

Klamath County

Working Together Reopening Plan



We Value

We share this plan for those involved in the re-opening process of agreed upon strategies and approaches. Klamath County values public safety, public health and economic vitality. Additionally, the Board of Commissioners value collaboration with our partners in the medical and business community and the State of Oregon.

We recognize, due to the changing nature of the COVID-19 pandemic, this shall be handled as an adaptive management plan and be approached with flexibility, able to accommodate unexpected changes in State orders or standards and realities of the medical community. We care about our citizens and our economy.

Revised May 11, 2020

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Section I: Gating Criteria & Preparedness

A. Gating Criteria

1. Symptoms

- a. A downward trajectory of influenza-like illnesses reported within a 14-day period and a downward trajectory of COVID-like syndromic cases reported within a 14-day period.

2. Cases

- a. A downward trajectory of documented cases within a 14-day period or a downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests).

Current Status

Attached is a spreadsheet showing current number of cases beginning April 4th. Our County Medical Officer reports our trajectory is improving. We do not yet have access to an Epidemiologist, and would welcome State support on that.

Plan for Re-opening

Following the Oregon Health Authority's phased approach to re-opening our economy will keep the COVID-19 positive growth rate curve or line relatively flat. If no management action 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 re-opening through a strategic approach that protects the health of the community.

3. Hospitals

- a. The hospital will be able to treat all patients without crisis care and have a robust testing program in place for at-risk healthcare workers, including emerging antibody testing.

Current Status

Klamath County reports the highest percentage of testing, per capita, than any other county. Additionally, we have antibody testing available to the public. Testing capacity is outstanding and we have scheduled additional mobile testing sites in the more remote areas of the county. We have had an extremely low rate of hospitalizations of COVID positive patients – only 5. We also still have a relatively low rate of positive individuals in the community. This is particularly profound when you realize we have not only the highest rate of testing per 1,000 people in the state, but probably one of the highest testing rates in the entire nation. Last week New York City was testing at 28 tests per 1,000 people. We are currently at 39 tests per 1000 people! One week ago, the statewide rate was reported at 8.91. We are still seeing 90-100 people per day at our drive-thru test site, which isn't all of the testing going on in the community.

B. Core State Preparedness

1. Testing & Contact Tracing

a. Screening and testing for symptomatic individuals

We are currently at 39 tests per 1000 people. One week ago, the statewide rate was reported at 8.91. We are still seeing 90-100 people per day at our drive-thru test site, which isn't all of the testing going on in the community.

b. Test syndromic/influenza-like illness-indicated persons

Testing for influenza-like illness is left to the discretion of providers. Because there is not a treatment for COVID but there are treatments for other illnesses, providers continue test for flu or run comprehensive respiratory panels in an effort to identify and treat those illnesses.

c. 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)

Currently, there are several clinics where citizens can receive COVID testing. These clinics are in the incorporated cities, which are the most populous areas in the County. They include: Sky Lakes Medical Center, Klamath Basin Immediate Care, Klamath Tribal Health and Family Services, Bonanza Clinic, Merrill Clinic and Klamath Health Partnership. Klamath County understands that not every citizen has equitable access to services due to barriers such as insurance, language, or transportation. In an effort to meet the needs of our underserved populations, Klamath County Public Health is partnering with the local Federally Qualified Health Center, Klamath Health Partnership, to offer mobile testing sites throughout the county. These testing sites will be located at central gathering places where citizens feel comfortable and can easily walk to. Bilingual clinical staff will be conducting the tests and bilingual application assistants will be available to help individuals register for the Oregon Health Plan. Successful community fundraising efforts will allow testing to be offered at no cost for those who are uninsured. Two of these outreach clinics are already scheduled to take place on May 14 and May 15. Additionally, Klamath County Public Health is partnering with Sky Lakes Medical Center, Klamath Health Partnership, and public health departments from Modoc and Siskiyou Counties in California in an effort to offer mobile testing to migrant farmworkers (see the attached overview).

d. Contact tracing of all COVID+ cases

Klamath County Public Health has the capacity and expertise in contact tracing. See attached exhibit outlining our process (aligned with Oregon Health Authority guidance)

2. Healthcare System Capacity

a. Sufficient Personal Protective Equipment (PPE)

PPE availability continues to be a very difficult area. In addition to the needs of our hospital we estimate the need to maintain a stock of 2000 N95 masks for Fire/EMS/LE and we currently have 2200. Since the beginning of our COVID response, we have strongly encouraged all medical and EMS agencies to continue to pursue PPE through their normal supply chain vendors. This has yielded very little for our rural Fire and EMS agencies as State and Federal mandates force these vendors to send their resources directly to state and federal stockpiles or hospitals. We do however, expect continued improvement in the coming weeks as PPE manufacturers begin to catch up with demand.

