Darin J. Fowler, Daniel E. DeYoung and Lily N. Morgan
Board of Commissioners Office
(541) 474-5221 ext. 2
500 NW 6th St., Dept. 6
Grants Pass, OR 97526
www.josephinecounty.gov

June 2, 2020

Governor Kate Brown
254 State Capitol
Salem, OR 97301

Re: Letter of Request to move into Phase II Reopening

Dear Governor Brown,

Josephine County is requesting to enter Phase II of Reopening on June 6, 2020. In making this request, we certify the following:

- We attest the County first responders have sufficient personal protective equipment (PPE);
- Josephine County has a 20-person Contact Tracing Team which exceeds the level required for the population of Josephine County; and,
- No substantive changes have occurred since the responses were submitted in the Phase I application.

Phase I Prerequisites:

1. Over the previous 14-day period, the percentage of emergency department visits for COVID-19-like illnesses (CLI) for the state as a whole must be less than the historic average for flu at the same time of year. *OHA tracks these data and will confirm that the state meets this metric.

2. Over the previous 14-day period, a county must show stable or declining hospital admissions for COVID-19. (*This metric only applies to counties with more than 5 hospitalized cases in the last 28 days.) *OHA tracks these data and will confirm whether the county meets this metric.
   - Josephine County has had only one hospitalized case over the course of the event.

3. A county must have an adequate Contact Tracing System, as previously defined. *Include number of contract tracers in request to move to Phase II.

- Josephine County Public Health Department (JCPHD) provides the staff for case investigations and contact tracing throughout the county for all new cases. This team is led by the COVID-19 Case Management Supervisor Anthony Perry and Josephine County Public Health Officer Dr. David Candelaria, and is composed of five JCPHD staff members, one Josephine County Emergency Management (JCEM) staff member, and 14 volunteers. Currently Josephine County's Contact Tracing team consists of 20 members, of which 2 are Spanish speaking, for a population of 87,000. This exceeds OHA minimum for contact tracers. Additionally, Josephine County Public Health may access Language Line, an interpretation service, for any other languages as needed.

4. In addition, a county must continue to maintain:

   a.) Adequate isolation/quarantine facilities,
   - Josephine County currently maintains adequate facilities for isolation and quarantine.

   b.) Minimum Testing Regimen, as previously defined,
   - Josephine County has maintained an average of 317 tests resulted per week, exceeding the minimum requirement set by Oregon Health Authority of 262, since the beginning of May.

   c.) Sufficient health care capacity to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations.
   - Hospital capacity is anticipated to be capable of meeting projected surge demand. Region 5 has an Adult ICU bed capacity of 63. Throughout the COVID-19 incident, the region has averaged approximately 33% ICU beds available at any given time, and never fell below 20%. Additionally, Region 5 has a medical surge capacity of 383 beds, which can all be converted to ICU beds as required. Availability of medical surge beds has remained approximately 33%, ranging between 110-130 beds.

   d.) And sufficient PPE supply as reported to OHA Hospital Capacity System.
   - Josephine County works with the first responders, and with all health care providers to ensure they have sufficient PPE as State supplies allow.

Phase II Criteria

Josephine County has reviewed the following criteria before requesting to move to Phase II and described any mitigating efforts if needed to meet the criteria.

5. Timely Follow-Up: A minimum of 95% of all new cases must be contact traced within 24 hours as reported in the state's ORPHEUS system over the previous 7-day and 14-day time periods.
   - Josephine County's Contact Tracing Team continues to contact trace at least 95% of the positive cases within 24 hours.

6. Successful Tracing: A minimum of 70% of new COVID-19 positive cases must be traced to an existing positive case over the previous 7-day and 14-day time periods.
   - Josephine County meets this criterion.

7. No increase in incident cases or positivity:
   a. There cannot be a five percent or greater increase in new cases in the county over the past 7 days; or
   b. There cannot be a significant increase in the percentage of positive cases out of the total tests taken in your county over the past 7 days.
      - Josephine County has had no positive cases in almost a month, with the most recent confirmed case resulted on April 29, 2020, and presumptive case reported on May 4, 2020.

Thank you for your consideration of our application to enter Phase II. If you have any further questions, please don't hesitate to contact me at (541) 474-5221 or dfowler@josephinecounty.gov.

