

# Plan for Reopening Malheur County



**Updated May 13, 2020**

Prepared based on Governor Kate Brown's *Reopening Oregon: Details on Restarting Public Life and Business* and *Prerequisites for Phased Reopening of Oregon*

## Purpose

The purpose of this plan is to provide guidance to those involved in the process of reopening public life and business in Malheur County during the SARS-CoV-2 (the novel coronavirus known as COVID-19) pandemic and to give needed information to individuals and businesses. The Malheur County Reopening Plan was created with a health equity lens in the development of strategies for communication, testing, contact tracing, safety, capacity, and resources.

Due to the dynamic situation, these guidelines will be handled as a living document. As information is made available or changes, or that new state orders or standards are issued, this information will be discussed, addressed, and then reflected in this plan promptly.

## Table of Contents

<b>Section I Overview</b>	<b>2</b>
<b>Section II Gating Criteria and Preparedness</b>	<b>3</b>
Criteria for Reopening	
Prerequisites for Phased Reopening of Oregon	3
Current Status	7
Consideration of Re-imposing Restrictions	7
COVID-19 Taskforce	8
Testing and Contact Tracing	8
Case Investigations	9
Personal Protective Equipment	9
Surge Plans	10
Ambulance Resources	11
Congregate Care Facilities and Long-Term Care Facilities	11
Vulnerable Populations	12
Isolation and Quarantine Strategy	12
Mass Transit	13
Equitable Response for Latinx Population	13
<b>Section III Submission</b>	<b>15</b>
<b>Section IV Attachments</b>	<b>16</b>

## Section I: Overview

Malheur County is located in rural Eastern Oregon with 9,926 square miles in the southeastern-most corner of the state. By definition, Malheur County is considered “frontier” with a mere 3.2 persons per square mile – although the population is fairly clustered together in small communities. The local economy is largely based on agriculture and farming, and the county is 94% rangeland. Malheur County’s greatest resource is its people. According to 2018 US Census Bureau data, Malheur County has 30,725 people. Thirty-four percent of the population is Hispanic and approximately the same percentage of people speak a language other than English at home. Approximately 50 refugee families are currently settling in Ontario, the county’s largest city. In addition to Ontario, Jordan Valley, and Vale, there are several other communities of size in Malheur County: Nyssa and Adrian are incorporated cities, while Juntura, Ironside, Jamieson, Westfall, Harper, Arock, Annex and Brogan are unincorporated communities.

Malheur County’s greatest challenges include poverty (3<sup>rd</sup> lowest median household income in Oregon), severe housing problems (23% of households), poor health factors (ranked 33<sup>rd</sup> worst of 35 surveyed counties), childhood poverty (31%), teen pregnancy rate (more than double the state average), and childhood abuse and neglect (33<sup>rd</sup> worst in state)<sup>1</sup>. These hardships mean that many residents of Malheur County live in chronic crisis. The COVID-19 pandemic has added an acute crisis on top of the daily crises created by poverty. Many people in the community do not have the means to be “three weeks ready,” to work from home, to social distance in crowded homes, or even to take their temperature regularly with a thermometer. The economic and social impacts of the national mitigation efforts have had catastrophic effects to the already extremely vulnerable population. Reopening sectors of public life and business while reducing the risks of COVID-19 are needed to start repairing the damage to the social structures in the community that protect individuals, families, businesses, and the resilience vitally needed right now.

Fortunately, there have only been thirteen lab-confirmed positive cases of COVID-19 in Malheur County, representing 0.04% of the population. No person testing positive for COVID-19 has been hospitalized and there has been no positive case in congregate care or other high-risk setting. The county has an interdepartmental team of Incident Command System (ICS) assigned personnel to a COVID-19 Taskforce, a health care provider team coordinated by public health, and a community wide multi-agency committee, led by the county Emergency Manager. Each of these groups meet virtually at least weekly and preparedness communication is ongoing and effective.

The key stakeholders from these teams agree that the county is prepared for a slow increase in cases and that the criteria for opening and the spirit of the guidelines have been met with significant preparation. Malheur County shares a border with Idaho, which entered the first phase of reopening the state on May 1st. With tens of thousands of people crossing the border from Ontario to Fruitland, Idaho and from Fruitland to Ontario daily in typical situations, Malheur must consider the implications of Idaho’s reopening on individuals and businesses and the unique needs of a border community. Reopening Malheur County in a cautious, well-managed way, following the Governor’s vision, will reduce the social damage that has unevenly hurt the most vulnerable while protecting those at high risk and promoting the holistic health and wellbeing of all.

