not unreasonable to estimate that up to 2,000 tests per week could be possible. Given the coverage area of the two hospital systems, which are providing the greatest number of tests, this likely should be considered a Jackson-Josephine regional capacity.

The prerequisite requirement for Reopening Oregon requires a testing capacity of at least 30 tests per 10,000 population per week. For Jackson County, this equates to a needed testing capacity of 660 tests per week, well below our current minimum capacity estimate of 1,000 tests per week. When measured at the Region 5 level (Josephine and Jackson Counties), our needed testing capacity increases to 930 tests per week, well below our estimated capacity of 2,000 tests per week.

b. The three health care agencies providing testing within Jackson County each have their own outpatient testing site. Details on the testing sites are as follows:

**Asante:** Drive-through testing site located close to the south Medford I-5 exit which can easily handle 200+ patients a day if needed. Anyone in the community can be tested. Patients with a provider order can go directly to the drive-through facility. Persons without a provider or provider order can access testing by first calling the Asante nurse triage phone line and then receiving a tele-visit and testing order as needed. Asante maintains the capability to have this testing site open 7 days a week, but has recently decreased hours due to a decrease in local testing demand.

**Providence:** Provides patient evaluation and drive-through test specimen collection together at their Stewart Meadows location which is open to the public. Any Providence Medical Group provider can order testing and the patient can then go directly to the drive-through testing site. The triage site is open 8 am – 7 pm 7 days a week and drive-through testing is available 8 – 3:30 Monday – Friday.

**La Clinica:** Has a respiratory triage clinic at their Wellness Center. The clinic is open to all La Clinica patients and also prioritizes certain populations (migrant, Hispanic, uninsured, homeless, or those who do not have a primary care provider) and can enroll them at the clinic site.

In addition to these testing sites, Jackson County Public Health maintains capacity to do at-home testing sample collection as needed through a contract with Mercy Flights which serves as an option to provide testing for those who are not able to access the testing sites.
Within Region 5, Siskiyou Community Health Center also provides drive through testing at their site in Grants Pass (Josephine County). This testing site is open weekdays with an order from an outside primary care physician and those without a primary care provider can have a virtual visit through their walk-in clinic with testing as needed ordered during the virtual visit.

Jackson County Public Health tracks all positive and negative test results that come in, ensures that test results are entered into Orpheus, and calculates test positivity for the county on a weekly basis. Test positivity data is published on the Jackson County COVID-19 webpage and distributed to health care partners in a weekly COVID-19 surveillance report.

Jackson County has demonstrated that a minimum testing regimen is in place and exceeds the required prerequisite.

3. **Contact Tracing System** *(prerequisite met)*

**Prerequisite:**

a. *County must have a minimum of 15 contact tracers for every 100,000 people.*

b. *The contract tracing workforce must be reflective of the county and be able to conduct tracing activities in a culturally appropriate way and in multiple languages as appropriate for the population.*

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

**Analysis:**

a. In accordance with Oregon Health Authority requirements and guidelines\(^1\), Jackson County Public Health has been managing case investigation and contact tracing with existing staff since this event began. Staff have continued to perfect and streamline this process with a current capacity to manage 40 cases and expansion capacity up to 80 cases with current staff. Jackson County Public Health is looking to partner with Asante in order to increase Jackson County’s case investigation and contact tracing workforce should OHA be unable to support Jackson County Public Health as projected. At a standard of 15 contact tracers for every 100,000 people, Jackson County is required to have 33 contact tracers, and through the partnership with Asante, we exceed this prerequisite. Additionally, Jackson County Public Health is also working with a subcommittee of the local Medical Advisory Group to further expand contact tracing should a large surge in reported cases occur.

b. Jackson County utilizes Language Line services to communicate with cases and contacts in their preferred language. Jackson County also has bilingual/bicultural staff available to provide case investigation and contact tracing in a culturally appropriate way and in a preferred language which will maximize our effectiveness. According to 2019 US Census

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\(^{1}\) OHA Novel Coronavirus Disease 2019 Interim Investigative Guidance Version 04/01/2020
Bureau estimates, 13.2% of Jackson County’s population is Hispanic. Of our 33 required contact tracers, 6 of them, or 18%, are bilingual in Spanish and English.

c. Since the start of contact tracing for COVID-19 in Jackson County, Public Health officials have completed contact tracing for 100% of all reported cases within 24 hours. With an expanded staff, Jackson County expects to have no issues completing contact tracing for more than 95% of all new cases within 24 hours, even with a sizable surge event.