Sky Lakes Medical Center's internal modeling shows a 19-day supply of PPE based upon Tier 1 utilization standards and normal operating conditions. That supply would dip in a surge, depending upon the scope of the surge; however, they expect delivery of 3000 n95smasks on May 5, and an additional 12,000 on May 19. Additionally, Sky Lakes has registered to use the Battelle decontamination system coming online in Eugene. This will provide a safety net should the need arise to prolong PPE use. They are comfortable with phase one re-opening due to this projection.

b. Ability to surge ICU capacity

Sky Lakes Medical Center has developed a comprehensive surge plan. It includes the capacity to care for up to 60 active COVID-19 patients, including ventilator support as needed, plus the capacity for an additional 30 recovering COVID-19 patients. In a crisis, the plan also accommodates emergency overall capacity for an additional 50 patients on top of the above, depending upon need for ventilators.

3. Plans

a. Isolation and Outbreak Control

Long Term Care Facilities: Klamath County Public Health (KCPH) collaborates with the LTCFs throughout the year to prevent and respond to communicable disease outbreaks (norovirus, influenza). Since the beginning of the COVID pandemic, KCPH has been in close contact with the local LTCFs, providing guidance and resources. Protocols are already in place to respond and would be implemented if a COVID outbreak were to occur. It is standard practice for KCPH to immediately contact OHA's Acute and Communicable Disease Program epidemiologists to request an outbreak number in facilitating a swift response. In addition, KCPH would follow [CDC guidance](#) for responding to COVID in LTCFs. Klamath County Public Health would provide testing supplies as needed and facilitate testing through either the Oregon State Public Health lab or commercial labs, whichever had the fastest turnaround time available, for residents and staff. LTCFs continue to restrict visitation to their facilities to reduce potential exposure for staff and residents. In addition, LTCF leadership are monitoring staff for symptoms and following strict guidelines for staying home when sick.

Jail Scenario: Klamath County Jail has maintained operations between 45% and 50% of capacity in order to have the necessary space to isolate any possible COVID-19 cases. In addition, we continue to follow all CDC guidance for both employees and inmates as well, continuing screening measures including temperature checks for all incoming persons. We also have isolation cells in our booking unit and medical section if an individual is diagnosed or shows symptoms. We have PPE for our staff on hand which they can wear whenever they choose. If a person is brought in with the symptoms, the arresting officer will transport them to Sky Lakes Medical Center for clearance prior to our acceptance.

Group Home: Klamath County had a COVID positive individual who was living in a group foster home, and there are already protocols in place should this scenario occur again. Any individual(s) who test positive are isolated within the home and the remaining residents of the home were quarantined to the house. Working in collaboration with Public Health, all residents are tested and given instruction to complete isolation. Daily calls are made to the home to ensure the individuals have the necessary food, supplies, and support. Our Developmental Disabilities Services (DDS) office, which runs several group foster homes, has been making bi-weekly calls with everyone in their services. All clientele, family members and providers have been made aware they need to contact their office if there are any concerns they have contracted COVID-19. If concerns are raised, DDS works with Public Health to investigate and arrange for testing. DDS is responsible for communicating to Oregon DDS information on who has been tested, when they were tested, what the results were and if they need to be quarantined.

b. Homeless

There are 1850 hotel rooms in Klamath County with an approximate 25 % occupancy rate currently; County has plenty of capacity for someone who tests positive and cannot self-isolate. Klamath County is working closely with Klamath Lake Community Action Services (KLCAS) to provide funding and shelter assistance in the event a person who is COVID positive and does not have a safe place to quarantine. KLCAS is able to rent a few RVs and is in conversation with several hotels. Additionally, if necessary Klamath County has the ability to setup a quarantine facility at our Fairgrounds to house infected/exposed homeless population.

c. Protect the health and safety of workers in critical industries.

Sky Lakes Medical Center and Klamath Fire District 1 have made arrangements for back-up housing for critical staff who may have been exposed to COVID and need to quarantine for the safety of their families, co-workers, and patients. In addition, in order to protect critical staff, Sky Lakes Medical Center plans on continuing to screen all individuals coming into their facilities for risk stratification, symptoms and thermal screening, and will continue to have all patients, vendors, staff and visitors wear protective non-isolation masks. Sky Lakes Medical Center is now encouraging PPE usage by critical staff at Tier 1 recommendations.

d. Protect employees and users of public transit

Basin Transit Service (BTS), our local public transit company, is requiring all drivers and passengers to wear a mask or face covering. In an effort to better ensure social distancing BTS

Is only allowing 10 passengers at a time on each bus. If the bus has 10 passengers on board it will not pick up new passengers until someone exits the bus. BTS has also added signs to some bus seats that will ask riders not to sit in them in order to give passengers a safe amount of space from each other and the driver. BTS is also only allowing passengers to make necessary trips to get groceries and pharmacies, and go to work. People making non-essential trips are not allowed to ride the bus at this time.

