

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

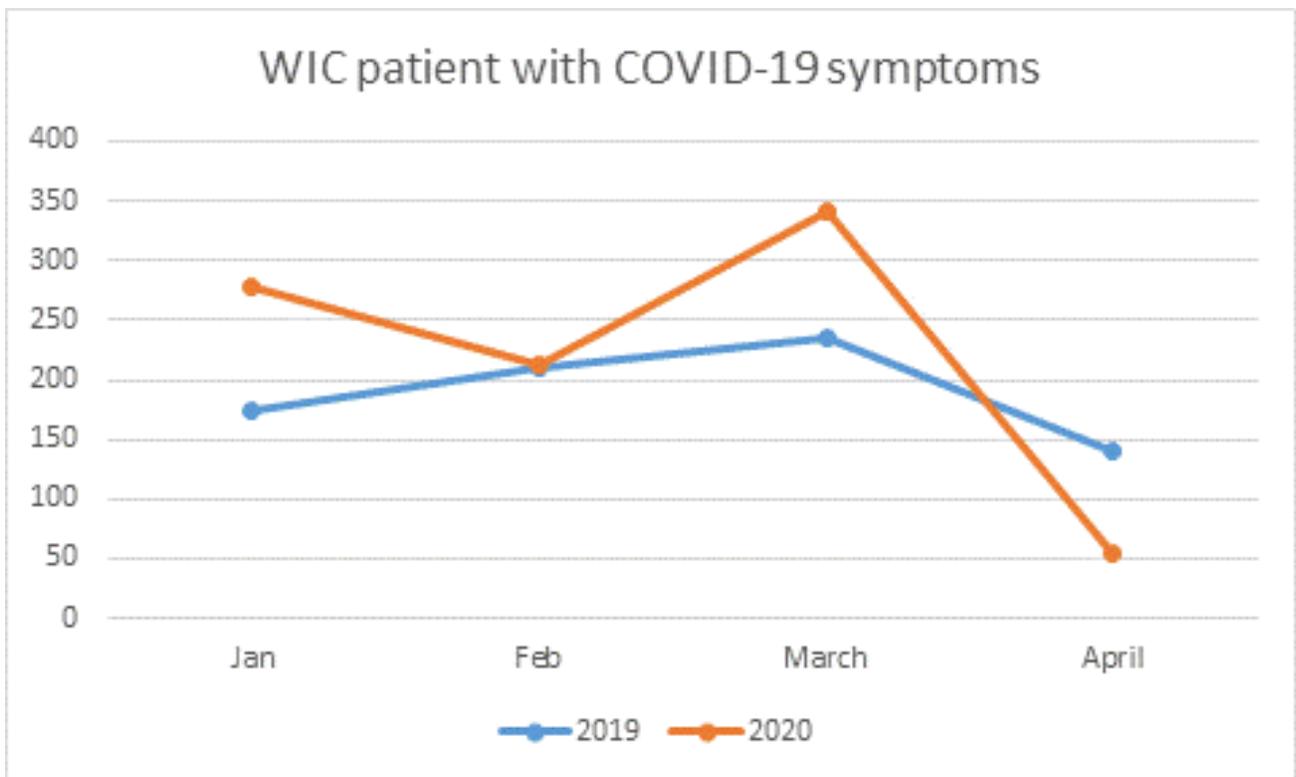
A. Gating Criteria

1. Symptoms

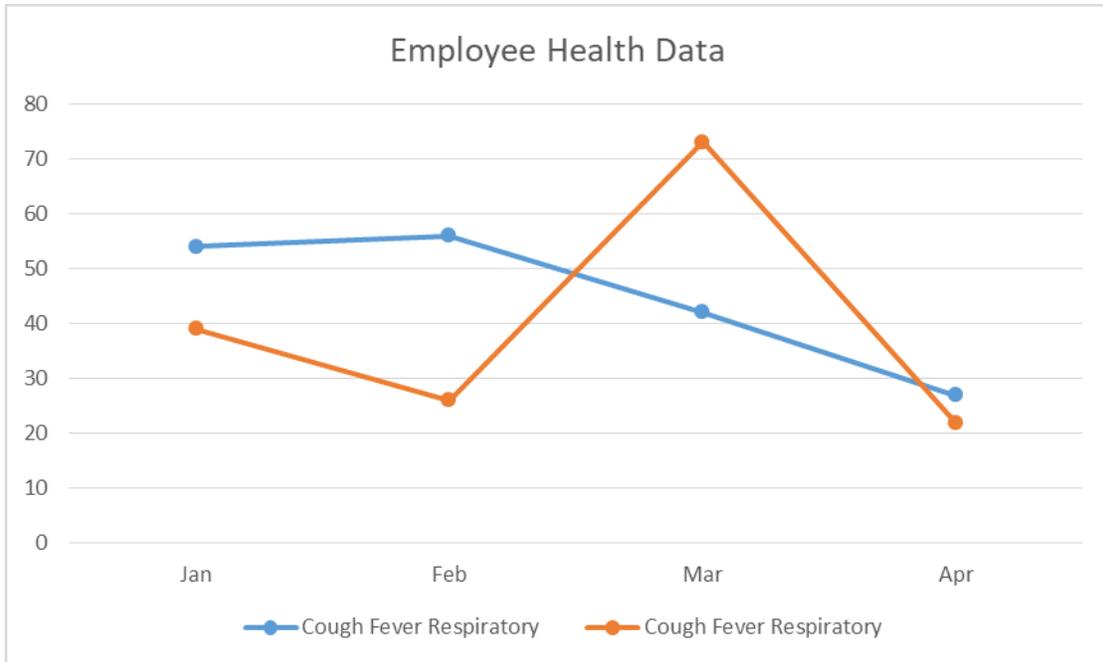
(Downward trajectory of influenza-like illnesses (ILI) AND COVID-like syndromic cases reported within a 14-day period)

Current Symptoms Situation

