

# **Union County**

# **Reopening Plan**

Version 1.3

**Prepared based on Governor Kate Brown's**  
***Public Health Framework for Reopening Oregon***

# Purpose

**The purpose of this document is to provide guidance for those involved in the process of reopening Union County. Benchmarks and guidance within the plan will need to be addressed in the implementation of their individual operations plans.**

**Due to the fluid COVID-19 operating environment, these guidelines will be handled as an adaptive management plan and this plan will be a living document. As information is made available, best practices emerge, new guidance is issued, new or altered state orders or standards are issued this information would be discussed, addressed and then implemented through this plan.**

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## **Section I: Overview**

### **Union County**

Union County, located in northeastern Oregon, encompasses 2,038 square miles. It is bordered by Baker and Grant County to the south, Wallowa County to the north and Umatilla County to the west. Union County has approximately 26,000 year-round residents. Approximately 50% of the population resides in the City of La Grande (located 2,788 feet above sea level).

The County is mountainous, with the Blue Mountains situated on the western and northern portions, the Wallowa Mountains along the east and the Eagle Caps and the Elkhorn Mountains on the southern end of the County. The County contains approximately 53% forestland and nearly half of the County is under federal land management. The balance is predominately valley floor used for crop production with some transitional grazing land. The primary drainage is the Grande Ronde River basin, with Catherine Creek being a major tributary. Numerous other tributaries drain into the Grande Ronde River.

Interstate 84 is the major thoroughfare through the County which travels east to west. There are five state highways leading to Wallowa, Baker, and Grant Counties. The Union Pacific Railroad main line also travels through Union County. Grande Ronde Hospital is the only hospital in Union County. Grande Ronde Hospital also operates three of the four clinics in Union County including the Walk-in Clinic, Elgin Clinic and Union Clinic. Grande Ronde Hospital provides all but a very small percentage of health care county-wide.

Thus far, Union County has had four historic positive cases of COVID 19 with three being listed as recovered (as of 4/28/20). This fact may be as a result of the county's sparse and spread out population (natural social distancing) and adherence to the government's guidelines on preventative measures to reduce exposure. This fortunate fact provides some relief to the residents of Union County from the loss and suffering being experienced around the state and across the country. This does not relieve Union County of the necessity to comply with sound and practical efforts to control exposure through physical distancing, isolation, hygiene, and other precautionary measures. These measures are implemented as appropriate based on factors such as age group, underlying health conditions, and all of the other relevant considerations.

The economic and social impacts of the efforts to slow or stop the spread have been crippling to our rural economy. At this point, with the favorable COVID-19 health condition in Union County, the economic and social impacts are even more challenging to bear. As a result, Union County seeks relief from the Governor's Stay Home, Stay Safe Order and instead proposes mitigations that will seek to minimize the impacts and spread of COVID-19.

This document is prepared in response to Governor Kate Brown's solicitation of working strategies from Oregon counties, which support and enhance the "Public Health Framework for Reopening Oregon."