- e. Public Information: Advise citizens regarding protocols for social distancing and face coverings.

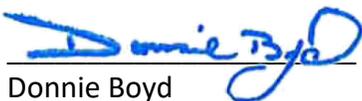
Klamath County has an Incident Management Team activated, containing a designated Public Information Officer. Additionally, Klamath County engages the services of an outreach firm to help the Board of Commissioners provide additional daily and weekly updates to the public. Both the County and Sky Lakes Medical Center are engaged in robust communication and outreach.

We have a link to the Oregon Health Authority's Guidelines on our main County webpage and on our County Public Health webpage. We also have signs posted in all of our County buildings requiring social distancing and encouraging people to wear masks or face coverings.

- f. 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.

Klamath County Public Health monitors Orpheus daily and tracks positive cases. In partnership with OHA, they will be able to identify clusters in the community and respond quickly.

Sincerely,



Donnie Boyd
Commissioner



Kelley Minty Morris
Chair



Derrick DeGroot
Vice Chair



Paul Stewart
President & CEO
Sky Lakes Medical Center



Wendy Warren, MD
Klamath County Medical Officer

Enc: Current number of cases spreadsheet, Survey to Assess LPHA and Tribes Capacity for Active Surveillance and Expanded Contact Tracing and Migrant Worker COVID-19 Testing Plan.

Current Number of COVID-19 Cases
Klamath County

	New cases	Total case count	Neg test	Total recovered	percent positive
3.7.20	1	1			
3.26.20	1	2			
3.28.20	2	4			
3.30.20	1	5			
4.2.20	7	12		1	
4.3.20	2	14	235		
4.5.20	1	15			
4.6.20	6	21	355		5.92%
4.7.20	1	22	399		5.51%
4.9.20	1	23	506	9	4.55%
4.10.20	2	25	603	11	4.15%
4.14.20	1	26	965		2.69%
4.16.20	3	29	1088	19	2.67%
4.18.20	1	30	1283		2.34%
4.20.20	3	33	1349		2.45%
4.23.20	3	36	1506	23	2.39%
4.28.20	1	37	1882	24	1.97%
4.30.20	2	39	2038	31	1.91%

*As of 5/11/2020 we have had no new cases since 4/30/2020

Survey to Assess LPHA and Tribes Capacity for Active Surveillance and Expanded Contact Tracing

1. How many of your staff typically conduct case investigations and contact tracing for other communicable diseases (baseline workforce, pre-COVID-19)?
1 staff (.55 FTE_
2. As of today, how many additional staff have been redirected from their normal duties to work on COVID-19?
4 staff
3. How many additional staff do you have the capacity to mobilize locally to support COVID-19?
5 staff (partial FTE)
4. How many of your staff will be available to work on COVID-19 case investigations and contact tracing for the next 30 days? 90 days? 120 days?
7 (equates to about 4 FTE)
5. How many clinical staff do you have who can collect specimens in the field? What are their normal roles? Will they be available to assist as needed over the upcoming months?
0 on LPHA staff, but through IMT have developed a plan for collecting specimens in the field. Plan includes use of community health workers through hospital surge pool and EMS crew. Also have drive-through testing site with 180 per day capacity already up and running.
6. What capacity do you have to oversee any additional staff that are hired by OHA and assigned to your jurisdiction? Please describe.
Low capacity to oversee staff unfamiliar with our jurisdiction and county. It would be easier to mobilize locals. We have had several people submit volunteer applications.
7. Does your county currently have the capacity to investigate each case and all identified close contacts? What are your greatest concerns? Where do you see the greatest need for additional assistance from OHA?
Yes, we have continued to investigate each case and all contacts of that case including household contacts, work contacts, employers, and other close contacts and provide guidance and education to those individuals.
8. Do you use interpreter services? If yes, please describe.
We have 3 bilingual staff available as needed. We also have access to the language line and have contacts for other translation services as needed.
9. Do you have staff who are fluent in languages other than English? If yes, please provide the number of staff and languages they speak.
No
10. Do you feel you will need additional help interviewing non-English speakers in your communities? If yes, please describe the languages for which you need assistance.
Spanish is the most likely and we have adequate staff if needed.

