



# **COVID-19 REOPENING PLAN**

*Developed by the  
Washington County Emergency Operations Center*

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# RECORD OF CHANGES

Date	Change
05/08	Final draft of Reopening Plan completed
05/13	Updated the Reopening Decision-Making Process Diagram
05/13	Added Addendum A page as a placeholder for reopening application
05/13	Removed references to gating criteria
05/13	Multiple minor changes to improve clarity
05/15	Clarified agencies to be coordinated with and metrics
05/15	Clarified applicability of CARES funding
05/15	Clarified approval process
05/15	Multiple minor changes to improve clarity
05/22	Added the Reopening Application

## INTRODUCTION

### A. The Outbreak

On February 28, 2020, the first case of COVID-19 in Oregon was identified in Washington County and determined to be due to undetected community spread of the virus. Washington County Public Health quickly organized and began the tracing of close contacts. Since that time, hundreds of additional cases have been identified.

This disease has sickened people of all ages. A majority of those who have been hospitalized or have died are older or with underlying health conditions. As of May 7, 2020, 548 Washington County community members have tested positive for COVID-19; 12 have died. Washington County accounts for approximately 19% of the positive cases in the state.

### B. Summary of Current Response Efforts

The Washington County Emergency Operations Center (EOC) activated on March 3, 2020. The Board of Commissioners (BOC) adopted an emergency declaration on March 5, 2020. This allowed Washington County personnel greater flexibility and support as they work with partner agencies and the public to prevent the further spread of COVID-19.

On March 8, 2020, Governor Brown declared a state of emergency in Oregon. On March 14, 2020, the Oregon Health Authority (OHA) reported the first death from COVID-19. Two days later, Governor Brown banned gatherings of 25 or more people and restricted restaurants to takeout and delivery only. Since then, she has continued to take additional measures to curb the spread of the disease. On March 23, 2020, Governor Brown issued Executive Order No. 20-12 titled "Stay Home, Save Lives." It orders Oregonians to stay at home, closes specified retail businesses, requires physical distancing measures for other public and private facilities, and imposes requirements for outdoor areas and licensed childcare facilities. On May 1, 2020, Governor Brown extended the state of emergency for an additional 60 days through July 6, 2020.

County Public Health officials have been focusing on monitoring, testing and preventing the spread of the disease through public education, providing support to those affected by the disease, and establishing sheltering options to support isolation and quarantine. Personal protective equipment (PPE) is being acquired and distributed. The County EOC is partnering with cities and community-based organizations to develop Essential Needs Hubs that provide face coverings, food and other supplies to those in need. The EOC is coordinating with community-based organizations to respond to emerging community needs. It opened a respite shelter to support community members who are houseless and either tested positive or have symptoms and are waiting for test results. The EOC is conducting outreach to culturally specific organizations and migrant and seasonal farm workers.

Due to these measures, Washington County has seen a decrease in the number of new cases and fatalities. Given this evidence, the Washington County Board of Commissioners (BOC) directed the County's Emergency Operations Center to create the county's Reopening Plan.

## C. Local Impacts

As a result of Governor Brown's orders, Washington County community members have observed physical distancing guidelines and other disease control measures. Unfortunately, these measures have had devastating impacts on the state's economy and on Washington County community members. People have lost jobs and income, and unemployment claims have skyrocketed. Social isolation has led to an increase in mental health concerns. Schools remain closed. Grocery stores have seen runs on critical supplies. Demand for food at local food pantries has swelled. Until recently, hospitals and health clinics restricted their operations to essential procedures only and activated contingency plans for a surge in demand.

## D. Governor Launches Reopening Strategy

On April 14, 2020, with evidence that physical distancing and other preventative disease control measures were working, Governor Brown announced a framework for "Reopening Oregon" and the state's economy. This framework has the following major tenets:

1. Prerequisites and protocols that allow counties to pursue a progressively more relaxed series of restrictions, including a phased lifting of restrictions.
2. An increased public health capacity to conduct screening and testing of symptomatic individuals and perform contact tracing.
3. Sufficient levels of PPE and surge capacity within the health care systems.
4. Provision of education on how to protect oneself from the disease, promotion of the use of face coverings and physical distancing to protect the health and safety of workers and citizens.

See the governor's *Reopening Framework* below for more details.

On May 1, 2020, the governor issued an order authorizing elective and non-urgent medical procedures once providers ensure compliance with several policy and resource requirements. On May 8, 2020, the governor announced that once a county qualifies for Phase 1, restaurants and bars will be allowed to operate with a limited sit-down service, personal care businesses/facility (salons, gyms) will be allowed to reopen, and limited in-person local gatherings of up to 25 people can occur. The governor also declared that all large gatherings should be cancelled or significantly modified through at least September. Further guidance on large gatherings scheduled for later in the fall will be provided this summer.

## E. Plan Objectives and Scope

The objectives for this plan are to describe a coordinated process for:

1. Saving and protecting the lives of Washington County residents.
2. Fulfilling the prerequisite to qualify for Phase 1 of the governor's Reopening Oregon Framework and qualifying Washington County for successive phases.
3. Mitigating the disproportionate impacts to different populations caused by structural and systemic disparities.
4. Reopening Washington County government and its lines of vital public services.
5. Reinforcing the medical system and allied systems of care.
6. Supporting the essential needs of Washington County community members.
7. Promoting economic restoration and recovery.

This plan focuses on actions taken through the end of the 2020 calendar year.

The County recognizes that longer term economic and societal impacts will remain after the lifting of restrictions, so this plan also summarizes a strategy to support long-term recovery.

The County will follow the governor's orders and OHA guidelines.

As Washington County's application for reopening is developed, it will be placed in Addendum A.

## OVERARCHING PRINCIPLES

Washington County is prepared to reopen in a manner consistent with the governor's Framework for Reopening Oregon and subsequent directives. Washington County is committed to employing an evidence-based reopening strategy that considers the health and well-being of our community through an equity lens. The reopening process and activities will be guided by the following principles:

- **Save lives:** Washington County aims to save lives and mitigate the impacts of COVID-19 in our community.
- **Incorporate equity:** Washington County will integrate equity considerations into decision-making and the development of culturally responsive disease mitigation strategies. Leadership will promote social justice by generating inclusive strategies, information and organizational cultures that promote racial equity. The needs of our community, especially those who have been underserved and historically marginalized, will be prioritized in terms of policy and resources.
- **Science and data-based approach:** The best path forward is a cautious and gradual one that relies on science and facts to determine each step forward.
- **Local and regional coordination:** Washington County will collaborate and coordinate with our cities and other local governments, community-based organizations (CBOs), Health Region 1 and regional partners to ensure a united and consistent approach in each phase.
- **Flexible and nimble:** Washington County is prepared to restart a phase or return to an earlier phase depending on the results of reopening policies.

