



May 8, 2020

The Honorable Governor Kate Brown  
State of Oregon  
900 Court St NE  
Salem, OR 97031

Dear Governor Brown,

Sherman County is anxious to reopen our community in a safe and strategic manner. We have worked hard to isolate to protect those most vulnerable in our County. With the prerequisites for reopening Oregon released, we believe we are prepared to safely enter Phase 1. We are fully equipped with adequate PPE, for EMS, fire, law enforcement, Sherman County Medical Clinic, transit, and other governmental agencies within our county. Sherman County Emergency Management has an adequate stockpile of PPE to replenish as needed. The Emergency Manager provides a PPE Burn Rate to Oregon Emergency Management on a weekly basis at this time.

Sherman County is unique in the fact that we don't have a jail, nursing home, farmworker housing, food processing, or any large employer where a number of employees are employed in one location except Azure Standard and Evergreen LLC.

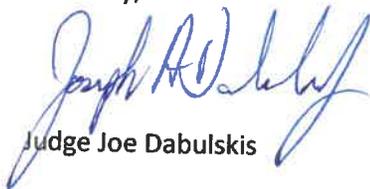
Azure Standard is an organic products distribution center located in Moro; one of the communities in Sherman County. It currently is one of the largest employers in Sherman County with approximately 100 employees. Reaching out to the management it is confirmed that all recommended sanitation procedures and protocols are in place and are being adhered to. If an outbreak were to occur in this facility, Azure Standard's first and foremost priority is the safety, health, and well-being of the personnel. The planned response to an outbreak would be to call The Oregon Health Authority and North Central Public Health District immediately for guidance, while quarantining and isolating those that should be. All employees should be tested and the plant closed for 72 hours or until test results are in. Contact tracing would begin immediately along with other necessary steps to stop further spreading of the virus. The facility would be sanitized from top to bottom while closed. Currently the plant is being sanitized daily to help prevent such an outbreak.

Evergreen State Holdings/GVB Medical is an industrial hemp processing facility located in Grass Valley, Oregon. Currently the plant has furloughed approximately 1/3 of their employees to meet minimum physical distancing requirements recommended to help slow down and to stop the spread of COVID-19. Strict handling, cleaning and sanitation guidelines were already in place prior to this pandemic. As with Azure Standard as stated above, Evergreen's employee health, safety, and well-being are the #1 priority. If an outbreak were to occur, quarantine and isolation would be paramount, along with reaching out to North Central Public District and OHA for guidance and assistance. The GVB Medical side of the facility, has a supply of PPE's and have also been supplying PPE's to the community as needed.

Sherman County does have a senior center that is closed to the public at this time. Meals are provided to area residents as a take-away service only. Meals are labeled and then placed on a table outside for pickup by the patron. Employees wear gloves and masks. There are 12, low income/senior housing units next door to the senior center. This does have a vulnerable population. Each unit is a separate unit with individual entrances and yards. If an outbreak were to occur here, all residents are already isolated and can be quarantined very easily. Meals could be delivered with ease by trained and properly protected personnel and the Sherman County's Emergency Management building with Fire and Ambulance service is just across the street. Sherman County Medical Clinic is one block away. North Central Public Health and OHA are just a telephone call away for guidance and assistance.

This covers what the county considers our most vulnerable population and our highest density employee situations. We hope never to have to, but we are prepared and ready to respond if the need arises.

Sincerely,



Judge Joe Dabulskis



## **Sherman County Re-Opening Framework**

The purpose of the plan below is to develop a shared framework for decision making as the County seeks to balance protecting community health and well-being with increasing economic activity.

### **About Sherman County**

Sherman County lies between the deep canyons of the John Day River on the east and the Deschutes River on the west in north central Oregon. The mighty Columbia River forms the boundary on the north. Much of the boundary on the south is defined by the rugged canyons of Buck Hollow, a tributary of the Deschutes River.

Six small towns — Biggs, Rufus, Wasco, Moro, Grass Valley, and Kent — provide basic services for the 1,750 residents of the County. The county seat is Moro, elevation 1,807-feet. The economy is based on wheat, barley, cattle, and tourism.

### **About North Central Public Health District**

- North Central Public Health District is Oregon's only multi-county public health agency. Formed under ORS 190, NCPHD serves Gilliam, Sherman and Wasco Counties in North Central Oregon. At this writing, Wasco County has 14 cases of COVID-19, sadly, with one death reported. NCPHD is also the lead agency for the Eastern Oregon Modernization Collaborative serving 13 Counties in Eastern Oregon. This regional approach has served as additional response capacity across Eastern Oregon.