Sincerely,

Darin Fowler, Chair
Josephine County Commissioner

Josephine County

COVID-19 Reopening Plan

Version 4.6

Prepared in accordance with Governor Kate Brown's

Public Health Framework for Reopening Oregon

PREREQUISITES FOR PHASED REOPENING OF OREGON

	Source	Responsible Entity	Status
Phase 1 Criterion			
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.	*(Not required if <5 cases)*	County	**N/A**
A 14-day decline in COVID-19 hospital admissions.	*(Not required if <5 cases)*	County	**N/A**
Regions able to administer testing at a rate of 30 per 10k per week.	Page 8	Health Region	**MET**
Sufficient testing sites accessible to underserved communities.	Page 9	Health Region	**MET**
County has 15 contact tracers per 100k people.	Page 10	County	**MET**
County contact tracing workforce is reflective of the county and able to work in needed languages		County	**MET**
County is prepared to trace 95% of all new cases within 24 hours	Page 11	County	**MET**
Counties have hotel rooms available for those who cannot self-isolate.	Page 13	County	**MET**
Counties provide a narrative of how they will respond to three different outbreak situations in the county	Appendix A	County	**MET**
Region must be able to accommodate a 20% increase in hospitalizations	Page 11	Health Region	**MET**
Hospitals in region are reporting PPE supply daily through HOSCAP	Attachment D	Health Region	**MET**
Hospitals in region must have a 30-day supply of PPE, depending on their size and whether they are a rural hospital.	Attachment D	Health Region	**MET**
Counties must have sufficient PPE for first responders.	Attachment B	County	**MET**
Phase 2 Criterion			
A minimum of 95% of all new cases must be contact traced within 24 hours as reported in the state's ORPHEUS system over the previous 14-day time periods	Page 11	County	**MET**
A minimum of 70% of new COVID-19 positive cases must be traced to an existing positive case over the previous 14-day time periods	No cases in previous 14 days	County	**MET**
There cannot be a five percent or greater increase in new cases in the county over the past 7 days; ***or***	No cases in previous 14 days	County	**MET**
There cannot be a significant increase in the percentage of positive cases out of the total tests taken in your county over the past 7 days	No cases in previous 14 days	County	**MET**

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Purpose

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

Due to the ever-changing information and guidance associated with COVID-19, these guidelines will be handled as an adaptive *management plan* or *living document.* This means that as information is made available, or State or Federal orders and standards are issued, this document will be reviewed and amended as needed.

Overview

Josephine County is located in Southwest Oregon, bordering Curry, Douglas, and Jackson counties, and the California state line to the south. The 2018 census estimates the population at 87,393, with 44% (38,191) residing in the county seat of Grants Pass. The next-largest city, Cave Junction, has a population of 1,954, and there are eight other census-designated places in Josephine County.

Josephine County Public Health (JCPH) serves as the Local Public Health Authority (LPHA). Josephine County opened a Department Operations Center (DOC) on March 9, 2020, to respond to the COVID-19 incident. The DOC transitioned subsequently to a full Emergency Operations Center activation, and has since right-sized to its current iteration as a DOC, which is managed by the Public Health Incident Management Team with support from Josephine County Emergency Management.

Josephine County is committed to an 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 throughout this event. It is imperative that our strategy to reopen is deliberate, thoughtful, and inclusive.

Recently, Oregon Governor Kate Brown laid out a general framework to reopen our communities, consisting of “gating” criteria (such as a downward trend of influenza-like illness encounters documented in the healthcare system, and a decrease in positive tests over a 14-day period), and the Core State Preparedness criteria, which include:

1. Robust testing, case investigation, and contact tracing capability
2. Healthcare system capacity and adequate PPE supplies
3. Plans for health and safety

Josephine County Public Health, as the LPHA, will continue to track and monitor trends in test results, cases, and hospitalizations. Working collaboratively with healthcare system partners, Josephine County’s capacity to conduct proper testing, case investigation and tracking meets the current needs, and the County is prepared to expand appropriately as needed. Healthcare system capacity and PPE supplies are currently stable.

This Reopening Strategy Plan outlines the efforts — actual and planned — of healthcare system partners and Josephine County Public Health to respond to the COVID-19 crisis.