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<sup>1</sup>Data sources: [2019 County Health Rankings](#), [2019 Children First for Oregon](#), Saint Alphonsus Ontario [Community Health Needs Assessment](#), [United States Census](#).

## Section II: Gating Criteria and Preparedness

### Prerequisites for Phased Reopening of Oregon

<b>1. DECLINING PREVALENCE OF COVID-19</b>	
<b>CRITERIA</b>	<b>REQUIRED/DEMONSTRATED</b>
a. The percentage of emergency department visits for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year.	Yes. Saint Alphonsus Medical Center Ontario CEO Ken Hart submitted statement on May 7, 2020: “I can confirm for both Ontario and Baker City hospitals that the percentage of emergency department visits for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year.”
b. A 14-day decline in COVID-19 hospital admissions.	This metric only applies to counties with more than five hospitalized cases in the last 28 days. Malheur County has zero COVID-19 hepatizations to date.
<b>2. MINIMUM TESTING REGIMEN</b>	
OHA detailed reference documents: <a href="#">“COVID-19 Strategic Testing Plan for Oregon”</a> and <a href="#">“Oregon COVID-19 Testing and Contact Tracing Strategy”</a> )	
<b>CRITERIA</b>	<b>REQUIRED/DEMONSTRATED</b>
a. Regions able to administer testing at a rate of 30 per 10,000 population per week.	Yes. <b>This metric is measured at the Health Region level.</b> Yes. The Oregon Health Authority Regions 6 and 9 Public Health Emergency Preparedness Liaison confirms that Region 9, including Malheur County, meets the criteria for each section of the “Minimum Testing Regimen” prerequisite. See attachments in Section V.  Malheur County has a collection and testing capacity of 550 per week, far exceeding the 90 that would be required within a week to meet the criteria.
b. Sufficient testing sites accessible to underserved communities and testing of frontline and essential workers and industries where workers may not be able to practice physical distancing.	Yes. We are offering drive-up testing sites at the three principle towns in the county at no cost to clients. The advertising for these has all been bilingual in English and Spanish and distributed via community partners, direct posting of flyers, social media and local newspapers. Testing of asymptomatic first responders is available at the drive-up testing sites hosted by the Malheur County COVID-19 Taskforce. Saint Alphonsus Medical Center Ontario and Valley Family Health Care report adequate testing capacity for health care workers and patients.
<b>3. CONTACT TRACING SYSTEM</b>	
OHA detailed reference documents: <a href="#">“Oregon’s Plan to Stop the Spread of COVID-19,”</a> <a href="#">“Oregon COVID-19 Testing and Contact Tracing Strategy”</a> and <a href="#">“Interim Investigative Guidelines”</a>	
<b>CRITERIA</b>	<b>REQUIRED/DEMONSTRATED</b>
a. Counties must have a minimum of 15 contact tracers for every 100,000 people. Trace 95% of all new cases within 24 hours. The contact tracing	Yes. Malheur County Health Department (MCHD) currently has three nursing staff assigned to Case Investigations and Contact Tracing. The COVID-19 Investigation Team will be led by the Nursing Supervisor, Communicable Disease Nurse, and Public

<p>workforce must be reflective of the region and be able to conduct tracing activities in a culturally appropriate way and in multiple languages as appropriate for the population.</p> <p><b>DEFINITION:</b> Contact Tracing: is a process used to stop the spread of many different infections in the community. It involves finds and informing the people that an infected the person has been in contact with so they can be tested or followed for additional cases.</p>	<p>Health Emergency Preparedness Coordinator (also a Registered Nurse). An additional seven MCHD staff have been identified to assist as needed. Two retired nurse volunteers, an Environmental Health employee, and two Eastern Oregon Modernization Collaborative staff members are also available if needed. Four of the above listed team members have ORPHEUS (Oregon’s Communicable Disease Database) access. With a total potential of 15 people to do contact tracing, Malheur County is prepared to handle 30 cases each week, with a high estimate of 20 hours per case. This is well above the 20 cases in the Management Action Points that could trigger a hold or regression in reopening phases.</p>
<p><b>4. ISOLATION/QUARANTINE FACILITIES</b></p>	
<p><b>CRITERIA</b></p>	<p><b>REQUIRED/DEMONSTRATED</b></p>
<p>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.</p>	<p>Yes. Should an individual or family who is experiencing houselessness contract COVID-19 or be identified as a contact of a known COVID-19 case, MCHD will work with the established Ontario Homeless Provider Team, organized by Saint Alphonsus. MCHD Contact Investigators will coordinate temporary shelter at one of three hotels already arranged. The Homeless Provider Team will convene for each case within 24 hours case identification and need to provide the necessities of daily living, food, laundry, and medications while the person who tests positive is kept in isolation. Community In Action, the local Community Services Network agency engaged in housing services, will follow up with each case and provide needed referrals and resources for the whole family.</p>
<p>b. Counties provide a narrative of how they will respond to three different outbreak situations in the county.</p>	<p>Malheur County has plans to address outbreaks in the following situations: 1. Nursing Home – MCHD is in close collaboration with the nursing homes and Long-Term Care Facilities (LTCF) in the county. MCHD Communicable Disease (CD) nurses have responded on multiple occasions already during this crisis to provide on-site testing of symptomatic residents who did not need hospital care. We worked with the LTCF to isolate symptomatic residents, provide medical and mitigation advice, and follow up with testing results. Fortunately, each test done on-site at a LTCF has been negative to date. MCHD has assigned a Registered Nurse as LTCF Liaison to connect with each LTCF in the county on a weekly basis, share guidance, monitor risk in facility, offer testing when</p>