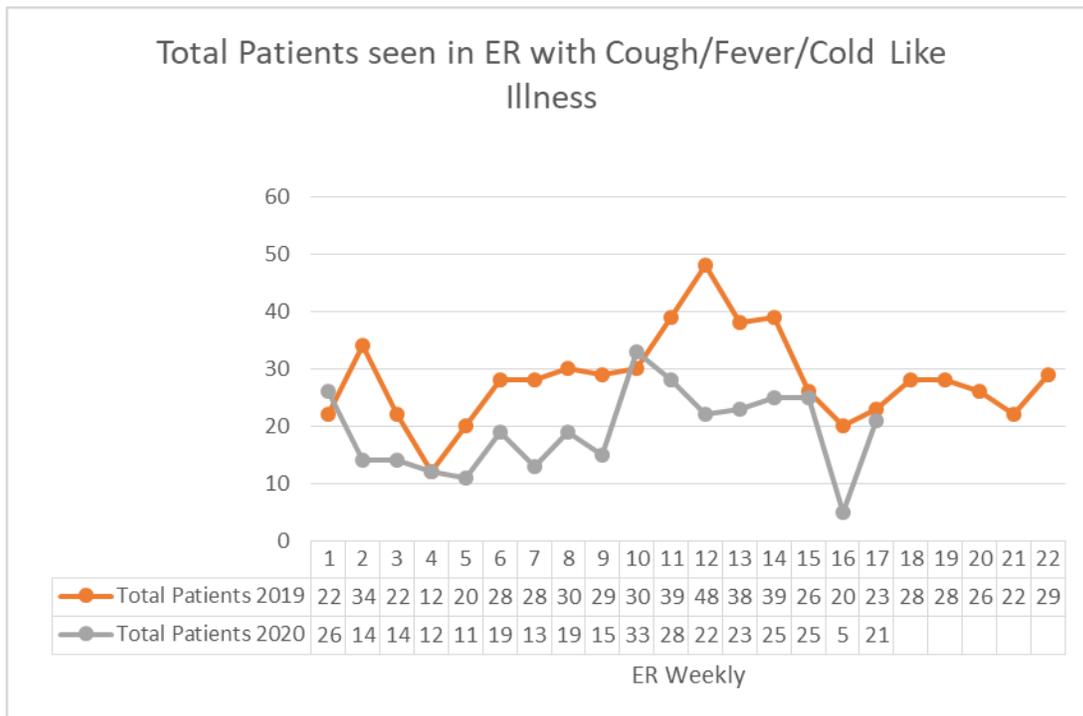
Union County has seen a steady decline of individuals reporting Upper Respiratory Illness (URI) over the last month. This is indicated by all sources including walk-in clinic data, Grande Ronde Hospital (GRH) employee data, Emergency Room patients seen, and GRH patients admitted.