Jackson County has demonstrated a contact tracing system has been established and will continue to meet the required prerequisite.

4. **Isolation Facilities** *(prerequisite met)*

**Prerequisite:**

a. *Counties must have hotel rooms available for people who test positive for COVID-19 and who cannot self-isolate.*

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

**Analysis:**

a. **Isolation Facility for Homeless:** Early in the response to this event, Jackson County secured two hotels, including signed agreements for their use, for the housing of suspected and confirmed COVID-19 cases involving homeless individuals. This plan, which has been implemented on a few occasions, includes housing, feeding, medical oversight, and other support. These housing facilities are located in the downtown core of Medford where they are near medical support and other support services if needed. Food services will be provided by Jackson County for those individuals who cannot provide their own. Rooms will be cleaned and sanitized by a janitorial company per CDC recommendations in between uses. Jackson County will provide payment for services at no cost to clients in an effort to encourage use of the program and eliminate a barrier due to lack of ability to pay.

**Isolation Facility for Non-Homeless:** Jackson County has a signed contract securing up to 50 rooms in a major downtown Medford hotel to serve as a Supported Self Care Recovery Site. This facility will serve the needs of county residents that have no means to safely isolate in their residence. These rooms have outdoor entrances, individual HVAC systems, and other criteria that are desirable for facilities of this intended use. Food services will be provided by Jackson County for those individuals who cannot provide their own. Rooms will be cleaned and sanitized by a janitorial company per CDC recommendations in between uses. Jackson County will provide payment for services at no cost to clients in an effort to encourage use of the program and eliminate a barrier due to lack of ability to pay. This facility will be used to house those that have been tested and are awaiting results, or have been tested and deemed positive for COVID-19 and are either asymptomatic or have mild symptoms where the patient can provide
their own care and not require medical attention above and beyond routine telehealth services. This facility will be also be available for healthcare workers performing services in an environment with high risk in respect to COVID-19 and first responders who may have been exposed to COVID-19 while performing emergency response duties.

b. Following three examples demonstrate how the county will respond to an outbreak in a congregate facility.

**Long Term Care Facility:** Jackson County Public Health has been pro-active and has partnered with staff and management within the retirement and long-term care facilities in Jackson County since January 2020. These partnerships allow staff to plan for, prevent and quickly respond should COVID-19 be suspected in these communities and/or facilities. Jackson County Public Health’s Environmental Health Specialists have completed outreach to all of the long-term care facilities (LTCF) in the county. The outreach activities allowed JCPH to assess the LTCF’s readiness for COVID-19 in their facility, develop relationships before an event occurs and reinforce reporting requirements and contact information. In the event that an outbreak occurs at a LTCF a Jackson County Public Health COVID-19 Strike Team would be assigned to the facility. Additional PH staff, like Environmental Health Specialists, would also be assigned to assist with the response. Team members would immediately deploy PPE and testing kits to the facility. Strike Team members would be available to assist and support staff with contact tracing and mitigation strategies until the outbreak was declared over.

**Migrant Farmworker:** Jackson County has a large population of migrant workers that live in congregate facilities and provide services to local agriculture. These facilities often have close living quarters with strong community focus. Should a member of this population be identified as having been exposed or is currently ill with COVID-19, a multidisciplinary team would assist with handling this situation. La Clinica, a Federally Qualified Health Clinic (FQHC), in conjunction with Jackson County Public Health Communicable Disease Team would address all aspects of case investigation, testing, contact tracing, and supportive care needed until the person has recovered. La Clinica and PH will have bilingual and bicultural communications provided with the goal of limiting the spread of COVID-19. A JC Strike team would follow the Novel Coronavirus Disease Interim Investigation Guidelines. La Clinica has a mobile health unit that could go on site to assist with this process.

Quarantine and isolation are a key element in the statewide and nation reopening framework, and as such, Jackson County is able to activate hotel room stays for Supported Self Care Recovery Sites. This is a safe hotel where basic needs are met (shelter and food) by the county at no cost to the person needing services, provided the person will follow self-monitoring and “stay at home” responsibilities. Written and verbal directions would be completed by Public Health officials and La Clinica staff assistance.