## Section II: Gating Criteria & Preparedness

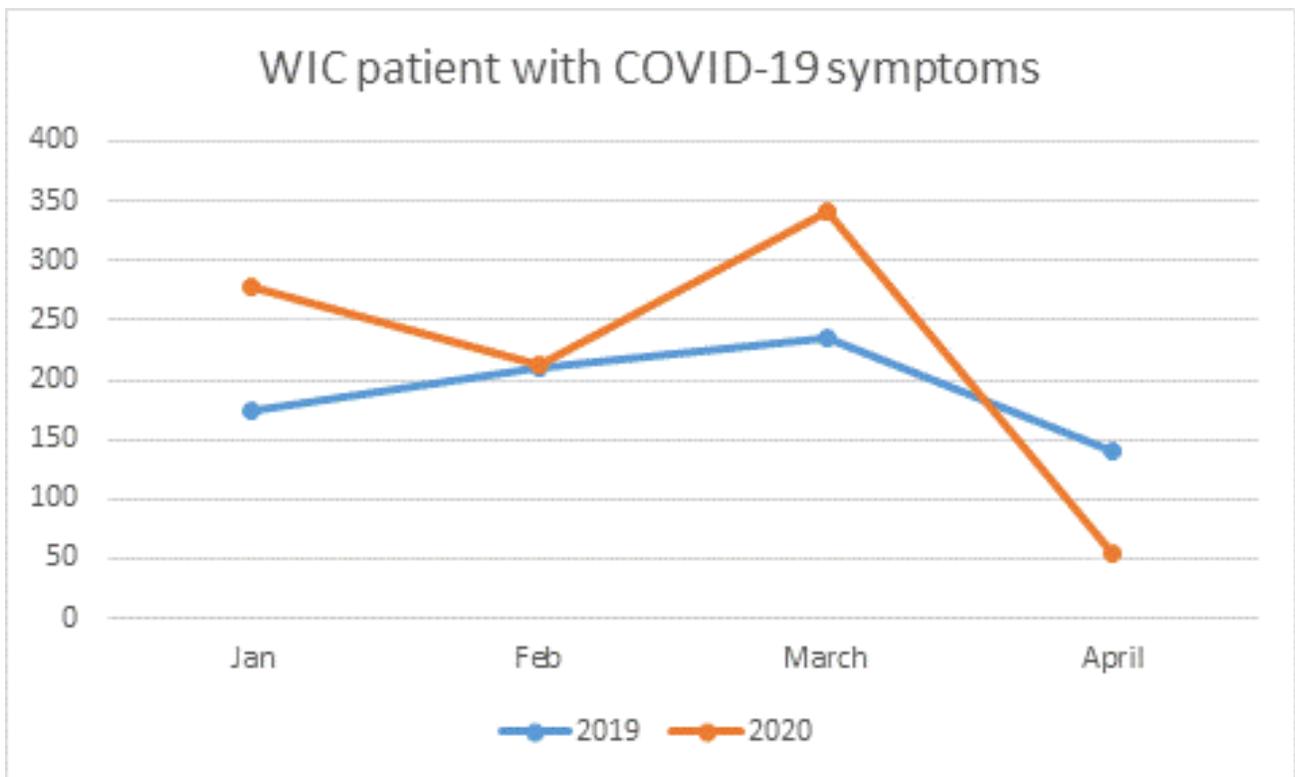
### A. Gating Criteria

#### 1. Symptoms

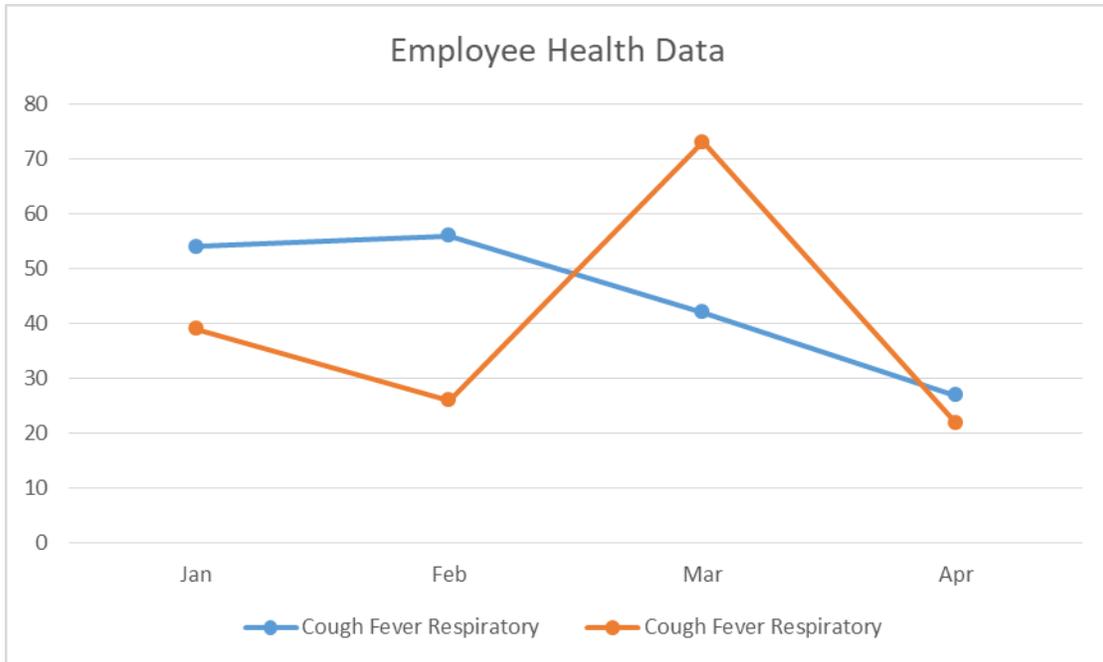
*(Downward trajectory of influenza-like illnesses (ILI) AND COVID-like syndromic cases reported within a 14-day period)*

#### Current Symptoms Situation

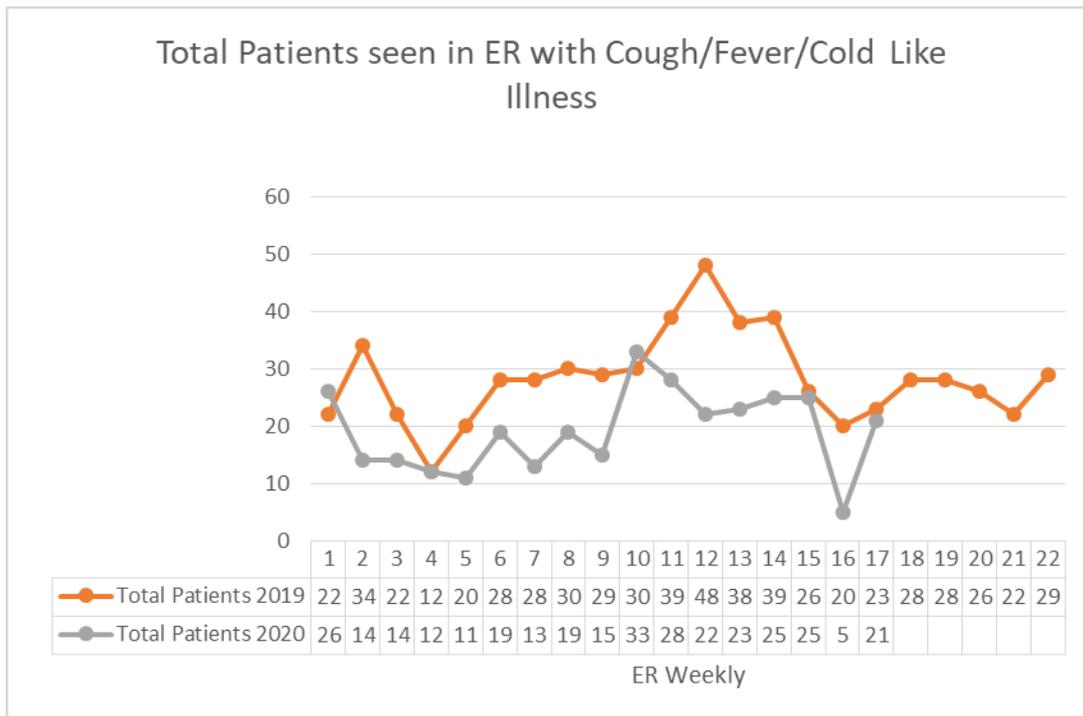
Union County has seen a steady decline of individuals reporting Upper Respiratory Illness (URI) over the last month. This is indicated by all sources including walk-in clinic data, Grande Ronde Hospital (GRH) employee data, Emergency Room patients seen, and GRH patients admitted.



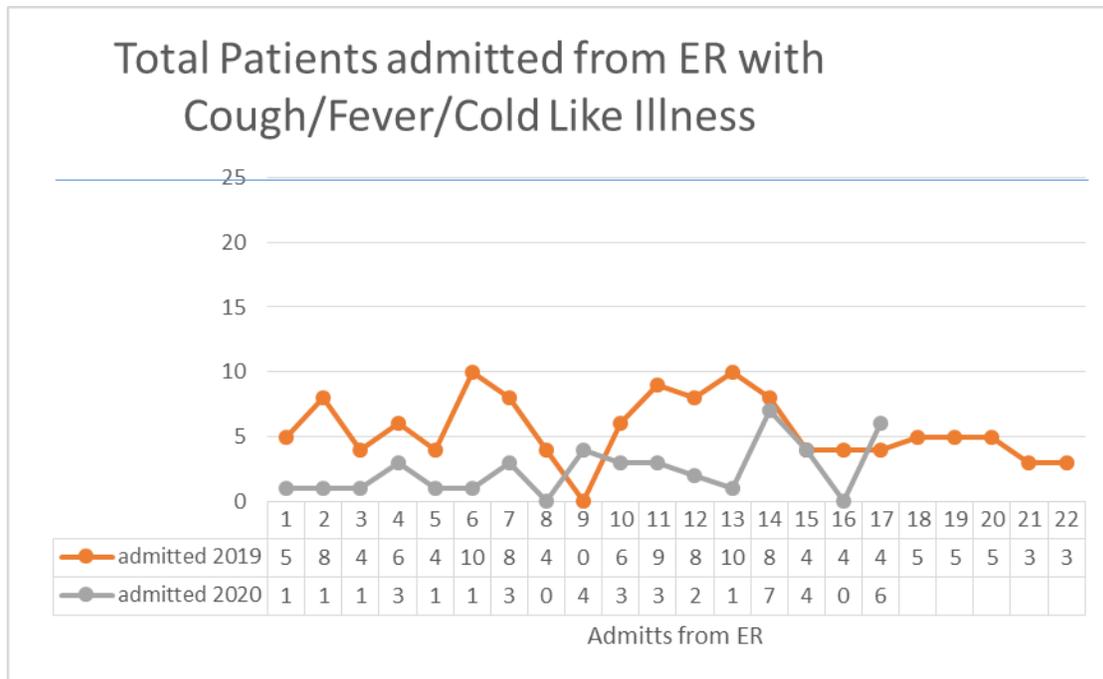
GRH Walk-in Clinic (WIC) has seen a steady decline in patients with COVID like symptoms from a peak in March, 2020 of 342 to 55 patients in April, falling below the 2019 level for the same time period.