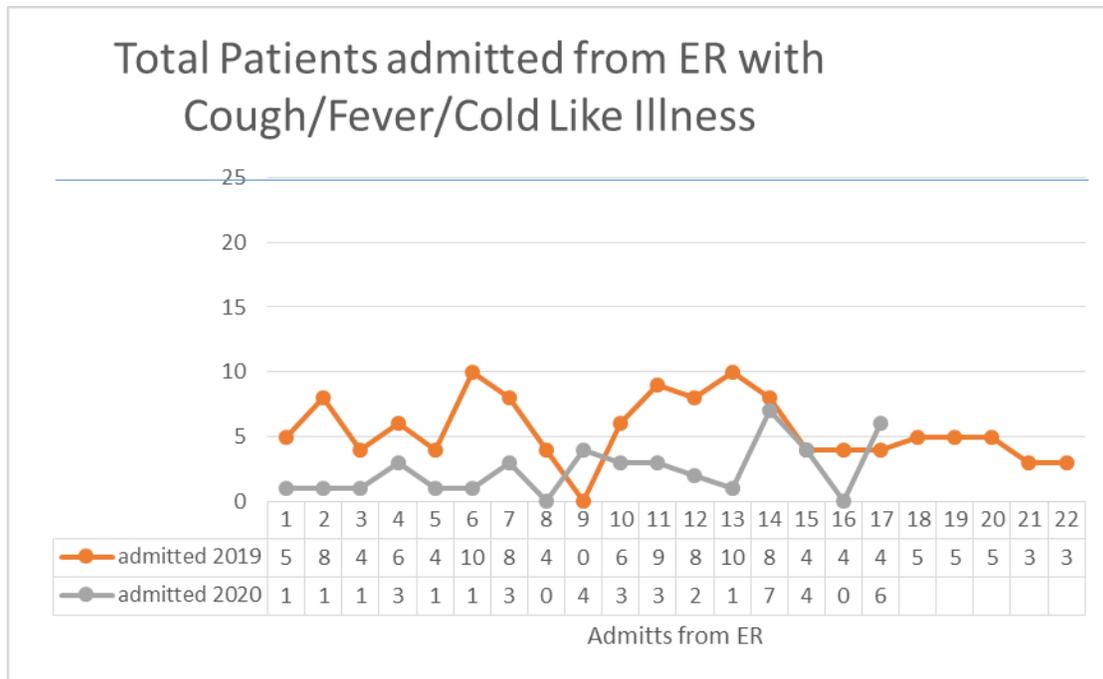
GRH Walk-in Clinic (WIC) has seen a steady decline in patients with COVID like symptoms from a peak in March, 2020 of 342 to 55 patients in April, falling below the 2019 level for the same time period.