**Bear Creek Greenway Homeless Camp:** The Jackson County Emergency Operations Center has coordinated a multifaceted system of food delivery, healthcare, mental health support, and sanitation needs for unsheltered homeless community members camping on the Bear Creek Greenway. This program includes regular check-ins with the
homeless population with staff from Mercy Flights, a local ambulance and emergency transport provider. The purpose of these health check-ins is to provide early identification of potential COVID-19 cases. Should a member of this population be identified as having been exposed or is currently ill with COVID-19, a multidisciplinary team would be deployed to assist with handling this situation. La Clinica, a Federally Qualified Health Clinic (FQHC), in conjunction with Jackson County Public Health Communicable Disease Team would address all aspects of case investigation, testing, contact tracing, and supportive care needed until the person has recovered. A Jackson County Strike team would follow the Novel Coronavirus Disease Interim Investigation Guidelines. La Clinica has a mobile health unit that could go on site to assist with this process if needed.

Quarantine and isolation is a key element in slowing the spread of COVID-19. All individuals found through testing and contact tracing and are awaiting results, or have been tested and deemed positive for COVID-19 and are either asymptomatic or have mild symptoms where the patient can provide their own care and not require medical attention above and beyond routine telehealth services will be housed in a Supported Self Care Recovery Site (hotel). This is a safe facility where basic needs are met (shelter and food) by the county at no cost to the person needing services provided the person will follow self-monitoring and “stay at home” responsibilities.

Jackson County has Isolation Facilities secured, has processes in place on how they will be used and has detailed plans in place to utilize these facilities in the event of an outbreak in positive cases.

5. **Finalized Statewide Sector Guidelines** *(prerequisite met)*

**Prerequisite:**

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

**Analysis:**

a. Commitments have been received from Jackson County cities noting that they have, and will continue to, provide factual COVID-19 related information, including all Sector Guidelines, via our respective Chambers of Commerce or to our local business community directly. Our local Chambers of Commerce have noted that they will include training and guidance offered through video conferencing, emails, websites and personal phone calls. In addition, Jackson County will aggressively share the Sector Guidelines via our large public outreach and education campaigns which includes a broad social media platform, radio, internet billboards, public service announcements and press releases.

Jackson County has been aggressively conducting a public outreach and education campaign as part of a multi-faceted approach to slow the spread of COVID-19. This effort will continue and a major component will be to ensure the sector guidelines reach...
a broad audience including both the providers and patrons. The following includes the primary tools being utilized for this program:

1. Jackson County Public Health maintains an active and well-visited website with case count and other content which is updated daily. This website includes a Daily Situational Update page with demographic (age and gender) information regarding Jackson County cases and has had nearly thirty thousand views to date. The website will call out sector guidelines and will include links to the guidelines for each sector.

2. We have been conducting an aggressive public awareness campaign with guidance on a wide range of topics including the individual use of masks, gloves, physical/social distancing, disease prevention, testing, how to access care from local providers, and coping with stress and anxiety. These campaigns will continue until further notice and will be expanded to include the guidelines for each sector.

3. Lastly, compelling social media, internet billboards, and Spanish language campaigns have been implemented. Using a multiple media platform approach, including considerable paid advertisement to reach a wide range of age demographics, we have reached nearly 200,000 individuals, generating an average of 76,500 impressions per day, and driven close to 2,000 daily clicks on county and state resource pages.

Jackson County is committed to ensuring that each sector is aware and is following required prerequisite sector guidelines.

6. **Sufficient Health Care Capacity** *(prerequisite met)*

   **Prerequisite:**

   a. *To maintain the phased re-opening plan, each region must be able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations compared to the number of suspected or confirmed COVID-19 hospitalizations in the region at the time Executive Order No. 20-22 was issued.*

   **Analysis:**

   a. The hospitals in Region 5 report capacity data twice daily into the state’s HOSCAP data system. The Jackson County Public Health COVID-19 response team monitors this Region 5 HOSCAP data daily and from the peak of this event in late March to today, our system’s capacity has been, and continues, to be stable. According to HOSCAP data as monitored by the JCPH team, there were 13 confirmed or suspected COVID-19 hospitalizations in Jackson County on the morning of 4/27/20 and 19 on the morning of 4/28/20. Since 4/27/20, Region 5 has maintained a minimum of 15 available adult ICU beds and 79 available adult med/surg beds, more than enough to accommodate even a 100% increase in our highest-recorded number of COVID hospitalizations (38 on 4/2/20).
A major focus of the local Medical Advisory Group (MAG), consisting of the medical directors and officers of our region’s healthcare organizations, has been the development of a solid regional surge capacity plan. The major providers in the region including Providence Medford Medical Center and Asante’s three facilities have provided statements affirming that this prerequisite is will continue to be met.

