



Board of Commissioners

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Newport, Oregon 97365
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May 12, 2020

The Honorable Kate Brown, Governor
900 Court St. NE, Suite 254
Salem, OR 97301-4047

sent via e-mail to: Jen Andrew
Office of the Governor
Jennifer.j.andrew@oregon.gov

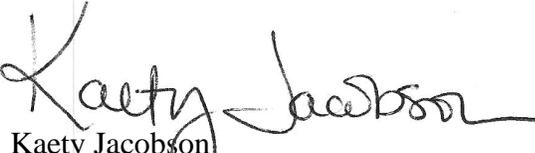
Dear Governor Brown:

Lincoln County, by Order of the Board of Commissioners, is pleased to submit the attached application to reopen Lincoln County under your Plan for Reopening Oregon. The County meets its required prerequisites for reopening and is confident the regional health criteria to be reviewed and approved by the Oregon Health Authority can be met by our regional health partners.

We remain committed to a strategy that strikes the right balance between health concerns and restoration of our economy based on data and information from health officials and provides stability and some certainty in guidance as we continue to address this pressing issue. We will continue to work with local, state and national partners in responding responsibly and thoughtfully while recognizing the impacts on our communities and citizens. We intend to recover and rebuild back better and stronger than before.

Thank you and your team for your leadership in this crisis.

Sincerely


Kaety Jacobson
Commissioner, Chair


Rebecca Austen
Public Health Administrator



Public Health
Prevent. Promote. Protect.

Lincoln County

Lincoln County

Application for Phased Reopening

May 11, 2020

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Lincoln County requests review and approval by the Oregon Health Authority and Governor of this application evidencing how the County meets the “Seven Prerequisites for Phased Reopening of Oregon” contained in the Governor’s Plan for Reopening Oregon. The authority to make this application was granted by Board of Commissioners Order # 5-20-135 that is attached to this application as document A.

Introduction

Lincoln County declared a state of emergency due to the COVID 19 pandemic crisis on March 13, 2020 and has extended that declaration several times, most recently to May 31, 2020. In response to the crisis the County activated an Incident Management Team (IMT) on February 27, 2020, added a fully functional Joint Information Center on March 19, 2020 and a Call Center for public inquiries on March 23, 2020. Currently the County has dedicated a total of 72 employees and volunteers to Command and Operations Staff, Planning, Logistics, Finance, Policy, Public Information and Joint Information, and our Call Center as part of our response team. These include dedicated women and men in Public Health, Emergency Services, Law Enforcement, Public Communications, County Leadership, and the Board of Commissioners’ and County Counsel’s Offices. The County IMT keeps in constant and regular communication with our partners including the Samaritan Health Services (SHS) local Hospitals (Samaritan North Lincoln Hospital in Lincoln City and Samaritan Pacific Communities Hospital in Newport), the Confederated Tribe of Siletz Indians, Cities (Lincoln City, Depoe Bay, Siletz, Toledo, Newport, Waldport and Yachats), first responders (Fire Districts and Pacific West Ambulance Service), Lincoln County School District and Oregon Coast Community College, Hatfield Marine Science Center and Lincoln County Extension Services, local State Agency Representatives, our legislative leaders Senator Roblan and Representative Gomberg, and many others. In addition, Lincoln County Public Health and Samaritan Health Services are coordinating with our region (Lincoln, Benton, Linn, Polk, Yamill and Marion Counties) on regional health metrics and services.

To date, because of strict adherence and a cohesive response to the pandemic by the citizens and communities of Lincoln County we have not experienced a significant number of COVID 19 cases in the County. Only one case of the six reported to date required hospitalization (outside the County). In part that is due to the Governor’s Executive Order’s 20-12 to Stay Home / Save lives, but also local efforts to minimize exposure from recreational travelers to the Oregon Coast. The Board of Commissioners, joined by the Mayors and City Councils of each incorporated city in the County, have enacted and extended a prohibition on short term rentals and lodging in response to the health directives to minimize nonessential travel in the state. With increased testing we do expect to see an uptick in reported positive cases, especially asymptomatic carriers.

The cost to the County’s economy from this disease has been equally devastating to the social and health impacts across our state and country. Lincoln County currently has the highest unemployment rate in the state, and many local businesses (large and small) are in danger of disappearing as are the jobs associated with those businesses. Therefore, Lincoln County is moving forward with this application to seek state approval to move into Phase 1 of reopening. Once that approval is granted, the County will confirm dates with our citizens and communities to begin the process of recovery and rebuilding.

Going forward, the County will continue to vigilantly monitor the prevalence of COVID 19 in our County, work with all our partners to lessen the chances of recurrence of the disease in our community, and continue and expand the efforts at recovery and rebuilding.

Prerequisites for Reopening Lincoln County

Boldface and regular font is **Checklist**. *Italics is county response and information.*

1. Declining Prevalence of COVID 19

a. The percentage of Emergency Department visits from COVID-19 like illnesses (CLI) are less than the flu for the same time of the year. *This is a state determination.*

b. A 14-day decline in COVID-19 hospital admissions. *Not applicable to Lincoln County which has only had one hospital admission (admitted outside the County) overall and none in last 28 days. See attached document E for Samaritan Health Services (SHS) regional phase I information and confirmation.*

2. Minimum Testing Regimen

a. Regions able to administer testing at a rate of 30 per 10,000 per week. *This is a state determination based on the region. Lincoln County and its partner Samaritan Health Services (SHS operates Samaritan North Lincoln and Samaritan Pacific Communities Hospital within the County) have testing capacity locally exceeding this standard. See attached documents C, D, E, F, and G for detailed information from SHS.*

b. Sufficient testing sites accessible to underserved communities. *This is a state determination based on the region. Lincoln County and its partner Samaritan Health Services (SHS operates Samaritan North Lincoln and Samaritan Pacific Communities Hospital within the County) have multiple testing sites and capacity to access underserved communities. See attached documents C, D, E, F, and G for detailed information from SHS.*

3. Contact Tracing System

a. County has 15 contact tracers per 100,00 population. *Lincoln County will need 7.5 contact tracers for a rounded-up population of 50,000 County residents. Lincoln County has 2.5 CD Nurses who do contact tracing regularly, we have trained 6 other public health staff and trained 4 bilingual/bicultural Spanish speaking staff on May 11. Total staff ready to do contact tracing as of submission of this application is 12.5 FTE.*

b. County contact tracing workforce is reflective of the County and able to work in needed languages. *Lincoln County trained 4 Spanish bilingual/bicultural staff as of May 11, 2020 specifically for contact tracing and has a bilingual resource on staff during this crisis who can assist with our Mam (Guatemalan) population.*

c. County is prepared to trace 95% of all new cases within 24 hours. *Lincoln County will meet this requirement as we have 12.5 FTE instead of the minimum of 7.5 FTE. Lincoln County is known to work quickly and efficiently with our CD staff guiding practice.*

