Lake County
Reopening Plan

Prepared based on Governor Kate Brown’s
*Framework for Reopening Oregon*
Purpose

The purpose of this document is to provide guidance for Oregon’s Phased Reopening and give information that will need to be addressed in the implementation of Lake County’s individual plan.

The Lake County Board of Commissioners created and convened the Lake County Reopening Committee for the purpose of outlining a County plan for Phase 1, 2 and 3 of Reopening Oregon.

The Committee consisted of our Incident Commander, Public Health Director, Public Health Medical Officer, Emergency Manager, Medical Providers/Doctors and a County Commissioner.

Due to the ever changing nature of our fluid situation, information associated with COVID-19 guidelines will be handled as an adaptive management plan and/or living document.

The Lake County Board of Commissioners approved this plan on 5/8/2020.
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Section I: Overview

Lake County is a rural/frontier county in the south-central region of Oregon. As of the 2010 census, the population was 7,895. Lake county has a total area of 8,358 square miles, making it the 3rd largest county in the state with more than one square mile per resident. The County seat is Lakeview, which is Lake County’s largest city with a population of 2,294. Paisley is Lake County’s only other incorporated city with a population of 243. The majority of the population lives outside of the urban growth boundaries in extremely rural communities.

Lake County is in the high desert region known as the Oregon Outback, on the northwestern edge of the Great Basin. The communities outside of Lakeview and Paisley consist of Westside, Plush, Adel, Valley Falls, Christmas Valley, Fort Rock, Silver Lake, Summer Lake, and New Pine Creek.

The Lake County economy consists largely of agriculture and natural resource management and extraction. It is home to many large cattle ranches, hay farms, and timber holdings (both public and private), as well as several frontier towns and early 20th-century homesteads. Although lumber was once a primary economic driver in Lake County, today only one mill remains.

As of May 8th, Lake County has been fortunate to have had 0 confirmed cases for COVID-19. Our Local County Government and County partners are very proud of their quick and organized response to the COVID-19 crisis, as well as the sacrifices and efforts our communities have made in their individual lives to protect our at-risk population. Lake County has made every effort in following all Federal, State and OHA guidelines, with special attention to CDC guidance for limiting potential spread of a virus. The County has provided public information kiosks throughout all our communities to keep our population informed and up to date with the situation.

We have seen and watched in sorrow as our fellow counties across Oregon and our Nation struggle to comply with the sound and practical efforts to control exposure and contamination through self-isolation, social distancing, sanitization and all other precautionary safety measures, appropriate and relevant to maintaining community public safety.

However, we also recognize and see within our own County communities, the heartache, despair, uncertainty and fear caused by the efforts to slow or stop the spread of this virus through the shutdown of non-essential business and commerce. With the favorable health condition and downward trajectory of influenza-like illnesses that exists in Lake County, relative to COVID-19, the devastating economic impact to our County seems even more extreme and detrimental to the overall health of our communities. Relief and assistance to the mental health needs in our County, along with additional pressure and impacts on public safety issues and our law enforcement require as much attention as continuing disease mitigation efforts.
PREREQUISITES FOR PHASED REOPENING OF LAKE COUNTY

The following 7 prerequisites as pertaining to Lake County have been met for phase one of Reopening Oregon.

1. Declining prevalence of COVID-19
   a. The percentage of emergency department visits for COVID-19-like illnesses are less than historic averages for flu.
   b. This metric of a “14-day decline in COVID-19 hospital admissions” does not apply to Lake County as we have not had a confirmed case.

   a. Based on Lake County’s population (in Region 7), our testing requirements (at a rate of 30 per 10,000 people per week) would be 26 COVID-19 tests per week for those that meet the criteria set by Oregon Health Authority. Lake County medical providers at Lake Health District along with the Medical Officer for Lake County Public Health believe that this rate of testing is sustainable. Lake County has implemented a testing regimen that prioritizes symptomatic persons and individuals who may have come into contact with a known COVID-positive person. We have a plan to test and monitor when there is a positive test from a congregate setting. This includes the long-term care facility, our county jail and the State Prison (see attached response plans). Testing is available for frontline and essential workers.
   b. Lake County has maintained and will continue to maintain an appropriate number of testing sites to accommodate our limited County population of only 7,895. As mentioned in our Overview, Lake County has provided public information kiosks throughout all our communities to keep our population informed and up to date with the situation, as well as daily updates on social media to include accurate info as to where and how people can get tested. Lake County Hospital works closely with our local Public Health who in conjunction with OHA plans to use collected data to track and trace the spread of the virus.
   c. Testing is accessible to low-income and underserved communities via our Public Health team, the Hospital, Mental-Health, and KLCAS (Klamath-Lake Community Action Service) who have a well-established repour with our low-income and struggling population, and can help identify those in need and get them access to adequate testing services. With this collaboration, working in conjunction with our Hospital, we can assure everyone will have access to testing with a prioritization for testing symptomatic persons. One of our Hospital Providers who provide testing in our jail also makes home visits throughout our communities where she is able to test and serve our low-income and in-need population.
3. Contact Tracing System
   a. Following the Prerequisites, Lake County Public Health is prepared to contact trace all new cases within 24 hours, and conduct all case investigations. Their investigation team is comprised of five staff members which includes two bilingual Spanish speakers.

Lake County has a ratio of 5 per 7,500 people that exceeds the ration set forth by the Oregon Health Authority of 15 per 100,000. Should additional support be needed, Lake County Public Health will contact OHA Acute and Communicable Disease Program for additional assistance.

4. Isolation Facilities Criteria
   a. Counties must have hotel rooms available for people who test positive for COVID-19 and who cannot self-isolate. The Department of Public Health at the Oregon Health Authority will provide support to local public health to identify needs and help with resources.

YES – Should an individual or family that is experiencing homelessness contract COVID-19 or be identified as a contact of a known COVID-19 case, Lake County will use the Lake County Public Health liaison to identify housing through a voucher system for local hotels and mobile housing units provided from a company in Klamath County (See Appendix G). Lake 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. Lake County Public Health will work with OHA to monitor individuals on isolation and quarantine. Unless there is a need for medical services, it is strongly recommended those who test positive for COVID19 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.

b. Narratives describing three different outbreak situations in the county include our Long Term Care Facility at Lake Health District, Warner Creek Corrections Facility and the Lake County Jail. (See Appendix D, E & F.)

5. Finalized Statewide Sector Guidelines
   a. Lake County fully intends to adhere to the statewide guidelines from Oregon Health Authority, and take every precaution to protect employees and consumers. We have outlined in our plan how we continue to make the physical
work space safer and implement processes that lower risk of infection in the business.

6. Sufficient Health Care Capacity
   a. Please reference our Hospital Surge Plan and apply it to our Region when making the determination as to whether Lake County meets this metric.

7. Sufficient PPE Supply
   a. Please reference Lake County’s PPE supply information provided to OHA daily by our hospitals and clinics in both our Health Districts. Also reference attached letter from Lake Health Districts CEO Charlie Tveit.
   b. Lake County and our Incident Command are in constant communication with our volunteer emergency responders and can attest a continued effort to bolster and maintain a sufficient PPE supply for first responders in the county.

Section II: Gating Criteria & Preparedness

A. 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))

Current Status
Lake County has shown a downward trajectory of influenza-like illnesses reported within a 14-day period, according to data from Lake District Hospital. Lake County has also been fortunate to have no confirmed cases of COVID-19 as of May 8, 2020.

We have seen very slow growth in the nearby counties with positive cases. The health and safety of our community is our priority, and this trend of slow or no growth must continue. However, it would be naive to think that we will never get a case. Lake County has created a Lake County Reopening Committee in the Incident Command Structure to continuously monitor the situation and identify Management Action Point metrics as part of an information-based, phased approach to reopening.

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

The Reopening Committee will monitor the situation throughout the reopening process. This group consists of the Incident Commander, Public Health Director, Public Health Medical Officer, Emergency Manager, Medical Providers/Doctors, and a County Commissioner. This Committee will continuously be evaluating the numbers of tests done, positive tests and the information collected during contact tracing. They could change the Management Action Points based on information, such as positive COVID tests from healthcare workers or residents and/or staff of a Long Term Care Facility (LTCF).

In consultation with the Public Health Branch of the Incident Command Structure, a consensus was reached on the following management action points should positive cases occur.

**Management Action Points:** Positive Cases per week: 7  
Hospitalized Cases: 7  
 Patients on a Ventilator: 2  

If these management action points are reached, a HOLD (described in Section III) may be placed on moving forward with any other business sector reopening and allow time for contact tracing to occur. Based on the data provided through contact tracing and testing, the Lake County Reopening Committee and Incident Command Team will recommend to the County Board of Commissioners the need to continue a hold, or take steps backward, until we reach a steady state.

3. **Hospitals**  

   *(Treat all patients without crisis care AND a robust testing program for at-risk healthcare workers)*

**Current Status**
Lake County medical providers at Lake Health District along with the Medical Officer for Lake County Public Health believe that all patients can be treated without crisis care, given Lake District Hospital’s increased and current capacity.

Robust testing has been defined for the State of Oregon as 15,000 tests per week. Based on Lake County’s population, our testing requirements would be up to 26 tests per week for those that meet the criteria set by Oregon Health Authority (OHA).

**Plan for Reopening**
Lake Health District has a robust testing program in place for at-risk healthcare workers, including emerging antibody testing. This includes 409 serology tests, 194 RP2 kits, 54 Abbott tests, and 226 collection kits as of April 28, 2020. Lake County has enough tests to meet the requirements of the current robust testing program.

Lake County Emergency Operations Center (EOC) will continue to use the state’s existing Ops Center to make requests for testing media from the state.
B. **Core State Preparedness**

1. **Testing & Contact Tracing**
   - Screening and testing for symptomatic individuals
   - Test syndromic/influenza-like illness-induced persons
   - Ensure sentinel surveillance sites are screening for asymptomatic cases (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans)
   - Contact tracing of all COVID+ cases

Lake District Hospital is currently screening and testing for symptomatic individuals, as well as testing for syndromic/influenza-like illness-induced persons. As of **May 7th, 2020**, Lake County has performed 117 COVID-19 tests, 114 negative and 3 pending.

Lake County Public Health will conduct all contact tracing and case investigations. Their investigation team is comprised of five staff members which includes two bilingual Spanish speakers.

Lake County has a ratio of 5 per 7,500 people that exceeds the ration set forth by the Oregon Health Authority of 15 per 100,000. Should additional support be needed, Lake County Public Health will contact OHA Acute and Communicable Disease Program for additional assistance.

2. **Healthcare System Capacity**
   - Sufficient Personal Protective Equipment (PPE)
   - Ability to surge ICU capacity

**Personal Protective Equipment**
PPE supply and the current supply chain is adequate for the needs identified in the phases described below in Section III. Currently, Lake County has a 30 day supply on hand. All PPE is stored in a centralized location and distributed to the medical facilities, long term care facilities, public safety agencies, and other users as necessary. The table below shows the amount of PPE on hand and the average burn rate.