1 – Gating Criteria

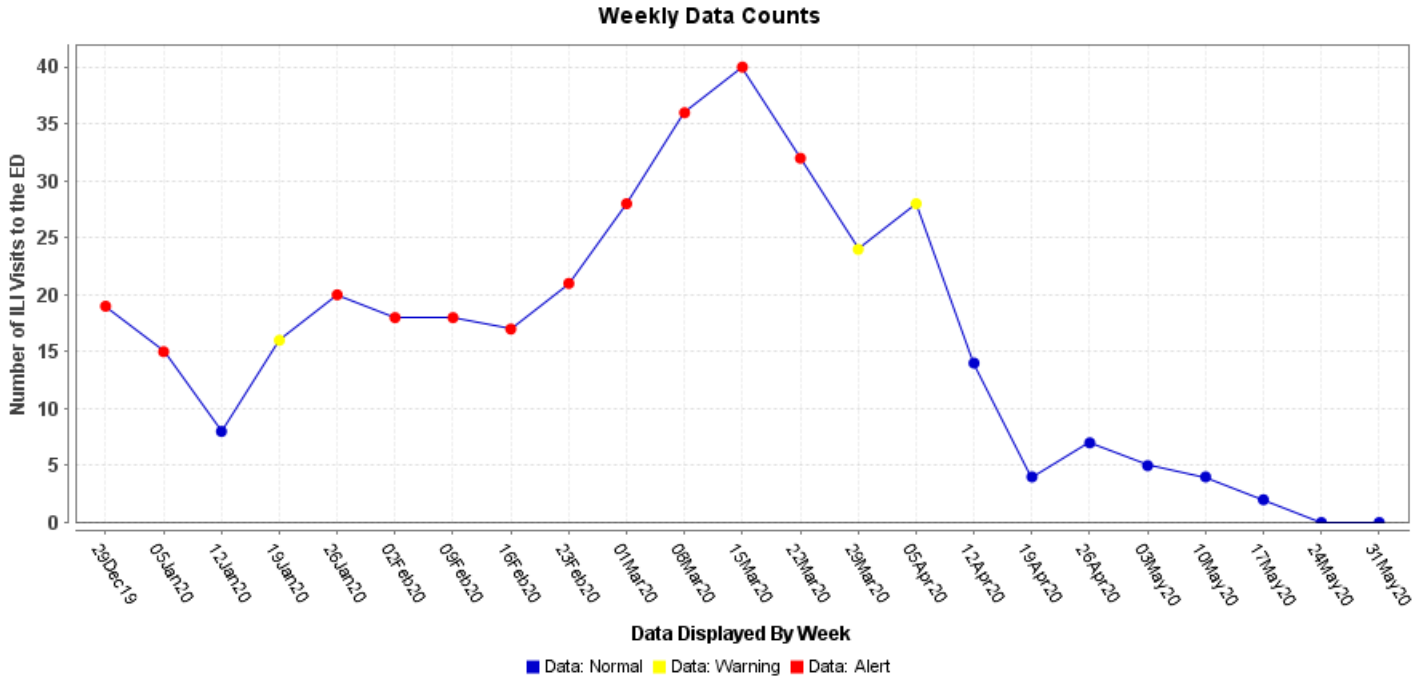
1. Symptoms
   Downward trajectory of influenza-like illnesses (ILI) ***AND*** *COVID-like syndromic cases reported within a 14-day period*
2. Cases
   Downward trajectory of documented cases within a 14-day period ***OR*** *positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)*
3. Hospitals Capacity
   Treat all patients without crisis care ***AND*** *robust testing program in place for at-risk healthcare workers, including antibody testing*

1.1 Symptoms – Target Met

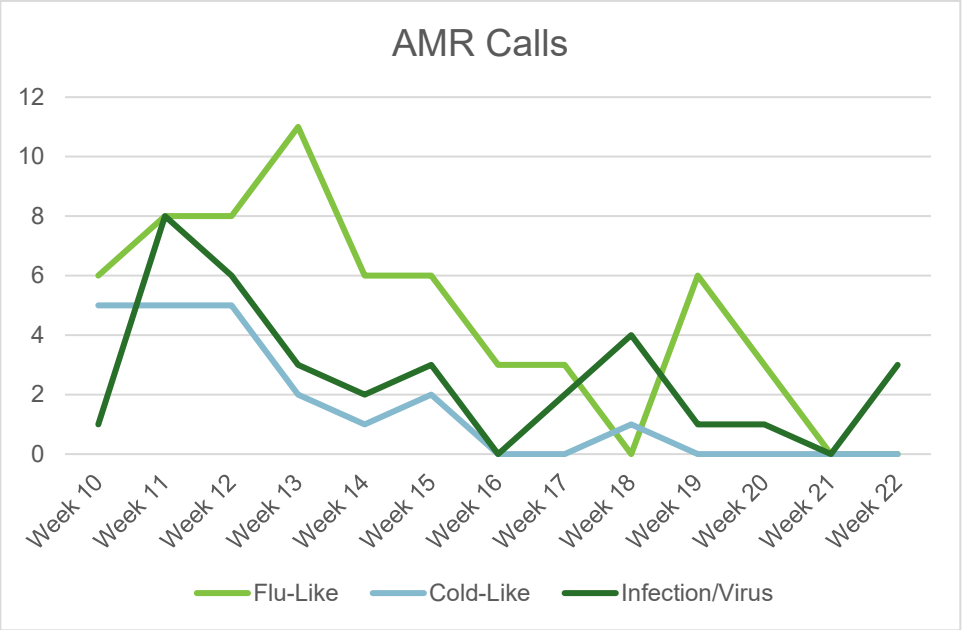
Josephine County Public Health monitors 9-1-1 calls for service and conducts syndromic surveillance through American Medical Response (AMR) data and emergency department/urgent care data, by tabulating counts based on call type or encounter type (i.e. difficulty breathing, influenza-like illness or ILI, upper respiratory).

- **Emergency Departments:** Influenza like illness (ILI) visits appear below, trended by week. This data is obtained through ESSENCE, the Oregon state syndromic surveillance program, and originates from participating urgent cares and emergency departments. Data points are identified by patient's county of residence.

  ILI visits to the ED for Josephine County residents peaked the week of March 15, and have been overall trending down since then. As of June 1, there have been 0 ILI visits in the past two weeks.