needed, and answer questions. If there is a positive test of a resident, the Malheur County COVID-19 Taskforce has enough tests reserved for these scenarios and would complete on-site testing of every resident in the facility and work with the administration to make sure every staff member was also tested. Plans are already in place at each LTCF to screen and quickly identify residents or staff with symptoms of COVID-19. Staff interactions with isolated or quarantined residents are limited. LTCF have sufficient PPE, which is appropriately used. Protocols are followed for sanitation. Staff and other residents were screened daily.

2. County Jail - MCHD has assigned a Registered Nurse as Jail Liaison to connect with the county jail on a weekly basis, share guidance, monitor risk in facility, offer testing when needed, and answer questions. If there was a positive test of an adult in custody (AIC), the Malheur County COVID-19 Taskforce has enough tests reserved for these scenarios and would complete on-site testing of every AIC in the facility and work with the administration to make sure every staff member was also tested. A MCHD CD nurse responded on one occasion already during this crisis to provide on-site testing of a symptomatic AIC who did not need hospital care. We worked with the jail to isolate the symptomatic person, provide medical and mitigation advice, and follow up with testing results. Fortunately, the test done on-site was negative. Protocols are followed for sanitation, screening, and PPE. We have a close working relationship with the Jail Commander and Valley Family Health Care, which provides medical care at the jail and coordinate efforts on a Taskforce call weekly.

3. Food processing – The Malheur COVID-19 Taskforce has two ICS positions assigned to business outreach and education. We have been in contact with a local meat processing facility and offered guidance for protocol and testing. If there was a positive test of an employee at a food processing business, the Taskforce has enough tests reserved for these scenarios and would coordinate testing of every employee in close contact with the person in the facility and work on-site with the administration to make sure protocols are followed for sanitation, PPE, and symptom monitoring. The Taskforce is hosting sector-specific conference calls in the coming weeks and will reach out to each food processing business with invitation and for follow up.

**5. FINALIZED STATEWIDE SECTOR GUIDELINES**

CRITERIA	REQUIRED/DEMONSTRATED
<p>a. Each sector must adhere to Oregon Health Authority statewide guidelines to protect employees and consumers, make the physical workplace safer and implement processes that lower risk of infection in the business.</p>	<p>Yes. Malheur County will follow the Statewide Sector Guidelines at <a href="https://govstatus.egov.com/or-covid-19">https://govstatus.egov.com/or-covid-19</a>. We will share the guidance with all business sectors through press releases, social media, partnership with Chamber of Commerce and city councils, and each county department. Virtual training webinars are being planned and will be available in each phase of reopening.</p>

**6. SUFFICIENT HEALTH CARE CAPACITY**

OHA detailed reference document: [“Guidance on resumption of non-emergent and elective procedures at hospitals”](#)

CRITERIA	REQUIRED/DEMONSTRATED
<p>a. To maintain the phased re-opening plan, each region must be able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations compared to the number of suspected or confirmed COVID-19 hospitalizations in the region at the time of the Executive Order No. 20-22 was issued.</p>	<p>Yes. <b>This metric is measured at the Health Region level.</b> The Oregon Health Authority Regions 6 and 9 Public Health Emergency Preparedness Liaison confirms that Region 9, including Malheur County, meets the criteria for each section of the “Sufficient Health Care Capacity” prerequisite. See attachments in Section V.</p>

**7. SUFFICIENT PPE SUPPLY**

OHA detailed reference document: [“Guidance on resumption of nonemergent and elective procedures at hospitals”](#)