4. Isolation Facilities

a. Counties have hotel rooms available for those who cannot self-isolate. *Lincoln County's Non-Congregate Housing Group and IMT staff have lined up 120 rooms in the County. The County with financial assistance from the Cities of Lincoln City and Newport has been housing some of our vulnerable homeless population in hotel rooms since mid-March. Our affiliated agency, Community Services Consortium, has a program providing rooms for qualifying low-income populations which still has resources. We have applied for non-congregate housing funding from the Federal Emergency Management Agency (FEMA) for additional support. Lodging availability will be monitored closely once lodging is completely opened up to visitors after state restrictions on non-essential travel and local prohibitions on short term rentals are lifted. Wrap around services for those isolated will be provided.*

b. Counties Provide a narrative of how they will respond to three different outbreak situations in the County.

- *Long Term Care Facilities (LTCF) – Lincoln County's Incident Management Team's LTCF Workgroup has been working on preparedness in our facilities since the end of March. All facilities have plans in place on what to do when they get a positive case. The County has requested the LTCFs practice their procedures for readiness. The County has linked our EMT and Hospitals to our LTCFs so they all understand the procedures. The County has a standing weekly call with all of these players to shore up gaps which may occur. Public Health (PH) will be notified when someone has symptoms and PH will order a test. The sick person will be isolated and staff interactions will be minimized with necessary precautions.*
- *Fish Plant Workers – Lincoln County's Incident Management Team's Seasonal Worker Task Force is currently working on a potential outbreak in one of our fish plants that is related to the outbreak in Astoria. The County team is working with the plant manager, Samaritan Pacific Communities Hospital in Newport and Dr. David Long, County Health Officer, to test all 40 workers at Samaritan Health Services' Waldport testing site. This was set up in 2 days. The plant has closed its operations until the County confirms whether there are any positive cases and if so, determines how best to proceed. The County has adequate contact tracing staff to do the outbreak investigations and data entry. The County Public Health team is educating the fish plant community, giving them educational materials to post and helping them figure out how to safely operate observing the 6' distancing rules.*
- *Lincoln County Jail – Lincoln County Sheriff Curtis Landers, has been very proactive since the beginning of Lincoln County's COVID-19 response. The Sheriff released appropriate inmates to be monitored by Community Justice to free up two pods that could be used to*

isolate new people coming into the jail and to house anyone who had symptoms. The County Health Officer, Dr. David Long, is also the Medical Director for the jail. The County Health Care System is interconnected and, in the past, has worked well on communicable disease prevention to minimize outbreaks. Dr. Long is involved and is kept in the loop for consultation and to write orders as needed to respond to any outbreak immediately.

5. Finalized Statewide Sector Guidelines

Oregon Health Authority is required to finalize these guidelines. Lincoln County, through its Joint Information Center (JIC), will continue to educate and inform our partners, communities, businesses, and citizens about the latest information provided by the Oregon Health Authority. The County has a webpage [Reopening Lincoln County](#) specifically devoted to state and local guidance on reopening sectors of our state and county. This information is provided to the community through robust and comprehensive Joint Information Center services, including both electronic, social media, hard copy distribution and targeted dissemination to residents, businesses, underserved populations, and the community at large. The County also has additional [website page](#) containing information including but not limited to links to OHA, CDEC, coronavirus resources, coronavirus myths, PPE donation options, and other public information.

6. Sufficient Health Care Capacity

Region must be able to accommodate a 20% increase in hospitalizations. This is determined for the Health Region. To assist in that determination, Lincoln County provides attached documents B through G from Samaritan Health Services (including Samaritan Pacific Communities Hospital and Samaritan North Lincoln Hospital) to address these criteria. These include the required attestations and confirmation to allow non-emergent and elective health services as well as confirmations to meet regional requirements.

7. Sufficient PPE Supply

a. *Hospitals in region are reporting PPE supply daily through HOSCAP. Oregon Health Authority is required to certify this regionally, Lincoln County is aware that the Samaritan System within the region (servicing not just Lincoln County, but Linn and Benton Counties) provides the required reporting through HOSCAP as noted in the attached documents D, E and F.*

b. *Hospitals in region must have a 14 or 30 day supply of PPE depending on their size and whether they are a rural hospital. Samaritan Health Services (including Samaritan Pacific Communities Hospital and Samaritan North Lincoln Hospital) has provided the required hospital attestation which is included in the attached document D, E, and F.*

c. *Counties must have sufficient PPE for first responders. Lincoln County's Emergency Services Manager reports that first responders report that they have adequate PPE to meet current demands at current levels of use. First responders report a partial reconnection with resupply lines and continue working on resupply and restocking inventories. The County maintains and distributes PPE through its Emergency Services Department. Documentation on current*

inventories of Emergency Services PPE for first responders is attached to this application as document H. By this submission, Lincoln County attests that to the best of its knowledge and under conditions as currently exist, there is sufficient PPE for first responders. In accordance with its Order authorizing this application, the County reserves the right to review and change this attestation if circumstances change and conditions warrant a reversal of that attestation.

1 **BEFORE THE BOARD OF COMMISSIONERS**
2 **FOR LINCOLN COUNTY, OREGON**

3
4 In the Matter of)
5) **ORDER NO. 5-20-135**
6 *Authorizing County Chair and Public Health*)
7 *Administrator to Sign an Application to the Governor*)
8 *to Reopen Lincoln County*)
9

10 WHEREAS Lincoln County, by Resolution dated March 13, 2020 and ratified and
11 extended by the Board of Commissioners on March 18, 2020, extended again by the Board
12 of Commissioners on April 20, 2020 to May 8, 2020¹ and extended again on May 4, 2020
13 to May 31, 2020, declared an emergency in Lincoln County created by the COVID -19
14 pandemic crisis which is threatening citizens of Lincoln County²; and

15 WHEREAS by Executive Order 20-12 signed by the Governor on March 23, 2020,
16 the Governor Ordered Oregonians to Stay Home / Save Lives, which include the closure
17 of certain retail businesses, required social distancing, minimized nonessential travel, and
18 imposed other restrictions on activities to flatten the curve of the spread of the coronavirus;
19 and

¹ Resolution # 20-18-3A, signed by Chair Jacobson on March 13, 2020, ratified by the full Board on March 18, 2020. Resolution # 20-18-3B adopted by the Board on March 18, 2020 extended the declaration through April 30, 2020. Resolution # 20-20-4B adopted on April 20, 2020 extended the declaration through May 8, 2020. By motion on April 27, 2020, the Board extended the declaration through May 31, 2020. A formal Resolution was adopted on May 4, 2020 memorializing this decision. A formal resolution memorializing that decision is forthcoming.