## ASSUMPTIONS

This plan is based on the following assumptions:

- The COVID-19 pandemic may last for a very long time; a vaccine may not be available for 12 to 18 months or longer.
- COVID-19 is unpredictable. A large upswing in positive case counts, hospitalizations or fatalities may require an escalation of disease prevention and control measures or returning to previous levels of restrictions.

## REOPENING OREGON FRAMEWORK

As outlined in her April 20, 2020, address, Governor Kate Brown developed a framework to guide reopening efforts throughout Oregon. This framework consists of three phases. Each phase will have fewer restrictions than the previous phase.

The County must obtain the governor’s approval before advancing to Phase 1. To do so, the County and Health Region 1<sup>1</sup> must meet the following prerequisites:

**1. Declining prevalence of COVID-19**

- a. The percentage of emergency department visits within Washington County for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year.
- b. A 14-day decline in COVID-19 hospital admissions within Washington County.

**2. Minimum Testing Regimen**

- a. Regions must be able to administer COVID-19 testing at a rate of 30 per 10,000 people per week. Regions must implement a testing regimen that prioritizes symptomatic persons and individuals who have come into contact with a known COVID-positive person and includes testing of all people in congregate settings when there is a positive test. This includes long-term care facilities and county jails among others. The plan must include frequent tests of frontline and essential workers and industries where workers may not be able to practice optimal physical distancing (e.g., agricultural processing, meat packing).
- b. Regions must maintain an appropriate number of testing sites to accommodate its population and must fully advertise where and how people can get tested. The region must work with local public health and OHA to use the collected data to track and trace the spread of the virus. Testing must be accessible to low-income and underserved communities.
- c. This metric is measured at the Health Region 1 level, not at the county level.

**3. Contact Tracing System**

- a. Washington County will have a minimum of 15 contact tracers for every 100,000 people. It will be prepared to contact trace 95% of all new cases within 24 hours, with OHA certifying the County’s readiness. The contact tracing workforce will be reflective of the region and be able to conduct tracing activities in a culturally appropriate way and in multiple languages as appropriate for the population.

**4. Isolation Facilities**

- a. Washington County will have hotel rooms available for people who test positive for COVID-19 and cannot self-isolate. It will coordinate with OHA Public Health Division to provide support to identify needs and acquire resources.

**5. Finalized Statewide Sector Guidelines**

- a. Washington County will ensure each sector identified in the Reopening Oregon Framework will adhere to OHA statewide guidelines to protect employees and consumers, make the physical workspace safer, and implement processes that lower risk of infection in the business.

**6. Sufficient Health Care Capacity**

- a. To maintain the phased reopening plan, Region 1 must be able to accommodate a 20% increase in suspected or confirmed COVID-19 hospitalizations compared to the number of suspected or

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<sup>1</sup> Region 1 includes Clackamas, Multnomah, Washington, Columbia, Tillamook and Clatsop counties.

confirmed COVID-19 hospitalizations in the region at the time Executive Order No. 20-22 was issued.

- b. This metric is measured at the Health Region 1 level, not at the county level. Washington County cannot move into Phase 1 if regional hospital capacity is beneath that level.

## 7. Sufficient PPE Supply

- a. All hospitals in the health region must report PPE supply daily to OHA's Hospital Capacity system. Large hospitals and health systems in the region must attest to a 30-day supply of PPE, and rural hospitals must have a 14-day supply.
- b. This metric is measured at the Health Region 1 level, not at the county level.
- c. Washington County will attest to sufficient PPE supply for first responders in the county.

Once the County has met the prerequisites, the County Administrator will submit an application to advance to Phase 1 or further phases to the governor's office. The governor will be accepting county applications starting May 8, 2020, with a goal of allowing approved counties to enter Phase 1 as soon as May 15, 2020.

The County expects it will need to continue to maintain or improve its level of adherence to the prerequisites for at least 21 days before certifying that it can move to the next phase.

## APPROACH

### A. Concept of Operations

The reopening of Washington County will require the coordination of multiple entities, including the Board of Commissioners (BOC), the County Administrative Office (CAO), the County Emergency Operations Center (EOC), the Public Health Division (Local Public Health Authority), County departments, cities, special districts, community-based organizations (CBOs), Health Region 1 and other regional partners.

Washington County recognizes the need for a plan to re-implement closures or other restrictions based on the prerequisites. As the prerequisites are monitored, the County may opt to return to previous phase levels, with increased restrictions, to stem the tide of new infections. The County will share information about its progress toward meeting the prerequisites with the community to encourage preparedness by community members and businesses.

