



Community Roadmap for a
Limited Reopening of Marion County
~*At the Request of Governor Brown*~
Strategic Framework

May 9, 2020

[Revised Post Conference Call with Governor Brown May 7, 2020]

Marion County Board of Commissioners
555 Court St. NE
Salem, OR 97301
(503) 588-5212

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I. Letter to Governor Brown & Preface



Marion County
OREGON

Board of Commissioners

(503) 588-5212
(503) 588-5237-FAX

May 6, 2020

**BOARD OF
COMMISSIONERS**

Colm Willis, Chair
Sam Brentano
Kevin Cameron

The Honorable Kate Brown
Oregon Governor
900 Court St. NE
Salem, OR 97301

Dear Governor Brown:

**CHIEF
ADMINISTRATIVE
OFFICER**

Jan Fritz

Thank you for your leadership as we all work to reopen Oregon. Utilizing the public health framework for restarting community activities and businesses, Marion County stands ready to reopen on May 15, 2020 with a limited Phase One. We request your support to move forward.

Marion County has seen a decline of COVID-19 cases from a peak on April 19, 2020. If hot spots arise, we will deploy our county Rapid Response Team to immediately investigate and track new outbreaks. We also have EMT units across the county ready to assist with mass congregate group testing. We continue to acquire and dispatch symptomatic test kits and Santiam Hospital and Corban University are investigating the effectiveness of antibody testing. Our contact tracing capabilities have increased from 2.5 staff to the current 22 and are in the process of hiring additional staff, bringing on volunteers, and exploring a contract with Oregon State University for additional capacity to achieve our target for contact tracers. We have requested assistance from the Oregon Health Authority to train new contact tracers.

Hospitals in our county are prepared, ready, and committed to meet any surge and have reserved the required 20% bed capacities, along with the adequate supplies of PPE. We have provided the certifying letters from all three of our hospitals in the reopening plan appendix. Also included in the appendix is a letter from Dr. Christopher Cirino, Marion County Public Health Officer, as well as the Board of Commissioners resolution for reopening the county. Our Community Roadmap to Reopening Marion County includes the reopening guidance provided by your team, as well as, guidance we have developed for places of worship and health clubs.

We will continue with strong culturally appropriate education efforts throughout our community encouraging residents to be vigilant with social distancing, hand washing, wearing face coverings, disinfecting surfaces, and staying home if sick or instructed to quarantine.

Page 2

Governor Brown

May 6, 2020

In addition, we are collaborating with our adjacent counties, Linn and Polk, as several of our cities geographically straddle two counties. We commit to partnering on the hospital prerequisites in our designated Region 2.

It is critical for our county's economic stability to open businesses soon. We propose a phased, limited reopening to allow those suffering tremendous financial losses an opportunity to slowly reopen their businesses. The following roadmap is tailored to fit the specific needs of our communities for a thoughtful, balanced approach to a safe, strong, and sustainable Marion County. Thank you for your consideration and consent to move forward.

Sincerely,



Colm Willis, Chair



Samuel A. Brentano, Vice Chair



Kevin Cameron, Commissioner



PREFACE

Community Roadmap for a Limited Reopening

The Marion County Board of Commissioners and Marion County Health and Human Services Department have been working diligently on a strategy to reopen Marion County in cooperation and coordination with our community members, businesses, churches, and neighboring Linn and Polk counties.

This roadmap to reopening the county has the health and safety of the community at large as its primary concern, and the reopening strategy has been built around the Governor’s public health framework for reopening Oregon.

Governor Brown’s framework to reopen Oregon has gating criteria along with robust testing and contact tracing, healthcare system capacity, and plans for health and safety. Marion County has sufficient data collection and analysis to continue tracking and evaluating trends related to local testing, positive tests, cases, and hospitalizations.