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 – 1st positive case

April 1, 2020 – 2nd and 3rd positive case

April 9 – 4th 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

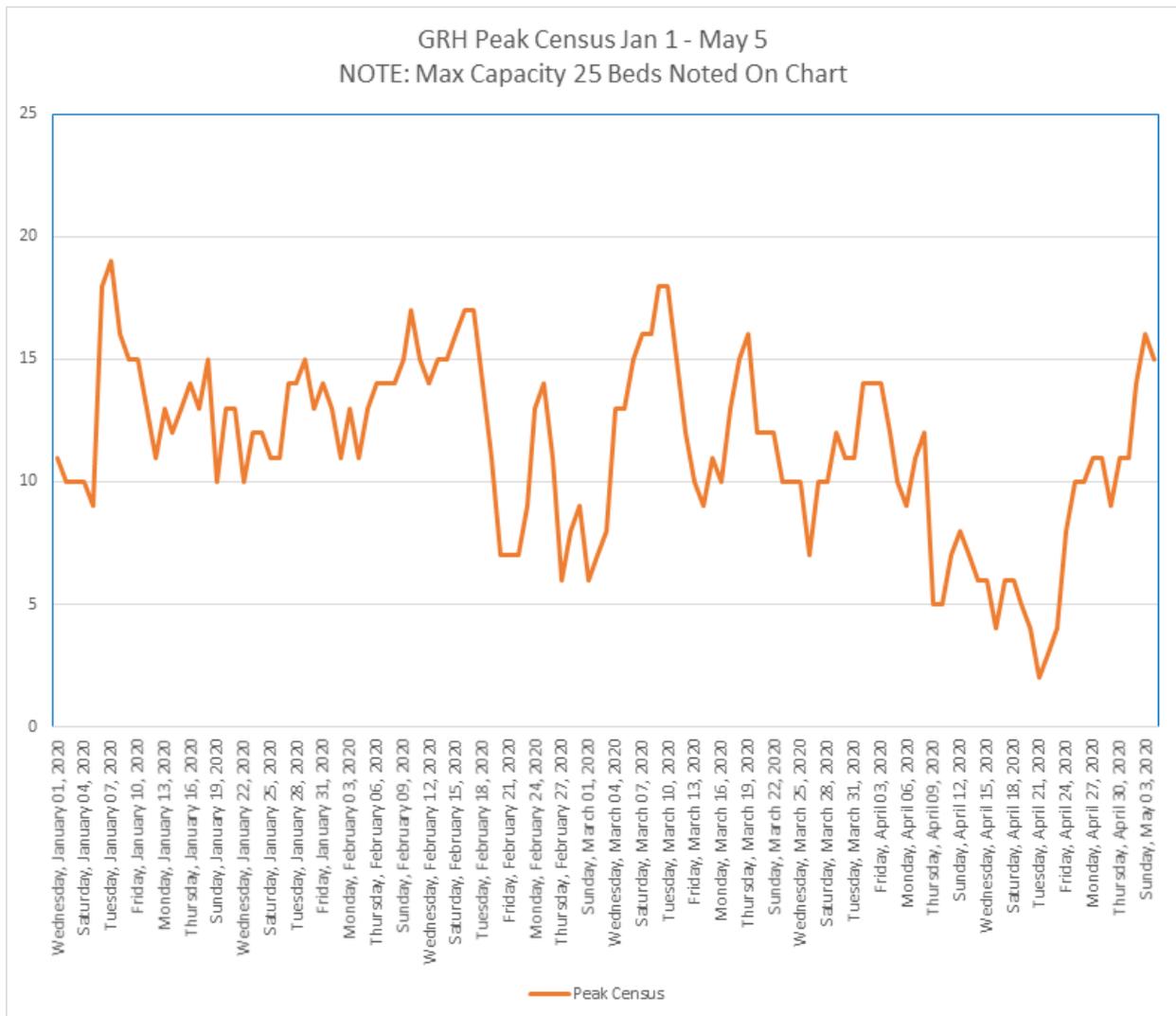
Surrounding area Hospitals Capacity: 40%

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.

Gross Family Income as a Percentage of Federal Poverty Guidelines	Sliding Fee Discount
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 ≥ 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