

# Jefferson County COVID-19 Reopen Framework

Prepared based on Governor Kate Brown's  
*"7 Prerequisites for Phased Reopening of  
Oregon"* (05/07/2020)



**Jefferson County**



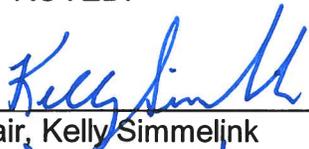
**Public Health**  
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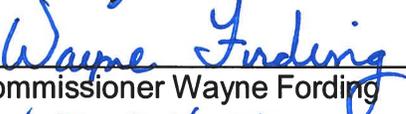
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# Purpose

The purpose of this document is to provide guidance for individuals and agencies involved in the local process of Reopening Oregon using Governor Kate Brown's "7 Prerequisites for Phased Reopening of Oregon" (05/07/2020)

APPROVED:

  
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Chair, Kelly Simmelink

  
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Commissioner Wayne Fording

  
\_\_\_\_\_  
Commissioner Mae Huston

DATE: May 8, 2020

## Prerequisites Checklist

Each of these seven prerequisites must be met before a county or region can enter phase one of Reopening Oregon. While many of these prerequisites are set at the county level, some are set at the Health Region or Statewide level.

	County	Health Region	State
<b>1. Declining prevalence of COVID-19</b>	<i>Not required if &lt;5 cases</i>		
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.	NA	NA	<b>REQUIRED</b> Data to be provided on OHA web site.
b. A 14-day decline in COVID-19 hospital admissions.	<b>REQUIRED if &gt;5 cases</b>	NA	Data to be provided on OHA web site.
<b>2. Minimum Testing Regimen</b>			
Regions able to administer testing at a rate of 30 per 10k per week	NA	<b>REQUIRED</b>	OHA will evaluate and approve at the region level
Sufficient testing sites accessible to underserved communities	NA	<b>REQUIRED</b>	OHA will evaluate and approve at the region level
<b>3. Contact Tracing System</b>			
County has 15 contact tracers per 100k people	<b>REQUIRED</b>		OHA will evaluate and approve at the county or region level
County contact tracing workforce is reflective of the county and able to work in needed languages	<b>REQUIRED</b>		OHA will evaluate and approve at the county or region level
County is prepared to trace 95% of all new cases within 24 hours	<b>REQUIRED</b>		OHA will evaluate and approve at the county or region level
<b>4. Isolation Facilities</b>			
Counties have hotel rooms available for those who cannot self-isolate	<b>REQUIRED</b>		OHA will support, evaluate and approve at the county or region level
Counties provide a narrative of how they will respond to three different outbreak situations in the county ( <i>e.g. nursing home, jail, food processing facility, farmworker housing, other group living situation</i> )	<b>REQUIRED</b>		OHA will evaluate and approve. OHA can provide a list.
<b>5. Finalized Statewide Sector Guidelines</b>	NA	NA	<b>REQUIRED</b> OHA will finalize
<b>6. Sufficient Health Care Capacity</b>			
Region must be able to accommodate a 20% increase in hospitalizations	NA	<b>REQUIRED</b>	
<b>7. Sufficient PPE Supply</b>			
Hospitals in region are reporting PPE supply daily through HOSCAP		<b>REQUIRED</b>	OHA will certify
Hospitals in region must have a 14 or 30 day supply of PPE depending on their size and whether they are a rural hospital.	NA	<b>REQUIRED</b> Hospital leadership must attest in writing.	OHA will confirm receipt of hospital attestation.
Counties must have sufficient PPE for first responders.	<b>REQUIRED</b>		OHA will confirm receipt of county attestation.

## **SECTION I: OVERVIEW**

Jefferson County is a rural county located in Central Oregon with a total area of 1,791 square miles of land with over 10 square miles of water. The county is bordered by Wasco to the north, with Crook and Deschutes Counties to the south, Wheeler County to the East, and Linn and Marion Counties to the west. The population of Jefferson County is currently estimated at 24, 648 (US Census, 2019) with the largest city within the county serving as the county seat, Madras, Oregon. The estimated Madras population is 6,944 (US Census, 2018). Additional communities include Ashwood (80), Camp Sherman (250), Crooked River Ranch (5,000), Culver (1,580), Metolius (790). Jefferson County is also home to the majority of tribal members of the Confederated Tribes of Warm Springs, with an estimated population of 2,945 (US Census, 2010).