CRITERIA	REQUIRED/DEMONSTRATED
<p>a. All hospitals in the health region must report PPE supply daily to OHA’s Hospital Capacity system. Large hospitals and health systems in the region must attest to a 30-day supply of PPE, and small or rural hospitals must have a 14-day supply. This metric is measured at the Health Region level, not at the county level.</p>	<p>Yes. <b>This metric is measured at the Health Region level.</b> The Oregon Health Authority Regions 6 and 9 Public Health Emergency Preparedness Liaison confirms that Region 9, including Malheur County, meets the criteria for each section of the “Sufficient PPE Supply” prerequisite. See attachments in Section V.</p>
<p>b. Counties must attest to sufficient PPE supply for the first responders in the county.</p>	<p>Yes. Malheur County Emergency Management reports that PPE supply and the current supply chain is adequate for the needs identified by first responders.</p>

## **Current Status**

Malheur County will always prioritize the health and vitality of our community. We appreciate the efforts that the Governor's Office is making to get our community fully functioning again. We have met all seven requirements in the *Prerequisites for Phased Reopening of Oregon*, updated by the Governor's office and released on May 7, 2020.

As of May 8, 2020, Malheur County has thirteen lab-confirmed positive COVID-19 cases. The first positive case was reported on March 30, 2020. Malheur County has reported positive and negative tests each day since. The Malheur County Health and Emergency Management departments have worked extensively with local health care providers and the state to increase testing and ensure that those who are symptomatic and high risk are able to be tested. Even with increased testing, the rate of positive tests has not risen over five percent and is currently at 3.7%. See the attachment in Section V "Malheur COVID-19 Positive Test Rate."

While continued testing is needed going forward, Malheur County is currently performing enough tests to identify the spread of COVID-19. According to recent reporting from [NPR](#), "you want a low percentage of your tests to come back positive, around 10% or even lower, says William Hanage, an epidemiologist at Harvard. That 10% benchmark is based on recommendations from the World Health Organization. Why should positives be low? If a high percentage of tests come back positive, it's clear there's not enough testing to capture all of the infected people in the community."

The positive rate for Malheur County over the last month has ranged from only 1.5 – 4.7%. The efforts of our community and the state have suppressed a potential outbreak that could have overwhelmed the health care system. No COVID-19 positive case has been hospitalized and there have been no COVID-19 deaths in the county. With continued social distancing, education, and enforcement, public life and business in Malheur County can carefully resume with the steps outlined in this plan. The health and safety of our community is our priority, and this trend of slow or no growth must continue.

Malheur County meets the prerequisite 1.a: "The percentage of emergency department visits for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year." Saint Alphonsus Medical Center Ontario, Valley Family Health Care, and Snake River Pediatrics all responded to report a flat or downward trajectory of influenza-like illness or COVID-19-similar symptoms over the past 14 days in patients. Prerequisite 1.b. does not apply because there have been no COVID-19 hospitalizations of Malheur County residents.

## **Consideration of Re-imposing Restrictions**

One goal of a phased approach to reopening will be to increase testing while keeping the COVID-19 positive growth rate curve below 10%. If no Management Action Points are reached within the three week period of Phase I, then it would be permissible to consider moving to Phase II. Taking small, calculated steps will allow the economy to start reopening through a strategic approach that protects the health of the community and the capacity of the health care system to care for those most ill.

Malheur County will follow the State's Metrics for Consideration of Re-imposing Restrictions listed in *Reopening Oregon: Details on Restarting Public Life and Business*<sup>2</sup>. In addition, the following Management Action Points will be evaluated if additional positive cases occur.

- **Management Action Points:**
  - **Positive Cases per week: 20**
  - **Currently Hospitalized Cases: 4**
  - **Current Number of Patients on a Ventilator: 2**
  - **Surrounding Area Hospitals Capacity: 30% available**

If any of these Management Action Points are reached, a hold could be placed on moving forward with any other public life or business sector reopening to allow time for more case investigation to occur. Based on the data provided through contact tracing and testing, the COVID-19 Taskforce will determine the need to continue to hold, or take steps backward, until the curve of the outbreak flattens or projects downward. The Taskforce will focus on education and practical support of business practices to meet criteria.

### **COVID-19 Taskforce**

The COVID-19 Taskforce will continuously evaluate the numbers of tests done, positive tests and the information collected during contact tracing. The COVID-19 Taskforce will supervise this Reopening Malheur County Plan. They could change the Management Action Points in each reopening phase based on information, such as positive tests from a Long-Term Care Facility (LTCF).