<table>
<thead>
<tr>
<th>PPE Type</th>
<th>Amount on Hand</th>
<th>Burn Rate per Day</th>
<th># of Days of PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td>57800</td>
<td>1000</td>
<td>58</td>
</tr>
<tr>
<td>Gowns</td>
<td>25899</td>
<td>130</td>
<td>199</td>
</tr>
<tr>
<td>N95</td>
<td>3788</td>
<td>90</td>
<td>42</td>
</tr>
<tr>
<td>Face Shields</td>
<td>1146</td>
<td>15</td>
<td>76</td>
</tr>
</tbody>
</table>

**Surge Plans**
Lake County is prepared to handle several hospitalized COVID-19 patients at a time and the surge capacity of Lake District Hospital is sufficient. Lake District Hospital has developed a detailed Surge Plan that will serve as a guide for COVID-19. While the hospital is licensed for 24 in-patient beds, in the event of a “surge” of patients with known or suspected COVID-19, Lake District Hospital has increased its capacity through a multi-tiered response plan overseen by the Hospital’s Incident Command structure.
Lake County is fortunate that Lake District Hospital had recently undergone a major remodel and the former long-term care spaces had been converted to business offices, and has now been converted back to patient beds, increasing hospital capacity to 47 beds. These offices are easily converted back to patient bed areas, allowing the hospital to increase its current bed capacity by 183%, resulting in a total of 44 in-patient beds. A copy of the Lake County Hospital Surge Plan is included in Appendix A.

Lake County Public Health
Public health services in Lake County is provided through Lake County Public Health, which is a division of Lake Health District. Lake County Public Health has been working closely with the Oregon Health Authority, local emergency management, the hospital and medical providers to monitor the 2019 Novel Coronavirus (COVID-19) outbreak.

Alternative Care Site
The A.D. Hay School gymnasium is on standby for use as an alternate care site for lower acuity hospital patients transferred from the hospital.

Ambulance Care Providers:
Emergency Response Transport Air Ambulances (Rotary-wing & Fixed Wing)
   AirLink Critical Care Transport
   Life Flight Network

Emergency Response Transport Ground Ambulance Resources
Lakeview Disaster Unit     5 transport vehicles
Paisley Disaster Unit      2 transport vehicle
North Lake EMS             2 transport vehicles
Silver Lake Fire & Rescue  2 transport vehicles

Mutual Aid Agreement
Mutual Aid agreements between the various emergency response jurisdictions is critical for a medical surge event since any one Lake County agency/department may not have the human and equipment resources to respond to multiple calls for service.

Public Information
Medical care messages will be collaborated with the partnering agencies in a surge event. This will be done through a Joint Information Center (JIC). The messages from each partner agency will be shared with the other so a common message can be shared from the Public Information Officers (PIOs) to the public. PIOs from Lake County, Lake County Public Health, and Lake District Hospital will work together in distributing the messages to the public.

3. Plans
   - Protect the health and safety of workers in critical industries
   - Protect the health and safety of those living and working in high-risk facilities (senior care facilities)
   - Protect employees and users of mass transit
   - Advise citizens regarding protocols for social distancing and face coverings
Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restart a phase or returning to an earlier phase, depending on severity.

The Lake County Reopening Committee feels that our local community and businesses are taking every precaution to protect the health and safety of workers in our critical industries. While Lake County does not have any mass transit, we do offer demand response public transportation. Drivers and passengers are screened for symptoms before each trip. The drivers disinfect the vehicle between rides. Three people are allowed on our larger buses to maintain physical distancing protocol. The drivers utilize PPE during the trip and encourage the riders to do the same.

The Committee feels that cloth masks should be strongly recommended while out in public. Lake County will continue to advise citizens regarding social distancing, hand washing, and face coverings. Lake District Hospital requires masks at all times.

Lake County will continue to closely monitor conditions working in cooperation with our Incident Command structure and medical staff. If necessary, we will take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity.

Lake County will provide educational resources to the public for best practices for individual and employee health through Lake County Public Health.

Lake County is communicating with bordering counties, including Modoc County, California. Modoc County is located directly south of Lake County. The county seat for Modoc is Alturas, which is only 52 miles south of Lakeview. With these two communities being in close proximity, we find many citizens commuting between them on a daily basis for work or essential services. Lake Health District also operates a clinic located in Alturas. Modoc County has and is reopening all services while adhering to social distancing guidelines, effective May 1, 2020. Modoc County has zero confirmed positive COVID-19 cases. Lake County will be working closely with Modoc County to monitor how the reopening affects both counties. A copy of Modoc County’s reopening plan is included in Appendix C.
Requests

Outdoor Recreation Sites
Request that all outdoor recreation sites could open as long as social distancing guidelines are followed in conjunction with state and federal partners. This includes, but is not limited to, boat ramps, trailheads, and campgrounds. Lake County does not generally have high use numbers at our recreation sites because of our remoteness.

Feedback
If this plan is not accepted, please refer back to the Lake County Board of Commissioners with changes, deficiencies and/or other recommendations.
April 30, 2020

The Lake County Board of Commissioners, Public Health Director, Public Health Officer, and Lake County Emergency Manager all approve of the Lake County Reopening Plan based on the Governor's Public Health Framework for Reopening Oregon.

Sincerely,

Bradley J. Winters
Lake County Chair

James Williams
Lake County Vice Chair

Mark Albertson
Lake County Commissioner

Judy Clarke
Public Health Director

Spencer Clarke
Public Health Officer

Daniel Tague
Lake County Emergency Manager
April 30, 2020

Commissioners of Lake County  
513 Center Street  
Lakeview, OR 97630

Dear Commissioners,

I received an email from Lesa Cahill, FNP today representing the Medical Staff of Lake Health District. She indicates that the doctors approved your submitted draft for the Reopening Plan for Lake County without changes. They did recommend that, "people with chronic illnesses (significant pulmonary history, diabetes, heart disease) and people over the age of 70 continue to self-isolate." I don't think that advice can be overstated. Although we have not yet had any positive cases in Lake County, our neighbors to the north and west have. It is only a matter of time before we start seeing positive cases here. As a public health office, we understand the economic needs of our community and hope to find a balance with the health and wellbeing of its citizens. As such, Lake County Public Health is following the recommendations of the Medical Staff of Lake Health District in approving the submitted Reopening Plan for Lake County.

Spencer Clarke, MD  
Medical Officer, Lake County Public Health  
100 N D Street, Suite 100  
Lakeview, OR 97630

Lake County Public Health  
541-947-6045 • 100 N. D St., Lakeview, OR 97630  
North Lake Annex – 541-947-2114 ext. 394  
87127 Christmas Valley Rd., Christmas Valley, OR 97641  
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The Lake County Medical community’s update on COVID – 19: 4/30/20

Again, the medical staff would like to thank all of Lake County for your great work in social distancing and wearing of face masks while in public. We still do not have any confirmed cases in Lake County.

We are moving forward and anticipate following the Governor’s plan and believe we have met the criteria for Phase 1 of the plan. We do recommend that people with chronic illnesses (significant pulmonary history, diabetes, heart disease) and people over the age of 70 continue to self-isolate.

Again, thank you for all your help and cooperation during these trying times. Please keep up the good work!

Dr. Steven Hussey
Dr. Tim Gallagher
Dr. Matt Foster
Dr. Scott Graham
April 30, 2020

Commissioner Mark Albertson
Commissioner James Williams
Commissioner Brad Winters
513 Center Street
Lakeview, Oregon 97630

Re: Executive Order No. 20-22

Dear Commissioners:

As we prepare to return to business following the COVID-19 pandemic preparation, we all wish to comply with the Governor's Reopening Oregon plan framework dated April 20, 2020 and subsequent directives, including Executive Order No. 20-22. As such, I can assure you that Lake Health District is committed to ensuring we have adequate personal protective equipment (PPE) to safely deliver healthcare services and that our supply chain for these vital items is reliable, as of this date. Lake District Hospital has a plan that, should there be a surge in patients that necessitates we significantly modify our care process, we would enact it to protect all. Lake District Hospital complies will reporting requirements established by the Oregon Health Authority (OHA) regarding the status of our services and will continue to do so.

As part of our role with the County Public Health responsibilities, Lake Health District will continue to ensure there are adequate resources to meet the needs of Lake County's citizens regarding population monitoring and whatever else Public Health is directed by OHA to do.

Lake Health District is committed to the health and wellbeing of our community and will do all we can to keep us safe.

Sincerely

Charles Tveit
CEO

Lake Health District

Phone: 541-947-2114 · 700 South J Street · Lakeview, OR 97630
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Lake County
Hospital Surge Plan

Prepared by:
Lake Health District
700 South J Street
Lakeview, OR 97630
(541) 947-2114

Revised: March 25, 2020
Purpose
The purpose of this Surge Plan is to develop a systematic approach toward providing patient care services during surge events that may affect our community and hospital. As a leader in patient care services, we are in the best position to respond to a community wide medical crisis.

For this reason, we have developed a surge plan that outlines how we intend to respond to support such an event.

Our goal is to assess, plan, and implement operational strategies and processes outlined within this document that would enable us to support a Surge event.

Assumptions
The development of and implementation of this plan is based on the following assumptions:

1. Surge occurs when we have achieved maximum census (Licensed Bed Levels) for either Inpatient or Emergency Department Services.
2. A Surge event will require the Hospital to declare an Internal Disaster, therefore initiating elements of our Emergency Management Program.
3. Standards that outline Life Safety Codes and other Environment of Care will be deviated from in order to set-up Alternative Patient Care Sites. (NOTE: The intent of assumption 3 is not to degrade patient care services, but to provide exceptions that would allow lifesaving medical services to be provided during emergency crisis situations.)
4. The Hospital is not directly affected by an emergency event (fire, bomb, etc.) and is physically capable of providing basic utility services (Water, Sewage, and Electricity).
5. Adequate staffing is available as determined by Administration.
6. The Hospital may exceed the surge plan levels reflected within this document only if capable before declaring a level III surge.

Definitions

<table>
<thead>
<tr>
<th>Alternative Patient Care Location</th>
<th>Designated or non-designated locations where a patient care bed will be set-up that is not designated as a licensed care location.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOC</td>
<td>The Emergency Operations Center (EOC) – the location established by each jurisdiction to centralize coordination of all aspects of a disaster response</td>
</tr>
<tr>
<td>HAN</td>
<td>Health Alert Network (HAN) – Oregon’s HAN connects hospitals, clinics, laboratories, public safety, EMS and many other public health partners via secure web applications that facilitate information sharing throughout Oregon and SW Washington.</td>
</tr>
<tr>
<td>HCC</td>
<td>Hospital Command Center (HCC). An area established in a healthcare facility during an emergency that is the facility’s primary source of administrative authority and decision-making.</td>
</tr>
<tr>
<td>HICS</td>
<td>Hospital Incident Command System (HICS). The incident command structure developed to meet the needs of the hospital response to a disaster.</td>
</tr>
</tbody>
</table>
HOSCAP | Oregon’s hospital capacity web system allows health care and emergency preparedness partners to share real time status data.
---|---
Impacted Health Care Facility | The healthcare facility where the disaster occurred or disaster victims are being treated. Referred to as the recipient healthcare facility when pharmaceuticals, supplies, or equipment are requested or as the patient-transferring healthcare facility when the evacuation of patients is required.
---|---
JIC | Joint Information Center (JIC) – The location established for the purpose of coordinating the release of information to the press, media and general public. The hospital will participate in providing information to the JIC and help to convey a unified message developed for release to the public.
---|---
Level I Surge | “Level I Surge” means a surge in patients presenting to the Emergency Department or Inpatient Setting resulting in significant stress to hospital resources, not requiring waivers for normal patient care services.
---|---
Level II Surge | “Level II Surge” means a surge in patients affecting all local medical providers, requiring regularly scheduled planning sessions or conference calls in order to strategize, coordinate, collaborate, and communicate among all community medical/health providers, EMS agency, Public Health, Fire, and OEM representatives.
---|---
Level III Surge | “Level III Surge” means a surge in patients exceeding the local facilities capability of providing Alternative Patient Care, requiring the activation and utilization of medical resources from the regional agencies.
---|---
Level IV Surge | “Level IV Surge” means a surge in patients requiring the assistance from State and Federal Agencies.
---|---
Medical Disaster | An incident that exceeds a facility’s effective response capability or that facility cannot appropriately resolve solely by using its own resources.
---|---
Partner (“Buddy”) | The designated facility (or healthcare system) that a healthcare facility communicates with as a facility’s “first call for help” during a medical disaster (developed through an optional partnering arrangement).
---|---
Operational Area | The operational area is the intermediate level of the state emergency services organization consisting of a county and all political subdivisions within the county geographic area.