Providence Medford Medical Center representative Patrick A. Rochon, MBA, CEAS, Injury Prevention Coordinator & Emergency Preparedness Coordinator noted, “I can confirm that we were and are able to meet this standard.”

Asante’s representative Aaron Ott, BS, CHOP, EMTP, Asante Emergency Preparedness, who represents Asante Ashland Community Hospital in Ashland, Asante Rogue Regional Medical Center in Medford, and Asante Three Rivers Medical Center in Grants Pass stated, “Yes there has not been a day that we could not have meet that requirement sense the Governor’s order to stop elective surgeries.”

Jackson County has worked closely with our health care providers and has demonstrated that sufficient capacity exists to deal with a 20% increase in suspected or confirmed cases.

7. **Sufficient PPE Supply** *(prerequisite met)*

   **Prerequisite:**

   a. *All hospitals in the health region must report PPE supply daily to OHA’s Hospital Capacity system.*

   b. *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.*

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

   **Analysis:**

   a. This prerequisite will be certified by OHA, but the hospitals have both reported to the county that this prerequisite is being met.

   b. Attached are written statements from Asante and Providence Medford Medical Center attesting that they have a 30-day supply of PPE.

   c. Local, state and national PPE supplies have been an issue since this pandemic began and supplies in Jackson County were no different with PPE reaching critically low levels in mid-March. However, supply chains through Oregon Emergency Management have improved dramatically. As of 5/07/20, the first responders have noted they have sufficient PPE currently on hand to deal with existing caseloads and potential surge levels. See the attached statement from Robert Horton, Jackson County Fire Defense Board Chief who represents the first responders in Jackson County.

   In addition, Jackson County’s central PPE inventory is monitored and distributed by the Emergency Operations Center who has been providing PPE to first responders, health
care providers, SNF’s, Long-term care facilities, primary care facilities and clinics, and many others. While PPE burn rates have been, and will continue to be dynamic, current stockpiles in the EOC are strong and include over 11,000 N95 masks, 82,000 surgical / procedure masks, and 41,000 gloves. The county is well positioned to deal with an expanded PPE surge if that need occurs.

Jackson County is meeting the prerequisite requirement for sufficient PPE and attests that first responders have adequate PPE supplies now and in the future.

General Guidance for the Public

Jackson County’s implementation of a Phase 1 Reopening Plan will include the following General Guidance for the Public:

- Stay home if you are sick.
- If you become symptomatic (cough, fever, shortness of breath) while in public, self-isolate immediately and return home and contact your health care provider if you need medical attention.
- Individuals at risk for severe complications (over age 60 or have underlying medical conditions) should stay home to avoid exposure to COVID-19.
- Practice good hand hygiene with frequent handwashing for at least 20 seconds or use hand sanitizer (60-95% alcohol content).
- Cover coughs/sneezes with elbow or tissue.
- Avoid touching your face.
- Practice physical distancing of at least six (6) feet between you and others not in your household.
- Use cloth face coverings in public, as appropriate. Recommend that everyone have a cloth or paper face covering available to use in public settings.
- Stay close to home, avoid overnight trips and other non-essential travel. Travel the minimum distance needed to obtain essential services; avoid traveling further than 50 miles from home. In rural areas, residents may have to travel greater distances for essential services, while in urban areas, residents may only need to travel a few miles for those services.

Conclusion and Request

Jackson County is currently meeting, and we believe will continue to meet, the seven prerequisites found in the Prerequisites for a Phased Reopening of Oregon and feel this status and plan has demonstrated that. Jackson County is ready to safely reopen at a Phase 1 level. Therefore, the Jackson County Board of Commissioners respectfully request Governor Brown grant an exception to Executive Order 20-12 or take whatever other action is necessary and allow Jackson County’s, businesses, non-profits, other governmental entities, and most importantly, its individual citizens and residents to reopen under Phase 1 guidelines.
May 7, 2020

Colleen Roberts
Chair – Jackson County Board of Commissioners
10 S. Oakdale Ave.
Medford, OR 97501

Dear Chair Roberts:

In accordance with Governor Brown’s framework for reopening the State of Oregon related to COVID-19, Asante Health System provides this update related to our system bed surge capacity, personal protective equipment (“PPE”) supply chain reliability and commitment to daily PPE reporting to the Oregon Health Authority. Asante Health System (collectively referred to as “Asante”) consists of the following hospitals:

- Asante Ashland Community Hospital (Ashland, OR, Jackson County)
- Asante Rogue Regional Medical Center (Medford, OR, Jackson County)
- Asante Three Rivers Medical Center (Grants Pass, OR, Josephine County)

Bed Surge Capacity

Asante activated our Incident Command structure on March 4, 2020. This structure enables Asante to plan and respond to an anticipated surge of COVID-19 patients in an efficient manner. Asante has adequate bed capacity to accommodate an increase in volume if we experience a future surge of COVID-19 patients.

PPE Supply Chain Reliability

Asante ensures we have a reliable PPE supply chain to guarantee access to PPE and can accommodate any future surge of COVID-19 patients. Asante will continue to maintain a reliable supply chain for PPE. See attached Attestation to Oregon Health Authority submitted by Asante on May 3, 2020.

PPE Reporting to Oregon Health Authority

Asante reports PPE to the Oregon Health Authority through the HOSCAP system. We have agreed to continue this reporting of PPE to the Oregon Health Authority.

Consistent with our current approach, Asante will continue to communicate with our community and the state on our preparedness and stands ready to serve the needs of our patients and community.

Best Regards,

Scott A. Kelly
President and Chief Executive Officer
Asante

CC: Mark Orndoff (OrndofMJ@jacksoncounty.org)
May 6, 2020

Colleen Roberts  
Chair-Jackson County Board of Commissioners  
10 S. Oakdale Ave  
Medford, OR 97501

Dear Chair Roberts:

In accordance with Governor Brown’s framework for reopening, Providence Medford 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 Medford Medical Center activated our Incident Command structure on March 2, 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 Medford 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 Medford 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 Medford Medical Center will continue to maintain a reliable supply chain for PPE.

**PPE Reporting to Oregon Health Authority**
Providence Medford 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 Medford 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
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.
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

Signature

04-30-2020
Date
May 7, 2020

John Vial, Director
Emergency Operations Coordinator
10 South Oakdale, Room 214
Medford, OR 97501

Director Vial,

I have surveyed the fire and EMS agencies responsible for first response to the community of Jackson County on their ability to maintain sustainable PPE through the summer months, to include accounting for a potential surge in COVID-19 cases.

As of May 7, 2020 the Jackson County first response agencies to include all fire districts, fire departments, and ambulance service area contracted ambulance companies have adequate PPE to meet the above stated objective.

Sincerely,

Robert B. Horton
Fire Chief, Jackson County Fire District 3
Jackson County Fire Defense Board Chief, OSFM
May 7, 2020

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

Governor Brown,
Thank you for considering the re-opening of Jackson County. On behalf of the Mayors who are represented by their logos above, I want to express our support of moving Jackson County into Re-Opening Phase 1.

The Cities of Ashland, Central Point, Jacksonville, Medford, Phoenix, Rogue River and Shady Cove have and continue to provide factual COVID-19 related information via our respective Chambers of Commerce or with our local business community directly. With the advent of the State’s sector guidelines, we are committed to continuing this effort and will vigorously communicate the importance of adherence to the guidelines to our businesses so that we may successfully move into Re-opening Phase 1 and beyond.

Sincerely,

Gary H. Wheeler
Mayor, City of Medford
Jackson County COVID-19 Reopening Prerequisite Status and Plan
Jackson County Board of Commissioners
May 13, 2020

Supplemental Request and Response

Request

On Wednesday, May 13, 2020, Jackson County received the following request:

“The Oregon Health Authority has reviewed your application and has determined that additional information is necessary in order to complete their evaluation, specifically:

- Please provide a narrative paragraph about how you would work with and integrate community organizations and community health workers to contact trace and protect the health of Jackson County’s Latinx and other diverse populations?”

Response

According to the 2019 US Census ACS Demographic and Housing Estimates for Jackson County, 13.2% of our population identifies as Hispanic or Latino and of this total, 8.9% of Jackson County Households are classified as Limited English-Speaking with Spanish being their preferred language. This is far and away Jackson County’s largest cohort of Limited English-Speaking households with all other Limited English-Speaking languages combined comprising less than 2.5% of our population.