The ICS assigned Malheur County personnel to the COVID-19 Taskforce are:

- Incident Commander (IC): Lieutenant Rich Harriman
- Public Information Officer (PIO): Sarah Poe
- Safety Officer: Craig Geddes
- Liaison Officer: Rebecca Stricker
- Planning Section Chief: Eric Evans
- Logistics Section Chief: Tom Edwards, supporting IC Rich Harriman
- Operations Section Chief: Angie Gerrard
- Emergency Medical Services Branch Director: Bob Dickinson
- Finance/Administration Section Chief: Peggy Winslow

### **Testing and Contact Tracing**

Malheur County will continue to increase testing capacity and aims to continue to keep a positive rate of less than 10%. Several health care providers are performing outpatient COVID-19 testing locally with three different commercial labs (Quest, LabCorp and University of Washington). This availability creates reliability for continued testing resources, along with the efforts of the county Emergency Management, which has secured tests for drive-up testing sites.

Robust testing has been defined as the capacity to perform 30 tests per 10,000 people per week. Based on Malheur County's population (.007% of the population of Oregon), we need approximately 90 tests per week. With a current average of 54 tests per week (prior to drive-up

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<sup>2</sup> [Reopening Oregon: Details on Restarting Public Life and Business](#)

testing sites) we would need an additional 36 tests each week to meet the potential capacity. Malheur County commits to keeping 40 tests on hand and available for immediate use to respond to a positive test in a congregate care setting such as long-term care facilities and county jails. Malheur County has implemented a testing regimen that prioritizes symptomatic persons and individuals who came into contact with a known COVID-positive person and includes testing of all people in congregate settings when there is a positive test. We have started surveillance testing of frontline workers and have plans to test essential workers in industries where workers may not be able to practice optimal physical distancing.

We have also had significant and ongoing communications with our local community partners and social service agencies, including outreach to LTCFs and the County Jail (where we do on-site testing as needed) and working in community partnership on response for houseless individuals who may need testing, isolation or quarantine.

The Malheur County COVID-19 Taskforce is conducting drive-up test sites in the largest towns in the county: Ontario, Vale, and Nyssa. The drive-up testing began April 29, 2020 in Ontario. Two other drive-up testing sites are scheduled for May 12<sup>th</sup> in Nyssa and May 14<sup>th</sup> in Vale. Testing is free, fully advertised, and accommodates the population. This is in addition to several health care providers across the county providing testing to patients. Saint Alphonsus Medical Center Ontario reports adequate testing capacity for patients and at-risk health care workers, and an ability to treat all patients without crisis care.

Additional testing will be necessary to sustain a reopening plan. Currently, Malheur County is following the guidance provided by OHA when testing patients for COVID-19. Requests for sufficient tests are being managed by both Emergency Management and individual health care providers, including Saint Alphonsus Medical Center Ontario. Malheur County Emergency Management will continue to use the state's existing Ops Center to make requests for additional testing media from the state. Ops Center is an electronic software tool that aids in the management of events. A request for 1,000 tests has been submitted in Ops Center and deliveries of 275 testing media has been received, with additional deliveries anticipated.

### **Case Investigations**

MCHD has the lead on Case Investigations and Contact Tracing pursuant to guidelines provided by OHA. See *Novel Coronavirus Disease 2019 (COVID-19) Interim Investigative Guidelines*, available through OHA. Should additional support be needed, MCHD will contact OHA Acute and Communicable Disease Program for additional assistance.

### **Personal Protective Equipment**

Malheur County Emergency Management reports that PPE supply and the current supply chain is adequate for the needs identified. Each sector has prioritized business types, so that if the resupply rate of PPE become strained, a structured slowdown of PPE use can occur. Saint Alphonsus Medical Center Ontario has adequate PPE supplies on hand and will maintain a 14-day supply, as required of small hospitals.

Many sectors do not need medical grade PPE. With the implementation of cloth face coverings, there is less of a drain on the current supply chain for medical grade PPE. A local group of sewing

volunteers called *Mask Ontario Save Our City* is donating 500 cloth face coverings to MCHD through May to be given away at the COVID-19 testing sites. An additional 200 cloth face coverings have been donated and another 1,300 secured for a total of 2,000 cloth face coverings distributed just through the Emergency Operation efforts. Several non-medical, local essential businesses are encouraging the customers and staff to wear cloth face coverings and public support is growing.