GRH employee health data matches the walk-in clinic with a peak in March, 2020 to a significant decline in April, 2020 which actually progressed below 2019 levels.



GRH emergency room patients seen with URI has been and remains below 2019 levels with a clear downward trend from a peak at 33 patients in a week, to a low of 5 patients. Even at the peak in week 10 (March), GRH emergency room remained well below capacity.



Patients admitted to the hospital has also remained extremely low with only a peak of seven patients admitted during week 14 with cough/fever/cold-like illness. Clearly, GRH is trending well below patient capacity of twenty-five as represented by the blue line at the top of the graph. GRH is a 25 bed Critical Access hospital.

Therefore, Union County and Grande Ronde Hospital have remained well below hospital capacity and illnesses are trending down meeting the Governors Criteria.

## 2. Cases

*(Downward trajectory of documented cases within a 14-day period OR positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests))*

### Current Case Situation

Reports from our local hospital, Grande Ronde Hospital – City of La Grande, as well as our medical clinics have shown a downward trajectory of influenza-like illness or COVID-like symptoms over the past 14 days. Union County cases were detected as follows:

March 19, 2020 – 1<sup>st</sup> positive case

April 1, 2020 – 2<sup>nd</sup> and 3<sup>rd</sup> positive case

April 9 – 4<sup>th</sup> positive case

No positive cases have been reported in the past 20 days meeting the 14-day criteria.

Union County has been fortunate to have only four historic positive tests to date with three considered recovered. While COVID-19 has spreading rapidly in other areas of the state, the decisive measures implemented have slowed the rate state-wide. In Eastern Oregon, we have generally experienced slow growth in the nearby counties with positive cases. Total cases are in the single digits (with the exception

of Umatilla County) and there are numerous days or even weeks between positive cases. The health and safety of our community is the priority, and this trend of slow or no growth must continue. However, it would be unrealistic to think that we will maintain our current infection rate. Union County has a local Incident Management Team in place consisting of a Public Health group, Hospital group, EMS/Fire group, and Law group, in addition to the traditional Operations, Planning, Logistics, and Finance Sections. The Incident Management Team is continuously monitoring the situation and identified **Management Assessment Points** as part of an information-based, phased approach to reopening.

### Plan for Reopening

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

The Incident Management Team will continuously evaluate the data including, positive tests, hospitalized cases, ventilator capacity and local and area hospital capacity. They could change the Management Action Points based on information, such as positive COVID tests from healthcare workers or residents and/or staff of a Long Term Care Facility (LTCF).

In consultation with the Incident Management Team, a consensus was reached on the following management action points should positive cases occur.

**Management Action Points: Positive Cases per week: 8**

**Hospitalized Cases: 5**

**Patients on a Ventilator due to ILI: 2**

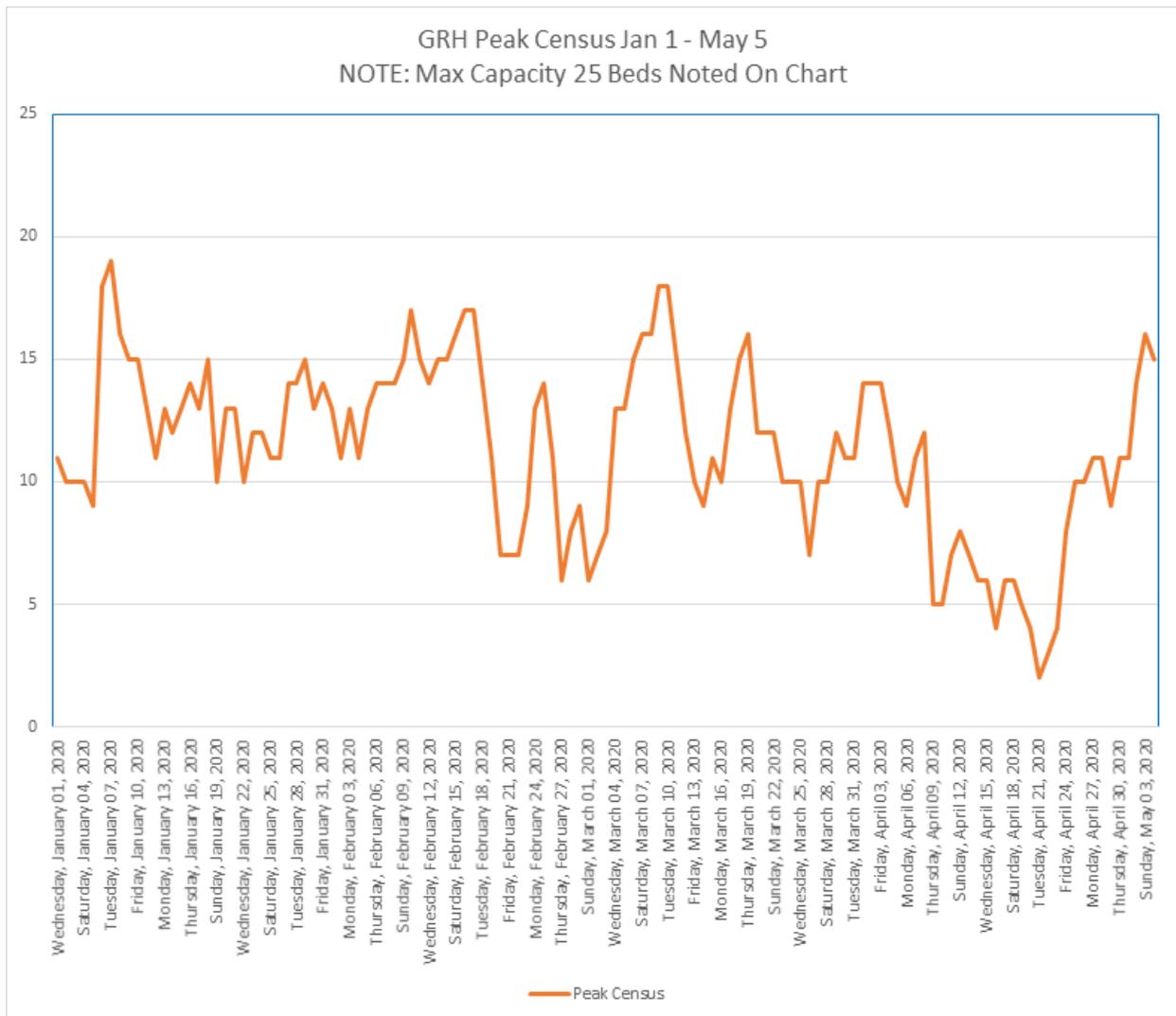
**Surrounding area Hospitals Capacity: 40%**

If these management action points are reached, a HOLD (described in Section III) will be placed on moving forward with any other business sector reopening and allow time for contact tracing (described in B - 1) to occur. Based on the data provided through contact tracing and testing, the Incident Management Team in consultation with Agency Administrators will determine the need to continue to hold, or take steps backward, until we reach a steady state.