Our contact tracing capabilities have increased from 2.5 staff to the current 22 FTE and we are in the process of hiring additional staff. We have a commitment from OHA to provide an additional 20 FTE. We are also exploring contracts with Oregon State University and non- profits for additional capacity to achieve our target for contact tracers. We have requested assistance from the Oregon Health Authority to train new contact tracers. Similar to the state, Marion County’s proposed plan to reopen the county is based on three phases. These phases and the incremental reopening of civil and commercial life is summarized in the table below:

SUMMARY OF ROADMAP TO REOPEN MARION COUNTY

PHASE	DATE	GOAL
I	May 15, 2020	<ul style="list-style-type: none"> • Open businesses, restaurants, bars, personal services, churches, theatres, health clubs, and county parks
II	Phase II	<ul style="list-style-type: none"> • Meet gating criteria again • Increase gatherings to 100 • Resumption of non-essential travel
III	Phase III	<ul style="list-style-type: none"> • Meet gating criteria • Mass gathering size increases • Unrestricted staffing at worksites • Nursing home visits allowed • Additional seating at restaurants and bars

Process for Revising Phases

These guidelines serve as a proposed community framework, but each phase may be adjusted as the understanding of local transmission changes over time.

If hospitals exceed capacity, the county will revert to the prior phase. This thoughtful, calculated, community coordinated reopening strategy is subject to modification and final approval by the Governor's Office.

II. Meeting Governor Brown's Prerequisites and Gating Criteria

STATE OF OREGON PREREQUISITES CHECKLIST

PREREQUISITES	COUNTY												
1. Declining prevalence of COVID-19	<ul style="list-style-type: none"> • Not required if <5cases • See charts on pages 15 and 16 												
A. The percentage of emergency department visits for COVID-19-like illnesses (CLI) are less than the historic average for flu at the same time of year.	NA												
B. A 14-day decline in COVID-19 hospital admissions.	<ul style="list-style-type: none"> • Met 												
2. Minimum Testing Regimen													
Regions able to administer testing at a rate of 30 per 10,000 per week.	NA												
Sufficient testing sites accessible to underserved communities	<ul style="list-style-type: none"> • As of May 5, 2020 Marion County received 1,700 full test kits for distribution. Working with Woodburn Ambulance to test North Marion clusters by May 15. • Designate test quantities for farm workers. • Work with PCUN and Marion County Farm Bureau to coordinate additional resources. • OHA informed county of delivery of Abbott Rapid COVID-19 Test Machine to Woodburn non-profit. (5/7/20 Governor-County Commissioner conference call) 												
3. Contact Tracing System													
<p>County has 15 contact tracers per 100k people or a required 52 FTE.</p> <p>Total County Population 347,760 (PSU 7/1/2019)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #F2DCDB;">SUMMARY OF MARION COUNTY'S TOTAL CONTACT TRACING CAPACITY</th> </tr> <tr> <th style="background-color: #F2DCDB;">Source</th> <th style="background-color: #F2DCDB;"># FTEs</th> </tr> </thead> <tbody> <tr> <td>Marion County Health and Human Services Department</td> <td style="text-align: center;">22</td> </tr> <tr> <td>OHA commitment</td> <td style="text-align: center;">20</td> </tr> <tr> <td>Local Non-Profits</td> <td style="text-align: center;">8</td> </tr> <tr> <td style="background-color: #F2DCDB;">Total Contact Tracing Capacity (FTEs)</td> <td style="background-color: #F2DCDB; text-align: center;">50</td> </tr> </tbody> </table>	SUMMARY OF MARION COUNTY'S TOTAL CONTACT TRACING CAPACITY		Source	# FTEs	Marion County Health and Human Services Department	22	OHA commitment	20	Local Non-Profits	8	Total Contact Tracing Capacity (FTEs)	50	<p>REQUIRED</p> <ul style="list-style-type: none"> • Our contact tracing capabilities have increased from 2.5 FTE staff to the current 22 FTE and we are in the process of hiring additional staff, bringing on volunteers, and exploring a contract with Oregon State University for additional capacity to achieve our target for contact tracers. • We have requested, and the OHA committed 20 FTE contact tracers to Marion County. (5/7/20 Governor-County Commissioner conference call) • Developing contracts with local non-profits for 8 community health workers for contact tracing. (Bilingual in Spanish and Pacific Islander dialects.) • Marion County will explore an IGA with Linn County to provide additional contact tracers as needed.
SUMMARY OF MARION COUNTY'S TOTAL CONTACT TRACING CAPACITY													
Source	# FTEs												
Marion County Health and Human Services Department	22												
OHA commitment	20												
Local Non-Profits	8												
Total Contact Tracing Capacity (FTEs)	50												
County contact tracing workforce is reflective of the population and languages	<p>REQUIRED</p> <ul style="list-style-type: none"> • Yes. Our workforce is bilingual in Spanish and Russian. 												
County is prepared to trace 95% of all new cases within 24 hours	<ul style="list-style-type: none"> • Currently meeting the requirement to trace 95% of all new cases within 24 hours. • Marion County is rapidly ramping up contact tracers. 												