The sector with the most need for medical grade PPE is Professional Services, which includes the hospital, clinics, LTCF, adult foster homes, the Ambulance Service District and First Responders. The Emergency Manager has been in communication with this group regularly to ensure adequate resources to meet 30-day supply as well as surge needs of PPE items, including N95 Masks, Surgical Masks, Gowns, Gloves, Face Shields. Distribution of PPE is based on *Interim OHA Prioritization Guidelines for Allocation of Personal Protective Equipment (PPE)*, dated Mar. 17, 2020 from the OHA. Until the supply chain is fully back to normal, reuse guidelines will remain in effect.

Saint Alphonsus Medical Center Ontario is committed to maintaining an adequate hospital capacity in case of an increase in COVID-19 cases. Hospital bed availability will remain at or above 20% in order to accommodate the potential for an increase in COVID-19 hospitalizations..

### **Surge Plans**

#### **Saint Alphonsus Medical Center Ontario Surge Plan**

- Plan A: Cohort ICU into two sides. ICU rooms 240-242 for Non-COVID ICU/SDU patients. Rooms 243-245 for COVID rule-out (or positive) patients.
- Plan B (in addition with Plan A): Cohort Med-Surg into two separate care areas. Med-Surg rooms 206-211 and 221-226 (except 223) will be used for Non-COVID patients. Rooms 212-220 and negative pressure room 223 will be for COVID rule-out (or positive) patients.
- Plan C (in addition with Plans A & B): Old CCU rooms 201 to 204 becoming the Med-Surg overflow rooms. Additional five beds with 203 being a double bed room. Rooms are ready to use.
- Plan D (in addition with Plans A, B & C): Old second floor key hole rooms 234 to 237 with double beds in each room becoming Med-Surg overflow and possible COVID-19 room depending on need. Additional eight beds with Plan D.
- Plan E (in addition with Plans A, B, C & D): Old third floor key hole rooms 334 to 337 with double beds in each room becoming Med-Surge overflow and possible COVID-19 room depending on need. Additional eight beds with Plan E.
- A copy of the Saint Alphonsus Medical Center Ontario Surge Plan and letter detailing the hospital's preparedness and commitment is attached to this document.

#### **Malheur County Surge Plan Summary**

The purpose of the Malheur County Medical Surge Plan is to strengthen medical surge response capability for COVID-19, through a coordinated, collaborative, regional approach. This surge plan coordinates the response actions for Saint Alphonsus Medical Center Ontario, Malheur County Health Department, medical clinics, long term care facilities, other health care agencies, and emergency response entities. MCHD works closely with the OHA, both city and county Emergency Management teams, health care providers, and other regional health departments to

monitor the COVID-19 outbreak. Best practices for communicable disease case investigation are followed. Frequent public health messaging is posted and distributed, as much of the response to COVID-19 has been ensuring the public is educated and can access needed resources and information.

Several Alternative Care Sites have been identified and are on standby for use for lower acuity hospital patients transferred from the hospital. With the COVID-19 Taskforce as part of the Incident Command System, over a dozen agencies have partnered with the county in preparation for a heightened emergency response and Alternative Care Site agreements.

### **Ambulance Resources: Malheur County Ambulance Service District**

#### **Emergency Response Transport Ground Ambulance Resources:**

- Treasure Valley Paramedics:
  - Five fully equipped Advanced Life Support Ambulances
- Treasure Valley Paramedics – Nyssa
  - Two fully equipped Intermediate Life support Ambulances
- Vale Ambulance (Vale ASA)
  - Two fully equipped Intermediate Life Support Ambulances
- Jordan Valley Ambulance
  - Two fully equipped Intermediate Life Support Ambulances

#### **Additional Non-Emergency/Inter-Facility Transporting Ambulance Services**

- Life Flight Network
  - One fully equipped Advanced Life Support Helicopter (stationed at Ontario Airport) and one fully equipped Pilatus fixed wing aircraft, available on request. (Stationed at Boise Airport)

### **Congregate Care Facilities and Long-Term Care Facilities (LTCF)**

Given their congregate nature and resident population served, nursing home and jail populations are at the highest risk of being affected by COVID-19. During this roll out, these facilities are encouraged to maintain strict mitigation efforts for two reasons. First, it keeps these vulnerable populations safe in this uncharted reopening with a novel virus. Second, it would keep PPE usage down and available for hospitals and clinics should a surge event occur. Given the high risk of spread once COVID-19 is identified, facilities must act immediately to protect all individuals from serious illness, complications, and death. Strategies include recommendations to:

- Keep COVID-19 from entering your facility
- Identify infections early
- Prevent spread of COVID-19
- Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply
- Identify and manage severe illness

Congregate care facilities must continue to limit visitation and follow prevention protocols. Additional guidance should be reviewed regularly from the [Oregon Department of Human Services](#) and the [CDC](#).