Surge Capacity and Rationale
Each facility will plan for the following capacity during a surge event:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Current Inpatient Beds</th>
<th>Total Inpatient Surge Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake District Hospital</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td>North Lake Clinic</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
Rationale: Stress to staffing resources because normal staffing does not meet our full capacity. Normal staffing is for average census.

Surge Level Activation

Level I Surge

1. Triggers:
   a. >30 minute delay in Emergency Department triage; or
   b. >30 minute delay in Ambulance turn-around times at ED; or
   c. Determination by the Nurse Manager designee and Administrator that Level I is necessary.

2. Activation:
   a. ED Staff shall immediately notify the Nurse Manager designee when any of the above triggers have been met.
   b. The Nurse Manager designee shall assume the role of Incident Commander and notify the Nurse Administrator on-call of the Level I Surge.

3. Determine Size and Scope:
   a. The Nurse Manager designee shall work with the Nurse Administrator on-call to complete a high-level assessment of the potential operational impact on the facility and determine the need to activate the Hospital Command Center (HCC).
   b. Nurse Manager or designee shall determine the risk and need for a facility-wide lockdown and work in collaboration with Plant Operations to ensure immediate actions to implement the lockdown.
   c. The Nurse Manager shall conduct regularly scheduled meetings with ED and Inpatient staff to address patient throughput issues and assess needs.

4. Internal Alert:
   a. The Nurse Manager or designee shall contact the Unit Secretary, providing any pertinent information about the announcement to be made.
   b. The Unit Secretary will announce THREE TIMES over the public address system: (Note: If a Drill, please identify as a “Drill.”) “CODE TRIAGE: INTERNAL LEVEL I.”

5. Staffing:
   a. The Nurse Manager shall immediately assign available staff to support the Emergency Department
   b. Consider activation of staff call-back
   c. Consider implementation of staffing ratio flex

6. Bed Capacity:
   a. Additional beds and rooms shall be designated as Emergency Department space by the Nurse Manager.

7. Communicate ED/Hospital Status:
   a. ED Staff shall update HOSCAP with current hospital/ED status, and keep updated as status/resources change (at least every hour).
   b. ED staff or the Nurse Manager shall contact neighboring hospitals to assess levels of saturation and communicate the current hospital status.
   c. ED staff shall notify Ambulance Dispatch of the Level I Surge.
d. Nurse Administrator shall notify the Administrator on-call of the Level I Activation.

8. **Accelerate Discharge:**
   a. The Nurse Manager shall identify patients who can potentially be discharged and make the appropriate discharge arrangements with the attending physician and other applicable care service providers.

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**Level II Surge**

1. **Triggers:**
   a. Administrator on-call determines that multi-agency or multi-county coordination is necessary to mitigate the impact on the facility, with possible need for activation of Alternate Care units or areas.
   b. Facility has exceeded its licensed bed capacity.

2. **Activation:**
   a. Only the Incident Commander or Nurse Administrator on-call are authorized to active Level II Surge.
   b. The Incident Commander shall activate the HCC.
   c. The Incident Commander or Safety Officer shall determine the risk and need for a facility-wide lockdown and work in collaboration with security (or their designee) to ensure immediate actions to implement the lockdown.
   d. Notify Lake County Public Health Officer.

3. **Determine Size and Scope:**
   a. The Incident Commander shall develop an Incident Action Plan and assign HICS positions and activate staff call-back as necessary.

4. **Internal Alert**
   a. The Incident Commander or designee shall contact the Unit Secretary, providing any pertinent information about the announcement to be made.
   b. The Unit Secretary will announce THREE TIMES over the public address system: (Note: If a Drill, please identify as a “Drill.”) “CODE TRIAGE: INTERNAL LEVEL II.”

5. **Staffing:**
   a. Conduct staff call-back of available personnel as requested by the Incident Commander.
   b. Implement staffing ratio flex plan to meet the needs of the patient population.

6. **Bed Capacity:**
   a. Cancel Elective, Routine, or Non-Essential Surgery.
   b. The Operations Chief shall work in collaboration with Surgery and other assigned department to assess the needs for cancellation of non-essential elective surgical or interventional services.
   c. If services are to be delayed or canceled, the managers or designee for the applicable service area shall be responsible to notify the particular physicians of those patients being impacted by the change.
   d. Expand Inpatient Bed Capacity.
   e. Deployment of Unit 2 care area.
   f. Consider referral of Minor patients to outpatient clinics.
   g. Consider utilization of SNFs and other LTC facilities as able.
   h. Participate in Operational Area/PH planning sessions.
7. **Communicate Status:**
   a. ED Staff shall update HOSCAP with current hospital/ED status, and keep updated as status/resources change (at least every hour).
   b. ED Staff or the Nurse Manager shall contact neighboring hospitals to assess levels of saturation and communicate the current hospital status.
   c. Nurse Administrator shall notify the Administrator on-call of the Level II Activation.

8. **Communicate Resource Needs:**
   a. The Incident Commander (or designee) shall work in collaboration with the Public Health designee to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources acquired to address the needs.

---

**Level III Surge**

1. **Triggers:**
   a. Determination by the Incident Commander that the hospital has reached maximum surge levels and is unable to meet the medical needs of the public without intervention or mitigation of regional or state resources.
   b. Facility has exceeded both its licensed bed capacity and its surge bed capacity.

2. **Activation:**
   a. Only the Public Health Officer or designee is authorized to activate a Level III Surge.
   b. The HCC shall be fully activated.
   c. Hospital may be required to send an Incident Management Team to the County to plan for the activation of external Alternative Care Sites within Lake County.
   d. Incident Management Team Requirements:
      i. Incident Commander
      ii. Medical Branch Leader
      iii. Infrastructure Branch Leader
      iv. Logistics Branch Leader
      v. Security Branch Leader

3. **Determine Size and Scope:**
   a. The Incident Commander shall complete a high-level assessment of the potential operational impact on the facility.

4. **Internal Alert:**
   a. The Incident Commander or designee shall contact the Unit Secretary, providing any pertinent information about the announcement to be made.
   b. Unit Secretary will announce THREE TIMES over the public address system: (Note: If a Drill, please identify as a “Drill”.) “CODE TRIAGE: INTERNAL LEVEL III.”
   c. Unit Secretary will contact other departments which do not have overhead paging available.
   d. Unit Secretary will contact associated clinics, if open, informing them of the Level III Surge.

5. **Staffing:**
   a. Implement staffing ratio increase up to 10:1 in order to meet the needs of the patient population.
   b. Request additional staffing from any potential outside agency.
6. **Bed Capacity:**
   a. Deployment of Surge Tent
   b. Consider Establishing External Triage
   c. Consider redirecting Minor patients to outpatient sites (clinics, surge tents, alternate care sites) as able.

7. **Communicate ED/Hospital Status:**
   a. ED staff shall update HOSCAP with current hospital/ED status, and keep updated as status/resources change (at least every hour).

8. **Communicate Resource Needs:**
   a. The Incident Commander (or designee) shall work in collaboration with the Public Health Officer to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources are acquired to address the needs.

9. **Participate in Operational Area/Regional Planning Sessions:**
   a. Coordinate any public information with the county EOC and Public Health Officer.
   b. Consider implementing disaster hotline for the public (triage, nurse call line).

---

**Level IV Surge**

1. **Triggers:**
   a. Determination by the HCC and Public Health Officer that implementation of Austere Alternate Medical Protocols is needed in order to provide the most good to the most people in need of medical care resources.

2. **Activation:**
   a. Only the Public Health Officer or designee is authorized to activate Level IV Surge.
   b. The HCC shall be fully activated.

3. **Determine Size and Scope:**
   a. The Incident Commander shall complete a high-level assessment of the potential operational impact on the facility.

4. **Internal Alert:**
   a. The Incident Commander or designee shall contact the Unit Secretary, providing any pertinent information about the announcement to be made.
   b. Unit Secretary will announce THREE TIMES over the public address system: (Note: If a Drill, please identify as a “Drill.”) “CODE TRIAGE: INTERNAL LEVEL IV.”
   c. Unit Secretary will contact other departments which do not have overhead paging available – see list located in area.
   d. Unit Secretary will contact associated clinics, if open, informing them of the Level IV Surge.

5. **Staffing:**
   a. Implement staffing ration increase in appropriate areas to meet the needs of the increased patient population.
   b. Require additional staffing and personnel resources from all potential outside agencies.

6. **Bed Capacity:**
   a. Coordinate/prioritize inpatient care with all inpatient care sites.
   b. Re-assign inpatient areas according to patient needs (expanded isolation unit, expanded ICU, surgical care unit, etc.)
c. Implement re-assessment, transfer, or discharge of patients according to Austere Alternate Medical protocols approved by the HCC.

7. **Communicate ED/Hospital Status:**
   a. ED staff shall update HOSCAP with current hospital/ED status, and keep updated as status/resources change (at least every shift).

8. **Communicate Resource Needs:**
   a. The Incident Commander (or designee) shall work in collaboration with the Public Health Officer to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources are acquired to address the needs.

9. **Participate in Operational Area/regional/statewide Planning Sessions:**
   a. Coordinate any public information with the county EOC and Public Health Officer.
   b. Consider implementing disaster hotline for the public (triage, nurse call line).

**Planning Factors for Determining Alternative Patient Care Sites**

Alternative Patient Care Site is a designated location for providing inpatient and triage medical care services that would not normally be used for such services. Examples with the hospital facility would include visitor waiting areas, hallways, conference rooms, or an outpatient medical office building. Examples outside the hospital facility would include tents, school buildings or gymnasiums, or commercial buildings.

**Do we have or can we provide:**

1. ☐ Temperature and ventilation exhaust control to the space?
2. ☐ Access control/security?
3. ☐ Electrical power?
4. ☐ Emergency back-up power?
5. ☐ Patient care process flow that allows accessible supervision and services?
6. ☐ Waste disposal?
7. ☐ Sprinkled building (Fire Suppression System)?
8. ☐ Same level emergency egress with access widths not less than 45 inches?
9. ☐ Personal hygiene capabilities (hand washing, changing, and bathroom resources)?
10. ☐ Communications-telephonic and/or overhead capabilities?