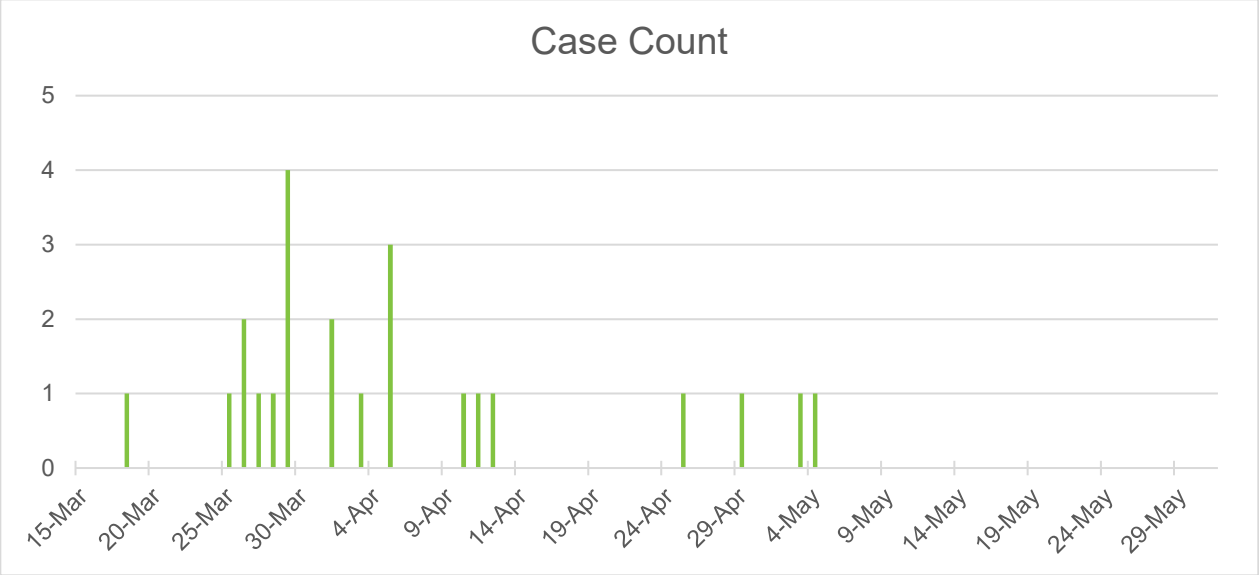
- **AMR:** Medical transportation calls peaked during Week 10-15 (March 1-April 11) at 15 calls per week and have since been steadily declining. Week 16-22 (April 12-May 30) has averaged 3.8 calls per week.



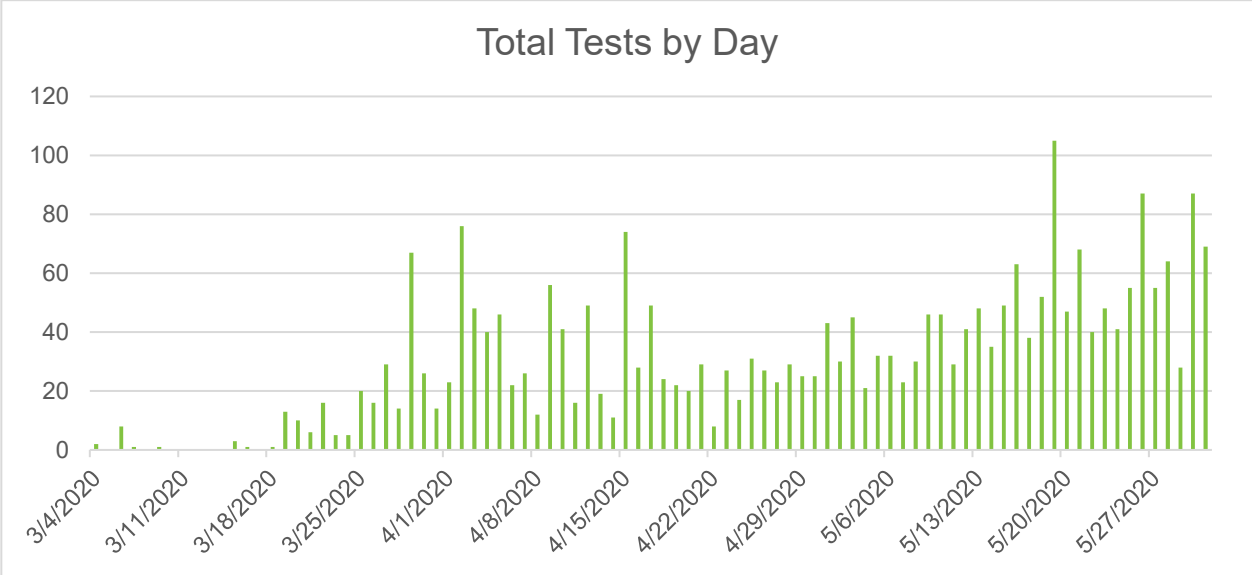
1.2 Cases – Target Met

As of May 30, 2020, in Josephine County, there have been a total of 23 COVID-19 cases, with two cases classified as presumptive, and one fatality. 22 cases have recovered and have been closed by Josephine County Public Health's case management team. Only two cases have been identified during the month of May (May 3 and 4). The chart below illustrates a peak in cases between March 29 to April 5. Since then, Josephine County has seen a steady decline in newly reported cases, including an ongoing three-week period with no new cases reported.