### B. Equity

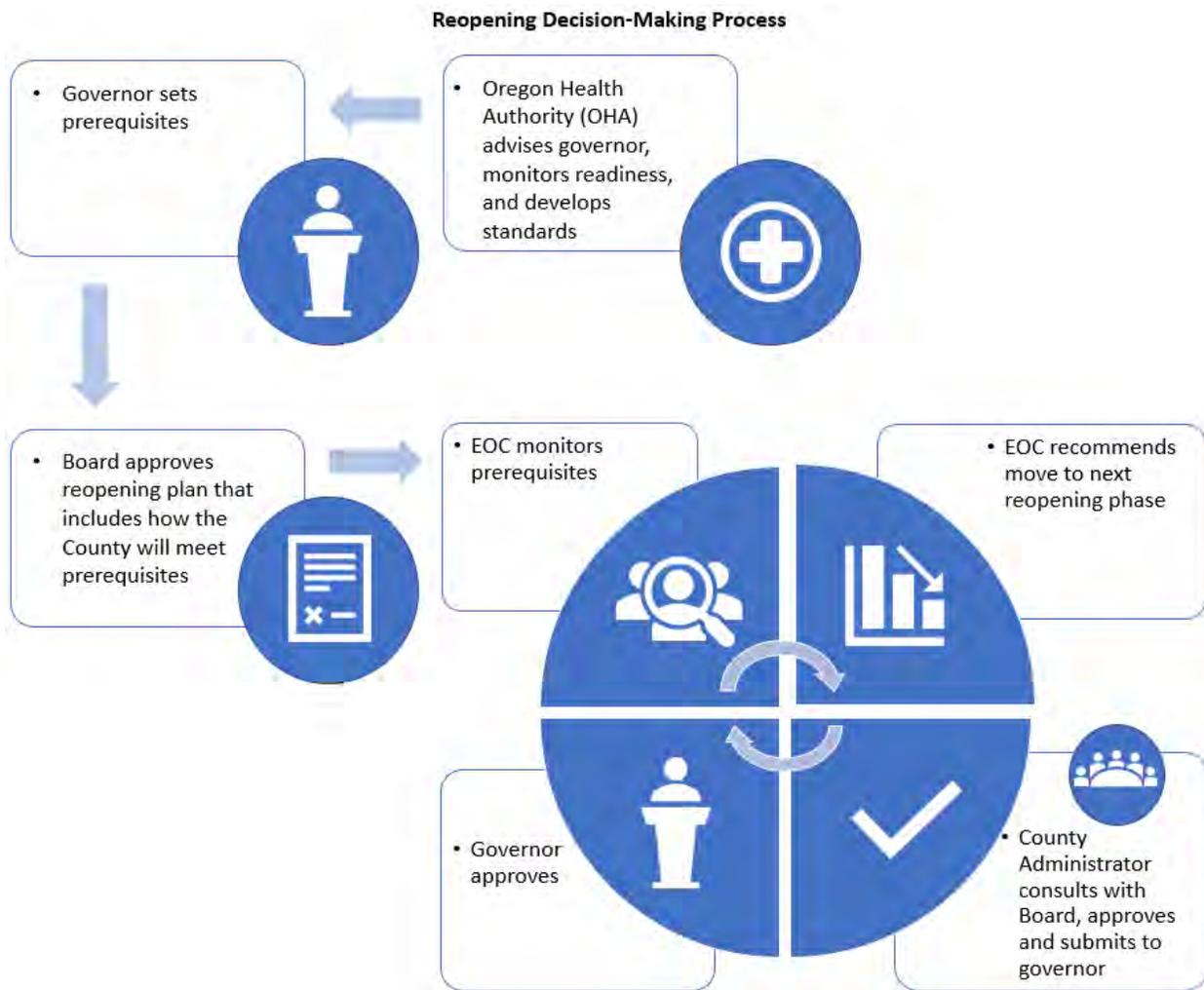
The County will pursue the following equity strategies:

1. Ensure all reopening strategies incorporate equity considerations and prioritize support to underserved populations and marginalized communities. This includes convening stakeholders across the EOC's organizational structure and our community to advise, assist and troubleshoot the equitable implementation and prioritization of community needs.
2. Ensure we are leading with race and that the needs of our community, especially those who have been underserved and historically marginalized, are reflected and maintained in the recommendations, messaging and solutions.

3. Collaboratively support the implementation and review of equity related EOC initiatives, requests and goals, while promoting and modeling safety, trust and belonging in how we do the work with each other and the community.
4. Rely on an equity analysis tool to make swift decisions to protect the health of underserved and historically marginalized communities from public health threats and to prevent prolonged economic hardship.

### C. Leadership and Coordination Strategy

Washington County’s BOC is the ultimate decision-making entity responsible for reopening decisions. The BOC delegates authority for reopening decisions to the County Administrator. The EOC and Public Health are responsible for the development and implementation of the reopening plan.



The EOC will be responsible for monitoring the metrics that support the prerequisites and will coordinate the County’s reopening process. Based on the monitoring data, the EOC will determine and recommend the need to continue to hold or move to a new phase (either forward or backward).

Upon finding that the prerequisites are met, the EOC will coordinate with the Region 1 Health Preparedness Organization on the preparation of the County’s application and any supporting

documentation required for entry into each phase. The application package will be submitted to the County Administrator for review and approval and consultation with the Board of Commissioners before being submitted to the governor's office.

Washington County leadership will coordinate its reopening efforts with cities, special districts, Health Region 1, and tri-county partners as well as local community-based organizations (CBOs).

#### **D. Public Health Metrics and Monitoring**

The Washington County EOC, including the Public Health Incident Management Team (IMT), will remain activated to monitor cases and trends in order to respond quickly in the case of a resurgence, with support from other community partners.

Washington County Public Health, as the Local Public Health Authority (LPHA), will continue to track and monitor trends in test results, cases and hospitalizations.

To share the metrics that support the prerequisites with the public, the Joint Information Center (JIC) will incorporate information into the COVID-19 website, available at [www.co.washington.or.us/covid-19](http://www.co.washington.or.us/covid-19).

#### **E. Public Health**

County Public Health will conduct the following reopening strategies.

##### **1. Contact Tracing**

Washington County Public Health has designed a workflow and a staffing plan to expand case investigation, contact tracing, and request voluntary isolation and quarantine once the governor approves the County to move to Phase 1.

##### **2. Staffing**

- Hire a minimum of 15 workers/100,000 residents to conduct contact tracing, education and monitoring and to support the isolation and quarantine of individuals.
- Ensure use of a bilingual and bicultural workforce and interpretation services to gather data from individuals and provide education and support.
- Hire staff and/or contract with local agencies to support basic needs of individuals in isolation and quarantine and to support other aspects of public health efforts to mitigate disease spread.
- Ensure contracts or staffing are in place to provide basic needs support (e.g., food, utilities, rent) to those in isolation and quarantine who are financially in need.

##### **3. Case Investigation and Contact Tracing**

- Conduct case interviews of 95% of positive cases within 24 hours.
- Contact trace all cases, determining symptomatic contacts and providing education.
- Facilitate testing of all symptomatic contacts.

##### **4. Monitoring**

- Request that all positive cases isolate themselves from well individuals in their household and conduct daily monitoring throughout the isolation period.

- Request all close contacts to quarantine for 14 days and conduct daily monitoring (with the exception of medical personnel).
- Allow medical personnel who are close contacts to return to work only if sufficient PPE is available for their work and daily monitoring is in place through their employer.
- Assist with supplies needed for monitoring and isolation such as thermometers, face coverings, etc.
- Develop a timeline and process for individuals to be able to end voluntary isolation and quarantine.

## **5. Case Management/Basic Needs Support**

- Provide critical support and linkages including social services and mental health supports.
- Ensure individuals and families can maintain isolation and quarantine through provision of food deliveries, medication, health/hygiene supplies, and financial support if needed.
- Facilitate alternative housing options for individuals unable to isolate in their current living situations.

Public Health, through contact tracing and epidemiologic analysis, will also have in place staffing and public health protocols to slow the spread of disease in high-risk settings such as congregate housing and businesses where social distancing is difficult to attain. This work will prioritize those who are at most risk from severe illness (such as people over 65 and those with underlying medical conditions) as well as those most at risk from contracting illness, including racial and ethnic groups who bear a disproportionate burden of disease.