To date, Jefferson County has 14 cases of COVID 19. None of the cases identified have required hospitalization. Considering the overall health status, overall health rankings, and many underlying health conditions this has provided some relief to the community as our numbers have increased. Additionally, while not directly experiencing some of the terrible loss and suffering being observed and felt elsewhere around the state and country, this has been able to stress the necessity to continuing to comply with sound and practical efforts to control exposure and reduce the likelihood of serious impacts locally. Physical distancing and stay-at-home interventions are helping to flatten the curve of COVID-19's spread. It is vital that trend continue, for infections to drop to controllable levels 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 Jefferson County to safely and effectively open up Jefferson County to allow the local economy, business, and residents to work – in a way that minimizes the risk of resurgence in cases, hospitalizations, and deaths. Jefferson County recognizes the economic burden and the sacrifice 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, which support and enhance the "A Public Health Framework for Restarting Public Life and Business" as a framework to responsibly reopen business in Oregon, in a phased approach with criteria and guidelines, amid the COVID-19 pandemic. As with much of the work ongoing in Central Oregon, there is expected to be a strong tri-county approach with consist messaging and guidelines utilized to ensure a strong regional approach while maintaining a local focus. This ensures no county is negatively impacted by the decisions of another.

Within that framework, Jefferson County, Oregon hereby submits its plan for a Phase 1 reopening of Jefferson County. This plan has been designed in collaboration with Jefferson County Board of County Commissioners, Jefferson County Public Health, St.

Charles Healthcare System, Jefferson County Emergency Management, Law Enforcement, First Responders, City of Madras and local municipalities, regional partners, county departments, and local 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. This update indicated slow spread from initial in-county reports on April 21, 2020 with peak cases on April 28, 2020 and downward trajectory positives 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 association with influenza-like illness or COVID-like symptoms over the past 14 days.

REGION 7 counties have the following number of cases as of May 2, 2020:

<b>County</b>	<b>Population (US Census 2019)</b>	<b>Cases</b>
Crook	24,404	1
Deschutes	197,692	78
Jefferson	24,648	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 naive to think there will be no additional cases identified even while remaining under the Governor’s Executive Order. However, this does not indicate that simply ending them is the most appropriate response. 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 Jefferson County to meet the criteria to reopen, the capacities and ability have been outlined in this plan. It is also important to consider many of these capabilities do not fall specially to Jefferson County or county departments and are therefore the responsibility of other agencies and organizations, which are partnering with Jefferson County for the propose of this plan. Additionally, and to the extent possible, the county will support these organizations to increase capacity for testing capacity or surge capacity. Currently, Jefferson County Public Health 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 reopening and appropriate levels of restrictions if data appears to show a spike in positive testing results.

Jefferson County Board of County Commissioners, Jefferson County Public Health and Jefferson County Emergency Management/EOC will continuously monitor the situation and identify metrics as part of an information-based, phased approach to reopening. These metrics will include number of new cases, 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).

Decision on a HOLD will be placed on moving forward with any other business reopening and allow time for contact tracing to occur. Based on the data provided through contact tracing and testing, Jefferson County Board of County Commissioners, Jefferson County Public Health, Jefferson County Emergency Management, and the Jefferson County Emergency Operations Center will determine the need to continue to hold or take steps backward, until the county reaches a steady state.

## JEFFERSON COUNTY PREREQUISITES FOR OPENING

1. DECLINING PREVALENCE OF COVID-19	
Jefferson County OHA count of 14 COVID-19 case as of May 5, 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.	<b>YES</b> – Emergency Department data shows Jefferson County’s rate of decline in reported CLI cases has declined in the last 14 days. In the last 30 days, overall number of ED visits have decreased by 50%. The maximum number of patients reporting CLI/ILI during a single day was 3.
b. A 14-day decline in COVID-19 hospital admissions.	<b>YES</b> – Yes. Jefferson County’s rate of COVID-like syndromic cases (symptom reporting) has declined at least 50% in the last 14 days as reported in Emergency Department data.