### **Gating Criteria for Phased Re-Opening.**

The criteria below were outlined by the State of Oregon as prerequisites for the Phased Reopening of Oregon. There are designations for gating criteria that must be met at the County level and those that must be met at the regional level. Health Region 6 (Hood River, Wasco, Gilliam and Sherman Counties) has a long history of working together to plan for the emergency response to an event such as a pandemic. Resources and best practices are regularly exchanged between the partner counties. Region 9 (Morrow, Umatilla, Union, Wallowa, Baker and Malheur) consists of 5 member counties of EOMC. Capacity and resource sharing is the norm for the Eastern Oregon communities.

## **1. Reducing incidence of cases and influenza-like symptoms for two weeks**

- OHA will provide statewide data for the certification of this metric. Sherman County cases are reported into the ORPHEUS database for accurate reporting at the state and local level. As of the writing of this plan, Sherman County has had 1 case of COVID-19 which is recovered.
- Sherman County has had less than 5 hospitalized cases in the last 28 days as is reflected by reporting into the HOSCAP database.

## **2. Community Testing Strategy at the regional level is in place.**

- The Sherman County Medical Clinic in Moro is testing community members and has capacity to test. Sherman County has two significant sources of testing in the region for the community, MCMC and One Community Health. Many Sherman County residents seek some health care and other services in The Dalles in Wasco County. These institutions have already been providing testing to support both frontline workers as well as those who are symptomatic.
- NCPHD has developed a community wide testing strategy that includes:
  - The flexibility to meet full testing needs in congregate living settings if a case occurs, testing accessibility for low-income residents and vulnerable populations, as well as opportunities for those working in industries where social distancing is challenging are able to get tested. These industries include retail, agriculture, restaurant, childcare, and health care.
  - In the North Central Public Health District region, providers have the capacity currently to administer 250 tests per week. We have submitted data to our Region 6 PHEP Liaison so that the regional testing capacity metric can be approved at the regional level
  - Testing locations are available in Wasco County that provide access for low-income and vulnerable populations are also available to Sherman County residents.
    - Sherman County Medical Clinic is actively working to make testing available to all community members at low or no cost.
    - In Wasco County, MCMC and One Community Health are providing testing. In particular, One Community Health is providing screening for frontline workers. MCMC and OCH have also developed a cooperative strategy to share responsibility for migrant camps during cherry harvest with an emphasis on telehealth.
    - MCMC is now providing medical services in Maupin at Deschutes Rim Clinic to enhance access for Wasco County residents living in South County.
    - OCH, at the invitation of community members, will be holding a testing event for Native American community members living along the Big River

**3. Contact Tracing Strategies: The Health Region must have adequate staffing in place to meet the contact tracing requirements below.**

NCPHD has 6 staff currently trained in contact tracing which exceeds the 15 per 100K metric requirement. NCPHD has a very long history of health equity work and meeting the needs of our entire community. Our workforce diversity has long represented our diverse community with many bilingual, bicultural Latinx members. Currently 2 staff members, one of whom is a certified Spanish language interpreter and one of whom is a qualified Spanish language interpreter, have been trained in contact tracing. NCPHD also works closely with the Regional Health Equity Coalition to assess and meet the needs of our communities through messaging and outreach. NCPHD has staff available 24/7 and is prepared to trace 95% of new cases within 24 hours. NCPHD has a long history of meeting or exceeding Communicable Disease quality metrics set by the OHA Public Health Division.

**4. Isolation Plan.** Hotel rooms identified and available for people who test positive and cannot self-isolate are available in The Dalles in Wasco County. Sherman County has very limited hotel capacity.

- Currently, NCPHD has the commitment of 3 hotels in Wasco County to rent space for isolation and quarantine. NCPHD estimates that this will meet the region's needs.
- Additionally, while orchardists are being required by OSHA guidelines to provide isolation housing for workers with suspected or confirmed cases of COVID-19, NCPHD and the EOC have been working closely with the industry to identify additional resources for isolation, including the hotel rooms identified as a resource community wide.

**Response to Outbreaks**

NCPHD is a multi-county public health agency and described below are plans to respond to outbreaks in the region.

- NCPHD has already responded to an outbreak in a Long-term care facility with great success in mitigating the spread of COVID-19. LTC Facility staff worked with NCPHD prior to a case being identified. Plans were in place to screen and quickly identify anyone with symptoms of COVID-19. The patient was then immediately isolated and tested. Staff interactions with the case were limited to a very few staff members. PPE was worn and protocols were followed. Staff and other residents were screened daily. OHA was consulted for additional testing guidance. The patient recovered. Two staff members were identified as positive for COVID-19, but no further spread was identified.
- NCPHD has worked closely with NORCOR, the regional jail, to prepare for the possibility in the facility. NORCOR is equipped with 4 negative pressure rooms available for inmates either under suspicion of or ill with COVID-19. Inmates are currently being screened on arrival and monitored daily. NORCOR medical staff have worked closely with NCPHD staff to put plans in place for isolation of ill individuals and quarantine of close contacts. NCPHD, working alongside NORCOR medical staff, has the capacity to test inmates and staff as recommended by OHA. Relationships have been established

with law enforcement, parole and probation and other community social service agencies to be able to track contacts who may have been released during the period of communicability.