## **6. Key Activities**

- Daily contact with long-term care facilities experiencing outbreaks.
- Review of protocols and modifications in place for physical distancing for any facility or business that experiences an outbreak.
- Onsite inspections, if needed, with support from other state licensing agencies.
- Facilitation of testing.
- Epidemiologic monitoring of data to identify new geographic, temporal or spatial clusters of COVID-19.

## **7. Community Testing Considerations and Strategies**

Community testing is an essential component of Governor Brown’s reopening plan, Washington County’s reopening plan, and the broader cross-institutional and cross-sector public health response to COVID-19. Washington County will facilitate and promote community testing and will work with private and public partners to ensure an equitable testing regimen is available to all communities across the county.

## **8. Key Testing Assumptions**

- The availability of COVID-19 testing will increase and the cost will continue to decrease.
- The availability of rapid testing will increase.
- Major care providers, hospital systems and larger private entities within Washington County will either provision their own testing or be able to negotiate favorable testing contracts with private suppliers.

- Federally Qualified Health Centers (FQHC) that provide services to underserved populations and at-risk communities will be supported by the County to ensure adequate levels of testing for these populations.

## 9. Community Testing Strategies for Washington County

- The sources of COVID-19 testing for Washington County are:
  - OHA through the Oregon State Public Health Laboratory
  - Health care systems
  - Other private providers
- The County supports and will help supply (through partnerships) increased testing to high-risk communities and populations that may have difficulty accessing tests available through private providers.
- The County will work to maintain situational awareness of testing within Washington County, including testing offered by major health systems, private labs and other entities.
- The County may arrange with fire/EMS and other agencies to conduct testing at hotspots and other locations. As of the publishing of this document, Public Health is identifying additional strategies to expand testing, if necessary.
- The County can request testing supplies from the state to help resource our partners that are serving underserved and historically marginalized populations.
- The County JIC will share accurate and timely information about testing, ensuring a focus on reaching underserved communities.

## 10. Isolation Facilities

- Washington County is managing a hotel for people who test positive for COVID-19 and cannot self-isolate.
- Washington County will coordinate with OHA Public Health Division if additional support is needed.

## F. Communication Strategy

Washington County’s Joint Information Center (JIC) is staffed by public information officers (PIOs) responsible for gathering, verifying and disseminating timely, accurate and relevant information to the public.

Basic risk communication principles have been used throughout the crisis and will continue into the reopening phases. This includes being first, being right and being credible. It is vital to show empathy, exhibit expertise, be transparent, acknowledge people’s fears and frustrations, give people things to do, and let people know when, where and how to find more information.

Communicating to the public is accomplished largely through the County’s COVID-19 website available in nearly 30 languages, social media channels, video messages, paid media, and earned media via press releases, press conferences and direct media pitching. Information in English and Spanish is distributed by email to more than 600 individuals and community-based organizations that serve hard-to-reach and underserved populations. To further reach Latinx community members who have been disproportionately impacted by COVID-19, Washington County will likely contract with a

media/communications firm that specializes in developing messaging for and reaching these community members.

To coordinate reopening messaging across the county, the JIC will continue to host regular phone conference meetings with all Washington County PIOs representing schools, cities, EMS, fire, law enforcement, private industry and more.

If a regional reopening approach is adopted, the JIC will work with PIOs from neighboring counties and the OHA to ensure coordinated messaging. Relationships are already well established from ongoing daily and weekly meetings with these PIOs.

## G. Key Funding Sources

Many of the costs incurred by the County and its partners in the reopening process may be able to be recouped under several state and federal programs set up to fund COVID-19 response and recovery. These may include:

- **FEMA Public Assistance Program:** State, local and tribal governments and certain nonprofits may be eligible to request reimbursement through this program for the costs of emergency work directly related to the response to COVID-19.
- **CARES Act:** The Coronavirus Aid, Relief and Emergency Security (CARES) Act includes many funding streams that can fund some of the reopening activities described in this plan. Each stream is channeled through a federal agency, often supplementing existing funding streams, such as the Community Development Block Grant. Through the Coronavirus Relief Fund, the U.S. Treasury has allocated funds to each state and to jurisdictions with a population greater than 500,000. Washington County was a direct recipient of these funds and is currently working on a strategy for the use of the funds.
- **Families First Coronavirus Relief Act:** This act allocated funding for several nutrition assistance programs.
- **Coronavirus Preparedness and Response Supplemental Appropriations Act:** This act funded public health programs to support disease control efforts.

## KEY INITIATIVES

### A. Washington County Government

#### 1. General Guidelines

The following will guide Washington County's continuity of operations plans (COOP) as the governor issues new guidance that leads to Phase 1 reopening:

#### *Workforce*

Washington County will keep employees safe while maximizing their ability to fulfill their job responsibilities. This will be accomplished by encouraging telework whenever possible and as appropriate and by continuing to minimize non-essential travel. For those employees onsite, they will continue strict physical distancing and wide use of face coverings and limit group gathering size to fewer than 10. As the County successfully moves to the next phase, the percentage of employees onsite will increase, and restrictions will slowly be lifted.

### *Virtual Meetings*

In the near term, ensure that the BOC, boards and commissions, Community Participation Organization (CPO)/Committee for Community Involvement (CCI) meetings, and other community meetings continue through virtual methods. As the County successfully moves to the next phase, it will slowly reinstate in-person meetings.

### *Facilities and Venues*

Encourage physical distancing by keeping County rental venues closed. In addition, commence reconfiguration of departmental lobby/queuing areas and building common areas to accommodate physical distancing. As the County successfully moves to the next phase, it will begin to allow use of County rental facilities with appropriate physical distancing protocols and restrictions.

### *Workplace Protocols*

Consider modifications, as appropriate, to workplace protocols for physical distancing, use of face coverings and gloves, sanitation/cleaning of surfaces, staff who must visit people's homes, and monitoring and contact tracing. Explore alternative service delivery methods, as appropriate.

## **2. Key County Public Services**

In addition to the measures listed above for Washington County government, the following lines of service will take additional measures to serve the public and address statutory obligations.

### *Public Safety/Justice System*

Washington County's public safety and justice system has been operating during the COVID-19 crisis and doing their best to keep everyone safe under challenging circumstances, including staff and those in custody. Our justice system is prepared for reopening with a phased approach and a focus on public safety.

County patrol staff will continue to respond to every call for service; in-person contact is preferred but many calls can be effectively serviced remotely over the telephone. Appropriate PPE is used when responding to emergency calls that may include the risk of COVID-19 exposure.