### 3. Hospital Benchmarks

- Treat all patients without crisis care AND robust testing program in place for at-risk healthcare workers
- Ability to absorb a 20% increase
- Report PPE through HOSCAP

## Grande Ronde Hospital Capacity



GRH maximum capacity without applying for a CMS 1135 waiver is 25 beds. During the time period January 1 – May 5 GRH’s peak census has not been above 20 and averaged below 15. 20% capacity of a 25 bed Critical Access Hospital is five beds. As a result, GRH has met the hospital capacity gating criteria for phase 1 reopening every day since January 1.

## Grand Ronde Hospital HOSCAP PPE Reporting

GRH has been and will continue reporting PPE supply per OHA guidance through the Oregon's hospital capacity web system (HOSCAP).

## Grande Ronde Hospital 14 day PPE Supply

Throughout the COVID-19 incident GRH has maintained PPE supplied through implementing maximization strategies, following relevant OHA and CDC guidance of necessary PPE by procedure and

approved reuse strategies (e.g. autoclave and UV torch). GRH was initially successful in creating a pre-incident cache through foresight and strategic planning. GRH continues to use the existing supply chain augmented by County PPE cache to support daily operations. Union County has implemented a PPE prioritization matrix, which places GRH at the top of the decision matrix. Throughout the incident GRH has been and we project will continue to meet the guidance for a 14 day PPE supply, thereby meeting the Governor’s Gating Criteria for phase 1 reopening.

**Current Testing Status**

Robust testing has been defined as 30 tests per 10,000 population. Based on Union County’s population of 26,000, our testing requirements would be up to 81 tests per week for those that meet the criteria set by Oregon Health Authority (OHA).

**Plan for Reopening**

GRH has been independently producing test kits since the beginning of the Pandemic. GRH had the foresight to acquire the necessary components in bulk quantities prior to the pandemic and associated shortages. Test kits have been produced in sufficient quantities to supplement Public Health’s state provided test kits. Union County is utilizing OHA and CDC guidance for COVID-19 testing.

GRH has the ability to provide testing support at the Emergency room and walk-in clinic in La Grande. Other testing sites locate in La Grande are the CHDPH and the Eastern Oregon University, Student Health Center. GRH also supports testing in their remote community clinics located in Elgin and Union.

Under the contracts that Oregon Health Authority has in place and available to CHDPH, there will be no lab costs when the tests are sent Lab Corp, Quest or Oregon Public Health Lab. Qualifying low income or uninsured will not be billed an administrative fee by CHDPH removing all financial barriers from providing testing or assistance. Grande Ronde Hospital provides financial assistance to low income individuals up to and including covering 100% of costs based on financial eligibility. Below is a graph of the sliding scale Grande Ronde Hospital utilizes.

<b>Gross Family Income as a Percentage of Federal Poverty Guidelines</b>	<b>Sliding Fee Discount</b>
Below 300%	100%
301%-350%	60%
351%-400%	40%
401%-450%	20%
451%-500%	10%
above 501%	0%

If an outbreak is identified in a distinct community or population the Incident Management Team based on the Public Health Groups recommendation will facilitate a push point of distribution (push pod) to push out testing to that community. Union County’s relative minimal population facilitates free and open communication between care providers and public health allowing trends to be identified rapidly and both testing and contact tracing operations to address potential outbreaks can be implemented quickly.

Union County Incident Management Team will continue to use the state’s existing Ops Center to make resource requests as necessary, but to date and for the foreseeable future, testing kit availability is not a limiting factor towards reopening. With GRH’s ability to logistically support the County with test kits and the numerous locations available to conduct testing Union County clearly meets the Governor’s criteria for reopening based on ability to perform 81 test per week, and the numerous locations available to test.

**B. Core State Preparedness**

1. Contact Tracing

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

Center for Human Development, Public Health (CHDPH) will continue to take the lead on **Case Investigations** and **Contact Tracing** pursuant to guidelines provided by OHA through the Public Health Group within the Incident Management Team.

CHDHD will provide the staff for Case Investigations and Contact Tracing. This team will be led by the Communicable Disease (CD) Nurse. CHDHD will be augmenting the CD Nurse with additional CHD staff to achieve the Governor’s target staffing ratio of 15 contract tracing staff per 100,000 of population. According to the most recent data, Union County’s population was reported at 26,835. In accordance with the Governor’s 15 per 100,000 staffing benchmark, this would equate to four staff available for contract tracing in Union County. CHDHD currently has 3.0 FTE available for this work. In our first two phases, our plan encourages key sectors to support efficiency in our contract tracing efforts to help manage the work within our current capacity. The Law enforcement group has committed to providing additional investigative surge staffing as necessary to support the Public Health Groups operations.

If needed, we will call on staff from the Eastern Oregon Modernization Collaborative, OHA and other partner agencies to support contact tracing. When current staff are required to return to their other job responsibilities we may hire additional staff as resources are available or coordinate OHA Acute and Communicable Disease Program for additional assistance. OHA has indicated they will be hiring and training additional staff dedicated to contact tracing to supply surge capacity.

Union County’s demographics break down as follows:

White _____	92.6%
Black of African American _____	8.0%
American Indian and Alaska Native _____	1.2%
Asian _____	1.2%
Native Hawaiian _____	1.3%
Two or more _____	2.8%
Hispanic or Latino _____	4.9%

Union County's contact tracers will accurately reflect this demographic makeup. Between the dedicated contract tracers and surge capacity a minimum of 95% of all cases will be investigated within 24 hours. Union County is able to meet the Governor's mandate for contact tracing and therefore meets the Governor's criteria for reopening.

### Response Plans

Broadly, Union County and Center for Human Development Public Health (CHDPH) will respond to outbreaks utilizing Oregon Health Authority (OHA) guidance. For specific prevention and response plans, see attachments:

Exhibit A – Union County Jail COVID-19 Response Plan

Exhibit B – Woodgrain COVID-19 Response Plan

Exhibit C – Long-term Care Facility COVID-19 Response Plan

#### 2. Healthcare System Capacity

-*Sufficient Personal Protective Equipment (PPE)*

-*Ability to surge ICU capacity*

### **Personal Protective Equipment**

The current PPE supply chain and County PPE cache is adequate for the needs identified in the phases described below in Section III. In each sector we have prioritized certain types, so if the resupply rate of PPE becomes strained, a structured slowdown of PPE use can occur. Many sectors do not need medical grade PPE. With the implementation of cloth/reusable face coverings; there will not be an additional drain on the current supply chain for medical grade PPE. The sector with the most need for medical grade PPE is the hospital and associated medical services.

Union County has created the following PPE prioritization matrix. First priority is the Hospital and associated medical services. Second priority is EMS, Public Health and funeral homes. Third priority is law enforcement. Fourth priority is disproportionately affected or vulnerable populations including congregate care facilities. Priority five is all other PPE requests with an associated decision matrix.