**Evacuation:** Since a 24-hour stay would be expected for inpatient, we need to ensure the evacuation of patients could occur during a fire related event, therefore should consider evacuation impacts when setting up Alternative Care Sites on multi-level floors.

**Storage of Flammable Liquids and Ignitions Sources:** Storage of these items would need to be assessed and controlled to reduce fire potential in non-hospital building occupancy classifications.
Space Configurations:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Item Description</th>
<th>Quantity</th>
<th>Type of Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 feet of distance aisle way between patients to reduce spread of infectious diseases</td>
<td>72 inches between beds</td>
<td>N/A</td>
<td>Run plugs away from walking paths if possible</td>
</tr>
<tr>
<td>Access space for equipment and staff</td>
<td>24 inches</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Minimum support items</td>
<td>Waste container Medical waste container Bed pan/urinals Y connectors for oxygen and suction</td>
<td>TBD</td>
<td>Sharps rated</td>
</tr>
<tr>
<td>O₂ services</td>
<td>Yes</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Power needs</td>
<td>Electrical surge strip with a five-plug outlet</td>
<td>1 each</td>
<td>Extension cord to connect surge strip outlet</td>
</tr>
<tr>
<td>Nurse call system</td>
<td>Manual system (bell)</td>
<td>1 each</td>
<td></td>
</tr>
<tr>
<td>Hand sanitation</td>
<td>Disinfection for staff for infectious patients</td>
<td>1 each mounted to bed</td>
<td>Manual dispensing</td>
</tr>
<tr>
<td>Respiratory protection for staff</td>
<td>Designate storage</td>
<td>As needed</td>
<td>N95 or PAPR for infectious patients</td>
</tr>
</tbody>
</table>

Surge Configuration for Inpatient and Triage Care

Surge Configuration Table for Inpatient Care:

<table>
<thead>
<tr>
<th>Surge Set-Up Time</th>
<th>Location</th>
<th>&gt;Capacity for Surge</th>
<th>Type of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 hours</td>
<td>Hospital inpatient care unit - beds will be added by doubling up rooms</td>
<td>24</td>
<td>Inpatient</td>
</tr>
<tr>
<td>24 hours</td>
<td>Unit 2 – Rehab area 20 beds can be added</td>
<td>20</td>
<td>Inpatient</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>

Surge Configuration Table for Triage Care:

<table>
<thead>
<tr>
<th>Surge Set-Up Time</th>
<th>Location</th>
<th>&gt;Capacity for Surge</th>
<th>Type of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-8 hours</td>
<td>Waiting Room</td>
<td>6</td>
<td>Triage</td>
</tr>
</tbody>
</table>
LDH Acute Patient Care Surge Flow

Objective:
- All pts can be physically housed @ LDH
- Unit 3 Opening will require outside staff resources

Possible Triggers
- Max Capacity 16-19 pts
- 24 total Beds full
- Staffing Limitations

Acute Unit #1

Stand Up Unit #2
Possible Mix of Clean (main hall) & Dirty (OP Obs in “Old OB” hall) pts
- Move Rehab
- Set up 20 beds
- Stand up 2 shifts in Laundry
- Add Supplies/Meds
- Add Staffing for this Unit

Max Capacity _______

Open Unit 3
West Wing

Planning for Unit 2
- Consider B.O. Move
- Where will Rehab Move
  - Or move now
- Order Beds
- Check O2 Flow Meters
- Plan 2nd Unit Staffing
- Plan 2 RT Staffing
- Plan Unit 2 Crash Cart
- Unit 2 Room/Bed System
- Need IT Devices (4)
- Add CPSI Beds
- Med Room/Med Cart
  - Amron’s Office
- Alarms (Bells)

Planning for Unit 3
(Outside Resources to Staff)
- Housing
- Staging
- Food svc
- EVS
- Transportation
- PPE
- Supplies
- Laundry
- Security
- Maintenance
- External Restrooms

Required Outside Resources
- Staff – RN’s & RT’s
- 
- 
- 

Surge Capacity = 44 total patients

3/25/2020
St. Patrick Catholic Church of Lakeview, Inc.

Re-Opening Plan

We have two Masses on the weekend in our Lakeview Church (St. Patrick's) and one Mass each Sunday, on a rotating monthly schedule, at our Missions at 11:30 a.m..

**St. Patrick Church**, in Lakeview OR, has seating capacity for 200 people and a typical weekend Mass attendance of 100 total. Typical weekend attendance is approximately 25-30 people on Saturday evening at 6:00 p.m. and approximately 60-75 people attend on Sunday morning at 9:00 a.m.

**Parish Missions:**

**St. John Mission**, in Paisley OR, has seating capacity for 72 with typical Sunday attendance of 15-20 people at Mass every 1st and 3rd Sunday of the month.

**St. Thomas Mission**, in Plush OR, has seating capacity for 60 with typical Sunday attendance of 8 people at Mass every 2nd Sunday of the month.

**St. Richard Mission**, in Adel OR, has seating capacity for 60 with typical Sunday attendance of 6 people at Mass every 4th Sunday of the month.

Upon re-opening, we will implement social distancing and sanitation practices aligned with CDC and State recommendations.

At St. Patrick Church in Lakeview, we plan to seat from 2 up to 8 people to a pew, every other pew as follows: One single individual on the end of each pew OR two household members at the end of each pew OR a family of up to 8 household members are allowed. The adjacent pew behind these pews will be vacated and roped off to keep the proper 6' social distance. Overall attendance at each Mass will be limited to 50 individuals. If we have to turn people away due to our maximum allowable attendance, an additional Mass will be added on Sunday evening which will follow the same protocol. Additionally, the same preventative protocols will be followed at each Mission church.

**Planned COVID-19 Preventative Protocols**

**Sanitation:** Masks or facial coverings will be required of all individuals upon entry into the church building. Parishioners are expected to bring their own coverings as masks are limited for church distribution. Hand sanitizer will be located at the entrance of the church. Each parishioner will be required to use sanitizer upon entry under the guidance of parish Ushers. Pews will be wiped down with disinfectant before and after each Mass. Bathrooms and toilets, along with hard surfaces, including doorknobs and pews will be cleaned before and after each Mass.

**Social Protocols:** Families may request a dedicated pew, in advance, through priest or parish office. Upon entrance, seating will be guided by Ushers to appropriately marked pews available at each Mass that meet the 6’ distancing protocol. Dismissal will also be guided by Ushers to keep proper 6’ distancing. No gathering in groups prior to or upon dismissal from Mass is allowed. No Coffee hour gatherings after Mass. No group meetings or social events allowed until further notice.

In order to avoid touching of door handles, entrance doors will be opened in advance and kept open until parishioners are released at the end of Mass.
During Mass there will be no sign of peace or shaking hands with one another. No physical greetings are allowed before and after Mass. Holding hands during the “Our Father” is no longer allowed. Liturgical norms state it is appropriate for only the priest to raise his hands during this prayer. When the Mass has ended, Ushers will release those seated in pews one row at a time, maintaining a 6’ distancing between parishioners.

No Holy Water will be placed in the fonts. No Missals or Music Issues will be available in pews. Parishioners are allowed to bring their own individual Missal to Mass with them and will be provided one upon request.

Communion: Parishioners will approach the Altar in one-line, single file with a 6’ distance between them. Communion will be given only in the form of bread. The priest will distribute communion from his fingers to recipients’ fingers as they hold their palm under their hand, so that he will not touch people in between one another. Ushers will guide parishioners up to the Altar one at a time to receive Holy Communion, keeping a 6’ distance between individual parishioners.

Eucharistic Ministers will not be used to distribute communion at Mass or other places. There will be no communion distributed to shut-ins or nursing home residents.

Lectors: Lectors will approach Altar, individually, for their particular reading, returning to their seat, each reading at a time.

Altar Servers: Servers must keep a 6’ distance between them unless they are members of the same household. There will be no use of pattens at Mass in order to keep a 6’ distance from others. Parishioners are to place their open palm under the hand accepting the host.

Offertery Counters: Counting will take place in the Rectory meeting room where counters can keep proper 6’ social distancing. Counters will wash hands before and after handling the offertery. Counters will wear masks during the count session.

Choir: Members will keep 6’ social distancing in the choir loft away from other parishioners. Microphones or musical instruments will be sanitized after each individual use.

Attendance: High risk individuals and the most vulnerable, such as older people and those with serious underlying health conditions-like heart disease, lung disease and diabetes and/or sick individuals shall stay home. Dispensation of all the faithful in the Diocese of Baker is likewise extended indefinitely.
Outback Assembly of God

1014 Center St
Lakeview, OR 97630
541-947-2520
pastor@outback.church

April 20, 2020

To whom it may concern:

PLAN TO REOPEN

Regarding the Covid-19 epidemic, our church willingly suspended all in-person gatherings at both of our campuses in Lakeview and Bly on March 22, 2020. While we have a constitutional right to gather for religious purposes regardless of the epidemic, we did not believe it wise to exercise that right out of an abundance of caution and the public relations challenges we expected to face if we remained open.

Whether history will say the response to "shut down" most of our society was effective or an overreaction is a matter of opinion. Regardless, Lake County has had zero confirmed cases of Covid-19. The death toll for the state as of the date of this letter is 72, less than every other major category of fatalities measured in a calendar year. It is quite possible the measures taken by the state, along with the tremendous sacrifice of the people to comply with social distancing measures, have indeed reduced this figure.

For the sake of the financial, emotional, mental, spiritual, and physical well-being of the people of Oregon, it is time to shift the focus to reopening the economy and getting people out of their homes in a thoughtful and cautious manner.

We expect to reopen soon but plan to do so wisely. No one can prevent every disease or accident, but we can reduce risk in reasonable ways. Here is our plan for keeping our people safe:

1. Assign dedicated ushers to open the outside doors so only one person touches each door. Greeters will have masks and gloves on. If possible, doors will be propped ajar before and after the service to reduce touching the doors at all.

2. Seating will be arranged so no household is directly next to another. We have enough space in our facilities to maintain a six-foot distance between families.
3. No meet and greet time.

4. Worship team members will not share equipment and will be spaced six feet apart.

5. Offerings will be handled by ushers wearing gloves and masks. Offerings will sit in a safe for several days before being processed to reduce the risk of virus transfer. Offerings will be processed with gloves.

6. Kids ministry will observe the same practices regarding doors and spacing of family members.

7. These precautions put people in a safer situation than going to the grocery store or gas station.

While this is our plan, it is subject to change at our discretion. We rely on volunteers and cannot be held liable for a flawless execution of this plan, but in a spirit of cooperation and concern for our community, we will do our best.

We understand that certain essential businesses have been allowed to remain open during the pandemic. While the government has not deemed churches essential, I would remind our government officials that for people of faith, our faith is more essential than food and gas. A brief overview of our history clearly demonstrates that Christians are willing to be imprisoned and killed for their faith. We have complied with the guidelines to this point and wish to continue to do so, provided they are reasonable.