During Phase 1, most public lobbies will reopen provided that appropriate physical distancing, including physical barriers, are available. Most services that have been suspended will resume (e.g. public fingerprinting).

Prior to reopening, multiple steps were taken to ensure the continued effective operations of the jail and to ensure staff are healthy and available for duty. Overall jail population was intentionally reduced through various measures, including modified booking criteria (A and B felonies only). Upon reopening, one jail pod will reopen to allow for bookings of all felonies, including C felonies.

All the mitigation efforts developed and implemented during the governor's Stay Home Save Lives order are well documented and can be utilized if there is a need to revert to a previous phase.

### *Elections*

Washington County Elections closed its doors to the public in March, but staff have been busy preparing for a countywide election on May 19, 2020. Doors will briefly reopen to the public leading up to the election on May 14, 15, 18 and 19 and close thereafter until Washington County enters

Phase 1. Elections anticipates activity slowing down considerably after the May election for a brief period, until they begin preparing for the November election deadlines.

#### *Washington County Cooperative Library Services (WCCLS)*

WCCLS is working with member libraries to develop a flexible framework to guide the reopening of library services. The framework will be gradual, scalable and can be dialed back as necessary:

- The framework will be developed collaboratively with library directors and staff.
- There will be a coordinated but not synchronized approach, as decisions to open library buildings and restart some aspects of service are made locally and independently.
- Libraries will understand under what conditions and at what point WCCLS will resume (or re-suspend) its centralized services.

The federal Institute of Museum and Library Services is working with the CDC and Battelle to develop science-based best practices for safe materials handling. The timeline for when that work will be released is coming soon.

#### *Facilities/Parks*

In Phase 1, Washington County Parks will strive to keep parks open. Washington County Parks will provide water and bathroom facilities either through portable units or by reopening their facilities. Restrictions of certain parts of parks and sports facilities may need to remain in place to avoid close contact activities or disease spread through surfaces such as playgrounds.

## **B. Business and Economic Recovery**

Washington County is committed to helping the business community recover from the health and economic impacts of the COVID-19 pandemic. The impact to the businesses community throughout the county has been significant, and solutions must be found to prepare the entire community for a successful recovery as the county moves forward with reopening.

Efforts will be focused on businesses in all sectors – childcare, restaurants, retail, outdoor recreation, personal services, transit and general employers. We are working to support the businesses in both the rural and urban areas.

Assistance and guidance to the business community will be conducted through the following initiatives:

### **1. Economic Recovery and Assistance**

Economic recovery and assistance to the business community will be an ongoing effort as our community begins to reopen. Business recovery funding will come from a variety of sources ranging from the federal government down to cities.

The CAO created the Economic Response/Recovery Work Group on March 20, 2020. This work group is comprised of staff from the CAO, Government Relations, Land Use and Transportation, consultants and County Commissioners. The work group launched a grant and loan program for small and medium-sized businesses that have historically faced a systemic lack of access to banking resources. A first round of funds is being dispersed and will be used by businesses to cover expenses like payroll and benefits, rent or mortgage payments, and utilities. The Economic Response/Recovery Work Group will continue providing resources and assistance.

The EOC will coordinate and connect businesses to economic recovery opportunities and resources through an every-other-week conference call with business representatives to share information and resources. Additionally, information about economic recovery and assistance resources available to the County’s business community will be maintained and shared as the EOC and Economic Response/Recovery Work Group become aware of them.

**2. Coordination and Support**

General coordination and support of the business community will be managed by the EOC Liaison Officer. The Liaison Officer will coordinate an every-other-week local employer coordination call and maintain connection with local chambers of commerce. These calls will be designed to provide business representatives with situational awareness, share disease control guidance, and offer businesses an opportunity to ask questions.

EOC leadership staff will also provide updates to local city emergency managers during weekly conference calls with city emergency managers. City emergency management programs and economic development programs will provide direction, coordination and support services to the business community in their respective jurisdictions.

**3. Disease Control Guidance and Technical Assistance for Businesses**

The EOC will be available to offer technical assistance and support for businesses across Washington County as they work to implement new guidelines. Cities will determine how assistance will be provided within their cities during the reopening phases. The County EOC can provide assistance to the cities as needed. The EOC Liaison Officer and Business Outreach Group will provide technical assistance and guidance to the unincorporated areas of the county.

The OHA is developing statewide sector guidelines to provide technical assistance to businesses. These guidelines will include specific recommendations for disease control measures to be implemented by childcare, restaurants, retail, outdoor recreation, personal services, transit and general employment sectors.

EOC Business Outreach Group staff will utilize the guidelines developed by the OHA and reach out to all business sectors in unincorporated Washington County to offer resources and technical assistance. Countywide, businesses in the restaurant sector will be assisted by Business Outreach Group, and childcare providers will be assisted by cities and the EOC Childcare Branch.

Public Health will engage with state licensing agencies to provide more in-depth disease control and mitigation technical assistance for businesses experiencing outbreaks.

Below is a table outlining the agencies providing technical assistance to the various business sectors as described by OHA.

<b>Sector</b>	<b>Technical Assistance Provided By</b>
Childcare	City, County EOC Childcare Branch, State Department of Education – Early Learning Division
Restaurants	County EOC Enforcement and Business Outreach groups
Retail	City, County EOC Enforcement and Outreach Branch (unincorporated only)
Outdoor Recreation	City, County EOC Enforcement and Outreach Branch (unincorporated only), Sheriff’s Office

Personal Services	City, County EOC Enforcement and Outreach Branch (unincorporated only)
Transit	Trimet
General Employment	City, County EOC Enforcement and Outreach Branch (unincorporated only)

#### 4. Enforcement

The EOC Enforcement Group will manage enforcement actions related to the governor’s COVID-19 orders on behalf of the County. Complaints related to the governor’s executive orders or other regulations can be submitted to [eoc-covidenforcement@co.washington.or.us](mailto:eoc-covidenforcement@co.washington.or.us) or 503-846-8390. Upon receipt, complaints will be reviewed by Business Enforcement staff. Complaints that fall under the jurisdiction of another agency (OSHA, city) will be forwarded to that entity.

Complaints that are within the scope of the County’s enforcement authority will be followed up with an investigation and a warning letter for the first complaint, followed by additional outreach and provision of a copy of Statewide Sector Guidelines for the second substantiated complaint, followed by referral to the Sheriff’s Office liaison for the third substantiated complaint. The Sheriff’s Office will coordinate with the appropriate city police agency for businesses found in violation within the limits of a city.