Contact Tracing – Jackson County Public Health has direct line staff that are bilingual and/or bicultural for Case and Contact Investigations to our Latinx populations. We have 8 Community Health RN’s, 3 Community Health Workers (COE, HA II and HA III) some of whom are bilingual and/or bicultural and will be able to complete Case Investigation and Contract Tracing in a culturally appropriate manner. In addition, we have 2 Office Assistants who are bilingual and/or bicultural who can assist when directed by the CD Manager. Additional Jackson County Health and Human Services bilingual/bicultural staff may be assigned to assist with the response if necessary. Lastly, Jackson County’s Deputy Health Officer is also a bilingual physician at La Clinica, a local FQHC which focuses on the Latinx population, and is part of the team that is planning for COVID-19 response within the Latinx population within our community.
All of these contact tracing staff have been trained in Cultural and Linguistic awareness and have an ongoing commitment to understand individuals and families within their cultural context and providing appropriate support. All telephonic, email and home and personal visitations will recognize, acknowledge and respond with sensitivity to the unique culture of each family and individual.

**Overall Response** – Jackson County Public Health has convened a workgroup that consists of bicultural and bilingual partners in Jackson County. These partners provide direct health services, advocacy, and community outreach and education to the Latinx Community in Jackson County. The partners at this time consist of the local equity coalition, CCOs, education, FQHCs, and farmworker and immigrant advocacy groups (So HealthE, Unete, Kids Unlimited, Migrant Education, La Clinica, Jackson Care Connect, and AllCare). This workgroup is meeting every two weeks.

This group is working to develop educational material on COVID-19 that includes information about the virus, how to prevent the spread of the virus, who is at risk of developing complications, where to get accurate information, and where to get tested. This group is also working to develop the best ways to get the message to these communities using social media and traditional methods of education using trusted partners.

Jackson County Public Health has developed education posters in Spanish and has implemented media campaigns using Facebook, Spanish Radio, and a local Latino magazine. Jackson County Public Health partnered with SO HealthE to develop the ads for the local Latino magazine, Facebook post for the magazine’s Facebook page, and a landing page that is in Spanish.

This workgroup and Jackson County Public Health will continue to develop educational materials for the Latinx media campaign, and develop resources and strategies to provide further education to the Latinx community.

**Migrant Work Housing Facilities** – A specialized issue that Jackson County is preparing for is the influx of Latinx seasonal workers for agricultural operations. Planning and preparation for this is well underway with a response team which will provide information and educational materials to help prevent the spread of COVID-19 as well as a plan to deal with an outbreak. This team is comprised of:

- HHS PH Deputy Health Officer (also a bilingual physician at La Clinica)
- HHS PH Nursing Supervisor – Jackson County Incident Team Operations Section Chief
- Jackson County EOC Operations Section Chief
- La Clinica - Jackson County FQHC
- Unete – Jackson County community partner
- 2 Community Employers utilizing high volumes of seasonal workers
- Our 2 CCO are being updated on plans for supportive care options for the Latinx population and we will determine if their Community Health Workers might be a back support should PH resources need assistance.

Our original submission includes our plan to deal with a potential outbreak of COVID-19 in this population and a portion of that is repeated here. Should a member of this population be identified as having been exposed or is currently ill with COVID-19, a multidisciplinary team would assist with handling this situation.  La Clinica, a Federally Qualified Health Center
(FQHC), in conjunction with Jackson County Public Health Communicable Disease Team would address all aspects of case investigation, testing, contact tracing, and supportive care needed until the person has recovered. La Clinica and PH will have bilingual and bicultural communications provided with the goal of limiting the spread of COVID-19. A Jackson County Strike team would follow the Novel Coronavirus Disease Interim Investigation Guidelines. La Clinica has a mobile health unit that could go on site to assist with this process.

Quarantine and isolation are a key element in the statewide and nation reopening framework, and as such, Jackson County is able to activate hotel room stays for Supported Self Care Recovery Sites. This is a safe hotel where basic needs are met (shelter and food) by the county at no cost to the person needing services, provided the person will follow self-monitoring and “stay at home” responsibilities. Written and verbal directions would be completed by Public Health officials and La Clinica staff assistance.

**Limited-English and non-Spanish Speakers** – For the small population of Limited English-Speaking language households where Spanish is not their preferred language, Jackson County will utilize our Language Line services as well as contract with interpreters when and if needed.

**Conclusion**

Jackson County is fully prepared and committed to serving our Latinx and other diverse populations in a manner that protects their health and does so with sensitivity to the unique cultural context of these populations.