It is time to begin the reopening process, and we expect our government leaders to not abuse the willingness the American people have demonstrated to observe the guidelines and orders. Thank you for your consideration.

Sincerely yours,

Joel Morris
Pastor Joel Morris
Lead Pastor
[EXTERNAL]
Speaking for Lakeview Ministries I would say we begin small. Allow our groups of less than 15 to meet. This would include prayer groups, Celebrate Recovery, Bible studies. Suggest those with compromised health and over 80 remain at home. When able to meet in larger groups and the weather is good we could meet outside in a backyard. We do communion so would use the disposable cups that contain juice and bread. I am not big on masks but if required we could do that except for speakers and those leading worship.
That it for now.
Thanks for doing this. I am concerned for our community.

[EXTERNAL]: This message came from outside our organization. Please exercise caution when clicking on any links or attachments. If you are concerned about a message, please email support@co.lake.or.us
April 20, 2020

To: Mark Albertson

From: Casey Thames, Preschool Director and Church Office Manager

Business: Little Ones Christian Preschool, a ministry of First Baptist Church, 910 N. 2nd Street, 541-947-2614.

Business information: A Private Preschool program. Twenty enrolled students. Three teachers. Hours are from 8:00-11:30 a.m. Tuesdays, Wednesdays, and Thursdays.

Plan: For the first 2 weeks ten children will come on Monday and Tuesday, then the other ten would come on Wednesday and Thursday. Surfaces and toys would be sanitized between classes. Children are already supervised for good hygiene practices. At dismissal time we would take the kids outside for pick up.

After initial 2 weeks classes would resume as normal.

We already have a policy in place for not sending a child to school that is sick or that has an immediate family member that is sick.

Business: First Baptist Church

Business information: Church services are held on Sunday mornings with an average attendance of 100 people.

Plan: Our church will follow reasonable guidelines provided by Federal, State and local authorities for restarting our ministries. We will encourage our people to use good common sense: wash your hands on a regular basis and stay home if you are sick.
From: Joseph Juvenal <josephjuvenal@aim.com>
Sent: Monday, April 20, 2020 10:44 AM
To: Mark Albertson <malbertson@co.lake.or.us>
Subject: Opening.

Mark.
Our church, Lakeview Trinity Baptist Church, will simply spread people out, both as they enter and as they are seated. We will also mail and email instructions and announce via Social Media, for entering, separating, washing hands and have sanitizers readily available. There will in addition, be advisories to STAY HOME if they have symptoms. All team members and staff will practice separation.

Thanks,
Pastor Joseph R Juvenal

[EXTERNAL]: This message came from outside our organization. Please exercise caution when clicking on any links or attachments. If you are concerned about a message, please email support@co.lake.or.us
From: Gary Brain <smlk31@gmail.com>
Sent: Monday, April 20, 2020 1:18 PM
To: Mark Albertson <mialbertson@co.lake.or.us>
Subject: Re-opening The Lodge at Summer Lake: Plan of Action

[EXTERNAL]

Mark thank you so much for your effort to get our economy going again. We have suffered over $26,000 in lost revenue from just our motel trade in just three weeks. This does not include our restaurant business. As you well know most small businesses in Lake County are suffering great financial hardships and I fear if we do not get our county back on track very soon we will have several businesses go bankrupt. So I urge you to, as much as is possible apply the most amount of pressure onto the Governor's office to get our state opened back up. Current models are not coinciding with the reality of Lake County. I believe each county knows what they need to open up and be safe.
So, onto our specific business plan to re-open:
First I must tell you we have been in operation for over 25 years and have not had a single violation or complaint filed on our operation.
Our motel is currently in operation and we are following CDC guidance for this type of business operation. All of our rooms are scrubbed and sanitized after each guest(s) stay. We also dry all blankets and spreads to the CDC guidance for killing viruses on bedding (28 minutes on temperature setting of HIGH) along with the bedding after it is washed. All hard surfaces such as door knobs, sinks and handles, remotes etc. are sprayed with a CDC approved disinfectant and wiped down as well. Our room cleaners use disposable gloves for each room cleaning and the outside door knob is again disinfected upon finishing the room. All door keys are run through a commercial dishwasher and sanitized.

Restaurant: Our restaurant has a 40 seat capacity. We also have a 20 seat separate meeting room. Our plan is to open the main dining room to no more than 15 by reservation only. We will move our tables to provide at least 10 feet spacing between each table and have a central table for food distribution to the patrons. Our servers will have the proper CDC guidance PPE on and when the order is ready they will take the plates out to the food distribution table and advise the patron that their order is ready, keeping the "social distancing" guidance in place. Server will disinfect food distribution table and make it ready for the next order. Chefs will continue to use the established best practice industry standards for food preparation. We will accommodate walk in guests by seating them in our meeting room. This meeting room has it's own entrance and exit so "social distancing" can still take place. Same set up will be available in the meeting room to distribute food orders.
Credit card purchases will be encouraged and "social distancing" will occur at the cash register as well, much like the retail stores are accomplishing now. We will don and doff disposable gloves for each transaction.
If you have any questions give me a call 541-219-1790 or email me

Thanks again for your efforts!!

Gary Brain
Hi Mark. My name is Dorothy Anderson and I am a co-owner of The Lodge restaurant/bar in Christmas Valley. Our plan once we are able to re-open is to limit our seating capacity to no more than 10 people (will increase that number when given permission to). Will remove tables and chairs and keep a limited amount in the restaurant and bar. We will continue as we have all along to keep sanitizing every ar as of the building( kitchen equipment, counters, tables, seats, bathrooms, door handles, etc.) Will use gloves while preparing food and if need be wear masks or some other item to cover mouth and nose. If you feel that we need to do more, please let me know. Thank you!

[EXTERNAL]: This message came from outside our organization. Please exercise caution when clicking on any links or attachments. If you are concerned about a message, please email support@co.lake.or.us
Sent from Mail for Windows 10

Dear Mark,

Thank you for the opportunity to express my views on some essential/non-essential businesses.

As the licensed owner and sole operator of Outback Hair Co. I would like to address the fact that hair and nail salons are not always non-essential businesses.

I have an older clientele, several of whom are physically unable to shampoo their own hair or trim their own toenails. Many of these people have no assistance at home and Home Health organizations are not interested in performing these services alone. This presents its own set of health issues, one of the most dangerous being infection from open sores caused by scratching of itching scalps or rubbing of untrimmed toenails on skin.

As licensed hair/nail techs we have been very well trained in different levels of sanitation and how to deal with each circumstance. We already practice these essential sanitation measures faithfully throughout each working day as a means of preventing spread of infection and disease.

I believe most adults in this country are aware of the dangers of any type of infection in the elderly. Those of us working in these professions need only add a few simple steps to insure our clients safety. We already sanitize any tools and implements that touch the client. It would be a short step to add things like sanitizing door knobs, arms of chairs, and anything else the client touches, along with the possible use of masks in the salon.

We love our clientele and NONE OF US want to be responsible for their illness, or even possibly their death. Many of them desperately need our help. Please consider allowing us to reopen.

Sincerely,
[EXTERNAL]: This message came from outside our organization. Please exercise caution when clicking on any links or attachments. If you are concerned about a message, please email support@ca.lake.or.us
From: Mark Albertson  
Sent: Tuesday, April 28, 2020 5:53 PM  
To: Daniel Tague  
Subject: Fw: The Mane Event-Shelby Sutfin

From: shelby warner <llrocket01@yahoo.com>  
Sent: Monday, April 20, 2020 5:42 PM  
To: Mark Albertson <malbertson@co.lake.or.us>  
Subject: The Mane Event-Shelby Sutfin

[EXTERNAL]
Hello! With my salon Kit & I will be wearing masks, disinfecting after each client, getting rid of magazines, and only having 1 client each in the shop at a time. Clients will be asked to stay home if they have any symptoms of sickness. 
As of right now this is all we can think of but once we can get back to work we may come up with more & better ideas.
Thank You!

Sent from Yahoo Mail on Android

[EXTERNAL]: This message came from outside our organization. Please exercise caution when clicking on any links or attachments. If you are concerned about a message, please email support@co.lake.or.us
Custom & Blank Apparel / Promo Products

To: Mark Albertson, Lake Co. Commissioner

This is what we will do to keep ourselves and our customers safe when visiting our store.

Wipe down our front door & counters with disinfectant before we open and after customers leave. We also will practice social distancing (avoiding direct contact) when there are more than three (3) customers in the store.
We will continue to disinfectant all packages delivered to us. The store will be open from 10AM to 4PM - 1 hour for lunch.

With the above practice, we feel confident we can serve our customers safely

We have had very little business since the start of this virus as we have been closed...we must be able to open or our future is in question.

Thank You
Darryl & Beverly Bender
Owner
Good Afternoon Mark,

Thank you so much for working on a county wide plan to get more businesses up and going again. While the feed store has been able to stay open, it has not been without challenges. Some have involved politics, and some have involved company policies of catering to larger businesses over smaller Mom and Pop shops, a problem that I think negatively affected small businesses throughout the state and country (I also have the corporate emails that show this policy). But as far as health and Safety goes, we have made some adjustments but due to the nature of our business we really didn’t have to make too many changes. Below are the things we are doing and or have always done to help maintain healthy but reasonable business practices. If there is a * at the end of the item, it is a practice that has always been done.

- Credit card machine, pens and counter tops are wiped down more frequently, usually after every customer but when things get really crazy, it doesn’t happen each time.*
- All door handles and edges of doors are wiped down throughout the day.
- Hand sanitizer is out on the counter and available to anyone who wants it. *
- Customers are able to call in their orders or message what they would like, Card transactions can be taken over the phone if desired.*
- On nice days, the doors are left open.*
- We have expanded the days we deliver from Wednesdays to Wednesdays and Thursdays.
- For those not comfortable with coming in or coming by after hours, if they call in their orders we can either set it out for them outside the door or deliver it. *
- If an employee is not feeling well, they are encouraged to go home.*
- Limiting the number of customers and employees in each building to no more than 10 in each building, to increase if restrictions and or guidelines allow.
- Tape has been put down on the floors to demonstrate what 6’ apart from each other are, however, please see below for further on that matter.

As for the tape matter, this will only be temporary as we are getting ready to put new flooring down and we will not be putting tape down on the brand new flooring. Additionally considering the rancher mentality, we will not be actively enforcing this guideline if it appears that the customers are comfortable with each other. Or choose to sit and have a cup of coffee with their fellow rancher. I am not asking my employees to wear masks. They are more than welcome to if it makes them more
comfortable, however for me personally, they make me feel extremely claustrophobic and I have a hard time breathing in them so for that reason, I would not require that from someone else. If I am not comfortable others may not be as well.

We have a grafting class scheduled for May 2nd, I am thinking I might have to postpone it but would rather not if I don’t have too, so I would like to know your opinion (I won’t hold you to it) on whether or not you think some of these restrictions will be lifted by then. We will have about 30 people and it will be held outside so for the most part, the 6 feet of social distancing can be maintained. The only time it won’t is when I am helping individual participants with their grafts.