#### C. Community Services

The EOC Community Services Branch will work closely with internal and external partners to address the changing needs of the community with a specific focus on underserved populations and historically marginalized communities. This includes people who are at greater risk of being negatively impacted by this crisis, such as those who are houseless, minorities, migrant and seasonal farmworkers, older adults, people with underlying health conditions, and other underserved populations who will face more challenges. These groups may experience more difficulty in implementing physical distancing, have a harder time receiving essential services such as health care and unemployment benefits, and may need more support to recover from economic instability and physical and mental health outcomes related to this incident.

Some current work within the Community Services Branch will continue, while other areas will shift as resources and needs change. The role of the Community Services Branch is to provide coordination and guidance which will be accomplished through a variety of strategies which include:

- Continual connection with community-based organizations for ongoing and comprehensive assessment of needs to identify gaps in service provision and develop and implement strategies to address those gaps.
- Work across organizational departments to ensure connection, collaboration and streamlined efforts in comprehensively meeting community need.
- Utilization of the EOC equity analysis tool to ensure that equity considerations are addressed and implemented in all work units.
- Distribution of culturally appropriate and relevant messaging for the functional implementation of physical distancing measures to mitigate disease spread to all community partners working with those most at risk.

Specific tactics will include:

## **1. Behavioral Health**

- Continue to assess the behavioral health needs of the community. Promote the Behavioral Health and Development Disabilities web pages that have information related to mental well-being, grief support and other resources.

## **2. Childcare**

- Coordinate with school districts, Head Start agencies, and other childcare providers to understand changing guidelines and directives and provide support, as needed.

## **3. Developmental Disabilities**

- Finalize a monitoring checklist for service coordinators that supports the health and safety of clients and foster and group homes and helps service coordinators locate resources for individuals, providers and families.

## **4. Essential Needs**

- Continue to monitor food system status, identify gaps and assist community Essential Needs Hubs to develop local resources and address gaps. Update and share resource lists and provider information on the County's COVID-19 website to update the community, partners and staff.
- Work with city partners to identify emerging gaps in community outreach and coordinate efforts to provide non-duplicative support to Essential Needs Hubs and community-based organizations as needed.
- Implement strategies in partnership with local jurisdictions and essential needs networks to coordinate offers of community support and deploy resources to underserved populations, historically marginalized communities and homebound residents.
- Assist Essential Needs Hubs in developing stronger partnerships with culturally specific organizations to comprehensively meet the needs of all community members.

## **5. Homelessness**

- Ensure measures are in place to support comprehensive homeless services with partner agencies in response to the restrictions associated with the current phase.
- Continue to work with agencies serving people experiencing homelessness to ensure they have the capacity to conduct and maintain safe operations in their service provision.
- Continue quality improvement within the operations of the respite shelter for COVID-19 positive people and those awaiting test results.
- Provide support to continuity of operations planning (COOP) with local provider agencies through community needs consultation activities that support the CARES Act allocation plan for local Community Development Block Grant (CDBG) and Emergency Solution Grant (ESG) funds and other public funds.
- Support the development of a response plan and site selection to meet public health standards in operating cooling centers if periods of extreme heat occur in the summer season.

## **6. Migrant and Seasonal Farmworkers**

- Continue efforts to mitigate the spread of COVID-19 among migrant and seasonal agricultural workers as more people arrive in Washington County to participate in seasonal agricultural work.

- Collaborate with community partners to conduct outreach and education about disease mitigation to migrant and seasonal farmworkers and provide onsite services to camps, farms and vineyards in the area.
- In alignment with OHA and Oregon Occupational Safety and Health Administration, conduct onsite assessment and provide guidance to agricultural owners to help them reduce the spread of disease among their employees.
- Continue to coordinate with community partners and across the County organization to ensure comprehensive and streamlined efforts in working with migrant and seasonal agricultural workers and their employers.

## 7. Older Adults

- Working with Washington County Disability, Aging and Veteran Services (DAVS) and other stakeholders, ensure that service gaps created by COVID-19 have been bridged and return services that maintain the health and well-being of older adults to pre-pandemic levels.

## D. Medical and Allied Systems of Care

### 1. Medical Systems of Care

For this plan, “medical systems of care” are defined as major county hospitals run by established providers that provide emergency care as well as emergency medical services (EMS) maintained by a private transport agency and city/district fire agencies.

The EMS and Medical Section of the EOC will support the reopening of the medical systems of care in Washington County through the following measures:

- Provide cross-facility and cross-jurisdictional coordination groups.
- Bridge communication gaps between the EMS, hospital and emergency management communities.
- Streamline the regulatory environment as needed to allow the medical system of care to rapidly pivot to meet challenges as they arise.
- Act as a conduit for information from state and federal entities to County partners.
- Provide logistical support as needed to major hospital systems to ensure the rapid availability of surge resources in the event of a substantial increase in COVID positive cases. This may include patient transport capacity, Federal Medical Stations, National Guard, Medical Reserve Corps, SERV-OR, etc.
- Assist hospital systems in identifying alternative discharge locations to free up hospital space in emergency departments and other locations in the event of a sudden surge in COVID-19 cases. These facilities will be used to discharge COVID positive patients who no longer need emergency department care, prior to reacceptance into care homes, shelters and other congregate living facilities.
- Continue fatality management surge capacity. The EOC will work with hospitals to maintain established plans and ensure reserve capacity is available to meet potential needs.

### 2. Allied Systems of Care

“Allied systems of care” are defined as those ancillary medical and health care systems and facilities that provide care, treatment and support to patients and to the primary medical systems outlined above.

Allied systems of care in Washington County include urgent care clinics, funeral services, dental facilities, long-term care facilities, optometrists, non-911 ambulance providers, and nonprofit providers such as the Federally Qualified Health Clinics and others.

The EOC, through the EMS and Medical Section, will employ the following strategies to support the reopening and the transition back to normal operations of the allied systems of care in Washington County:

- Backfill PPE, as needed in emergency situations, to allied care partners that are unable to source independent streams of PPE or are experiencing supply chain disruptions.
- Provide alternative storage facilities for fatality management services in order to meet tri-county needs (fatality management is planned at a tri-county level).
- Provide timely information from state and federal agencies as well as regulatory environment information.
- Assist allied care providers in providing employee (and LTCF resident) testing on an ‘as needed’ basis, either through direct provision or through assistance in arranging private vendors for this purpose.

## INITIATING DISASTER RECOVERY

Washington County will engage at the local and regional levels to organize recovery efforts.