## 2. MINIMUM TESTING REGIMEN

Reference: “COVID-19 Strategic Testing Plan for Oregon”  
 “Oregon COVID-19 Testing and Contact Tracing Strategy”

CRITERIA	REQUIRED/DEMONSTRATED
<p>a.                      Region able to administer testing at a rate of 30 per 10,000 population per week.  <b>-Screening and testing for symptomatic individuals</b>  <b>-Test syndromic/influenza-like illness indicated persons</b></p>	<p><b>YES</b> – While Jefferson County Public Health does not directly provide testing, testing is accomplished through the hospital system and multiple local clinics. With recent increases in availability and testing, Jefferson County has currently exceeds the weekly requirements of 30 per 10,000 residents. During the week of 4/26/20-5/3/20, local provers completed 148 COVID-19 tests. This results in a 60 per 10,000 testing rate; double the testing minimum of the required reopening plan.</p> <p>Jefferson County Public Health currently has 20 test kits for COVID-19 in stock to support local partners and vulnerable populations. Additionally, testing options and capacity are expanding due to more primary and urgent care providers in the region receiving supplies to provide drive-through testing options to community members. Testing criteria has also eased up with OHA 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 in talks with Walmart in Redmond who will provide a mobile pop-up clinic providing 40-150 tests per day. Walmart is also willing to provide pop-up clinics locally 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>To support partners and contact tracing, Jefferson County Public Health Department has requested 2,500 test kits (enough for 10% of the overall population) through Emergency Management’s</p>

	<p>OpsCenter (4/29/20) and 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). Additionally, Mosaic Medical also has a mobile clinic van to provide services to at-risk populations within Jefferson County. Jefferson County Public Health will provide outreach through our bilingual staff in coordination with Mosaic Medical.</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 Jefferson County Public Health’s Emergency Preparedness and Response Coordinator who is working with the regional homeless leadership council and NeighborImpact.</p> <p>Jefferson County Adult Correctional Facility has limited testing supplies on hand but has requested additional testing supplies through current supplier and in coordination with their medical director.</p> <p>The tri-county area recently created an advertising document through the Joint Information Center to promote testing in Crook, Jefferson, and Deschutes Counties. This will be updated and promoted through the Jefferson County Public Health website and Facebook page along with regional partners.</p> <p>Jefferson County Public Health will continue to monitor data with OHA and the tri-county Epidemiologist (Public Health Modernization). Currently, there is a daily update provided to the three counties tracking data and monitoring cases.</p>
<p>c. Robust Testing for First Responders and Healthcare Workers</p>	<p><b>YES</b> - St. Charles Healthcare System has a testing program in place on the Madras campus and a drive-through testing location in Bend. Standard testing (shipped to laboratory at the University of Washington) is available as well as rapid testing for qualifying patients (results available within an hour). First Responders and Healthcare Workers have priority testing available</p>

	through SCHS. In addition, testing is available at Mosaic Medical. Central Oregon has not opted for emergency antibody testing due to the problematic rate of testing and availability of FDA approved tests.
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**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
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a.  
 Counties must have a minimum of 15 contact tracers for every 100,000 people. Must 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 finding and informing the people that an infected person has been in contact with so they can be tested or followed for additional cases.

**YES** – Jefferson County Public Health will take the lead on **Case Investigations** and Contact Tracing pursuant to guidelines provided by OHA. See Novel Coronavirus Disease 2019 Investigative Guidelines. At a rate of 15 staff per 100,00 population, this would require 3.75 staff to meet the minimum requirements. To date, all staff have received training to support a full response. However, the current COVID-19 Contact Team is composed of one Communicable Disease Nurse, two clinic nurses, one regional nurse covering Long-Term Care Facilities, and one Bilingual Community Health Worker. Three staff have 24/7 access to Orpheus (Orpheus is an integrated electronic disease surveillance system intended for local and state public health epidemiologists and disease investigators to efficiently manage communicable disease reports) with an additional two security FOBs requested for additional access. The Clinical Nursing staff will monitor Orpheus for 95% of all new cases traced, documented, and report this out daily. The Bilingual Community Health Worker will assist as needed with investigations and the department has a contract with Language Line that cell phones could be used in the field if needed. Should additional support be needed staff will contact Oregon Health Authority’s Acute and Communicable Disease Program.