## **Vulnerable Populations**

Vulnerable Populations are defined as:

- People 60 years and older
- People with a BMI of 40 or more
- People who live or work in a nursing home or long-term care facility, jail, prison, group home or other congregate care setting
- Workers in critical infrastructure, frontline healthcare provider or first responder
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
  - Routinely take cortisone, prednisone or other steroids, anti-cancer drugs, or had radiation treatments
  - Have a condition that weakens your immune system (cancer treatment, bone marrow or organ transplant, HIV with low CD4 count or not treated)
  - Pregnant
  - Diabetes
  - Lung disease (moderate to severe asthma, COPD, emphysema, pulmonary or cystic fibrosis)
  - Cardiovascular disease (heart failure, coronary artery disease, congenital heart disease, cardiomyopathy, pulmonary hypertension)
  - High blood pressure
  - Chronic kidney disease requiring dialysis
  - Chronic liver disease

## **Isolation and Quarantine Strategy**

In order to reopen Malheur County, testing, isolation, contact tracing, and quarantine will intensify to reduce transmission as social distancing measures are slowly lifted.

Unless there is a need for medical services, those who test positive for COVID-19 and/or have signs and symptoms, should stay isolated at home until they have been symptom free for 72 hours to protect the health and safety of the public, workers in critical industries, high risk facilities, and all other sectors. Detailed guidance will be given for all people identified through contact tracing, through the call-in Nurse Line, and in continued public health messaging across various platforms.

Contact monitoring will be done through active surveillance, which involves staying in regular contact with persons diagnosed with COVID-19 and their contacts, in order to isolate and rapidly respond to changes in their health conditions. Active surveillance for COVID-19 includes expanding testing, identifying and investigating cases through broad contact tracing, and identifying and quickly intervening in disease transmission among at-risk groups and clusters of cases. COVID-19 positive cases will be isolated until they have been symptom free for 72 hours or seven days from the onset of symptoms, whichever is longer.

Contacts of positive COVID-19 cases at risk will be notified and will be asked to quarantine in their home for 14 days to monitor symptoms and to prevent transmission pre-symptomatically or asymptotically. Contacts of cases will be contacted daily during quarantine by call, text, video

or in person, if necessary, following CDC guidelines<sup>3</sup>. If a contact develops symptoms, public health staff will coordinate testing for those individuals. Case investigators will provide critical support and linkages to ensure that individuals under isolation and quarantine receive the necessary shelter, nutrition, mental health, social services, and other support while they are isolated or quarantined.

### **Mass Transit**

The Malheur Council on Aging & Community Services (MCOACS) manages the SRT Malheur Express, which includes the following transit services:

- Door-to-Door Demand Response Service
- City of Ontario Fixed Route Service
- ParaTransit Services
- Ontario-Vale-Nyssa Commuter Route
- Non-Emergent Medical Transportation
- Veteran Rides
- Ontario Senior Meal site Transportation
- Local and Regional (Greyhound and Point)

MCOACS reports that their capacity has dropped by 50% and that they are observing all OHA and Oregon Department of Transportation guidance. Each passenger is screened for COVID-19 symptoms by phone first and drivers wear masks. Their request for PPE was filled by the county Emergency Management. Service levels will increase only when OHA and the Taskforce give the clearance to do so. Vigorous sanitation measures and social distancing protocols will continue, and the number of transit vehicles authorized to return to service will be limited to the number needed to maintain those practices and provide public transportation in a safe manner.

### **Equitable Response for Latinx Population**

MCHD is responsible for the COVID-19 contact tracing and public health information for the county and has a positive reputation and strong working relationship with several community organizations serving the county's Latinx population. MCHD programs directly serve a majority of Hispanic people year-round, representing 52% of WIC to 67% of reproductive health services. Of 26 MCHD employees, 11 are bilingual and nine are bi-cultural. The MCHD Case Investigation Team is confident they are serving the Latinx population equitably and has the resources needed to continue to do so. If additional staff are needed to assist with contact tracing, bilingual and bi-cultural staff will be prioritized.

In partnership with community organizations, MCHD is in various stages of outreach and preparation for contact tracing within the Latinx population and in industries where many Latinx people work or families are served. Those partnerships are detailed below:

- On May 19<sup>th</sup>, MCHD is presenting at the EOCCO Local Community Advisory Committee (LCAC) on COVID-19 impact on vulnerable populations, including Latinx and refugees. Resources in multiple languages will be shared as well as a visual presentation on using

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<sup>3</sup> Interim [Infection Control Guidance](#) for Public Health Personnel Evaluating PUIs and Asymptomatic Close Contacts of Confirmed Cases

and sharing the [Safe + Strong website](#). Follow up with organizations serving Latinx Medicaid recipients will be conducted.