### A. Local Recovery

Washington County is currently discussing options for forming a recovery organization. Major recovery efforts are needed to support economic and public health recovery, with additional efforts needed in housing and community and capacity building. Initial recovery efforts seek to align community needs with economic and public health resources including CARES Act funds. Effective coordination with local jurisdictions and community partners is needed to ensure a smooth transition into recovery. Equity, resilience, mitigation and adaptation are important underlying principles as recovery strategies begin to take shape.

### B. Regional Recovery

Recovery from COVID-19 will require a long-term commitment to communities and businesses across the Portland Metropolitan Region. The Regional Disaster Preparedness Organization has begun organizing a regional recovery organization composed of representatives from the five-county region. Washington County Emergency Management is participating on the regional recovery planning team to assist with organizing local and regional teams. Recovery efforts taking place within counties will be coordinated with regional partners through the regional organization.

## ADDENDUM A: REOPENING APPLICATION FOR WASHINGTON COUNTY

The following outlines how Washington County will address each of the prerequisites in order to qualify for Phase 1 of the Governor’s *Reopening Oregon* framework.

**Note:** Region 1 includes Clackamas, Clatsop, Columbia, Multnomah, Tillamook, and Washington counties

Reopening Prerequisites	Status	Criteria Met?																																								
<b>1. Declining prevalence of COVID-19</b>																																										
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 (state measure)	This criterion has been met statewide. <i>Source: OHA Health and Safety Criteria for Phase 1 website (5/19)</i>	Yes																																								
A 14-day decline in COVID-19 hospital admissions (County measure)	On May 21, OHA indicated Washington County did not meet the prerequisite for reopening because of a positive trend in COVID-19 hospital admissions; however, in the past 14 days Washington County has COVID-19 hospitalization counts of two or fewer per day. The method used by OHA to determine the trend for hospital admissions requires at least 20 hospitalizations a day, and thus is not appropriate to apply to our data. The goal of this metric is to identify the COVID-19 hospitalization counts are either low or declining and we clearly already meet this metric. <i>Source: OHA ORPHEUS Database</i>	Yes																																								
<p style="text-align: center;"><b>COVID Hospital Admission Count by Day, Washington County</b></p> <table border="1" style="display: none;"> <caption>COVID Hospital Admission Count by Day, Washington County</caption> <thead> <tr> <th>Date</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>2-May</td><td>1</td></tr> <tr><td>3-May</td><td>1</td></tr> <tr><td>4-May</td><td>0</td></tr> <tr><td>5-May</td><td>1</td></tr> <tr><td>6-May</td><td>2</td></tr> <tr><td>7-May</td><td>0</td></tr> <tr><td>8-May</td><td>1</td></tr> <tr><td>9-May</td><td>0</td></tr> <tr><td>10-May</td><td>2</td></tr> <tr><td>11-May</td><td>1</td></tr> <tr><td>12-May</td><td>2</td></tr> <tr><td>13-May</td><td>0</td></tr> <tr><td>14-May</td><td>1</td></tr> <tr><td>15-May</td><td>2</td></tr> <tr><td>16-May</td><td>1</td></tr> <tr><td>17-May</td><td>2</td></tr> <tr><td>18-May</td><td>0</td></tr> <tr><td>19-May</td><td>0</td></tr> <tr><td>20-May</td><td>1</td></tr> </tbody> </table>			Date	Count	2-May	1	3-May	1	4-May	0	5-May	1	6-May	2	7-May	0	8-May	1	9-May	0	10-May	2	11-May	1	12-May	2	13-May	0	14-May	1	15-May	2	16-May	1	17-May	2	18-May	0	19-May	0	20-May	1
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<p>Source: Oregon Public Health Epidemiologists' User System (ORPHEUS) accessed on May 21</p>																																										
<b>2. Minimum Testing Regimen</b>																																										

Reopening Prerequisites	Status	Criteria Met?
Regions able to administer testing at a rate of 30 per 10k per week (Region 1 measure)	Region 1 has the capacity to test 71 per 10,000 people per week <i>Source: Region 1 HPO; OHA Health and Safety Criteria for Phase 1 website (5/19)</i>	Yes
Sufficient testing sites accessible to underserved communities, frontline and essential workers, and industries where workers may not be able to practice optimal physical distancing (e.g. agricultural processing, meat packing) (county measure)	Washington County is contracting with both Federally Qualified Health Centers, Virginia Garcia Memorial Health Center and Neighborhood Health Center, who serve the uninsured and people on Medicaid. We also continue to explore additional testing options through hospital/health care partners such as OHSU.	Yes
<b>3. Contact Tracing System</b>		
County has 15 contact tracers per 100k people (county measure)	90 contract tracers are required for Washington County.  Washington County Public Health has developed a surge staffing plan that includes 90 FTE for contact tracing and a total of up to 140 temporary staff, inclusive of case investigation, contact tracing, and data entry. As communicated by OHA director, Patrick Allen and the Governor's office, Washington County does not need to have all 90 staff on board prior to moving to Phase 1. We expect to have 42 new temporary staff on board and trained by May 26 with plans for adding additional staff in the following two weeks as needed. This augments the 40 staff currently working on case investigation and contact tracing. We also have confirmation from State Public Health that we will have access to the Arias software and staff training on the week of May 25.	In Process
County contact tracing workforce is reflective of the county and able to work in needed languages (county measure)	Our goal for 30-50% of our contact tracers to be Spanish-speaking and bicultural. Community-based organizations are directing bilingual/bicultural individuals to us to be hired as temporary contact tracers. Staff will be hired by May 26.	In Process
County is prepared to trace 95% of all new cases within 24 hours (county measure)	Once the initial surge staff are in place by May 26, we will be prepared to meet this metric.	In Process
<b>4. Isolation Facilities</b>		
Counties have hotel rooms available for those who cannot self-isolate (county measure)	The County has a contract with a local hotel that is housing people who have tested positive for COVID-19 and those who are unhoused and symptomatic and awaiting test results. This hotel has 114 rooms and currently has sufficient vacancies to support a surge of people needing support for self-isolation. We can also use other	Yes