Until the supply chain is fully back to normal, reuse guidelines will remain in effect. This will also include PPE maximization strategies and re-use. Re-use will be accomplished through a UV torch that will disinfect PPE to extend the life of available PPE even further than normal re-use guidelines. Additionally, GRH is working through the ability to re-use PPE through utilizing the autoclave. The Hospital Group has loaned a Positive Air Purifying Respirator (PAPR) to the Public Health Group for the duration of the incident to minimize the use of PPE during testing.

Current and projected PPE levels sustain local operations and are not a limiting factor towards reopening and thereby meeting the Governor's criteria for reopening.

See Exhibit D - Grande Ronde Hospital attestation of adequate PPE

See Exhibit E – Union County attestation of first responder adequate PPE

## **Surge Plans**

### Grande Ronde Hospital Surge Plan Summary

Grande Ronde Hospital is licensed for 25 combined Medical/Surgical and ICU beds. In the event of a “surge” of patients with known or suspected coronavirus, GRH is prepared to increase its capacity through a multi-tiered response plan overseen by the Hospital Group. The plan allows us to adequately provide medical and nursing care in the event the pandemic ‘surge’ requires increased hospital bed capacity. This is a phased approach and would be carefully evaluated at each phase for resource availability, both internally and externally and is supported by federal and CMS 1135 waiver that allow Critical Access Hospitals to expand beyond their licensed beds.

GRH was targeted to provide for surge capacity at 150% of current state at the end of March 2020. This would equate to 38 combined ICU and Medical/Surgical beds total. GRH has developed a surge plan that exceeds this targeted surge capacity. The surge plan was submitted to the Oregon Health Authority previously.

In working with Union County Emergency Management an alternate care site has been established that is in close proximity to Grande Ronde Hospital. This facility has an initial capacity for 58 additional beds. Additional resources have been acquired and are available to setup an additional alternate care site should it become necessary. At the point we established a second alternate care site; Union County would request additional staffing through an Op Center request

### Grande Ronde Hospital/Union County Surge Plan Summary

The purpose of the Union 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 GRH, and regional hospitals.

Grande Ronde Hospital – La Grande, OR. (GRH) principally serves Union County, Oregon as the only Hospital in the county. Grande Ronde Hospital is an independent, not for profit, critical access hospital. Grande Ronde Hospital has been identified by OHA as the Region 9 Regional Resource Hospital. A Memorandum of Understanding (MOU) has been sent to OHA for approval.

GRH previously developed a detailed Surge Plan that will serve as a guide for COVID-19. The support and coordination of GRH in a medical surge event is critical to the efforts of Union County to respond to disaster. GRH developed a phased approach to open rooms and segregate patients as in the case of the pandemic event. GRH staff (Hospital Group) are working directly with the Oregon Health Authority.

#### Alternative Care Site

The Grande Ronde Hospital Pavilion is on standby for use as an alternate care site for lower acuity hospital patients transferred from the hospital. Eastern Oregon Universities Quinn Coliseum is also available for use as a secondary alternate care/surge site, should that become necessary. La Grande School District has also made their facilities available if necessary. All three alternate care sites are in the City of La Grande, in close proximity to Grande Ronde Hospital.

## Ambulance Care Providers:

### Emergency Response Transport Ground Ambulance Resources

La Grande Fire Department – Union County ALS	4 transport vehicles
Elgin Ambulance – Elgin area BLS	2 transport vehicle
Union Ambulance – Union area BLS	2 transport vehicles
LifeFlight Network – Air ALS Ambulance	4 transport vehicles

### Mutual Aid Agreement

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

### Public Information

The Incident Management Team is coordinated and vetted as a part of ICS operations. This is accomplished through the NE Oregon Joint Information Center (JIC) representing Union and Wallowa Counties. The messages from each partner agency are shared with others so a common unified message is shared from the Public Information Officers (PIOs) to the public. PIOs from Union County Emergency Services, CHDPH, Cities, GRH and other partners, work together in distributing and unifying public information.

### 3. Plans

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

Nursing Homes or Long Term Care Facilities (LTCF) - During this roll out (see Section 3, Phase 3) we would encourage these facilities to stay on lock down for two reasons. First, it keeps these vulnerable populations safe in this uncharted reopening with a virus we are still learning about. Second, it would keep PPE usage down and available for hospitals and clinics should a surge event occur.

### VULNERABLE POPULATIONS are:

- People 60 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions

People who are immunocompromised

- Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

People with severe obesity (body mass index [BMI] of 40 or higher)

People with diabetes

People with chronic kidney disease undergoing dialysis

People with liver disease

People who are pregnant

Workers in critical infrastructure

Jails

Prisons

Older People with underlying medical conditions

Mass Transit

### Homeless

Should an individual or family that is experiencing homelessness contract COVID-19 or be identified as a contact of a known COVID-19 case, Union County will use the Incident Management Team, who will work with local partners that have been identified as potentially having non-congregate care solutions. Partner agencies would provide the necessities of daily living, food, laundry, and medications while they are kept in isolation. We will also connect them with housing and food assistance programs or other services as requested by the family.

### Isolation Strategy

Unless there is a need for medical services, it is recommended that those who test positive for COVID-19 and/or have signs and symptoms, stay at home until they have been symptom free for at least 72 hours (3 days). By following these strategies it will help protect the health and safety of workers in critical industries, high risk facilities, mass transit, and all other sectors.

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and**
- Complete resolution of respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed since symptoms first appeared.

- OR -

**Persons who have COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications **and**
- Complete resolution of respiratory symptoms (e.g., cough, shortness of breath) **and**

- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart\*\*\* (total of two negative specimens). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) for specimen collection guidance.

Isolation via non-congregate sheltering will be available on a case by case basis based on CHDPH recommendation. OHA public health has stated that they will the county and region with this capability. Numerous local motels have expressed an interest in assisting with this capability.

**Persons with laboratory-confirmed COVID-19 who have not had any symptoms** may discontinue isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic. For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other persons are present. In community settings, this covering may be a barrier, such as a bandana, scarf, or cloth face coverings. The covering does not refer to a medical mask or respirator.

### **Section III: Reopening Phases**

#### **A. Guidance to be provided by the State of Oregon**

##### **Phase One**

See Oregon Health Authority Phase I – Guidance for the General Public

See Oregon Health Authority Phase I – Guidance for Employers

##### *Guidance to Specific Sectors*

See Oregon Health Authority Phase I – Recreational Organizations

See Oregon Health Authority Phase I – Guidance for Personal Services Providers

See Oregon Health Authority Phase I – Guidance for Restaurants, Bars, Breweries, Brewpubs, Wineries Tasting Rooms and Distilleries

See Oregon Health Authority Phase I – Guidance for Childcare

See Oregon Health Authority Phase I – Guidance for Retail Stores

Additional guidance will be provided and referenced as it becomes available.