- NCPHD is working with One Community Health, the local Federally Qualified Health Center, and Mid-Columbia Medical Center to prepare to respond to an outbreak in a migrant worker camp or packing facility. Work has been done with local orchardists to prepare to isolate and quarantine as appropriate. The three entities would deploy clinical staff to test on site as necessary rather than bringing workers into medical facilities. Orchardists and farmers are instructed to record work crew membership and housing cohorts to facilitate contact tracing activities. NCPHD has also worked with community partners to facilitate WIC, childcare and other services for families during harvest.

#### **5. Finalized Business Sector Guidelines.**

- On May 7, 2020, Oregon released final business sector guidance for phase 1 Opening.

**6. Sufficient Healthcare Capacity.** The regional healthcare system must be able to meet potential growth in the number of COVID-19 cases, and potential hospitalizations, as the local community and economy begins its phased reopening.

Please see attached letters from Dennis Knox, MCMC CEO, and Jeannie Viera, Providence Hood River CEO attesting to the ability for local hospitals to accommodate a 20% increase in hospitalizations (Appendix B&C).

#### **7. Sufficient PPE Supplies.**

- REGIONAL METRIC: Rural hospitals must all have a 14-day supply of PPE. Please refer to attached CEO letters attesting to this metric in Appendix B and C.
- LOCAL METRIC: First responders must have adequate PPE to meet needs at the County level. With current allocations, Wasco County first responders have a 60 day supply. The County has certified this via letter attached in Appendix A.

## Prerequisites Checklist

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

	County	Health Region	State
<b>1. Declining prevalence of COVID-19</b>	<i>Not required if &lt;5 cases</i>		
a. The percentage of emergency department visits for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year.	NA	NA	<b>REQUIRED</b> Data to be provided on OHA web site.
b. A 14-day decline in COVID-19 hospital admissions.	<b>REQUIRED</b> if >5 cases	NA	Data to be provided on OHA web site.
<b>2. Minimum Testing Regimen</b>			
Regions able to administer testing at a rate of 30 per 10k per week	NA	<b>REQUIRED</b>	OHA will evaluate and approve at the region level
Sufficient testing sites accessible to underserved communities	NA	<b>REQUIRED</b>	OHA will evaluate and approve at the region level

<b>3. Contact Tracing System</b>			
County has 15 contact tracers per 100k people	REQUIRED		OHA will evaluate and approve at the county or region level
County contact tracing workforce is reflective of the county and able to work in needed languages	REQUIRED		OHA will evaluate and approve at the county or region level
County is prepared to trace 95% of all new cases within 24 hours	REQUIRED		OHA will evaluate and approve at the county or region level
<b>4. Isolation Facilities</b>			
Counties have hotel rooms available for those who cannot self-isolate	REQUIRED		OHA will support, evaluate and approve at the county or region level
Counties provide a narrative of how they will respond to three different outbreak situations in the county ( <i>e.g. nursing home, jail, food processing facility, farmworker housing, other group living situation</i> )	REQUIRED		OHA will evaluate and approve. OHA can provide a list.
<b>5. Finalized Statewide Sector Guidelines</b>	NA	NA	REQUIRED OHA will finalize

<b>6. Sufficient Health Care Capacity</b>			
Region must be able to accommodate a 20% increase in hospitalizations	NA	REQUIRED	
<b>7. Sufficient PPE Supply</b>			
Hospitals in region are reporting PPE supply daily through HOSCAP		REQUIRED	OHA will certify
Hospitals in region must have a 14 or 30 day supply of PPE depending on their size and whether they are a rural hospital.	NA	REQUIRED Hospital leadership must attest in writing.	OHA will confirm receipt of hospital attestation.
Counties must have sufficient PPE for first responders.	REQUIRED		OHA will confirm receipt of county attestation.

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A PLANETREE HOSPITAL

1700 E 19<sup>th</sup> St.  
The Dalles, OR 97058

Tel. 541-296-1111  
Fax 541-296-7600  
[www.mcmc.net](http://www.mcmc.net)

Teri Thalhofer, RN, BSN  
Director  
North Central Public Health District  
419 E. 7th St  
The Dalles, OR 97058

Dear Teri,

Mid-Columbia Medical Center is committed to meeting the healthcare needs of the population of the Columbia Gorge region. As we resume non-emergent and elective procedures, we remain vigilant in our capacity and ability to care for a surge in suspected or confirmed COVID-19 hospitalizations.