² The Declaration of an Emergency applies throughout Lincoln County since this health issue is not confined to specific geographic portions of the County but threatens county residents across the entire County. On March 11, 2020, the US Center for Disease Control (CDC) declared the threat pandemic in the US and cases have been reported in all 50 states. The Governor of Oregon declared an emergency on March 8, 2020 by Executive Order 20-03 and most recently the Governor extended the emergency declaration to July 6, 2020 by Executive Order 20-24.

1 WHEREAS on May 7, 2020 the Governor released a framework plan (Plan) entitled
2 “Reopening Oregon: A Public Health Framework for Restarting Public Life and Business”
3 which contains specific criteria and metrics that must be met on both a County level, and
4 within regions established by the State to measure health system capacities. For Lincoln
5 County the regional health system metrics are reviewed and approved by the Oregon
6 Health Authority based on health care and hospital capacities in Lincoln, Benton, Linn,
7 Polk, Yamill and Marion Counties. These regional criteria must be approved before
8 Lincoln County can move into the first phase of reopening under the Plan; and

9 WHEREAS the Governor’s Plan includes a phased and deliberate reopening that
10 removes some restrictions on businesses while maintaining core elements of the Stay
11 Home / Stay Alive order until the capacity of health systems is ensured, and the course of
12 the spread of the disease continues to trend downward³; and

13 WHEREAS the Governor’s Plan sets forth seven prerequisites, some of which are
14 determined by the County, some of which are reviewed and approved by the Oregon
15 Health Authority for the region as described above; and

16 WHEREAS the prerequisites need to be addressed in an application submitted by
17 the County to the state;

18 NOW THEREFORE, IT IS HEREBY ORDERED THAT:

19 1. Chair Kaety Jacobson and Public Health Administrator Rebecca Austen are
20 authorized without further Board action to submit an application to the Governor’s Office
21 to reopen Lincoln County in accordance with Governor’s guidelines as set forth in
22 Governor’s Plan for reopening the state of Oregon.

³ It needs to be clarified that Board Orders 3-23-85 and 4-20-118 prohibiting short term rentals are not rescinded or modified by this Order or the Governor’s approval of the County’s reopening application. In laying out the Plan, the Governor specifically stated to the County that the provisions of her Executive Order 20-12 on travel will not be significantly modified at this time. Those provisions direct minimal travel limited to essential travel for work, food, shelter, health, and family care. She stated she would not be modifying the order to authorize overnight leisure travel. In any case, determinations on the status of the prohibition will be made separately by the Board of Commissioners, Mayors and City Councilors parallel to the Plan application process.

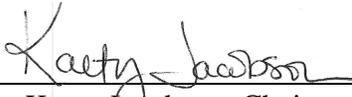
1 2. The Board finds, in good faith and belief based on current knowledge and
2 conditions and our understandings of the Plan criteria, Lincoln County meets all the
3 criteria required of the County in making this application and will convey that belief to the
4 Governor. This determination is subject to change if there are changes in the conditions
5 surrounding the current state of the disease in Lincoln County.

6 3. The Chair and Public Health Administrator may sign any other documents as
7 deemed necessary to complete the application process including certifications and
8 attestations consistent with this Order.

9 4. A copy of this Order be provided to the Governor with the County application
10 to reopen.

DATED: May 11, 2020

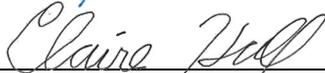
LINCOLN COUNTY BOARD OF COMMISSIONERS



Kaety Jacobson, Chair



Doug Hunt, Commissioner



Claire Hall, Commissioner

⁴Commissioner Hunt voted no on this order because it did not state a reopening date of June 1, 2020 or later.

Policy & Procedure

Page 1 of	Revision #: 0
Owner: SHS Administration	Authorized by: President & CEO
SHS Guidelines for Restarting Non-Emergent & Elective Procedures in Hospitals	

Applicable To:	<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SLCH	<input checked="" type="checkbox"/> SNLH	<input checked="" type="checkbox"/> SPCH	<input type="checkbox"/> CORP	<input type="checkbox"/> SHP	<input type="checkbox"/> SMG	<input type="checkbox"/> System-wide
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APPLICATION

All Samaritan Hospitals.

POLICY

All SHS Hospitals will maintain all of the criteria outlined in Governor Brown’s executive order No. 20-22 and the Oregon Health Authority Guidance on the Resumption of Non-Emergent and Elective Procedures at Hospitals.

PROCEDURE

DEFINITIONS:

1. “CDC” means the U.S. Centers for Disease Control & Prevention
2. “Crisis Standards of Care” means standards of care for non-conventional conditions (i.e. contingent or crisis conditions) as described in Oregon’s Crisis Care Guidance
3. “Elective and non-emergent procedures” means procedures that require PPE and that will not result in irreversible harm to the patient if delayed for up to 90 days.
4. “FDA” means the U.S. Food and Drug Administration
5. “Hospital bed availability” means the availability of staffed intensive care unit (ICU), step-down, and medical/surge beds.
6. “Large hospital” means a hospital licensed under ORS 441.025 with 50 or more licensed beds, but does not include a rural hospital
7. “NIOSH” means the National Institute for Occupational Safety and Health which is a part of the CDC
8. “Non-emergent” means not urgent
9. “Personal Protective Equipment (PPE)” means medical grade gloves, gowns, face shields, surgical masks, and N-95 respirators or other reusable respirators (e.g. powered air purifying respirators, PAPRs) that is intended for use as a medical device
10. “Region” means the region within which a hospital is located, according to Oregon’s existing Health Preparedness Program (HPP) regions which align with the Oregon Area Trauma Advisory Board (ATAB) regions as defined by OAR 333-200-0040.
11. “Regional Resource Hospital (RRH)” means a hospital that has entered into agreement with the Oregon Health Authority to serve as the regional hospital bed management and transfer center for one or more regions during the COVID-19 emergency.
12. “Small hospital” means a hospital licensed under ORS 441.025 with fewer than 50 beds or a rural hospital.
13. “Threat of irreversible harm: includes:
 - a. Threat to the patient’s life;
 - b. Threat of irreversible harm to the patient’s physical or mental health;
 - c. Threat of permanent dysfunction of an extremity or organ;

- d. Risk of cancer metastasis or progression of staging; and
- e. Risk of rapidly worsening condition (i.e., need for the procedure is time-sensitive).