- MCHD has been in contact with [Euvalcree](#), whose mission is to mobilize and engage under-served and underrepresented populations to improve the lives of all children, families and communities in Oregon and Idaho. With Euvalcree's successful Latinx engagement, we have asked for a partnership to promote COVID-19 resources in Spanish, connect individuals to needed testing and health care, and to assist with any wide-scale contact tracing efforts needed. Protected health information will not be shared without a patient Release of Information. Even without specific involvement in the case investigation, Euvalcree could help promote community understanding and prevention efforts in response to an outbreak.
- MCHD Case Investigators have reached out to the following organizations with bilingual posters and fact sheets on COVID-19 prevention. Staff has initiated conversations on how to connect people to care and how contact tracing would be conducted in their business if a positive case was identified.
  - Oregon Child Development Coalition ([OCDC](#))
  - Oregon Human Development Corporation ([OHDC](#))
  - Malheur County Child Development Center ([MCCDC](#))
- MCHD assigned the Immunization Coordinator, a bilingual, bi-cultural nurse, to Agriculture Liaison. She already has established relationships with the packing sheds in the county where MCHD hosts immunization clinics for the flu vaccine. Outreach is happening to the following onion growing, packing, and shipping businesses.
  - Baker-Murakami Produce Company
  - Owyhee Produce - Oregon
  - Fort Boise Produce

MCHD is working with the above community organizations and businesses to ensure they understand what the process of case investigation and contact tracing is, as well as basic COVID-19 related information. MCHD had a [graphic poster](#) designed in Spanish to distribute, also. Angie Gerrard, MCHD Communicable Nurse and Public Health Emergency Preparedness Coordinator, said, "We are asking agencies to outreach to their clients and staff to ensure that the process maintains confidentiality and is non-punitive, so that people would be more inclined to share the info with us if they do find themselves with a positive test or named as a contact. The agencies can help lay the groundwork for trust and understanding within the population they serve."

## Section IV: Submission

This plan was created with involvement from the Malheur County Court, Malheur County Emergency Management, Malheur County Health Department, Saint Alphonsus Medical Center Ontario, and other counties in a positive collaboration to safely reopen Malheur County with a phased approach with criteria and guidelines, amid the COVID-19 pandemic.

Within the state's public health framework, we seek to lead and support responsible business operations to rescue our economy and buoy families while carefully mitigating the impact of COVID-19. We are a community of hard-working people who care about each other. We must respond to the many pleas we have heard from residents who are struggling while at the same time listening to public health officials, who have given us confidence that our health care system is prepared for a slow reopening of public life.

To date, there have been 13 cases in our county with sufficient testing for a population of over 30,000 people. We have carefully prepared for worst-case scenarios and reduced the risk of exposure in our rural community significantly through social distancing and education. We are not going back to business as usual or even life as we knew it two months ago. We are prepared through a collaborative approach to protect the many needs of our communities, including their physical, emotional, socio-economic needs.

In full accordance with Oregon guidelines, Malheur County requests a reopen date for Phase One effective May 15, 2020.

Thank you for considering our plan for approval in our unique county and help us show we care for everyone who lives and works in Malheur County. We are preparing a request for federal and state funding to support our plan and to manage the financial impacts of the crisis, including loss of revenue and increased expenses. Development of additional requests will be ongoing as necessary.



Dan Joyce  
Malheur County Judge



Larry Wilson  
Commissioner



Don Hodge  
Commissioner

## Section V: Attachments

- Malheur County Health Department Health Officer Letter of Support
  - <https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ada816cb7-f156-4eb0-b216-607d9c606b6b>
- Saint Alphonsus Medical Center Ontario Letter of Support
  - <https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A05886be8-b592-4e34-ac2f-62f347b4a56b>
- Saint Alphonsus Medical Center - Four Hospital System Capacity
  - <https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A2f3776ff-772b-49ae-84e2-56dbf524e6af>
- Malheur COVID-19 Positive Test Rate
  - <https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Adce8ede7-c672-4c6d-8da3-40b4f5bcc6cb>
- Region 9 Healthcare Coalition Prerequisites Checklist
  - <https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aa0c05c02-c262-4503-a8dc-efdefbab8dc3>
- Verification of regional metrics from OHA PHEP Liaison
  - <https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A2d84c369-67b2-425f-91a6-e9ed50d8c06d>