In meeting all the requirements of the Oregon Executive Order 20-22, we wanted to share our ongoing plans in meeting two specific requirements:

**Sufficient Health Care Capacity:**

Hospital capacity has two dimensions, both bed capacity and healthcare workforce to meet the needs of our patients. Mid-Columbia Medical Center is licensed for 49 beds and is staffed with a workforce able to staff all 49 beds. In meeting the ability to “accommodate a 20% increase in suspected COVID-19 hospitalizations” as it relates to Executive Order: 20-22, we have determined that we will hold census at a rate less than 39 admitted patients. We monitor this census daily and the House Supervisor is mandated to contact the Chief Clinical Officer if the census were to reach 35 admitted patients.

**Sufficient Personal Protective Equipment (PPE) Supply:**

We have been reporting, and will continue to report, PPE supply daily through the HOSCAP system. As a 49-bed licensed facility we must monitor and maintain within our organization a 14-day supply of PPE. We currently have in excess of a 30-day supply of each of the following critical PPE items: Disposable Isolation gowns, N-95 masks – 9210, 18605, 9211 with valve, and 1860, simple masks, surgical tie masks, Nitrile gloves in small, medium, large, and extra-large. The MCMC Incident Commander monitors PPE supply on a daily basis and sets an internal goal not to fall below a 30-day supply. An attestation was submitted to the Oregon Health Authority (OHA) on May 4, 2020, and the confirmation of receipt by OHA is attached.

Please reach out if you need any further information.

Sincerely,

A handwritten signature in black ink that reads 'Dennis M. Knox'.

Dennis M. Knox, FACHE  
President/CEO



## 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.<sup>1</sup>

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

I, Donald T. Wenzler (printed name), on behalf of Mid-Columbia Medical Center (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 4, 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.

<sup>1</sup> 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:

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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.

Donald T. Wenzler, Chief Clinical Officer  
Printed name and title

4/30/20  
Date

  
Signature

Appendix B

**Providence Health & Services**  
4400 N.E. Halsey St., Building 2  
Suite 599  
Portland, OR 97213  
[www.providence.org/oregon](http://www.providence.org/oregon)



May 6, 2020

Hood River County Board of Commissioners  
601 State Street  
Hood River, OR 97031

Dear Commissioners:

In accordance with Governor Brown's framework for reopening, Providence Hood River Memorial Hospital provides this update on our bed surge capacity, personal protective equipment supply chain reliability and commitment to daily PPE reporting to the Oregon Health Authority.

**Bed Surge Capacity**

Providence Hood River Memorial Hospital activated our Incident Command structure on March 9, 2020; this was in addition to a Regional Command Center to support all eight Providence hospitals in Oregon. This structure enables Providence to plan and respond to an anticipated surge of COVID-19 patients in an efficient manner. Providence Hood River Memorial Hospital has adequate bed capacity to accommodate an increase in volume if we experience a future surge of COVID-19 patients.

**PPE Supply Chain Reliability**

Providence Hood River Memorial Hospital ensures we have a reliable PPE supply chain to guarantee access to PPE and accommodate the any expected surge. Providence manages supplies across our eight Oregon hospitals, this allows us to shift supplies in the event of a surge. Providence Hood River Memorial Hospital will continue to maintain a reliable supply chain for PPE.

**PPE Reporting to Oregon Health Authority**

Providence Hood River Memorial Hospital 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.

Providence Hood River Memorial Hospital is committed to communicating with our community and the state on our preparedness and stands ready to serve the needs of the community.

Sincerely,

Handwritten signature of Lisa Vance in black ink.

Lisa Vance  
Chief Executive Officer  
Providence Health & Services – Oregon

Handwritten signature of Steve Freer in black ink.

Steve Freer, M.D.  
Chief Medical Officer  
Providence Health & Services - Oregon



OFFICE OF THE DIRECTOR

Kate Brown, Governor



500 Summer St. NE E20

Salem, OR 97301

Voice: 503-947-2340

Fax: 503-947-2341

## Hospital Attestation to Resume Non-Emergent or Elective Procedures

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

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

I, William Olson (printed name), on behalf of Providence Health & Services (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 4, 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.

<sup>1</sup> 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:

Providence St. Vincent Medical Center, Providence Milwaukie Hospital

Providence Portland Medical Center, Providence Seaside Hospital

Providence Willamette Falls Medical Center; Providence Hood River

Memorial Hospital; Providence Medford Medical Center; Providence

Newberg Medical Center

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.

William Olson COO

Printed name and title

04-30-2020

Date

William Olson

Signature