IMPLEMENTATION:

1. Hospital Capacity

- 1) Hospital bed availability in the region must be able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations compared to the number of suspected or confirmed COVID-19 hospitalizations in the region at the time of Executive Order No. 20-22 was issued.
 - i. Samaritan Health Services will be working closely with the Regional Resource Hospital to confirm that the region maintains compliance with this OHA requirement.
 - ii. Based on data from April 27, 2020 on the number of suspected or confirmed COVID-19 cases in the system, the requirement to be able to care for a potential 20% increase in suspected or confirmed COVID-19 cases from the baseline period equates for a need to have 7 available beds in order to continue with non-emergent and elective cases.
- b. SHS Analytics will review the bed availability for each of the hospitals. This report will be generated for each day in which non-emergent or elective procedures are scheduled for the following day. The report will be generated at 1 p.m. daily using the following criteria:
 - i. The Systemwide Capacity dashboard in Epic will be used. The report displays bed availability by hospital and then by unit (ICU, PCU, ACU). The total current bed availability by hospital will be totaled to reach our system total bed capacity.
 - i. SHS Analytics will confirm that Samaritan has available beds to care for an increase of 20% of suspected or confirmed COVID-19 patients from the baseline period.
 - ii. If Samaritan Health Services does not meet the required bed availability, the Samaritan Senior Leadership team will be notified. This notification will include the President, Senior Vice Presidents, CEOs and SHS Coronavirus Task Force. Following the notification, a telephone conference will occur to understand the anticipated discharges, pending admits and scheduled cases at each facility. If it is determined that Samaritan cannot meet the required capacity, a representative from Samaritan will notify the Regional Resource Hospital. Samaritan will discuss the limited bed availability at Samaritan and determine the regional bed capacity. If the region cannot meet the required bed capacity, all hospitals will be notified, and cancellation procedures will occur.
- 2) A hospital must be able to treat all patients requiring hospitalization without resorting to crisis standards of care.
 - a. Each hospital will review their bed capacity at regular intervals each day and if hospital experiences a surge of patients or is experiencing a census that will soon result crisis standards of care the Senior Leadership team (outlined above) will be notified, and cancellation procedures for scheduled cases will occur.

2. Adequate PPE Supplies

- A. Hospital must have adequate PPE supplies on hand that have been approved by NIOSH or FDA.
 - 1) Samaritan Health Services has submitted the PPE attestation form, prescribed by OHA, that attests the health system's PPE supplies on hand calculated at a system level, meet the PPE

requirements in the OHA guidance for each of its hospitals. The form was signed and submitted to OHA on April 30, 2020.

- 2) Samaritan Materials Management will continue to track and report PPE at a system level daily and provide reports to the Senior Leadership Team including days on hand of the items outlined in the guidance.
 - a. If system PPE levels for any required category fall below outlined requirements, the Senior Leadership team will be notified and confirm that the health system can meet the OHA requirements outlined below:
 - i. Per the OHA guidance, if a temporary disruption threatens the ability of a hospital to maintain an adequate PPE supply, and the hospital proposes to implement reuse protocols for PPE, it may continue non-emergent and elective procedures under the following procedures:
 - i. The hospital has and uses NIOSH or FDA approved PPE, or PPE medical devices that have been approved under an FDA Emergency Use Authorization.
 - ii. The hospital follows CDC guidance for PPE contingency strategies, but only for a temporary period of time, no longer than 4-weeks.
 - b. If the requirements cannot be met, all of the hospitals will be notified, and cancellation procedures will occur.
3. Adequate Testing Capacity:
 - A. Samaritan is screening patients by laboratory testing before proceeding with a non-emergent or elective procedure.
 - B. Hospitals have access to COVID-19 testing
 - C. Large hospitals (GSRMC and SAGH) will maintain COVID-19 test turn around times of 2 days.
 - D. Small hospitals (SLCH, SNLH, SPCH) will maintain COVID-19 test turn around times of 4 days.
4. Strict Infection Control & Visitation Policies:
 - A. Each hospital will continue to follow strict infection control in accordance with OHA guidance.
 - B. Samaritan Health Services will maintain hospital visitation policies that are consistent with OHA's visitation guidance.
5. Resources for Peri-Operative Care:
 - A. Hospitals will maintain that patients have available access to pre-and post-operative visits with necessary providers, laboratory, radiology and pathology services, and other necessary ancillary services.
 - 1) If access for one of these services is not available to patients, the Senior Leadership team will be notified as well as the hospitals and cancellation procedures will take place.
6. Measured Resumption of Procedures:
 - A. Hospitals will follow all OHA guidance on the resumption of non-emergent and elective procedures and will start slowly and reassess every two weeks.
 - 1) Hospitals will limit their volumes to not exceed OHAs parameters.
 - a. For the initial period of May 1-14, 2020 hospitals will limit their non-emergent & elective procedure volume to 50% of the hospital's pre-COVID-19 non-emergent and procedure volume. Measured by calculating the average number of non-emergent and elective procedures performed in the last quarter of 2019.
 - i. The calculation will be completed by the SHS Analytics department and then provided to the Senior Leadership including the Hospital CEOs, Chief Medical Officer, and Medical Director overseeing the Procedural Subgroup for the system.
 - i. The calculation will use the following parameters:

1. Total cases will include all completed cases scheduled in an operating room (excluding cath lab & interventional radiology) for the defined measurement period. Emergent cases will be defined by reviewing all cases for the Epic classification of an add-on case and will be subtracted from the total. The remaining non-emergent & elective cases for the measurement period will be converted to a weekly average. The maximum percentage limit, as provided by the OHA, will be applied to that weekly average.
 - 2) Samaritan will follow the processes outlined in the Hospital Capacity section to determine if a hospital needs to reduce or stop non-emergent and elective procedures and for cancelling those procedures if necessary.
 - 3) The hospital CEOs have delegated authority to the SHS Chief Medical Officer to appoint a medical committee to review and prioritize cases based upon indication and urgency.
 - a. The SHS Procedural Committee that is Chaired by the Medical Director of Surgery for GSRMC been appointed for this purpose.
 - i. The SHS Procedural Committee, as well as the site based Procedural Triage Committees will do the following in accordance with OHA guidelines:
 - i. Strongly consider and balance the risks and benefits of performing non-emergent and elective procedures for patients at higher risk of contracting COVID-19, such as those over age 60, those with compromised immune systems, or chronic lung or heart disease.
 - ii. Consider ongoing postponement of non-emergent and elective procedures that are expected to require the following:
 1. Transfusion
 2. Use of pharmaceuticals that are in short supply
 3. ICU admission
 4. Transfer to a skilled nursing facility or inpatient rehabilitation
7. Reporting, Monitoring and Enforcement:
- A. Hospitals will continue to report all PPE supplies, COVID-19 hospitalizations and bed capacity daily through HOSCAP.
 - B. Daily Samaritan will monitor the system bed availability
 - C. Daily Samaritan will work with our Regional Resource Hospital to ensure the region is meeting the OHA guidance.
 - D. Samaritan will comply with a request for information from OHA immediately, upon request.

REFERENCES

- Governor Brown’s Executive Order No. 20-22
- ORS 433.443
- ORS 431A.010
- ORS 441.025
- Oregon Health Authority Guidance on Resumption of Non-Emergent & Elective Procedures

REVIEW/REVISION HISTORY

Date of Revision	Revision #	Revision / Review	Revision Description	Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)
4/30/2020	0	New		Senior Executive Council, SHS Coronavirus Task Force
		Select		

		Select		



Hospital Attestation to Resume Non-Emergent or Elective Procedures

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

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

I, Robert J. Turngren (printed name), on behalf of Samaritan Health Services, Inc. (name of hospital or health system), attest to the following (please check any of the boxes that apply and supply any additional information):

- The hospital or health system intends to resume non-emergent or elective procedures by (insert date) May 1, 2020
- The hospital or hospitals within the health system have adequate medical grade PPE supplies that meet applicable National Institute for Occupational Safety and Health and U.S. Food and Drug Administration regulations for performing non-emergent or elective procedures.
- As a large hospital (as defined in OHA guidance) the hospital has an adequate 30-day supply of PPE on hand that is appropriate to the number and type of procedures to be performed or an open supply chain, as that is defined in OHA's guidance.
- As a small hospital (as that is defined in OHA guidance), the hospital has an adequate 14-day supply of PPE that is appropriate to the number and type of procedures to be performed on hand or an open supply chain, as that is defined in OHA's guidance.

¹ The guidance can be found at

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2322u.pdf>.

- As a health system, PPE supplies on hand were calculated at a health system level and the PPE requirements can be met for each of the hospitals within the health system listed below.

If a health system is submitting this attestation, please list all of the hospitals in the system for which this attestation applies:

Good Samaritan Regional Medical Center, Samaritan Albany General Hospital,

Samaritan Lebanon Community Hospital, Samaritan North Lincoln Hospital,

Samaritan Pacific Communities Hospital.

I certify that the responses in this attestation are accurate and complete. I understand that if OHA determines that a hospital is not in compliance with the PPE requirements, OHA may require the hospital to cease performing non-emergent or elective procedures for a specified period of time.

Robert J. Turngren, SVP, Chief Medical Officer

Printed name and title

April 30, 2020

Date



Signature

May 7, 2020

Lincoln County Board of Commissioners
225 W. Olive St., #100
Newport, OR 97365

Dear Commissioners:

In response to your request, Samaritan Health Services provides this update on our bed surge capacity planning, personal protective equipment (PPE) supply chain reliability and commitment to daily PPE reporting to the Oregon Health Authority. Attached is our communication we have provided to the Oregon Health Authority around restarting elective and non-urgent procedures.

Bed Surge Capacity

Samaritan activated our Incident Command structure on March 12, 2020, to begin planning for an anticipated surge of COVID-19 patients. We developed a four-phase surge plan to accommodate the needs of our communities. Specific to Lincoln County, Samaritan Pacific Communities Hospital & Samaritan North Lincoln Hospital plans include both ensuring adequate ICU beds as well as acute care beds. Fortunately, the anticipated surge was avoided by the quick action and strict adherence to the Governor’s “Stay Home, Save Lives” order. Samaritan Pacific Communities Hospital & Samaritan North Lincoln Hospital have adequate bed capacity to accommodate an increase in volume if we experience a future surge of COVID-19 patients. Samaritan reports bed capacity as well as ventilator usage to the Oregon Health Authority through the HOSCAP system. We have committed to continuing this reporting of bed capacity to the Oregon Health Authority.

PPE Supply Chain Reliability

Samaritan immediately began work to ensure we have access to adequate PPE to accommodate the expected surge. As a result, Samaritan has contracts in place that allow for sustained PPE supply.

PPE Reporting to Oregon Health Authority

Samaritan reports PPE to the Oregon Health Authority through the HOSCAP system. We have committed to continuing this reporting of PPE to the Oregon Health Authority.

Samaritan Health Services is committed to maintaining our preparedness and stands ready to serve the needs of our communities.

Sincerely,



Douglas R. Boysen, JD, MHA
President & Chief Executive Officer



Robert J. Turngren, MD, MBA
Senior Vice President & Chief Medical Officer

Lincoln County Response to Prerequisites for Phased Reopening of Oregon:

1. Declining prevalence of COVID-19:
 - a. The percentage of ED visits for COVID-19 like illnesses (CLI) are less than the historic average for flu at this same time of year:
 - i. **Data will be provided by OHA.**
 - b. A 14-day decline in COVID-19 hospital admissions:
 - i. Samaritan Pacific Communities Hospital & Samaritan North Lincoln Hospital have not had any COVID-19 hospital admissions in total or in the last 28 days.
2. Minimum Testing Regimen:
 - a. Regions must be able to administer COVID-19 testing at a rate of 30 per 10,000 people per week. Regions must implement a testing regimen that prioritizes symptomatic patients and individuals who came into contact with a known COVID-positive person and includes testing of all people in congregate settings when there is a positive test. This includes long-term care facilities & county jails among others. The plan must include frequent tests of frontline and essential workers and industries where workers may not be able to practice optimal physical distancing.
 - i. **Lincoln County Testing Regimen for persons who came into contact with a known COVID-positive person:**
 - ii. **Lincoln County Testing Regimen for people in congregate settings when there is a positive test:**
 - iii. Samaritan Health Services Testing Regimen for Symptomatic Patients:
 1. Samaritan Health Services which has two hospitals and multiple outpatient clinics in Lincoln County has adopted the attached testing guidance which prioritizes all patients with symptoms consistent with COVID-19 for testing. In addition, asymptomatic patients that will be receiving a scheduled surgical or OB procedure are also prioritized for testing in the region.
 2. The population of Lincoln County (based on 2019 United States Census Bureau data) is: 49,962. Based on the criteria outlined at a testing rate of 30 per 10,000 people per week Lincoln County needs to be able to administer 150 COVID-19 tests per week.
 - a. Samaritan Health Services has established two mobile COVID-19 testing sites in Lincoln County, one is in Depoe Bay and one is in Waldport. In addition, Samaritan operates two walk-in clinics, two emergency departments, and multiple primary care clinics in Lincoln County that are also providing COVID-19 testing to patients when clinically necessary. In the last week (April 29 – May 6) Samaritan administered 753 outpatient tests in Linn,

Benton & Lincoln counties. Samaritan maintains significant additional capacity in order to increase the number of tests administered. In Lincoln County specifically, Samaritan administered 134 outpatient tests last week, however the mobile testing site opened in Waldport on Wednesday, April 29th and we expect that number to continue to increase over the next week. In Lincoln County specifically, Samaritan administered a total of 149 inpatient & outpatient COVID-19 tests last week.

- b. Samaritan Health Services has established a public facing website samhealth.org/coronavirus that lists a variety of information for patients who are seeking COVID-19 testing. Samaritan has created a free-assessment using a MyChart E-Visit for all patients in our region to complete (as well as resources to aid in the community setting up these accounts and establishing a patient chart with Samaritan). The assessment screens patients for symptoms consistent with COVID-19 and clinicians can order a COVID-19 test for the patient following the assessment. Samaritan is not charging a fee for the specimen collection of COVID-19 tests and will not bill any patients who are uninsured. Instead Samaritan will seek reimbursement of those expenses through the CARES Act.
 - i. In addition to information on our website, we have also sent an email to more than ~140,000 patients in both English and Spanish, sent press releases to local newspapers, posted multiple times on our social media and communicated with our Counties to help share the information.

3. Contact Tracing System:

- a. **To be completed by County**

4. Isolation Facilities:

- a. **To be completed by County**

5. Finalized Statewide Sector Guidelines

- a. **To be completed by County**

6. Sufficient Health Care Capacity:

- a. To maintain a phased re-opening plan, each region must be able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations compared to the number of suspected or confirmed COVID-19 hospitalizations in the region at the time Executive Order No. 20-22 was issued.
 - i. Samaritan Health Services working closely with the regional resource hospital to confirm that the region maintains compliance with the above OHA guidance. In addition, each Samaritan Health Services hospital reports bed capacity daily in HOSCAP.

- ii. A 20% increase in suspected & confirmed COVID-19 cases, based on the date the Executive Order was issued represents 7 ICU, step-down and Medical/Surge beds as a system. Samaritan is running a report of bed availability each day at 1 p.m. to confirm that 7 beds are available. If the report shows less than 7 available beds, the senior leadership team is notified as well as the Regional Resource Hospital. Samaritan will discuss the limited bed availability within its hospitals and seek guidance on whether the region is still meeting the required capacity.
- 7. Sufficient PPE Supply
 - a. All hospitals in the health region must report PPE supply daily to OHA's Hospital Capacity system. Large hospitals and health systems in the region must attest to a 30-day supply of PPE, and rural hospitals must have a 14-day supply.
 - i. Samaritan Health Services submitted the required PPE attestation to OHA on Friday, April 30th confirming that the health system has at least a 30-day supply of PPE. In addition, each of the Samaritan hospitals are reporting PPE data in HOSCAP daily.
 - b. To be completed by county**

Additional Testing Questions:

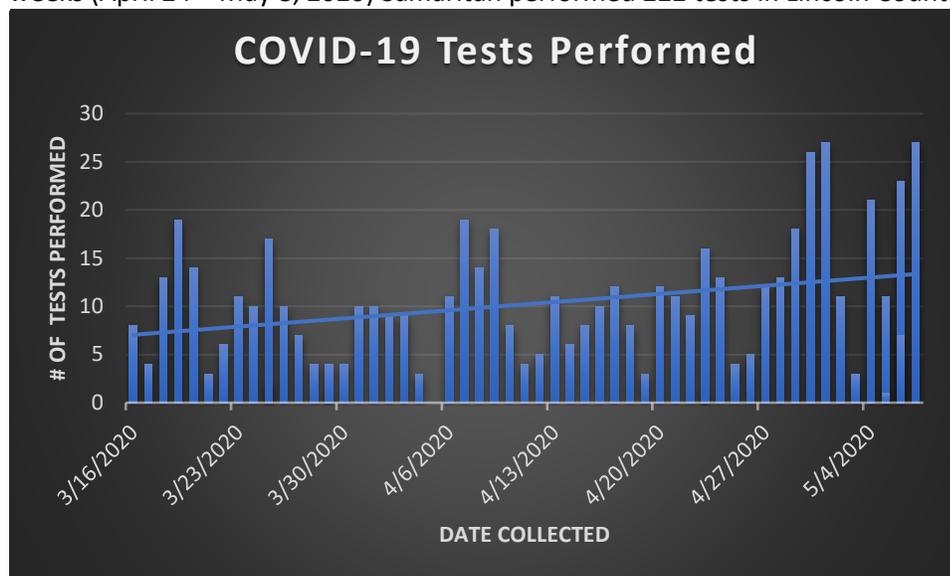
1. What types of tests are being administered in your hospital? (Nasopharyngeal, Serology, Abbot Rapid Test, etc.?)
 - a. Samaritan is administering nasopharyngeal tests in our hospitals.
2. What is your DAILY collection/testing capacity?
 - a. Samaritan has mobile COVID-19 testing sites in Depoe Bay & Waldport. Depoe Bay has the capacity to administer 138 tests per day and Waldport has the capacity to administer 69 tests per day.
 - b. In addition to the testing sites, Samaritan also administers tests in our Walk-In clinics, Emergency Departments and some Primary Care Clinics.
3. How many DAYS per WEEK do you collect/test?
 - i. *We collect tests 5 days per week at our mobile testing sites and 7 days per week in our walk-in clinics and emergency departments.*
4. Does your hospital/lab have reliable courier service in place with current testing laboratories that can accommodate increased testing to meet the **required** 30 weekly tests per 10,000 people?
 - a. Yes, Samaritan is using Legacy Laboratory right now for our inpatient/outpatient tests and they have a daily capacity of 650 tests.
 - b. In addition, Samaritan has contracted relationships with Quest Lab and University of Washington Lab and would utilize those labs in addition to Legacy if additional capacity was necessary.
5. What resources are you planning to share with nearby regions and which regions are you working with to support needs your region might have?
 - a. Samaritan Health services is an integrated health system serving Linn, Benton & Lincoln Counties. Samaritan is sharing all testing kit supplies, courier services, policies, protocols and work instructions across its departments across the system.