- **Josephine County New Cases by Day**



- **Josephine County Test Results by Day**



1.3 Hospital Capacity – Target Met

Josephine County Public Health staff monitors the local hospital capacity daily via the State's HOSCAP system and produces a weekly report for the Josephine County Public Health Officer and Director to support decision-making. Hospital capacity is anticipated to be capable of meeting projected surge demand. Additionally, a robust testing program is in place for healthcare workers and high-risk individuals, using two separate specimen collection sites.

2 – Core Preparedness

1. Testing & Contact Tracing
    - *Screening and testing for symptomatic individuals; and*
    - *Test syndromic/influenza-like illness indicated persons; and*
    - *Ensure sentinel surveillance sites are screening for asymptomatic cases*
    - *Contact tracing of all COVID+ cases*
2. Healthcare System Capacity
    - *Sufficient personal protective equipment (PPE)*
    - *Ability to surge ICU capacity*
3. Plans
    - *Critical industries*
    - *High-risk facilities*
    - *Mass transit*
    - *Civilian education*
    - *Condition monitoring*

2.1 Testing – Target Met

Josephine County Public Health has received the results of 2,728 COVID-19 tests as of May 31 of which 0.7% of all tests reported were positive (21 in total). This indicates that approximately 3.1% of Josephine County's population has been tested.

The main specimen collection site (testing is done elsewhere through a private laboratory) for COVID-19 in Josephine County is administered by Siskiyou Community Health Center, a FQHC. Many residents of Josephine County have also been sent to the Asante drive-through site, located in neighboring Jackson County, because the single hospital and many outpatient services in Josephine County are a part of the Asante system. It is most correct to think of the Asante site as a regional resource. The respective specimen collection capacity (and testing, as applicable) is as follows:

- **Siskiyou Community Health Center:** Siskiyou currently processes all of their tests using LabCorp. They estimate the capacity to collect approximately 30 specimens per day. Siskiyou's operational process is stable and currently maintains internal capacity to bolster staffing and hours as needed to meet any increased demand. Historically, LabCorp has been able to replenish supplies as needed, and they are discussing a potential increase in ordering, dependent on demand.

- **Asante:** Asante currently processes 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 800-850 tests every 8-10 days from BDMax, and the supply appears to be stable at this time. Their two BDMax analyzers can handle up to 275 tests per day if test kits are available. Asante is working to bring two additional platforms (Cepheid and Qiagen) online, which will expand available testing capacity. Asante has completed the validation for the Cepheid analyzer the week of April 27 and has increased their testing capacity by an additional 375 tests per day.

The Oregon Health Authority has estimated that the minimum need for testing is a ratio of 30 tests per 10,000 persons per week. This equates to a needed testing capacity of 262 tests per week for Josephine County. By combining all the regional testing facilities together, a conservative estimate puts Josephine County's reliable capacity for testing at a minimum of 1,000 tests per week. This estimate considers the Asante figures as a Josephine-Jackson County regional resource, which is accurate to the way the system operates.

This conclusion is supported by the Oregon Health Authority report titled *Expansion of COVID-19 Testing in Oregon*, published April 25, 2020, which concludes that Region 5 (Jackson and Josephine counties) are currently averaging a weekly testing rate of 30.4 tests per 10,000 people. The report states that, "the region likely has sufficient capacity to manage its own testing."

Josephine County Public Health has also initiated a contract with American Medical Response (AMR) to provide mobile sample collection should an outbreak be suspected in a congregate care facility where it would present significant logistical issues to move patients to a drive through and there is minimal or no medical staffing able to do the specimen collection available normally. AMR has trained six providers to collect NP swabs and they are available on an on-call basis.

2.1 Contact Tracing – Target Met

Josephine County Public Health remains in alignment with Oregon Health Authority requirements and guidelines and is the lead agency for case investigation and contact tracing. Staff continue to perfect and streamline these processes, and currently the County has excess capacity to complete this work. Public Health is also working with a subcommittee of physician advisors and maintains a roster of potential volunteers to expand contact tracing should a large surge in reported cases occur.

- **Josephine County Public Health:** Currently, the Josephine County Public Health Case Management Team comprises five Public Health staff members and one Emergency Management staff member, with an additional nine investigators trained, and an additional 4 on stand-by. Five of the team's members have access to ORPHEUS (Oregon Public Health Epidemiologists' User System). Josephine County is partnering with Jackson County for interjurisdictional contact tracing suitable for Region 5.
- **Asante:** Asante Three Rivers Medical Center (ATRMC) has engaged their Employee Health (EH) team to respond to exposed healthcare workers, concluding with risk stratification and monitoring. ATRMC EH and Josephine County Public Health work in conjunction to identify, contact, and respond to all contact identified as appropriate and in compliance with requirements and guidelines set forth by Oregon Health Authority.