PREREQUISITES	COUNTY
4. Isolation Facilities	
Counties have hotel rooms available for those who cannot self-isolate	<p>REQUIRED</p> <ul style="list-style-type: none"> Marion County Health and Human Services Department has a written policy, guidelines and the ability to contract with hotels for this purpose. See Appendix VIII (E) Page 57
Counties provide a narrative of how they will respond to three different outbreak situations in the county <i>(e.g. nursing home, jail, food processing facility, farmworker housing, other group living situation)</i>	<p>REQUIRED</p> <ul style="list-style-type: none"> Marion County Health and Human Services Department has a written outbreak policy and guidelines that addresses investigations in all types of facilities. As with any communicable disease, Marion County is prepared to respond to outbreaks of COVID-19 in a wide variety of settings and situations. For example, as the leading agricultural county in Oregon, Marion County is prepared for a rapid, comprehensive response to any outbreak related to farmworker housing and food processing facilities. Additionally, as operator of one the region’s largest jails, Marion County is prepared to quickly address outbreaks in correctional facilities. For full narrative and policies, please see Appendix VIII (E) Page 45
5. Finalized Statewide Sector Guidelines	
6. Sufficient Health Care Capacity	
Region must be able to accommodate a 20% increase in hospitalizations	<p>NA</p> <ul style="list-style-type: none"> Hospitals provided letters to certify they have adequate PPE and 20% bed surge capacity. All three hospitals in Marion County have certified system surge capacity.
7. Sufficient PPE Capacity	
Hospitals in region are reporting PPE supply daily through HOSCAP	Yes. Marion County hospitals are committed to providing this information on a daily basis. See letters from all three county hospitals in Appendix VIII (E) Page 31
Hospitals in region must have a 14 or 30 day supply of PPE depending on their size and whether they are a rural hospital.	NA
Counties must have sufficient PPE for first responders.	<p>REQUIRED</p> <ul style="list-style-type: none"> Sufficient PPE for first responders confirmed. Also see resolution from the Marion County Board of Commissioners in Appendix section.

MARION COUNTY GATING CRITERIA MET

	GATING CRITERIA	MARION COUNTY
1	<p><u>Gating Criteria: 3 components</u></p> <p>A. Symptoms-Declining Numbers</p> <ul style="list-style-type: none"> • Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period • Downward trajectory of COVID-like syndromic cases reported within a 14-day period <p>B. Cases Declining Numbers</p> <ul style="list-style-type: none"> • Downward trajectory of documented cases within a 14-day period <p>C. Hospital capacity-regular procedures and adequate testing</p> <p><i>On April 23 Governor lifted executive order for hospitals and medical facilities to begin offering elective surgeries and non-urgent procedures starting May 1, 2020.</i></p>	<ul style="list-style-type: none"> • Syndromics Tracking System Used by Emergency Rooms. • Downward trajectory of influenza and COVID-19 like syndrome cases verified by all hospital emergency departments. • Yes, we are tracking OHA reports and the county has its own tracking data. There has been a decline of cases from a peak on April 19, 2020. • Tracking at zip-code level for closer monitoring. • The county's three regional hospitals have certified they have adequate PPE and 20% bed surge capacity. • Salem Hospital opening for elective surgeries May 1. • Marion County has 1,700 tests on hand. • Other health providers have sufficient tests.