6. The state is planning to have additional specimen collection sites (Walmart, Walgreens) and additional courier routes and test processing (Quest, LabCorp) to support regions throughout the state that may run out of capacity. What resources will you need from the state or other counties to help you achieve your objectives?
 - a. We have adequate supplies and staffing to meet the testing need in our communities, however, the supply chain for lab testing supplies remains challenged and we would always welcome additional nasopharyngeal swabs and testing media.
7. What are other concerns for which your region is or should be planning for?
 - a. Should continue to plan for increase in testing and the necessary supplies and staffing required to administer these tests.

With all the changes coming for the reopening process I have a couple of asks:

Minimum testing regimen - We will need to show that we (actually you/Samaritan) can do 150 tests a week, can you send me a trend line for the last two weeks. I think your infection control person may have this data for us.

- Samaritan has mobile COVID-19 testing sites in Depoe Bay & Waldport. Depoe Bay has the capacity to administer 38 tests per day, 190 tests per week. Waldport has the capacity to administer 19 tests per day, 95 tests per week. In total, the COVID-19 testing sites in Lincoln County have a weekly test capacity of 285. In addition, Samaritan North Lincoln Hospital Emergency Department as well as the Samaritan Pacific Communities Hospital Emergency Department have the capacity to administer additional tests. The walk-in clinics in Newport and Lincoln City are also providing COVID-19 tests. The appendix below provides a list of locations and hours of operation for COVID-19 testing in Lincoln County.
- The graph below shows how Samaritan has increased testing in Lincoln county through the pandemic. These tests performed do not indicate the test capacity for the County which (as referenced above) is far greater than the tests being performed. In the last 2 weeks (April 24 – May 8, 2020) Samaritan performed 222 tests in Lincoln County.



Sufficient Health Care Capacity - Can you send us what you sent the State to meet this criteria and we will just fold it into our plan?

- A 20% increase in suspected & confirmed COVID-19 cases, based on the date the Executive Order was issued represents 7 ICU, step-down and Medical/Surge beds as a system. Samaritan is running a report of bed availability each day at 1 p.m. to confirm that 7 beds are available. If the report shows less than 7 available beds, the senior leadership team is notified as well as the Regional Resource Hospital. Samaritan will discuss the limited bed availability within its

hospitals and seek guidance on whether the region is still meeting the required capacity.

- In addition, all Samaritan hospitals completed 4-phase surge plans. These plans include significant increases of bed capacity, including ICU beds and ventilators should a surge in patients occur. At Samaritan North Lincoln Hospital the surge plan details how the hospital can increase inpatient bed capacity in phases 1-3 from 18 to 43. At Samaritan Pacific Communities Hospital the surge plan details how the hospital can increase inpatient bed capacity in phases 1-3 from 25 to 48. This represents that even if the hospitals were at full capacity (which they have not been through this pandemic) they are prepared to handle a significant surge of patients.
- Attached please find our policy that was drafted in accordance with the OHA guidance on re-opening hospitals for non-emergent and elective procedures.

PPE - I think OHA will have your PPE attestation so I don't think we'll need that. If you had an easy inventory for us to include that would be fine too.

- Attached please find our attestation that was provided to OHA on 4.30.20.
- Samaritan reports its PPE information into HOSCAP daily. Below is the information that was provided on May 7, 2020.

HOSCAP Reporting	Newport	North Lincoln
Face Shields	100	100
Gloves - **EACH**	228800	137070
Isolation Gowns	1645	1020
Respirators - N95's	5328	3175
Surgical Masks	2600	1100

Appendix:

Samaritan Lincoln County Locations for COVID-19 Testing:

- 1. Samaritan Pacific Communities Hospital Emergency Department**
 - a. Open 7 days a week, 24 hours per day
 - b. 930 SW Abbey St., Newport, OR 97365

- 2. Samaritan COVID-19 Testing Site – Waldport**
 - a. Open, Monday-Friday 9 am – 11 am
 - b. 920 SW Range Drive, Waldport, OR 97394

- 3. Samaritan Walk-In Clinic – Newport**
 - a. Monday – Friday, 9 am – 8 pm, Saturday 9 am – 6 pm, Sunday 10 am – 6 pm
 - b. 740 SW 9th Street, Newport, OR 97365

- 4. Samaritan North Lincoln Hospital Emergency Department**
 - a. Open 7 days a week, 24 hours per day
 - b. 3043 NE 28th Street, Lincoln City, OR 97367

- 5. Samaritan COVID-19 Testing Site – Depoe Bay**
 - a. Open, Monday-Friday 9 am – 1 pm
 - b. 531 US Hwy 101, Depoe Bay, OR 97341

- 6. Samaritan Coastal Clinic – Walk-In**
 - a. Monday – Friday, 8 am – 8 pm, Saturday 9 am – 6 pm, Sunday 9 am – 6 pm
 - b. 825 NW US Hwy 101, Suite A, Lincoln City, OR 97367



Work Instructions

Page 1 of 3	Revision #: 6
Owner: Infection Prevention	Authorized by: Chief Medical Officer
Testing Guidance – COVID-19	

Applicable To:	<input checked="" type="checkbox"/> GSRMC	<input checked="" type="checkbox"/> SAGH	<input checked="" type="checkbox"/> SLCH	<input checked="" type="checkbox"/> SNLH	<input checked="" type="checkbox"/> SPCH	<input type="checkbox"/> CORP	<input type="checkbox"/> SHP	<input checked="" type="checkbox"/> SMG	<input type="checkbox"/> System-wide
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APPLICATION

All Samaritan Health Services (SHS) clinicians.