2.2 Sufficient PPE – Target Partially Met

Local, state, and national PPE supplies have been an issue since this pandemic began and supplies in Josephine County were no different with PPE reaching critically low levels in mid-March. However, supply chains through Oregon Emergency Management have improved dramatically and as of April 28, the health care providers have indicated that at current burn rates, they have sufficient PPE on hand to deal with existing caseloads and potential surge levels. It is important to note that this is only true if current supply lines from the state maintain and the level of medical services being provided within the county does not increase. *If non-essential medical procedures open up, or the state supply line is disrupted, Josephine County would be unable to meet PPE demand.*

Josephine County's central PPE inventory is monitored and distributed by the Emergency Operations Center who has been providing PPE to the hospital, Skilled Nursing Facilities (SNFs), long-term care facilities (LTCFs), primary care facilities and clinics, emergency services, and many others.

2.2 Ability to Surge ICU Capacity – Target Met

The Medical Advisory Group (MAG) consists of medical directors and officers of the region's healthcare organizations. The MAG has developed a regional plan to address ICU surge capacity needs, which has been used for several weeks.

Region 5 has an Adult ICU bed capacity of 63. Throughout the COVID-19 incident, the region has averaged approximately 33%, and never below 20%, of ICU beds available at any given time.

Additionally, Region 5 has a medical surge capacity of 383 beds, which can all be converted to ICU beds if necessary. Availability of these beds has remained around a third, ranging between 110-130 beds.

2.3 Plans – Target Met or In-Progress

Long Term Care Facilities (LTCF) and other Congregate Care Facilities (CCF)

As has been seen across the nation, a facility outbreak can present significant harm to residents who are less able to physically distance and are at higher risk. This can cause significant negative effects to the healthcare system as a whole as it would require significant PPE, medical transport, hospital beds, and resources. Additionally, Josephine County has conducted in-person site visits to establish relationships, assess PPE needs and ensure compliance with Executive Orders. Facilities have been provided with clear guidance and advice on when to contact Josephine County Public Health for potential or suspected COVID-19 cases and outbreaks.

Homelessness and Hospital Discharge

Should an individual or family that is experiencing homelessness contract COVID-19 or be identified as a contact of a known COVID-19 case, Josephine County will use the Social Services Branch of the EOC to connect the affected individuals with local partners capable of providing appropriate support. Additionally, Josephine County has contracted with a locally owned hotel to provide isolation housing for individuals or family units where one or more person with suspected or confirmed COVID-19 who has been discharged from the hospital may be lodged to create social isolation.

Josephine County Warming Shelter

The Josephine County Warming Shelter in Grants Pass, run by United Community Action Network, will continue to comply with recommendations produced by OHA, to include monitoring and physical distancing within the space, and education on outbreak reporting. Rooms previously designated as family spaces may also be converted to isolation spaces as needed.

Mass Transit

The Josephine County Transit Program is the sole mass transit provider in Josephine County. Josephine County implemented a policy where all drivers and passengers are required to wear a face mask anytime they are on the bus. Education and strict enforcement of social distancing standards are required for each passenger. Lastly Josephine County Transit has implemented a comprehensive bus cleaning schedule which conducts spot cleaning between routes, as well as a complete bus cleaning each evening after operation.

Civilian Education

Josephine County has been aggressively conducting public outreach and education campaigns as part of a multi-faceted approach to slow the spread of COVID-19. The effort includes partnerships with AllCare Health, Public Health, and Emergency Management. The Public Information Officer (PIO) uses several social media platforms, including Facebook, Twitter, and YouTube, to reach out to engaged populations. The PIO team also maintains ability to engage with local media partners to further message through press releases, interviews, and other engagements.

Condition Monitoring

Josephine County fully supports and recognizes the need for an escalation plan to re-implement closures or other restrictions in the event there is a resurgence in cases. This plan needs to be based on clear and agreed-upon metrics, which may include number of cases, average new cases, hospitalizations, and others as identified by OHA. If triggers are reached, the county may opt to return to previous phase levels with increased restrictions to stem the tide of new infections. These will be provided to the community in advance to encourage preparedness by community members and businesses.

The Josephine County Incident Management Team will remain activated to monitor cases and trends in order to respond quickly in the case of a resurgence, with support from other community partners.

Additional Prerequisites

Three additional requirements, outlined below, are attached for submission to the Governor's Office.

1. Letters from the CEO and CMO from Asante Three Rivers committing to meeting daily PPE reporting to Oregon Health Authority, PPE supply chain reliability, and hospital surge capacity.
2. A letter from Josephine County Public Health Officer recommending that Josephine County be allowed to reopen to a Phase 1 level.
3. A vote from Josephine County Board of Commissioners certifying that PPE for first responders is sufficient.