Kind Regards,
Amanda O’Bryan
From: meghan kness <megkness@gmail.com>
Sent: Monday, April 20, 2020 10:46 AM
To: Mark Albertson <malbertson@co.lake.or.us>
Subject: Affordable Fitness

[EXTERNAL]

Plan to re-open

10 (or whatever the limit is) people only every hour by appointment / drop in if space allows it

I will be there during hours of operation (instead of 24 hour access )

Everyone will get their own bottle and towel to sanitize

I will clean and sanitize between hourly appointments

Waivers that they haven’t felt sick or been around anyone sick (probably just need to sign once a week or so?)

This is going to be super hard with the kids home as well but Hopefully short lived for now.

You do know that there is rarely ever more then 10 people on the gym at one time anyways!

Thank you for all your help Mark! Your the greatest

---

Meghan Kness
541-892-8331
Affordable Fitness

[EXTERNAL]: This message came from outside our organization. Please exercise caution when clicking on any links or attachments. If you are concerned about a message, please email support@co.lake.or.us
Good Morning,

The isolation metric is limited to homeless individuals who are not ill enough to require hospitalization and need a place to recover.

The business name is Mikes RV & Truck Accessories. Their phone number is 541-273-1111.

Below is the email from the person (Merritt Driscoll of Healthy Klamath) who called around:

“They have 3 new trailers and 6 used trailers that they would be willing to rent to us. The new travel trailers are $130 a day to rent with a 3 day minimum, you get a free day if you rent by the week. The used trailers are $100 a day, and again you get a free day if you rent by the week. They all have a bathroom and kitchen.”

We would need to transport the trailers from Klamath to Lake County, should they be needed. Additionally, we’d have to coordinate some other logistics, like food delivery and checking in on the individual while they are in isolation and develop a plan for them after the isolation ends.

Make it a great day!
Christina

Christina Zamora
Executive Director

Klamath & Lake Community Action Services
535 Market Street
Klamath Falls, Oregon 97601
Phone: 541-882-3500
Cell: 541-591-4891
Lake County Jail Precautionary Protocol pertaining to COVID-19

PPE (Personal Protection Equipment):

All personnel will dawn personal protection equipment (mask and gloves) when serving meals, dealing with a new arrestee coming into facility, screening for entrance into the courthouse, or encounter anyone exhibiting signs or symptoms of coronavirus. This is to include any staff member that may be showing signs or symptoms. It is not mandatory to wear a mask at all times however it is optional if a staff member wishes to wear one.

Effective immediately all staff will have their temperature taken, recorded and screened for symptoms before coming on duty.

Isolation is a key factor in preventing the spread of germs and infections. Inmates who are sick or have symptoms should be kept away from other inmates. In a facility as limited as Lake County this procedure is difficult at times, however every attempt should be made to accomplish this goal.

Cleaning and Sanitizing:

All door handles, counter tops, restraints, utensils, or anything that can or may be used by multiple persons should be wiped down and sanitized with disinfectant (cavi wipes, Clorox wipes) after every use. Phones, key pads, computer mouse, should also be disinfected before use by other staff. Clean, clean, clean. Safety first.

Cleaning gear and sanitizer will be offered to inmates at minimum twice a day (when possible), once during day shift and once on graveyard shift. A spray bottle
with sanitizer and rags will be available in each cell for cleaning areas which are used and touched often. This helps to insure a cleaner and more germ free environment.

**Inmate Clothing and Bedding:**

Inmate stripes and sweatshirts will be exchanged and laundered nightly, no exceptions, to help deter the spread of any virus.

Inmate bedding will be exchanged and laundered weekly. Sheets will be exchanged and laundered 3 times per week, on Monday, Wednesday and Fridays. Blankets will be exchanged and laundered every Saturday. These are not negotiable the inmates will exchange all items to help deter any virus spreading.

**Intake of Arrestees:**

Due to the size of our facility the segregation or isolation of inmates is limited. Therefore the intake of arrestees will be dependent on severity of charges. Any arrestee brought to the jail that is not an A or B Felony, a sex crime, a violent person crime, or a must arrest crime the arresting deputy will be asked to cite in lieu. If the deputy is unable to cite in lieu of custody, the arrestee will be booked and released due to overcrowding. If after an arrestee is screened and determined to be symptom free, to be housed in the facility, every attempt will be made to house the individual in isolation, to observe and monitor for any signs and or symptoms before introducing inmate into population.

**Intake Screening:**

As a precautionary measure, before taking custody of an arrestee, jail staff will put on PPE (N95 mask and gloves) minimum and conduct a brief medical screening.

1) Have you recently had a cough or do you have one now?
2) Are you having trouble breathing or had trouble recently?
3) Have you been in or traveled to an area with confirmed COVID-19 cases or have you been in contact with a person known to have or who has had the virus?

4) Do you have a fever, feel feverish or have chills?

If yes, take temperature. If subject has symptoms and fever 100.4 or higher contact medical immediately. If subject is to be housed place in isolation for monitoring.

**Suspected Infected Inmate:**

If and when a previously housed inmate is suspected of having the coronavirus and shows any signs or symptoms the inmate will be placed in isolation and medical will be immediately contacted. Once the inmate is tested he/she will remain in isolation until cleared by medical or has been quarantined for 7 days with no further issues tied with the coronavirus.

**Release of Inmates:**

When the time arises that the jail must release an inmate to create room for a new arrestee, certain standards will be observed for the release. Sentenced inmates that have served more than half of their sentence will be the first ones considered for early release with the stipulation to return and complete the remainder of the sentence. Secondly an inmate with property crimes, nonviolent crimes, non measure 11 crimes, and non sex crimes shall be the considered for early release.

**Warrants/Transports**

Warrant confirmation and transports will be handled on case by case basis. The severity of the crimes or underlying charges on warrants will determine if an inmate will be eligible for transport after screening for COVID-19. If the inmate is found not eligible for transport he/she will be given a new court date no earlier than May 18th 2020 at 08:30 AM (do not use May 25th as a court date), and released from custody. Most Probation or Parole warrants will be handled on a
case by case. Local persons wishing to turn themselves in on a local warrant (depending on charges) will be turned away and the warrant will remain active.

Visitation:

Inmate personal and professional visitation will be suspended during the closure of the Lake County Court House. Once the Court House reopens visitors will be screened using the questions and temperatures before entry into the facility. There will be no contact visits until medical has given the clearance. Attorney visits will be limited to phone calls with inmates as all cells have phones in the cell with unrecorded access to attorneys. If an attorney must meet with an inmate one on one, the attorney will be screened prior to the meeting. The meeting will be held in the jury room, with the attorney at one end of the conference table and the client at the opposite end of the table, to ensure the 3-6 foot separation rule can be achieved. Once the meeting is concluded tables, door knobs, and any other surfaces will be wiped down with sanitizer.

Contractors/Maintenance

Contractors and/or Maintenance workers which are deemed necessary during the Court House shut down will be screened before allowed into the building.

Deliveries during the shutdown will be guided to the East entrance and the delivery will be completed with no entrance into the building.
OREGON DEPARTMENT OF CORRECTIONS CENTRALIZED PLAN

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Section I.

A. Definitions

**Close contact of a COVID-19 case** – In the context of novel coronavirus (COVID-19), an individual is considered a close contact if they have been within approximately six feet of a COVID-19 case for a prolonged period of time (15-minutes determined by ODOC’s Infectious Diseases Control Provider) or have had direct contact with infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case.

**Cohorting** – Cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group or quarantining close contacts of a case together as a group. Ideally, cases should be isolated individually, and close contacts should be quarantined individually. However, some correctional facilities do not have enough individual cells to do so and must consider cohorting as an alternative.

**Confirmed vs. Suspected COVID-19 case** – A confirmed case has received a positive result from a COVID-19 laboratory test, with or without symptoms. A suspected case shows symptoms of COVID-19 but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

**Medical Isolation** – Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinical providers. In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion.

Oregon Department of Corrections (ODOC) will use medical isolation for 72 hours or until no symptoms of COVID-19 are detected. A medical provider will determine the duration of the medical isolation or when released to quarantine phase. AICs in medical isolation can be housed on the same celled unit with other positive cases.

**Respiratory Isolation** – Respiratory isolation is used to prevent transmission of organisms by means of droplets that are sneezed or breathed into the environment.

**Respiratory Triage Unit** – Area designated for respiratory isolation of patients outside of Health Services.

**Quarantine** – Quarantine refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. Ideally, each quarantined individual would be quarantined in a single cell with solid walls and a
solid closing door. If symptoms develop during the 14-day period, the individual should be placed under medical isolation and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the individual can return to their previous residency status within the facility.

**Social Distancing** – Social distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least six feet between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals will be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Although social distancing is challenging to practice in correctional and detention environments, it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19.

**Symptoms** – Symptoms of COVID-19 include fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. Like other respiratory infections, COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations most at risk for disease and complications are not yet fully understood. The Centers for Disease Control and Prevention (CDC) frequently update their website with these topics.

### B. Introduction to General COVID-19

ODOC operates 14 prisons across the state, employs 4,500 people and incarcerates 14,500 adults. ODOC has been planning for COVID-19 since February 2020. The agency has a Continuity of Operations Plans (COOP) to ensure critical services will continue if an emergency occurs. ODOC has a COOP for each institution and division; this document identifies essential functions and how that work will continue should an incident affect employees, those in ODOC’s care and custody, buildings, or equipment.

ODOC is collaborating with local public health officials, coordinating with the Oregon Health Authority (OHA), and following the CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities recommendations to prevent the spread of COVID-19 in Oregon.

The following measures have been implemented to ensure the continued operations of ODOC institutions and the health of employees and AICs.

**Social Distancing**
On March 23, Governor Kate Brown issued Executive Order (EO) No. 20-12 in response to the novel coronavirus pandemic. A portion of that EO directs government buildings to implement social distancing measures to the maximum extent possible. ODOC has taken several actions to implement social distancing at our institutions, community corrections offices, and worksites.
Prisons

Our top priority is safe and secure operations of our facilities for staff and adults in custody (AICs). While ODOC facilities were not designed to keep people six feet away from one another, Oregon’s 14 prisons have implemented several social distancing measures:

- All ODOC prisons are closed to visitors, volunteers, and most contract employees.
- Line movements are modified to limit the number of AICs in common areas.
- Chapel seating is measured to maintain social distancing and limit attendance.
- AICs are staying together by unit.
- Six feet space markings indicate where people should stand in line.
- The number of AICs sitting at dayroom tables is limited.
- Group activities in the yards are limited.

AICs live in either a dorm or a celled housing unit. We are limited in using other areas of the institutions, like classrooms and corridors, for housing space because AICs must be supervised by ODOC employees.

Other ODOC Worksites

- The central office administrative building (Dome) in Salem has been closed to the public, and employees are working from home to the greatest extent possible.
- Linn and Douglas County Community Corrections have changed daily operations:
  - Lobbies are restricted to only those clients who have just released from prison, jail, or court.
  - Visits with Parole and Probation Officers (POs) are conducted through glass, and there are a limited number of POs in the office at one time.

Visiting Adults in Custody (AIC)

Social visits were suspended indefinitely effective March 13, 2020. To ensure AICs maintain social ties, ODOC and its communications service provider offers telephone and other electronic communications and has arranged for two, free 5-minute phone calls per week for each AIC beginning March 18, 2020 and reviewed on a weekly basis thereafter. Please read more on ODOC’s Web site.