DEFINITIONS

- NONE

INSTRUCTION STEPS

PRIORITY FOR TESTING:

Symptomatic Patients:

- All patients with clinical concern for COVID-19

Have a high index of suspicion for COVID-19 in symptomatic healthcare workers, first responders, patients in long-term care facilities or other congregate living facilities, patients over age 60, pregnant women, immunosuppressed patients and those at high risk of transmission to others.

Asymptomatic Patients:

- Scheduled for a surgical procedure
- Scheduled for an obstetric procedure or in active labor

***No other asymptomatic patients should be tested at this time**

1. SYMPTOMATIC INPATIENT TESTING GUIDANCE

- BAL/sputum is the preferred specimen type for inpatients. Next best would be nasopharyngeal swab followed by oropharyngeal swab.
- Sputum and BAL samples will be sent to the Oregon State Public Health Laboratory (OSPHL) and requires additional online documentation (see instructions below)
- As of April 13, 2020, nasopharyngeal swabs will be sent to Legacy Laboratories
- If inpatient testing is pursued, please alert your local infection preventionist

2. NASOPHARYNGEAL SWAB

- Order **SARS-CoV-2 (COVID-19) AND ISOLATION PANEL (aka COVID)**
 - This will default to **Coronavirus SARS-CoV-2 by PCR (Legacy) and Special Droplet and Contact Isolation Status.**
 - For BAL/Sputum samples, deselect the Legacy order and select the OPHL test and follow the instructions below:**

3. **BAL or SPUTUM**

A. Ordering clinician must first submit an electronic request at

<http://www.healthoregon.org/howtoreport>

- 1) Click the button for “Online Morbidity Report.”
- 2) Select COVID-19.
- 3) Answer the clinical questions.
- 4) Complete all requested information.

B. Order SARS-CoV-2 (COVID-19) AND ISOLATION PANEL (aka Covid)

- 1) This will default to Coronavirus SARS-CoV-2 by PCR (Legacy) and Special Droplet and Contact Isolation Status. You will deselect the Legacy order and select the OPHL test instead.

4. **SYMPTOMATIC OUTPATIENT or ED WITHOUT NEED FOR ADMISSION TESTING GUIDANCE**

Severely ill patients who will be transferred to a higher level of care should not be tested in an outpatient setting.

A. How to Send Testing in Outpatient Setting

- 1) Enter Epic Order **COVID 19 PATIENT ORDER & MONITORING (it orders a test and monitoring)**
- 2) If patient is already being **seen in the office**:
 - a) Collect specimen using droplet precautions (face mask, eye protection), and contact precautions (gown and gloves)
 - i. Acceptable sources are nasopharyngeal swabs
 - b) Place swab in viral transport media, affix specimen label
 - c) Double bag specimen and place form in outer bag
 - d) Arrange delivery to nearest hospital laboratory
- 3) If patient is being seen in the office, but the clinic lacks appropriate PPE or specimen collection supplies, inform the patient that a member of the care team will be reaching out to schedule a time for the specimen to be collected at one of the SHS COVID-19 Testing Centers.
- 4) If patient is seeking care through a **phone visit or E-visit**:
 - a) After ordering, inform the patient that a member of the care team will be reaching out to schedule a time for the specimen to be collected at one of the SHS COVID-19 Testing Centers.

5. **ASYMPTOMATIC PATIENTS (PRE-PROCEDURE OR OB ONLY)**

A. Use Epic order: **Asymptomatic – Coronavirus – SARS-CoV-2 by PCR (Legacy) (aka COVID)**

B. Isolation precautions are not recommended for asymptomatic inpatients at this time

C. [Testing Protocol for Asymptomatic Surgical Patients](#)

D. [Universal Screening for Labor & Delivery due to COVID-19](#)

6. [CDC Specimen Collection Guidance](#)

ATTACHMENTS

- NONE

REFERENCES

- Testing Kit Information – SHS Insider > Emerging Pathogens
- CDC Specimen Collection Guidance - <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

REVIEW/REVISION HISTORY

Date of Revision	Revision #	Revision / Review	Revision Description	Collaborated With (i.e. Standardization Committee, VP's, Quality, Risk)
3/16/2020	0	New		SHS Coronavirus Task Force: Infectious Disease, Infection Prevention, Patient Care Services, Emergency Management, Administration, Project Management
3/18/2020	1	Revision	Update in priority for inpatient and outpatient testing, updated order instructions.	SHS Coronavirus Task Force
3/19/2020	2	Revision	Added list of high risk symptoms	SHS Coronavirus Task Force
3/28/2020	3	Revision	Updated inpatient testing guidance per OHA.	SHS Coronavirus Task Force
4/14/2020	4	Revision	Significant updates to testing priority information and instructions for where labs will be sent. Addition of information for asymptomatic screening. Changed name from "Coronavirus Testing Guidance."	SHS Coronavirus Task Force
4/14/2020	5	Revision	Clarification of Lab Ordering in Epic.	SHS Coronavirus Task Force
4/21/2020	6	Revision	Expansion of testing priority to include all patients with a clinical concern for COVID-19.	SHS Coronavirus Task Force
		Select		

Lincon County - Incident Management Team
PPE Distribution Center Inventory

Revised: 05/11/20

Current Inventory	Gloves	Masks - N95	Masks - Procedure	Masks - Cloth	Gowns	Face Shields
	35955	11777	34847	573	676	2772

Week #	Dates	Donated	State/Fed Shipment	Donated	State/Fed Shipment	Donated	State/Fed Shipment	Donated	State/Fed Shipment	Donated	State/Fed Shipment	Donated	State/Fed Shipment
4	Mar 3 - Mar 29	16500	12300	1400	5940	25	500	0	0	500	0	1	0
5	Mar 30 - Apr 5	8655	3100	110	590	1499	1500	164	0	65	319	40	192
6	Apr 6 - Apr 12	2970	300	45	40	1600	900	126	0	0	40	0	100
7	Apr 13 - Apr 19	800	1000	24	860	12	5050	122	0	0	14	98	500
8	Apr 20 - Apr 26	400	1100	0	2900	50	20350	549	0	0	30	0	180
9	Apr 27 - May 3	0	200	0	43	0	0	0	0	0	0	0	935
10	May 4 - May 10	0	600	0	0	0	50	0	0	0	0	0	730
11	May 11 - May 17												
12	May 18 - May 24												
Totals		29325	18600	1579	10373	3186	28350	961	0	565	403	139	2637