Attachment A: Faith-Based Request to Governor

April 30, 2020

Dear Governor Brown,

The Church of the Valley is a gathering of pastors and congregations committed to living as one Church in our community with the goal of bringing Christ-empowered transformation to our community. As a representation of the faith-based community in Josephine County, we are asking for permission to allow the faith-based community to reopen and gather for corporate times of worship under the direction of local authorities. We will work with our local public health officials and county commissioners in an effort to respect and maintain the local guidelines of social distancing as it relates to our places of gathering.

We strongly urge you to consider that the faith-based community, specifically the church, be considered "essential" and an important part of the wellbeing of a community, specifically in southern Oregon. This is an effort to think holistically about the well-being of communities and families. The church has always provided essential community support such as: food to the hungry, support groups and programs for recovering addicts, counseling, divorce recovery support groups, and other. However, the ability to gather together for worship has always been a core practice and foundational mandate of the church. Without the ability to gather as a community, due to the current COVID-19 restrictions, this will compromise the church's ability to provide the support, care and services that bring health and help to its community.

We respectfully request reconsideration of the social gathering limit for places of worship. As you know, the Federal Phase I rollout opens houses of worship which places the option to open at the State level. In order to ensure compliance with social distancing requirements, individual pastors can submit a mitigation plan for their Church to the local health authority for approval by the local public health administrator and health officer. This plan would include a seating arrangement adhering to social distancing guidelines. Seating plans would have arrangements for, but not limited to, individual worshippers, a space for families to worship together, and possibly a section for "at-risk" attendees. The plan would include multiple services on the day of worship to serve the congregation and not exceed the allowable limit of the plan. If food is served, such as communion, it would be dispensed in a safe and healthy manner. Pastors will also encourage social distancing immediately following the service.

We want to thank you again for your consideration of allowing the faith-based community to reopen and gather for corporate times of worship.

Respectfully Submitted,

Church of the Valley, Josephine County

Attachment B: PPE Requirements for First Responders

Darin J. Fowler, Daniel E. DeYoung, and Lily N. Morgan
Board of Commissioners Office
(541) 474-5221 ext. 2
500 NW 6th St., Dept. 6
Grants Pass, OR 97526
www.josephinecounty.gov

April 30, 2020

The Josephine County Board of Commissioners hereby certifies that Josephine County has sufficient Personal Protective Equipment (PPE) to support the anticipated first response operations during the COVID-19 incident. Therefore, the Board of Commissioners is requesting that Josephine County, as an individual county, or jointly with Jackson County, be approved to move into Phase 1 of the reopening guidelines as outlined by the Governor's office.

Board of County Commissioners

Darin J. Fowler, Chair

Daniel E. DeYoung, Vice Chair

Lily N. Morgan, Commissioner

Attachment C: Health Officer Letter

David Candelaria, MD
Public Health Officer
Public Health Department
(541)474-5325
Fax (541)474-5353
715 NW Dimmick St
Grants Pass, OR 97526
dcandelaria@josephinecounty.gov

30 April 2020

RE: COVID-19 Pandemic Phase 1 Reopening of Josephine County

To Whom It May Concern:

This letter is to meet a requirement of the State to determine its response to the Josephine County petition for reopening.

Currently Josephine County Public Health has evaluated the following criteria: adequacy of testing capacity, adequacy of Personal Protective Equipment (PPE) supply and supply chains, current COVID-19 case burden, trends in ambulance and hospital utilization, and adequacy of staffing for managing current case contact tracing and monitoring. Evaluation of these criteria supports the petition for reopening to Phase 1. Ongoing monitoring of the above measures will continue in order to guide the County's preparedness and response to the pandemic. Future recommendations on Phase transitions, including decisions supporting further transitions forward or returning to a previous Phase, will be based on trends in cases and Josephine County's ability to meet the criteria set forth by the governor. Guidelines may evolve or change based on Oregon Health Authority (OHA) recommendations.

In concert with our regional Hospital system (Asante) and after evaluation of Josephine County preparedness using criteria set forth by Oregon Governor Kate Brown in her 20 April 2020 outline for reopening, I support the effort by our county commissioners petitioning the State to proceed with entering Phase 1.

Sincerely,

David Candelaria, MD

Attachment D: Hospital Letter & Attestation

ASANTE®

May 7, 2020

Michael Weber
Public Health Director
715 NW Dimmick Street
Grants Pass, Oregon 97526
mweber@co.josephine.or.us

Dear Mr. Weber:

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 is 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

2650 Siskiyou Boulevard, Medford OR 97504 | *asante.org*

OFFICE OF THE DIRECTOR
Kate Brown, Governor

Oregon Health Authority

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

Hospital Attestation to Resume Non-Emergent or Elective Procedures

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

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

I, Scott A. Kelly (printed name), on behalf of Asante Health System (name of hospital or health system), attest to the following (please check any of the boxes that apply and supply any additional information):

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

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

☑ 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:

Asante Ashland Community Hospital (Ashland, OR)

Asante Rogue Regional Medical Center (Medford, OR)

Asante Three Rivers Medical Center (Grants Pass, OR)

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.