## **Phase Two**

Awaiting Oregon Health Authority Guidance

## **Phase Three**

Awaiting Oregon Health Authority Guidance



# UNION COUNTY SHERIFF'S OFFICE

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**Boyd Rasmussen, Sheriff**

## **Union County Jail Covid-19 Response Plan**

The primary response from the Union County Sheriff's Office to the Covid-19 outbreak in our community and within our local jail has been focused on robust preventative measures. The Union County Jail is ill designed and ill-equipped to deal with a Covid-19 outbreak inside the secure perimeter. We have limited options available for isolation and segregation. At most we could handle 1-2 Covid-19 positive inmates. Again, as I stated prior our best response to the Covid-19 pandemic will occur through prevention.

## **Union County Jail Preventative Measures**

### Increased Cleaning Procedures within the Jail:

The CDC and WHO maintain that some of the easiest and most effective precautions we can take are to clean our hands often, avoid touching our face and to clean and disinfect frequently touched surfaces often. The Union County Jail has instituted an increased cleaning and hygiene program to clean all areas of the jail (with a concentration on high-use areas) to occur 2 times each day to include staff areas and inmate housing units and personal spaces. Regular rounds of cleaning of clean occur each day to ensure areas are continually sanitized to prevent the spread of the virus.

- Requirements for staff to wash hands once per hour. (Signs Posted)
- Requirements for staff to wash all surfaces in the control room and staff areas 2x per shift up to and including phones, doorknobs, office utensils, etc. etc.
- Implemented an order to clean all jail surfaces with bleach once per shift (2x per day).
- Laundry will be exchanged 3 times per week on Mondays, Wednesdays, and Fridays instead of 2.

### Restricting access to Law Enforcement Personnel only:

- We have restricted access to the jail to essential law enforcement personnel only.
- We have cancelled public visitation
- We have suspended all access and services up to and including the following: clergy, mental health and substance abuse counselors, and delivery personnel.
- We have suspended our inmate Work Crew Program.

### Reduction of inmate population:

- Effective May 18<sup>th</sup>, 2020 we reduced our maximum jail capacity by 40 percent in order to obtain single bunking the inmates in our facility.



# UNION COUNTY SHERIFF'S OFFICE

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**Boyd Rasmussen, Sheriff**

- We also implemented restrictions on charges we will accept. We will now only accept individuals charged with serious crimes including Measure 11 crimes, sex crimes, or assaultive or violent person crimes
- We will no longer hold or transport on any out of county warrants that do not meet the same criteria.
- Weekly prisoner transports have been reduced by 83 percent and only the most serious individuals are transported on the weekly shuttle. At this time we are averaging 3.5 inmates being shuttled per week versus 21 per week pre Covid-19.

## Intake Screening Expansion:

- We have implemented a Covid-19 screening form in addition to our standard medical intake form for all new arrestees.
- We have also implemented a state wide Covid-19 screening form which is used to clear all inmates prior to and during transport.
- Corrections staff will be in PPE including eye protection, gloves, and masks during all new intakes and new intake screenings.
- The initial intake shall be done in the sally port before either the officer or arrestees have entered the jail. The initial intake shall consist of a temperature check on both the arresting officer and the arrestee. Any individual with a body temperature of 100.4 degrees or higher AND/OR a respiratory cough will not be accepted into the Union County Jail.
- The jail has directed all municipal and state agencies, if the custody is exhibiting symptoms of the Coronavirus (COVID-19), to utilize citing and releasing prior to a lodging decision at the Union County Jail. Those symptoms are: Fever; Cough and/or Shortness of breath. Arresting Officers are encouraged to contact Union County Public Health when encountering an individual with such symptoms.

## **Covid-19 in Custody Response**

### Isolation of Inmates with Symptoms:

- Inmates who are showing symptoms, either upon admission or who develop symptoms while in custody, shall be isolated and housed in either S-3 or G-Block.
- The Union County Jail has no negative pressure cells available for use.

If an inmate is sick or showing symptoms and is isolated then the following protocols shall be followed:

- They shall be served on foam trays and upon pick up the foam trays shall be discarded of into a garbage bag and shall not enter the kitchen or contact other items returning to the kitchen.



# UNION COUNTY SHERIFF'S OFFICE

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**Boyd Rasmussen, Sheriff**

- Staff shall wear all required PPE when interacting with inmates on isolation/quarantine procedure.
- Inmates on quarantine/isolation shall be the last ones to attend or access areas such as video court, medical, shower, etc. etc. These areas shall be disinfected after their use.
- Inmates who are sick shall be required to wear masks while out of their cells as stock allows (inmates will NOT be given N95 masks due to limited stock, they will be given particle masks)

## Protocol for a Covid-19 positive inmate:

- In the event that an inmate in the Union County Jail tests positive for Covid-19 we will take prompt and rapid steps to facilitate that individuals release from custody except in the case of Measure 11 offenders or other severe threats to the community.
- A contact investigation will be completed and all who came in contact shall be monitored for symptoms.
- Jail Staff will contact both the Center for Human Development, Public Health (CHDPH) and Union County Emergency Services for information sharing and consultation.
- All surfaces the person has come into contact with shall be deep cleaned by staff wearing full PPE.

## Testing of Symptomatic Inmates:

- If an inmate in the jail becomes symptomatic and meets criteria for testing the Union County Jail shall contact the CHDPH. CHDPH will facilitate the testing of symptomatic inmates per Oregon Health Authority (OHA) guidance.
- Inmates shall remain on quarantine protocol until a test result is returned to jail staff or shall be released from custody depending on the severity of symptoms/charges.
- Jail staff will work with CHDPH to facilitate contact tracing per OHA guidance.

Lieutenant Nick Huelter  
Union County Sheriff's Office  
1109 K Ave, La Grande, OR, 97850



## Lumber & Composites Division

# STANDARD OPERATING PROCEDURE

## Pre-Work Employee Screening

### Objective

To provide a consistent procedure for screening employees for potential health hazards during the COVID 19 Pandemic.

### Training

Human Resources, Safety, and Plant Management.

### Procedure

In the event that it is deemed necessary to screen employees for potential COVID 19 symptoms prior to them entering the facility, the following procedure shall be implemented by HR staff, safety personnel and/or plant management.

**Required PPE:** Two non-contact digital forehead thermometer (two are required in the event a backup is needed), nitrile – latex gloves, face mask, safety glasses, hand sanitizer and alcohol prep pads to clean thermometer.