Access to legal counsel remains important for many incarcerated people and, like social visiting, ODOC is mitigating the risk of exposure created by external visitors. Legal visits have been suspended for the same 30 days. However, a case-by-case accommodation may be allowed to ensure AICs maintain access to their legal counsel. Please read more about legal visits on ODOC’s Web site. Attorneys seeking an in-person visit or confidential call with their client shall make appropriate arrangements.

Screening Precautions

ODOC has implemented a tiered screening protocol. As the COVID-19 crisis progresses, these plans are subject to change.
Escalation Process:

**Tier 1** – Institutions **without** known COVID-19

1. Active employee screening.
2. All institutions test according to symptom presentation.
4. All intake AICs at CCIC screened and quarantined in place for 14 days prior to releasing to other facilities.

**Tier 2** – Institutions **with** confirmed COVID-19 (AIC and/or Employee) originating from the institution

1. **Beginning with tier 2 and continuing through tier 5** - Heightened employee screening upgraded to “new fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, and/or new loss of taste or smell”, staff are requested to take their temperature prior to coming to work. If temperature is above 100 degrees, employee will self-quarantine at home for 14 days. (Follow screening protocol – ask secondary questions and provide employee hand-outs)
2. Quarantine the housing block or unit, as well as congregate setting from which the positive COVID-19 AIC came from, or in which the positive COVID-19 staff worked.
3. Facilities who provide 24/7 medical care, and who house positive COVID-19 AICs without an originating COVID-19 case, will be considered tier 2. CCCF and SRL are the designated 24/7 care facilities. Medical screening will be done daily on AICs while in medical isolation.
4. Conduct temperature and symptom screenings daily.
5. Prior to knowing COVID-19 result, close contacts are identified, and symptom screening is performed
6. Symptomatic AICs are placed on medical isolation.
7. If positive COVID-19 test results are received, expand contact tracing and consider proceeding to tier 3.

**Tier 3** – Institutions **with** confirmed COVID-19 and expanded testing of those with direct contact & all symptomatic AICs

1. All symptomatic staff should seek medical care and testing via community care, requesting priority handling of COVID-19 testing via Oregon Health Authority (OHA).
2. While awaiting results of testing: Continue to quarantine the housing block or unit, as well as congregate setting from which the positive COVID-19 came from. Conduct symptom interviews of all patients from this group daily.
3. Out of institution transfers only for public health/public safety.
4. If any tier 3 testing results identify new positive COVID-19 AICs or employees, expand contact tracing and consider proceeding to tier 4.

**Tier 4** – Entire institution quarantined for 14 days – Only AIC transfers for life saving measures, behavioral
moves related to custody level changes, and those identified on vulnerable status.

1. All symptomatic patients in institution tested for COVID-19. Conduct symptom interviews daily on all AICs and continue heightened staff screening.
2. If any new cases identified while entire institution in quarantined, the 14-day observation period re-starts.

**Tier 5** – Consider multiple institutions quarantined for 14 days – All AIC transfers coordinated through AOC

1. Heightened employee screening for all employees at institutions and other worksites.
2. Further measures as directed by local and/or state Public Health authorities.

**De-Escalation Process:**

**Tier 5** – Consider multiple institutions quarantined for 14 days – All AIC transfers coordinated through AOC
1. De-escalation determined by AOC in consultation with ODOC medical doctors and/or local and state public health authorities.

**Tier 4** – Entire institution quarantined for 14 days – Only AIC transfers for life saving measures, behavioral moves related to custody level changes, and those identified on vulnerable status.
1. All symptomatic patients in institution tested for COVID-19. Conduct symptom interviews daily on all AICs and continue heightened staff screening.
2. May proceed to tier 3 if no new positive COVID-19 results within the 14-day period.

**Tier 3** – Institutions with confirmed COVID-19 and expanded testing of those with direct contact & all symptomatic AICs
1. Employee screening downgraded to “cough, fever, or sore throat within 14 days”, staff are requested to take their temperature prior to coming to work. If temperature is above 100 degrees, employee will self-quarantine at home for 14 days.
2. Quarantine the housing block or unit, as well as congregate setting from which the positive COVID-19 AIC came from, or in which the positive COVID-19 staff worked.
3. Temperature and symptom screenings to once during a 14-day period.
4. May proceed to tier 2 if no new positive COVID-19 results within the 14-day period.
5. The newly revised OHA guidelines urge clinicians to potentially increase testing for Oregonians who may be at particular risk for contracting COVID-19. These groups include:
   • Those living or working in congregate care or group living facilities;
   • Essential frontline workers, including those providing healthcare services and those serving the public, such as grocery store workers.

**Tier 2** – Institutions with confirmed COVID-19 (AIC and/or Employee) originating from the institution
1. Employee screening downgraded to “cough, fever, or sore throat within 14 days”, staff are requested to take their temperature prior to coming to work. If temperature is above 100 degrees, employee will self-quarantine at home for 14 days.
2. Quarantine the housing block or unit, as well as congregate setting from which the positive COVID-19 AIC came from, or in which the positive COVID-19 staff worked.
3. Temperature and symptom screenings to once during a seven-day period.
4. May proceed to tier 1 if no new positive COVID-19 results within the seven-day period

**Tier 1** – Institutions **without** known COVID-19

1. Continue with modified operations, unless directed otherwise by AOC.

**Testing**

ODOC COVID-19 infection prevention plan, testing protocol, PPE usage, and staff screening have been instituted according to CDC guidance at: [https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html), and after initial OHA review. The Oregon State Public Health Lab (OSPHL) has authorized priority testing of symptomatic AICs and staff. The plan will be subject to change according to further OHA/CDC guidance and expanded testing capability.

Facility transfers of AICs will continue as needed. Additional medical screening is in place prior to receiving and discharge at each facility. As we have a legal responsibility to admit individuals who have been sentenced to state custody, admission of new individuals will continue. The ODOC Intake Center provides medical screening as a matter of routine processing. To address the specific issues involving COVID-19, ODOC uses the following practices:

- All newly-committed individuals are being screened for COVID-19 exposure risk factors and symptoms.
- Asymptomatic individuals with exposure risk factors are quarantined.
- Symptomatic individuals with exposure risk factors are isolated and tested for COVID-19. All testing is directed by ODOC physicians.

Enhanced passive health screening through a staff questionnaire as well as temperature screenings have been implemented. Signs are posted at entrances, and recommendations are in place. Individuals with symptoms notify a manager.

**Accessing Facilities**

Contractor access to ODOC facilities restricted to only those performing essential services (e.g. medical or mental health care) or those who perform necessary maintenance on essential systems.

Volunteer visits are suspended indefinitely effective March 13, 2020, and will be periodically reevaluated by the AOC.
Tours are suspended indefinitely effective March 13, 2020, and will be periodically reevaluated by the AOC.

**Staff Training**
All staff in-service training is suspended indefinitely effective March 13, 2020, and will be reevaluated by the AOC every 30 days. Basic Corrections Courses have been delayed and will be reevaluated by AOC to follow all safety and health protocols identified by DPSST. Online training is being enhanced and encouraged.

**Facility Operations**
Effective March 13, 2020, ODOC implemented a statewide modified operation to maximize social distancing and limit group gatherings in agency facilities. For example, depending on the facility’s population and physical layout, the institution may implement staggered meal times, recreation, etc. These modifications will be reevaluated periodically. ODOC will mirror Governor Brown’s step-down approach when phasing back in operational services and activities.

## Section II.

### Agency Centralized Plan

Prisons are not set up for wide-spread pandemic, especially minimum custody facilities. They do not have 24/7 medical care nor the specialized equipment to treat positive COVID-19 AICs. ODOC will use facilities with the full complement of providers and registered nurses. The AOC is in daily consultation with our Chief of Medical and Infectious Disease Physician. The doctors’ recommend the AOC house these positive COVID-19 in prisons with 24/7 medical care. Rural hospitals around the state have notified Health Services they cannot take ODOC’s positive COVID-19 cases due to lack of Intensive Care Unit (ICU) beds and community need for those resources.

Per CDC guidelines, if an AIC becomes symptomatic, the facility will place the AIC in medical isolation. A COVID-19 test will be completed for all symptomatic patients if determined appropriate by a provider. AIC will remain on medical isolation until the test results come back. If the test is negative, the AIC may be released to return to General Population (GP) if deemed appropriate by a provider. If the test comes back positive, the AIC will be transported to CCCF Infirmary if institution is on the west side of state (CRCI, MCCF, OSCI, OSP, SCCI, SCI, SFFC and SCCI) or to SRCI Infirmary from east side of state (EOCI, DRCI, PRCF, TRCI and WCCF). Any identified vulnerable AICs in a minimum facility with a positive COVID-19 case, will be moved to OSP, OSCI and SRCI.

### Westside Institutions:

**CCCF/CCCM/CCIC** – Medical isolation for positive COVID-19 AICs. Disciplinary Segregation Unit (DSU) has 30 beds for female AICs and will medically isolate until they receive a negative test result. O-Unit has 108 beds
identified for male population. Upon a negative test result and release from medical isolation from the doctor, male AICs will be transferred to OSP or OSCI depending on bed space. AOC will be in consultation with providers to determine when AICs can be transferred back to a minimum facility.

**OSP**- DSU 3-Bar has 30 beds identified for medical isolation overflow in case CCIC O-Unit is fully occupied. OSP will house COVID-19 AICs from Westside institutions in medical isolation pending test results on DSU 1-Bar. Quarantine beds identified for vulnerable AICs to be separated from general population housing units. Upon a negative test result (medium custody AIC) and two weeks symptom free, AOC will determine where the AIC will be transferred.

**OSCI**- Segregation for asymptomatic AICs from facilities without segregation cells.

**SCI**- All Westside recovered minimum custody COVID-19 AICs at CCIC or OSP will go to SCI general population after completing the following: after diagnosed COVID-19 symptoms and original positive test, complete 2 weeks of being symptom free, second test administered, once negative result confirmed then AIC must complete an additional two weeks of being asymptomatic. AOC will determine when to transfer AIC(s) to SCI.

**Eastside Institutions:**

**SRCI**- Medical isolation for positive COVID-19 AICs. AICs will remain in medical isolation Unit-F (20 beds) until they receive a negative test result. A secondary medical isolation unit IME (48 beds) was identified. Upon a negative test result and two weeks symptom free, AOC will determine where the AIC will be transferred.

**EOCI**- Due to limited community resources EOCI will defend in place temporarily. The institution and the AOC will coordinate with transport for relocation of the AICs.

**TRCI**- Due to limited community resources TRCI will defend in place temporarily. The institution and the AOC will coordinate with transport for relocation of the AICs.