Jefferson County Public Health staff also works closely with Indian Health Services (IHS) and the Confederated Tribes of Warm Springs Health and Wellness. Currently, each agency works across departments to both conduct initial investigations as well as contact tracings. Confederated Tribes

	of Warm Springs has 4 Public Health Nurses and additional support staff available to assist exclusively on COVID-19 related cases.
<b>4. ISOLATION FACILITIES</b>	
<b>CRITERIA</b>	<b>REQUIRED/DEMONSTRATED</b>
<p>a. Counties must have hotel rooms or other shelter locations available for people who cannot self-quarantine if required, or who test positive for COVID-19 and 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><b>YES</b> – Should an individual or family that is experiencing homelessness contract COVID-19 or be identified as a contact of a known COVID-19 case, Jefferson County will use the Jefferson County Public Health liaison to the Homeless Leadership Council and NeighborImpact to identify housing through a voucher system for local hotels. Jefferson County Public Health staff 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 as identified in the CLARA system through the partnership with Oregon Health and Science University.</p> <p>Jefferson County Public Health will work with OHA to monitor individuals on isolation and quarantine. Unless there is a need for medical services, it is recommended those who 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 health and safety of workers in critical industries, high risk facilities, mass transit, and other sectors.</p>
<p>b. Narratives describing three different outbreak situations in the county.</p>	<p><b>Long Term Care Facility:</b> Jefferson County Public Health collaborates closely with the Long-Term Care Facilities, their Executive Directors, and the Director of Nursing in an outbreak situation. As part of the Central Oregon Public Health Partnership, Jefferson County works closely with Crook and Deschutes County on identifying and controlling outbreaks in LTCFs. Additionally, Jefferson County Public Health will also work with OHA for an outbreak number and additional resources as needed. To date, Jefferson County Public Health has provided local LTCFs personal protective equipment (PPEs) and will provide testing supplies as needed to assist with testing at OSPHL for</p>

	<p>symptomatic residents and staff of the LTCF. Jefferson County Public Health 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><b>Jefferson County Adult Correctional Facility:</b> Jefferson County Sheriff’s Office has adopted internal guidance on limiting and addressing the potential spread of COVID-19 within the facility. Additionally, Jefferson 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><b>Homeless Shelter:</b> While there is no physical structure identified as a Homeless Shelter located within Jefferson County, Public Health will be partnering with the Jefferson County Faith-Based Network to ensure this vulnerable population is considered in the decision-making process. Utilizing the tool outlined in the US Department of Housing and Urban Development, Jefferson County Public Health and partners would work to ensure available resources and services can be accessed and utilized.</p>
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**5. FINALIZED STATEWIDE SECTOR GUIDELINES**

<b>CRITERIA</b>	<b>REQUIRED/DEMONSTRATED</b>
<p>a. Each sector must adhere to Oregon Health Authority statewide guidelines to protect employees and consumers, make the physical work place safer and implement processes that lower risk of infection in the business.</p>	<p><b>YES</b> - During all phases, Jefferson County Public Health and Jefferson County Emergency Management will provide <b>messaging</b> to continue to remind community members to practice the <b>principles of good hygiene to limit the spread of the virus:</b></p> <ul style="list-style-type: none"> <li>• wash hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces</li> <li>• avoid touching your face</li> <li>• sneeze or cough into a tissue, or the inside of your elbow</li> </ul>

- 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 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.
- Continual education of Employers and Individuals throughout this process will be done to ensure we continue to reduce the spread of COVID-19.

In addition:

- Jefferson County Public Health staff continue to ensure individual programs and services have a COVID-19/prevention message tied to that program.
- Jefferson County Public Health has created and shared educational videos and educational materials which continue to be developed for specific or targeted audiences.
- Jefferson County Public Health meets with 509J leadership and City of Madras leadership every week to ensure accurate information and monitor impacts.
- Weekly surveillance is maintained by the Regional Epidemiologist based in Deschutes County providing data to Crook, Jefferson, and Deschutes County.

**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 reopening 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><b>YES</b> – St. Charles Health System (SCHS) has a Madras Campus as well as campuses in Redmond, Prineville, La Pine, and the main campus in Bend, Oregon. St. Charles has plans in place for crisis care for the region and has not had to implement crisis care to date.</p> <p><b>YES</b> – St. Charles Health System 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 Jefferson and 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 HOSCAP (Oregon's hospital capacity web system that allows health care and emergency preparedness partners to share real time status data). St. Charles 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.)</p> <p># critical care beds: 30 existing (189 T3 surge capacity.)</p> <p># ventilators: 52 existing (72 T3 surge capacity.)</p> <p>Jefferson 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.	<b>YES</b>
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**7. SUFFICIENT PPE SUPPLY**