Scott A. Kelly, President and CEO of Asante
Printed name and title

May 3, 2020
Date

Signature

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Appendix A: Outbreak Scenarios

1. SKILLED NURSING FACILITY

1a. Mitigation

Josephine County Public Health recognizes that all skilled nursing facilities in the county receive oversight and licensure from Oregon State DHS. As such, mitigation efforts by the County are largely supplemental to DHS Executive Orders, Letters, and Rules, and take the form of outreach and education around accessing PPE through OEM, the outbreak-reporting process in the county, and other topics. Skilled nursing facilities have been encouraged to have a plan in place well in advance for how they will access testing, and both Asante and the County offer programs for mobile sample collection and testing should a facility not be able to accomplish it.

1b. Detection

An outbreak at a skilled nursing facility would most likely be detected through the reporting process. Facilities have been instructed by DHS and through County-led outreach to call and inform Public Health of any suspected respiratory illness outbreak, even before they have received test results. Failing that, results of positive tests are automatically returned to Josephine County Public Health by the labs because COVID-19 has been designated a reportable disease, and a cluster of tests with the same resident address would alert the CD team to an outbreak.

1c. Response

Josephine County Public Health will work jointly with the facility, OHA, and DHS to ensure that infection control measures are standardized within the facility and may offer guidance and recommendations on larger scale testing, cohorting, and strategies to protect residents. The County will also ensure that the medical transport and hospital systems are prepared for a potential surge.

Additionally, Josephine County has implemented a plan for targeted surveillance, in the event a positive case is identified (0-5-12 Plan). Once a positive case is identified in a congregate community, testing will be conducted for all close contacts and likely exposed persons (minimum 25 persons); OR all staff and residents (if under 25 persons). Tests will be collected from contacts and exposed persons on day 0, 5, and 12 of positive case becoming identified. If additional positive cases are identified, 0-5-12 plan will restart for all new exposures and contacts.

2. CORRECTIONAL FACILITY

2a. Mitigation

Josephine County contains an Oregon Youth Authority facility, and the County's Jail and Juvenile Detention Center. The OYA facility is administered by the State, and any mitigation efforts there have been led by state

agencies. Staff at the County Jail and Juvenile Detention Center have worked closely with Public Health throughout the event to ensure they are adhering to best practices, such as the initial move to reduce the Jail's population proactively. Routine medical care at Juvenile Justice is done by Public Health nurses, and a representative for the Jail's medical contractor, Wellpath, has been in regular attendance to the Congregate Care Facility Task Force meetings.

2b. Detection

Per conversations between the County Health Officer and the OYA Medical Director, an outbreak in the OYA facility would trigger a personal phone call to the County Health Officer. Similarly, an outbreak of respiratory illness or confirmed COVID-19 in the Jail or Juvenile Detention Center would trigger reporting to Public Health, and case investigation and contact tracing would proceed.

2c. Response

Public Health would facilitate testing as appropriate, whether by providing physical goods such as testing kits, services such as specimen collection by nursing staff or contract staff, or logistical support such as courier service to the Oregon State Public Health laboratory if selected as the destination. Public Health would also liaise with the facility and make recommendations on cohorting, isolation or quarantine within the facility, or others as necessary to support decision making.

Additionally, Josephine County has implemented a plan for targeted surveillance, in the event a positive case is identified (0-5-12 Plan). Once a positive case is identified in a congregate community, testing will be conducted for all close contacts and likely exposed persons (minimum 25 persons); OR all staff and residents (if under 25 persons). Tests will be collected from contacts and exposed persons on day 0, 5, and 12 of positive case becoming identified. If additional positive cases are identified, 0-5-12 plan will restart for all new exposures and contacts.

3. BUSINESS

3a. Mitigation

Public health will continue to support businesses with plan review and recommendations as requested. Additionally, Public Health staffs a complaint line for residents calling with concerns about business' practices. When a call is received, the staff takes in the information and does initial outreach and education to the business, and if needed they can escalate the complaint to either OR-OSHA or BOLI, depending on the nature of the concern. Public Health has also worked in partnership with OR-OSHA to evaluate businesses with a high volume of complaints related to worker safety and infection control.

3b. Detection

Detection of an outbreak at a business will occur through standard case investigation and contact tracing, or potentially through proactive reporting of suspicion by an employer.

3c. Response

If a business is particularly concerning due to the nature of work, i.e. a food processor or other model where relatively close contact between employees for extended periods of time is unavoidable, Public Health may initiate an effort to proactively test asymptomatic or mildly symptomatic contacts of the initial case. Contact tracing is ideally done with the participation of the employer to understand shifts and work schedules. Affected employees would be asked to comply with standard public health measures to self-isolate and participate in active monitoring.