*Medical screening is daily while AICs are on medical isolation. When on quarantine status, frequency of medical screenings will be based on established close contact medical protocols and tier status of the institution.
LVG COVID-19 PREPAREDNESS AND RESPONSE PLAN

Initiated 3/12/20  *See LHD COVID-19 Incident Action Plan for further information (3/16/20)*

In response to the COVID-19 pandemic crisis, the following measures were/are being/will be implemented on or after 3/11/20 with the goals of:

1) Minimizing the risk of exposure to COVID-19 and;

2) Prevention of any COVID-19 diagnoses and/or spread of COVID-19 for the Residents of Lakeview Gardens

Preparedness Response Committee Members and Roles/Duties

-Refer to LHD Committee Roster for Ancillary Services Management (maintenance, supplies, environmental services, dietary services, etc)

Primary Coordinator for LVG

-Rob Robbins RN/DNS LVG LTC and ALF Admin @ ext 289

Staff and Resident health monitoring, staff and Resident education, event protocol development and monitoring, Reporting of COVID-19 suspected/confirmed cases:

-Rob Robbins RN/DNS LVG LTC and ALF Admin. @ ext 289

-Mary Margaret Shults RN/ALF Director of Services @ ext 5516

-Michele Williams LPN/ADNS (LTC) @ ext 178

Agencies/Entities Reported to for any Active/suspected COVID-19 testing/cases:

-Mesa Greenfield RN/ LHD Employee Health Nurse/LVG IP @ ext 338

-Judy Clark RN Lake County Public Health @ ext 404

-forwards reporting to the State of OR via the ORPHEUS website

-State LTC association for reporting of events: OR DHSOHA via email

Monitoring of Public Health Websites and coordinator updates to be provided by

-Mesa Greenfield RN/ LHD Employee Health Nurse/LVG IP @ext 338

-Judy Clark RN Lake County Public Health @ ext 404

Healthcare Coalition: Region #7 contact Kattarina Styles @ 541-410-0291

Public Information Dissemination :

-Judy Clark RN Lake County Public Health @ ext 404

Inter/Intra Facility Communications:

-Rebecca Farr HR Director @ ext 212
LVG Family Information and Updates Coordinator:

- JD Hermann SSD @ ext 243 (LTC)
- Mary Margaret Shults RN/ALF Director of Services @ ext 5516 (ALF)

Laboratory Services Coordinated via LHD lab Jenny Hamrick @ ext 208
In the interest of preventing the Gardens Residents from unnecessary exposure by limiting "traffic" into and out of the Houses, I am asking that the following measures be implemented starting today. My staff is aware of these things and will be most appreciative of your assistance as we attempt to minimize the impact of COVID-19 on our Residents.

**#1-3 have already been implemented as of 3-12-20

1. Visitors and outside vendors have been restricted to NONE. Exceptions will be made if we have an actively dying Hospice Resident, and for the one new Resident for her son to visit r/t mental health/behavioral issues-he has agreed to only come if we call him. Visitor Screening will be done and documented if these situations arise. Signage is posted at all house entrances.

2. All non emergent appointments and transport have been cancelled. The only exception is one resident who will come over for PT due to inability to provide the needed therapies in the Cottage. She will have an inevitable decline in functional ability without Rehab services.

3. All staff is screened at the start of shift daily by the charge nurse with a rolling log in place. All staff including necessary ancillary staff and providers will enter the houses using the service entrance door only. Badge access has been adjusted as needed by IT to allow for this.

4. Lab and Mesa will not need to come into the Houses-I will handle Wound rounds and Plebotomy myself on Wednesdays.

5. Deliveries of meals, linens and supplies: I am asking that delivery drivers bring the carts to the side door-my staff will take them in, and call for pick up once supplies are removed/meal is over/linens are put away, etc.

6. Our staff will email Angie a list of any office supplies or other CS items needed to be delivered so that your staff does not have to come into the Houses.

6. Maintenance requisitions will be submitted only if it “can’t wait” due to a safety issue for the Residents or staff.

7. Dietary- dessert prep for meals will be done in the kitchen and sent on the meal trays to the house. Tara Elicia and I will meet on Monday to discuss implementation of cleaning/sanitation and auditing duties assumption by the Gardens staff rather than Elicia having to come in to do those things (We already do them on the weekends anyway). Daily menus will be printed and sent to the Houses on the breakfast meal cart, and returned to Tara on the lunch cart pick up.

8. IT- We will not need the touch screens installed in the near future if at all since we are not changing over to Care Tracker. If any other IT issues arise, please try to handle by remote if at all possible. Business Skype installation has been requested for Kim Weekly's laptop (or another separate dedicated lap top) for use by Residents/families for on-line visiting if they choose to do so. Families have been made aware that this is planned to be available for use no later than Monday 3-16-20.
1. All Resident's contact information for families, staff and facility contact information reviewed and updated
2. Alcohol based hand sanitizer, gloves, and facial tissues are located and checked/restocked daily and as needed by EVS and nursing staff in Resident rooms, hallway and common area dispensers. Antibacterial hand soap and paper towels in all handwashing areas and Resident bathrooms checked/restocked daily and as needed by EVS and nursing staff.
3. All high touch surfaces are cleaned and disinfected with bleach and or hydrogen peroxide solutions daily by EVS and additionally by nursing staff at minimum once per shift and as needed.
4. All staff members wear masks at all times when inside the houses whether or not anyone has any symptoms.
5. Social distancing is maintained as best possible between all Residents and between staff and Residents except as needed to adequately provide cares.
6. All “group activities” have been cancelled or adjusted to allow for social distancing
7. All Residents are observed for COVID-19 symptom onset every shift, with temperature checks documented in PCC. (Symptom documentation by exception in Progress Notes)
8. COVID-19 Information Binders are available in each house with all applicable policies (also available on Policy Stat), CDC information, and staff educational materials available updated with any new information dissemination.
9. Supply information for PPE tracked via Central Supply/Purchasing Staff @ LDH
10. Skills competencies and education of Infection Control Practices and Information as relates to COVID-19 completed for all direct care staff.
11. Isolation cart is located by the main entrance to each house for screening of ancillary staff/essential visitors.
12. “Traveller” or agency staff will be screened prior to acceptance of a contract. Any who have worked in a facility with confirmed COVID, or who have not been practicing social isolation will not be accepted for work. Any who have not been working in a facility with COVID, have been practicing social isolation, and who travel by themselves per private vehicle while continuing to practice social isolation and self monitoring will be allowed to begin work subject to the same every shift screening process as all other staff. If the staff travels by air or with another, they will self quarantine/isolate and self monitor for 14 days prior to being allowed to work (if they remain symptom free).
IN THE EVENT OF SYMPTOMATIC (SUSPECTED) OR CONFRMED COVID-19 RESIDENTS ACTIONS WILL INCLUDE IMMEDIATE IMPLEMENTATION OF THE FOLLOWING ADDITIONAL MEASURES:

1. Quarantine of all Residents in the affected house to their rooms.
2. Affected Residents will be moved to the NPWT room located in each house with potential of co-horting of up to 2 resident per each of these rooms if the need arises.
3. Placement of Isolation carts for PPE and signage outside the Resident rooms.
4. Trash and Linen Disposal Containers placed immediately inside the doors of the Resident rooms.
5. Testing of all Residents and Staff who have resided/worked in the affected house in the past 14 days.
6. Notification to families of all Residents in the affected house of a suspected/active case of COVID-19 identification/diagnosis and additional measures as noted herein implemented.
7. Notification of IP and public Health offices.
8. Staffing patterns will be adjusted so that there are no “shared” staff or “float” staff between the houses. Additional designated staff will be scheduled to provide cares for the Suspected/Confirmed COVID residents but no others until they are no longer symptomatic and test negative for COVID-19 virus. Staffing agencies and Medefis will be utilized to secure additional staff needed.
9. Meals will be prepared and served from the house kitchens by house staff with groceries delivered to the houses by LDH drivers.
10. All linens will be washed in the houses.
11. Temporary morgue space will be designated by LDH.
REOPENING MODOC COUNTY STRATEGIC PLAN

Supported by Modoc County Health Officer, Modoc County Board of Supervisors, Modoc County Health Services, Modoc County Office of Emergency Services and Modoc County Sheriff's Office

Modoc County has coordinated with partners to strategically plan a staged reopening of the County. Support from our communities, social obligation and personal responsibility is critical for the success of the reopening plan. The safety and health of Modoc County residents is the most important decision-making guide during the MODOC COVID-19 Incident and remains our number one objective.

As of May 1, 2020, Modoc County will implement the following guidelines and steps to reopen to a pre-COVID-19 state. Modoc County has zero confirmed cases.

All residents must adhere to:

- Proper social distancing with 6 feet of space between one another in public.
- Washing hands frequently and thoroughly.
- Staying home if sick or not feeling well.
- Proper sanitation practices and protocols are followed at all facilities.
- All residents 65 or older or having underlying health conditions should continue to self-isolate.
- No large gatherings where proper social distancing cannot be maintained.

Beginning May 1, 2020,

- All businesses non-essential and essential may open but must be able to adhere to the above guidelines.
- Schools, churches and private and government sectors may also return if above guidelines can be followed.
- Public transit companies may return to operations if social distancing guidelines above can be followed.
- Restaurants and bars may open inside dining but may only be at half-capacity of their maximum occupancy with frequent cleaning and proper sanitation.
- Dental services and routine medical may resume services under the advised PPE guidelines.

Residents currently living in the County equal to or older than 65 years of age or residents with underlying health conditions are being asked to stay in their place of residence and must at all times follow the above guidelines to the greatest extent feasible. Such residents may leave for essential business only.
Non-essential travel is strongly discouraged. Residents traveling out of county should do so for essential purposes only. Extra preventative measures should be practiced. Similarly, travel from out of County residents into Modoc County is strongly discouraged.

Residents are encouraged to participate in outdoor recreation activities daily. Travel for these activities should be kept to a minimum and within Modoc County.

The CDC is recommending that residents wear cloth face masks in public in an effort to prevent transmission of COVID-19. Wearing a mask does not reduce your risk of exposure to the virus. Wearing a mask reduces the transmission of COVID-19.

Modoc County has resources to perform contact investigations on all confirmed COVID-19 cases, capabilities to handle medical surge as needed and adequate supplies to test for COVID-19.

The Modoc County Health Officer along with Modoc County Health Services, Modoc County Office of Emergency Services and the Modoc County Sheriff have set up determined trigger points and appropriate actions to those points.

As we move through this staged approach to reopen our County we will include reasoning where we may need to reinitiate previous measures. Guidelines will be assessed and rescinded as necessary, but businesses will remain open at the discretion of the County Health Officer.

Examples of reasons to revert to previous measures may be:

- Confirmation of 2+ confirmed cases of COVID-19 in County.
  - Number of positive cases will be based on findings of contact investigation and the amount of exposure risk to residents.
- Medical surge that overloads County medical facilities and resources.
- Substantially increased death rate within County.

Residents in that vulnerable population should stay at home until May 15th. If on May 15, 2020, Modoc County remains with zero confirmed cases of COVID-19 the stay at home order for the vulnerable population will be reevaluated. If after two weeks of continued zero or minimal exposure of a positive case, social distancing guidelines in place would be reevaluated June 1, 2020. The County Health Officer will reassess and have new guidelines to abide by as necessary by May 15, 2020 and June 1, 2020.

The health and safety of Modoc County residents is and continues to be our number one priority. This Reopening plan was made in the best interest of residents physical, mental and economic health. If you have questions about preventative measures or proper steps to follow the guidelines within your business, organization or office, please call 233-1350.

All County guidance will follow orders directed at the state and federal level at all times. This plan may be subject to change as direction from state and federal levels are updated.
Reopening Modoc County Strategic Plan

Dated: April 28, 2020