**Reference:**

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

<b>CRITERIA</b>	<b>REQUIRED/DEMONSTRATED</b>
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><b>YES</b> – St. Charles Health System currently reports daily into the HOSCAP System.</p> <p>PPE Supply and the current supply chain is adequate for the needs identified in Jefferson County and the St. Charles Health System. The PPE for the St. Charles Health 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, LTCFs, 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 Health System</p>
b. Counties must attest to sufficient PPE supply for the first responders in the county.	<p><b>YES</b> – Jefferson County Public Health Emergency Preparedness and Response Coordinator reports that at current requested levels, current burn rates and current inventory levels, there is enough supply on-hand to meet current needs. Additional internal ordering and EOC requests indicate that, while there may be delay, PPE orders will be fulfilled in all likelihood.</p>

**First Responder PPE Supplies- Jefferson County**

PPE Type	Amount on Hand	Burn Rate per Day	# of Days of PPE	Public Health/EM Supply
Gloves	18500	60	>180	71 boxes (most are 100 ct. a few are 200 ct.)
Gowns	194	1	>180	424
N95s	3811	10	>180	2899
Surgical Masks	1636	20	>60	11050
Face Shield	83	<1	>90	681
Goggles/Glasses	86	0	>90	16
Coveralls	0	0	0	15
Splash Shield	0	0	0	180

May 6, 2020

Jefferson County Commissioners,

Thank you for your work, and for forwarding the COVID-19 Reopen Framework for Jefferson County (“Reopen Framework”) for our review. In response to your recent request, we have: (i) reviewed and provided feedback on the proposed Reopen 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 Reopen Feedback**

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

1. **Testing & Contact Tracing Capability:** We appreciate the elements of the document emphasizing the need for robust testing and adequate contact tracing capabilities in partnership with IHS. 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 Jefferson 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.<sup>1</sup> However, using conventional capacity standards,<sup>2</sup> we only have a 20-day supply of N95 masks.

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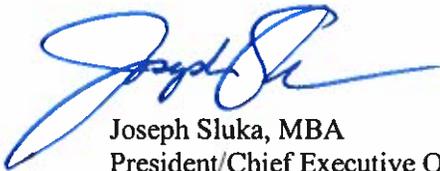
<sup>1</sup> As defined by the CDC, the term "contingency capacity" refers to "measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods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

<sup>2</sup> 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,

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

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administrative, and personal protective equipment (PPE) controls should already be implemented in general infection prevention and control plans in healthcare settings.”

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	
<b>COVID</b>									
Tri County Positives		95			na				
IP Positives		1							
<b>Bed Capacity (1.a.1)</b>					<b>Excess Capacity</b>				
St Charles System (normal)		62%			na		459	610	
GE - Region 7 (Tier 2)	80%	26%						na	
<b>Testing (1.c)</b>					<b>RAPID &amp; 48-hour UW</b>				
Nasopharyngeal Swabs (48 hr)		6,647			na				
Nasal Swabs/ Universal Transport Media (48 hr)		866							
SARS-CoV-2 Tests (45 min)		928							
<b>PPE (1.b.i) - (s) used in surgery, (c) - used in clinics</b>									
			<b>DAYS ON HAND</b>						
Common Mask	30	100	99	99	99	94	59	44	44
Adult Ear Loop Mask	30	129	126	35	35	119	74	56	56
Pediatric Ear Loop Mask	30	100	100	100	100	94	59	44	44
N95 Mask (s)	30	99	99	20	20	93	58	44	44
Surgical Mask W/ Face shield (s)	30	97	98	98	49	92	57	43	43
Surgical Mask (s)	30	100	100	100	51	94	59	44	44
Face Shields	30	96	97	97	97	1,421	883	664	664
Bouffant Cap	30	100	100	100	39	94	59	44	44
Sanitizing Wipe Oxiver (c)	30	92	90	90	45	87	54	41	41
Sanitizing Wipe Sanicloth (c)	30	69	69	69	35	67	41	31	31
Hand Sanitizer (s)	30	64	65	65	33	62	38	29	29
Exam Gloves - Boxes (s)	30	96	96	96	72	90	56	42	42
Surgical Gown (s)	30	100	99	99	41	94	58	44	44
Isolation Gown	30	100	100	100	100	94	59	44	44
Safety Glasses/Goggles (c)	30	100	103	103	103	94	59	44	44

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

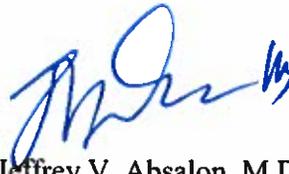
supply of PPE on hand for all elements, while utilizing contingency capacity PPE use. Additionally, we have a 30 day supply of PPE on hand for all elements with conventional use, with the exception of N95 masks. Using conventional capacity standards, at present we only have a 20 day supply of N95 masks. 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