	GATING CRITERIA	MARION COUNTY
2	<p><u>Core State Preparedness: 3 components</u></p> <ul style="list-style-type: none"> • Robust testing and contact tracing • Robust testing program in place for at-risk healthcare workers, including emerging antibody testing • Contact tracing capacity 	<ul style="list-style-type: none"> • Currently testing 80 individuals per day. Target to test 200 per day for a total of capacity of 1,500 individuals per week. • EMT's will administer tests in hot spots. • Santiam Hospital to begin antibody testing for at-risk healthcare workers in partnership with Corban University. Target testing scheduled for week of May 4. • Salem Health has been testing employees who meet the OHA screening criteria since COVID-19 arrived in the community. Beginning the week of May 4th, antibody testing is available to any Salem Health employee. • Representative Brian Clem and Marion County Health and Human Services Department working with vendors to increase availability of symptomatic and antibody tests for COVID-19. • County Health and Human Services Department employs 22 FTE contact tracers added additional capacity to a total of 50 FTE. See p. 10.
	<ul style="list-style-type: none"> • Healthcare system capacity, including PPE and surge capacity 	<ul style="list-style-type: none"> • Hospitals provided letters to certify they have adequate PPE and 20% bed surge capacity. • All three hospitals in Marion County have certified system surge capacity.
	<ul style="list-style-type: none"> • Plans for health and safety 	<ul style="list-style-type: none"> • Health and Human Services will continue community education. • There is adequate PPE for first responders. • Health and Human Services will deploy county Rapid Response Team to hotspots.
3	<p><u>Phased lifting of restrictions: 3 components</u></p> <ul style="list-style-type: none"> • Phase 1 • Phase 2 • Phase 3 	<ul style="list-style-type: none"> • Follow state guidelines.

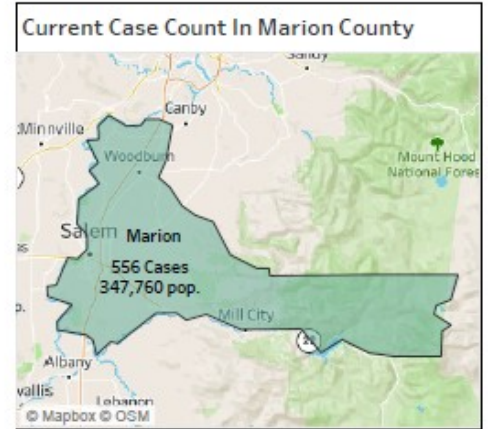
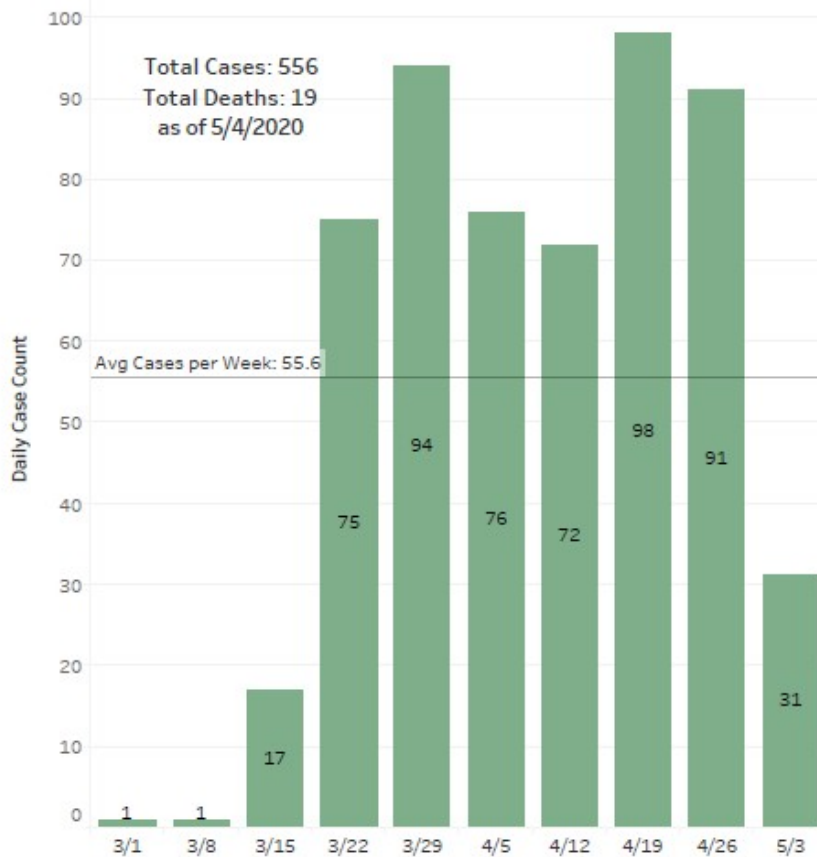
REOPENING CHECKLIST	MARION COUNTY
<ul style="list-style-type: none"> • Letter from the CEOs and CMOs of hospitals within the county committing to daily PPE reporting to OHA, PPE supply chain reliability and hospital bed surge capacity. • Recommendation letter from the County Public Health Officer. • Vote of the County governing body certifying PPE for first responders is sufficient. 	<ul style="list-style-type: none"> • <i>Hospital letters received by county as follows:</i> <ul style="list-style-type: none"> ○ <i>Salem Hospital (4/24/2020),</i> ○ <i>Santiam Hospital (5/6/2020)</i> ○ <i>Legacy Silverton Medical Center(5/5/2020)</i> • <i>All three hospitals certify they have adequate PPE and 20% bed surge capacity. [See page 31 of document]</i> • <i>County Public Health Officer letter submitted recommending the reopening of the county effective May 5, 2020. [See page 38 of document]</i> • <i>Marion County Board of Commissioners certify sufficient PPE for first responders per board resolution 5/6/2020. [See page 41 of document]</i>