#### Procedure:

1. The facility manager shall designated one point of entry for the employee screening to occur.
2. The facility manager, in conjunction with an HR representative and safety representative, shall notify the affected employees when and where the employee screening will occur.
3. The site safety representative shall ensure social distancing (6ft apart) markers are placed on the floor/ground. They shall provide routine checks to ensure the markers remain visible.
4. The screener(s) shall be trained by an HR representative and Safety representative *prior* to conducting screening.
5. HR shall provide a hard copy employee roster for the specific site so the names can be checked off as the employees enter the site.
6. HR shall keep the checked off employee rosters for auditing purposes after the screening has been completed.
7. All employees shall be screened equally regardless of title, position, location, or other status.
8. While maintaining 6 feet of distance, the screener shall ask each employee the COVID-19 Screening Protocol Questions (located on the last page of this SOP) regarding the following symptoms:

a. Coughing	b. Shortness of Breath	c. Fever
d. Inability to taste/smell	e. Chills/shaking	f. Sore Throat

9. If the employee answers yes to any of these questions, send them home until they are symptom free for 72 hours. The screener will contact the employee’s supervisor.
10. If the employee does not have any of the symptoms listed above, the screener will take the employee’s temperature using the digital non-contact thermometer. The screener will clean the thermometer after each use.
11. The following steps shall be taken if the temperature reads as follows:

- a. Less than 100.4 – Employee may proceed to their normal work station.
  - b. 100.4 or greater – Employee will be sent home immediately and may only return to work after:
    - i. being fever free for 72 hours (without the use of fever reducing medications), had an improvement of respiratory symptoms, and 7 days have passed since the symptoms first appeared, OR
    - ii. they receive a return to work release from a doctor(they are NOT required to provide a doctor’s note).
      - In the event that a COVID 19 Test is ordered, the employee shall communicate with their supervisor via telephone.
12. Once an employee’s temperature has been taken and determined to be less than 100.4, the screener will check their name off the list and the employee may proceed to their workstation.
  13. Once the screening has been completed, the screener will clean the thermometers with alcohol wipes and store them in their designated location as defined by HR.
  14. The screener shall discard their gloves and wash their hands for 20 seconds prior to touching their face or proceeding to their workspace.

IF an employee is sent home due to COVID-19 symptoms, the work area in which the employee works shall be cleaned immediately using the proper PPE (gloves, proper disinfecting cleaning products).

## COVID 19 SCREENING PROTOCOL QUESTIONS

1. Have you had a fever of 100.4, cough or shortness of breath in the last 24 hours?

Fever-

Yes - Send employee home.

No - Employee can work.

New Cough-

Yes - Send employee home.

No - Employee can work.

Fever and new cough-

Yes - Employee should be advised to contact their primary care provider (PCP), or the local COVID hotline screening. They should not go directly to the clinic.

No - Employee can work.

2. Have you been directly exposed to anyone who has tested positive for COVID outside of work?

Yes - Send employee home to self-isolate for 14 days

No - Employee can work

3. Have you recently had a sudden inability to taste or smell things?

Yes - Send employee home, advise to contact PCP, or the local COVID hotline screening.

No - Employee can work.

Following asking the screening questions take the employee’s temperature. If the temperature is under 100.4 the employee may go work. If the temperature is 100.4 or higher, send the employee home, employee can return to work after they have been fever free for 72 hours and seen an improvement in their respiratory symptoms or they receive a return to work release from a doctor. They are NOT required to provide a doctor’s note.



## Woodgrain Lumber & Composites COVID-19 Prevention Plan

<b>COVID-19 Prevention Goal:</b>		
<b>To prevent the spread of the coronavirus and ensure a safe working environment for our associates.</b>		
Action	Frequency	Owner
<b>Practice Social Distancing (stay six feet away from other associates).</b>	<b>At all times</b>	<b>All employees</b>
<i>Eliminate meetings and trainings if social distancing guidelines cannot be followed.</i>	<i>At all times</i>	<i>All employees</i>
<i>Keep recommended distance when: eating lunch, on breaks and interacting socially.</i>	<i>At all times</i>	<i>All employees</i>
<b>No visitors allowed, including vendors and customers. Only visitors related to critical activities (equipment repair, product pick up/delivery, recruiting) that are approved are allowed.</b>	<b>At all times</b>	<b>Managers/Supervisors/HR</b>
<b>Let your manager know if you are planning to travel, or have traveled, 50 miles outside of your home area. The Divisional HR Manager will determine if you need to be quarantine before coming back to work (may be without pay).</b>	<b>Immediately</b>	<b>All employees</b>
<b>Increase Hygiene Protocols</b>	<b>Immediately</b>	<b>Managers/Supervisors</b>
<i>Cleaning/disinfecting work places, common places, bathrooms, and high touch areas.</i>	<i>Daily</i>	<i>All employees and hired cleaning crews</i>
<i>Wash your hands for 20 seconds with soap (doesn't need to be antibacterial).</i>	<i>Multiple times a day</i>	<i>All employees</i>
<b>General Guidelines</b>		
<p>If you have any of the symptoms below, follow the call-in procedures to notify your supervisor immediately, do not come to work, and contact your medical provider:</p> <ul style="list-style-type: none"> <li>• A fever</li> <li>• A cough and shortness of breath (that is not related to a pre-existing condition such as asthma)</li> <li>• You feel sick</li> <li>• You have tested positive for COVID-19, or have been exposed to someone who has tested positive for COVID-19</li> </ul>		



## Lumber & Composites Division

# STANDARD OPERATING PROCEDURE

## Report of COVID-19 Response Plan

### Objective

To provide a consistent response from a positive employee test for COVID-19 and ensure the safety of our fellow workers.

### Training

All salaried employees, supervisors, facility managers and leads should review this SOP upon approval.

### Procedure

In the event a positive COVID-19 test is confirmed by a healthcare provider for an employee working at any of the Woodgrain Lumber & Composites facilities, and/or if it is confirmed that an employee has had direct contact with a positive COVID-19 case, the following steps will be implemented immediately:

1. The facility in which the employee works shall be shut down in an orderly fashion (following the facility shut down protocols).
  - The Facility Manager shall notify the Division Vice President, Division Safety and Environmental Manager, and Division Human Resources Manager with preliminary information as soon as the confirmation of the positive test is received (text or phone call).
  - All employees in the affected facility shall be moved to a location where they shall maintain adequate social distancing (6 feet or more) for an employee debriefing by the Facility Manager, or his/her designee, and a Human Resources representative.
  - The Division HR Manager shall notify the Vice President of Human Resources with the preliminary information.
  - The Division HR Manager, or his/her designee, will contact the agency in charge of the contact investigation to inform them of the positive test, and that he/she will be the facility's point of contact for the public health investigation.
    - Union County, Oregon: Contact the Public Health Administrator at the Center for Human Develop at 541-962-8890.
    - Umatilla County, Oregon: Contact Umatilla Public Health at 541-278-5432.
    - Gem County, Idaho: Contact the Southwest District Health Department 208-455-5411.
2. The Facility Manager, or his/her designee, and a Human Resources representative shall communicate to the employees that there has been a positive COVID-19 test within the facility, and/or an employee has had direct contact with a confirmed COVID-19 case. **No personal details about the employee shall be shared.**

- The impacted employee shall be released from work until the Division HR Manager and Facility Manager deem it safe to return.
3. Employees in the affected facility shall be released from work until further notice by the Facility Manager and Human Resources representative.
    - The Division Vice President, in conjunction with the Facility Manager and Division HR Manager, will determine if the leave will be paid or unpaid.
  4. The Division Vice President, in conjunction with the Facility Manager, Division Safety and Environmental Manager, and Division HR Manager, will determine the severity and need for cleaning and sanitization of the facility.
    - The facility shall be prepared to have salaried employees complete the cleaning and sanitization by ensuring proper PPE is on hand, including gloves, masks and proper disinfecting cleaning products.
    - If it is determined by the team identified in bullet number 4 that it is necessary for a third party to complete the sanitization, the Facility Manager, or his/her designee, shall supervise the third party to ensure all safety protocols and procedures are followed.
  5. The Division Vice President, in conjunction with the Facility Manager, Division Safety and Environmental Manager, and Division HR Manager will determine when it's safe for the employees to return to work.
    - The Facility Manager, or his/her designee, will contact the employees to let them know when it's safe to return to work.