11. What are the communities in your jurisdiction who are difficult to reach or less likely to comply with public health recommendations? Are there community members with whom you work regularly to help increase buy in from these communities? If yes, who are they? Have you engaged them yet regarding COVID-19?

Rural communities and Spanish speaking communities are most difficult to reach. We work with a host of community partners to meet these needs. Example of coordination to reach these populations include: Klamath Tribes, Incident Management Team partners, Community Action Teams, local city government, school districts, Healthy Klamath, coalitions (Chiloquin first), Ag commission, and community leaders from each area.

12. Does your jurisdiction have a mechanism to help cases and contacts in isolation or quarantine at home obtain basic needs? If yes, which of the following:

- a. Groceries
- b. Prepared meals
- c. Laundry services
- d. Medication
- e. Child care
- f. Elder care
- g. Briefly explain how these services are provided:

Healthy Klamath is taking lead on this portion for the Incident Management team. Continuing to build plans. Kingsley could potentially help as well. Building list of volunteer capacity through IMT.

13. How does your jurisdiction typically provide clinical monitoring of those under isolation or quarantine? Do you typically make calls, use text messaging, email, in-person visits, a combination of the above? Please describe.

Phone calls and email. Phone calls are preferred and first method used. Email is only used if given permission by case and as a method of follow up. Check-ins with cases happening every few days to assess status and need for support.

14. Does your county have an alternate location for people to isolate or quarantine if they cannot safely do so at home? If yes, please describe. Plans are underway but have not been completed.

- a. How many people can your jurisdiction accommodate? Unknown
- b. What types of locations are willing to accept these individuals? We are still working on this.

Klamath County Migrant Worker COVID Testing Plan

Overview

The healthcare community in Klamath County recognizes the importance of testing the migrant worker population for COVID-19. This vulnerable population may not otherwise have access to testing, and may not have a clear understanding of how highly infectious nature of the disease.

Klamath County's migrant worker COVID-19 testing plan is a collaboration with Klamath County Public Health (KCPH), Cascades East Family Practice (CEFP), and Klamath Health Partnership (KHP).

Plan

Phase 1: KCPH will coordinate and host informational meetings for farm managers. When possible, meetings will be conducted via Zoom. Additional in-person meetings will be offered for farm managers with limited access to Zoom. These meetings will be hosted at community centers in Merrill, Malin, Bonanza and Chiloquin. Physical distancing will be practiced and masks will be offered and encouraged. Projected start: May 11, 2020.

Phase 2: Develop testing schedule based on arrival of migrant worker teams. Develop a mini-registration packet with contact information, insurance information (when available), primary care provider (when available), and a Release of Information (ROI) waiver allowing results to be delivered to a person designated by the patient if they are unable to be reached. This ensures delivery of results even when the patient is out of service range, or does not have access to a mobile device. This also ensures timely delivery of results, particularly for positive tests. Projected start: May 15, 2020.

Phase 3: A mobile clinic will be dispatched to the various farm sites and community centers. The mobile clinic offers stable refrigeration of samples, allowing for teams to remain in the remote areas for the entire day without making regular drop offs or pick ups of samples. Projected start: May 18, 2020 (may be adjusted forward or backward depending on farm manager input of when their migrant teams arrive. Phase 3 could be implemented as soon as May 11, 2020 if necessary.)

Phase 4: Test result notification, as received and as permitted based on the mini-registration process.

Partnership

- KCPH will facilitate the farm manager meetings and messaging, to include written materials for farm managers and workers.
- CEFP is leasing their mobile clinic to KHP at a substantially reduced rate.

- KHP will provide the transportation staff and testing staff. All testing staff is bilingual.

Other Considerations

KHP will have certified Oregon Health Plan (OHP) Assistants with the mobile clinic, offering assistance with signing up for OHP should the patient choose.

KHP will provide a telehealth platform and have a bilingual medical provider available on stand-by should any patient present with medical issues unrelated to COVID-19 testing that should be addressed.

All partners are currently seeking funding opportunities to cover the expense of testing. It is estimated that 2,000 migrant workers will be tested. The estimated expense is \$100,000. The mobile testing clinic will proceed even if funds are not secured.

KCPH, CEFP, and KHP will continue to meet regularly to assess the plan and make adjustments as needed.

Contact Information

Primary contact for each entity:

Jennifer Little, Director, Klamath County Public Health (jlittle@klamathcounty.org, 541-882-8846)

Dr. Holly Montjoy, Primary Care Provider and Faculty, Cascades East Family Practice
(holly.montjoy@skylakes.org)

Amanda Blodgett, Chief Operations Officer, Klamath Health Partnership (ablodgett@kodfp.org, 541-880-2040)