Reopening Prerequisites	Status	Criteria Met?
	options, including hotel vouchers and contracts for housing options near migrant farm camps.	
Counties provide a narrative of how they will respond to three different outbreak situations in the county (e.g. nursing home, jail, food processing facility, farmworker housing, other group living situation) (county measure)	See Appendix 1 for a description of how Washington County will respond to outbreaks at: <ul style="list-style-type: none"> <li>• Nursing Home/Long Term Care Facility</li> <li>• Farmworker Housing</li> <li>• Jail</li> </ul>	Yes
<b>5. Finalized Statewide Sector Guidelines</b>		
Each sector must adhere to OHA guidelines to protect employees and consumers, make workspaces safer and implement processes that lower risk (state measure)	Sector guidance is available on the Oregon Health Authority's COVID-19 web page in multiple languages. <i>Source: Region 1 HPO; OHA Health and Safety Criteria for Phase 1 website (5/19)</i>	Yes
<b>6. Sufficient Health Care Capacity</b>		
Region must be able to accommodate a 20% increase in hospitalizations (Region 1 measure)	This criterion has been met. <i>Source: Region 1 HPO; OHA Health and Safety Criteria for Phase 1 website (5/19)</i>	Yes
<b>7. Sufficient Personal Protective Equipment Supply</b>		
Hospitals in region are reporting PPE supply daily through HOSCAP (Region 1 measure)	Region 1 is meeting this goal. <i>Source: Region 1 HPO; OHA Health and Safety Criteria for Phase 1 website (5/19)</i>	Yes
Hospitals in region must have a 14 or 30-day supply of PPE depending on their size and whether they are a rural hospital (Region 1 measure)	Region 1 is meeting this goal. See Appendix 2 for attestation letters from hospitals in Washington County. <i>Source: Region 1 HPO; OHA Health an (5/19)</i>	Yes
Counties must have sufficient PPE for first responders (county measure)	First responders report a sufficient supply of PPE; County EOC maintains an inventory of medical PPE that can support a surge in need. See Appendix 3 for letter of attestation of sufficient supply.	Yes



## Appendix 1: Plan for Responding to COVID-19 Outbreaks

Washington County has developed strategies and systems to ensure we can respond to and contain outbreaks in our community. We have already successfully navigated these experiences and developed great partnerships between local public health staff, local health care and community-based organizations, and our state partners. These partnerships have allowed us to contain the spread of disease and keep outbreaks from escalating. Following are specifics regarding three potential scenarios for outbreaks.

### **Nursing home/Long Term Care Facilities**

Washington County has a team of staff dedicated to monitoring and providing technical assistance to long term care facilities. If two or more individuals test positive in a facility, staff conduct daily calls with the facility, reviewing current status including numbers of staff or residents ill with Covid-like symptoms. Staff then supports the facility in their plans for isolation, cohorting of ill individuals, and other infection control measures, ensuring all possible mitigation strategies are in place. If testing is needed, Washington County has a contract with Metro West Ambulance to conduct on-site testing and a collaborative verbal agreement with OHSU as another testing partner. We have begun supporting more robust testing in facilities include testing of asymptomatic individuals to further contain outbreak spread.

### **Farmworker Housing**

Washington County has partnered with Virginia Garcia Health Center and Tuality Salud to provide technical assistance and conduct assessments of field and housing conditions. Growers and owners are providing this team with information about their ability to put in place modifications to prevent the spread of COVID-19. This assessment allows Washington County to engage with and assist growers and owners in securing needed items for disease mitigation such as face coverings. Washington County has prioritized this population as very high risk and has currently ordered face coverings for migrant facilities unable to get them. Isolation of ill individuals is also being prioritized. Larger migrant housing complexes can set aside specific spaces for isolation of ill workers, but this is not possible for smaller operations. Space is available in the current hotel Washington County is managing for isolation efforts and other options are being explored to expand capacity if needed to include individual hotel vouchers or unused housing such as university dorms near migrant housing sites.

### **Jail**

Washington County has a team specifically formed for working with Corrections and Jail partners. The team is meeting weekly with Corrections and Jail partners to coordinate processes, so we have them in place if an outbreak occurs. Staff will be able to:

- Investigate each case of COVID-19
- Collaborate with jail health in identifying contacts and daily monitoring of contacts
- Provide infection control and sanitation consultation in partnership with the state to stop the spread of illness
- Provide support and technical assistance for PPE supply needs, testing access, cohorting and isolation
- Coordinate partners involved to streamline and improve communication
- Coordinate with jail partners for transition to community safely upon release for persons in isolation or under quarantine

May 21, 2020



Appendix 2: Attestation letters from hospitals in Washington County



## 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, Lori James-Nielsen (printed name), on behalf of Hillsboro Medical Center (Tuality  
(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.

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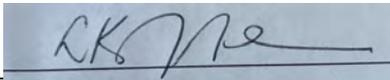
I certify that the responses in this attestation are accurate and complete. I understand that if OHA determines that a hospital is not in compliance with the PPE requirements, OHA may require the hospital to cease performing non-emergent or elective procedures for a specified period of time.

Lori James-Nielsen, President \_\_\_\_\_

Printed name and title

May 4, 2020 \_\_\_\_\_

Date



\_\_\_\_\_  
Signature

[Click here to submit form](#)



## 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, James L. Robinson III (printed name), on behalf of Kaiser Sunnyside & Westside (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) 5/11/20

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 [X](#).

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:

Kaiser Sunnyside Medical Center  
Kaiser Westside 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.

James L. Robinson III, PsyD  
Printed name and title

5/8/20  
Date

  
Signature



## 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 [X](#).

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.

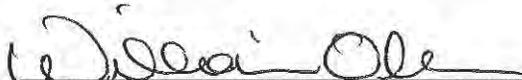
If a health system is submitting this attestation, please list all of the hospitals in the system for which this attestation applies:

Providence St. Vincent Medical Center  
Providence Portland Medical Center  
Providence Seaside Hospital, Providence Milwaukie Hospital  
Providence Hood River, Providence Willamette Falls Medical Center  
Providence Newberg Medical Center  
Providence Medford 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

4/30/2020  
Date

  
Signature

## Appendix 3: County attestation of sufficient PPE supply for first responders



# WASHINGTON COUNTY OREGON

May 20, 2020

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

Dear Governor Brown,

I attest that Washington County complies with the following requirement within prerequisite #7 for reopening: Counties must have sufficient PPE for first responders.

We have queried the fire, EMS, and law enforcement agencies in Washington County, and they have confirmed they have a 30-day supply of PPE. The Washington County emergency operations center maintains a supply system that provides medical PPE to our first responders. As of today, all critical orders have been filled and we continue to maintain an ability to resupply our public safety agencies. Currently, we have a critical shortage of gowns in our warehouse. We have submitted a request for gowns to the State ECC. In the interim, our public safety agencies have reported an adequate supply of gowns.

Respectfully,

A handwritten signature in blue ink, appearing to read 'John Wheeler', is written over a faint, light blue rectangular stamp or watermark.

John Wheeler, Emergency Management Manager