## Woodgrain Lumber & Composites

### *Voluntary Use of a Cloth Facemask*

Woodgrain Lumber & Composites is making cloth facemasks available to all employees that choose to accept one on a *voluntary* basis. Please know that if a facemask is used improperly and/or not kept clean, the mask itself can become a hazard. If you voluntarily choose to wear a facemask, you need to take certain precautions to be sure that the mask itself does not present a hazard.

**If you choose to accept this facemask on a voluntary basis, you are responsible for the following:**

1. Make sure your mask will not get snagged on or in machinery or moving parts, obstruct vision, or otherwise present its own hazard. Consult with your supervisor if needed.
2. Wash your mask *prior* to use. As per the manufacturer's instructions, machine wash it in hot water, tumble dry on warm or line dry in sunlight. Apply a warm iron if needed prior to use.
3. Wash your mask after *every* use.
4. Keep track of your facemask so that you do not mistakenly use someone else's.

**If you choose to ACCEPT this facemask on a voluntary basis, initial each line item below indicating you understand and agree to each statement.**

\_\_\_\_\_ I am voluntarily accepting a cloth facemask from my employer . I understand my employer is not requiring me to wear this facemask while at work.

\_\_\_\_\_ If I choose to wear this mask, I am choosing to do so voluntarily.

\_\_\_\_\_ Prior to wearing this facemask, I will evaluate my workstation to ensure it will not get snagged on or in machinery or moving parts, obstruct my vision, or otherwise present its own hazard and/or safety risk.

\_\_\_\_\_ I will stop wearing this mask immediately if it presents a larger hazard , safety risk and/or injury, and will report said risk and/or injury to my supervisor.

\_\_\_\_\_ I understand this mask does not meet OSHA requirements for locations that require specialized dust masks in our facilities.

\_\_\_\_\_ I understand this mask does not meet the requirements to prevent atmospheric contamination from harmful dusts, fogs, fumes, mists, gases, smokes, sprays or vapors.

\_\_\_\_\_ I understand this facemask will not protect me from contracting COVID 19 or any other illness.

\_\_\_\_\_ I understand there will not be a medical evaluation or fit test associated with the distribution of this facemask.

\_\_\_\_\_ I acknowledge this is my facemask, it has not been worn by anyone else nor am I to share it with anyone else.

\_\_\_\_\_ I will wash this facemask *prior to each use*, and *after each use*, following the instructions listed above.

\_\_\_\_\_ I understand this facemask is my property and take responsibility for any alternations to it.

Employee Name (Print) \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

## Exhibit C – Long-term Care Facility Investigation

Should a potential outbreak in a long term care facility be detected, The Public Health Group staffed by the Center for Human Development Public Health will follow the guidance provided by the Oregon Health Authority to respond to all cases of COVID-19 as well as guidance related to outbreaks in specific settings such as Long-term Care Facilities. Our primary tool for all of our public health work is the Novel Coronavirus Disease 2019 (COVID-19) Investigative Guidelines found here:

[https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLE\\_DISEASE/REPORTING\\_COMMUNICABLE\\_DISEASE/REPORTING\\_GUIDELINES/Documents/Novel-Coronavirus-2019.pdf](https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLE_DISEASE/REPORTING_COMMUNICABLE_DISEASE/REPORTING_GUIDELINES/Documents/Novel-Coronavirus-2019.pdf)

The Center for Human Development Public Health will follow the steps outlined in this document in Section 1.3 Local Public Health Authority Reporting and Follow-Up Responsibilities, Section 4. Case Investigation, and Section 5. Controlling Further Spread.

In addition, we will follow guidance in Section 6. Managing Special Situations, specifically Section 6.4 which outlines steps The Center for Human Development Public Health will take to support early identification of outbreaks in Long-term Care Facilities. Specifically, response to even a single suspect case in these settings will include the following:

- Entering the suspect COVID-19 case into Orpheus;
- Verifying the absence of additional suspect cases that would warrant immediate “outbreak” designation; and
- Providing the facility with appropriate infection control recommendations (see LTCF COVID-19 Response Toolkit at <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASES/AZ/Emerging%20Respiratory%20Infections/LTCF-COVID-19-Response-Toolkit.pdf>)
- Union County has a vulnerable population PPE cache specifically identified to surge to long term care facilities should a potential outbreak be detected. The cache will be deployed at the discretion the Center for Human Development, Public Health and there are currently sufficient PPE supplies to refresh the cache, should it be necessary.
- The Interagency Union Count Incident Management Team will support the Public Health Group with operational support, specifically with testing and contact tracing surge capacity; logistically with PPE and any additional resources; and with planning and organizational support.

May 7, 2020

J.B. Brock, Manager  
Union County Emergency Services  
1106 'K' Avenue  
La Grande OR 97850

Dear J.B.,

On behalf of Grande Ronde Hospital and Clinics, I am writing to let you know that we do have a stable 14-day supply of Personal Protection Equipment (PPE) for our staff.

I understand this attestation supports Union County's plan for a phased reopening of our local economy and the support of our local businesses.

I also want to take the opportunity to thank you for your ongoing collaborative efforts, as we all work together to keep our communities' safe and healthy during these unprecedented times.

Best Regards,



Jeremy P. Davis, MHA  
President and CEO  
Grande Ronde Hospital and Clinics

# Memo

**To:** Governor Kate Brown  
**From:** J.B. Brock, Union County Emergency Services  
**Date:** 5/7/20  
**Re:** Sufficient PPE in Union County for First Responders

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Union County and our partner agencies have been working diligently to secure and maintain person protective equipment (PPE) stock. Fortunately, and due largely to the tireless work of state and local partners, as well as our local Incident Management Team, Union County has sufficient PPE stock to protect local first responders for any anticipated future scenarios.

Please let me know if you have questions or comments.



J.B. Brock  
Union County Emergency Manager

Attachments 1: La Grande ALS/EMS Group Sup Memo



**LA GRANDE FIRE DEPARTMENT**

**MEMORANDUM**

**May 7, 2020**

**TO:** J.B. Brock, Union Co. Emergency Manager

**FROM:** Emmitt Cornford, Fire Chief City of La Grande Fire Department

**SUBJECT:** Union County PPE supply

JB,

As the Fire Chief for the ALS ambulance service in Union County and the EMS Group Supervisor for the Union County Incident Management Team, I can attest that we have no shortage of first responder PPE and I would see no reason to expect any in the future. In the beginning of the pandemic our county pulled together and started gathering PPE. Along with additional PPE continuing to come from the State of Oregon, we are well stocked to maintain our current level of responses or any foreseen increases should they occur.