MARION COUNTY

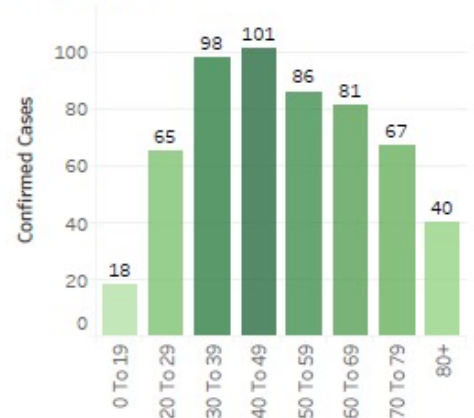
COVID-19 Case Distribution by Week and Age Group

COVID-19 Case Status as of 5/4/2020, 11 am

Case Distribution by Week for Marion County
(final week is incomplete)



Cumulative Cases by Age Group
(ending 5/4/2020)

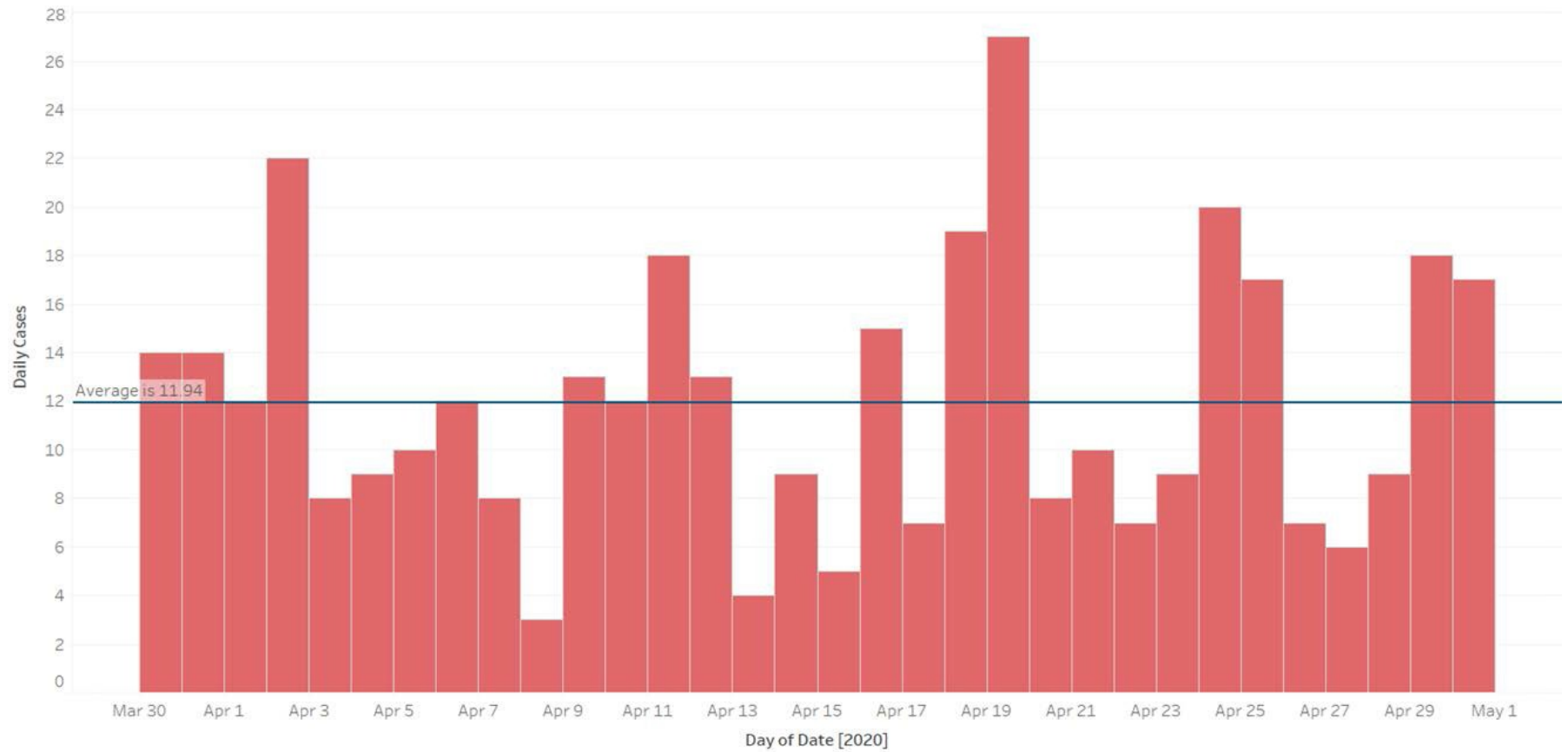


Marion County

DAILY AVERAGE COVID-19 POSITIVE TESTS

March 30-May 1

Sheet 1



The plot of sum of Daily Cases for Date Day. The data is filtered on Date, which includes dates on or after 3/30/2020 12:00:00 AM.

III. Continuous Evaluation Plan

SUSTAINED REDUCTION OR STABILITY IN NEW CASES FOR 14 DAYS.

A prolonged reduction or steadiness in new cases for 14 days is an indicator for movement towards the next phase. Although most cases occur within 5-7 days of exposure, almost all are evident by 14 days.

Conversely, a statistically significant increase in new cases will require a full evaluation of the current circumstances. It may mean making mid-phase adjustments (such as re-imposing stricter physical distancing guidelines) or even needing to revert to an earlier phase of opening. A significant increase in new cases over the course of five days would be a cause for systematic review. However, phase decisions should reflect a precise understanding of local trends. If, for instance, the Marion County Health and Human Services Department identifies a specific cluster and is able to isolate COVID-positive cases and quarantine people who were in close contact quickly, movement towards greater reopening could continue, even with an increase in positive cases. This illustrates the critical importance of contact tracing and effective public health measures described below.

Reliable community-wide testing by public health and private providers should continue to be extended and scaled up. Given the current national supply chain challenges, testing should prioritize those with symptoms, people who have been in close contact with a confirmed case, suspected cases in congregate living sites and health care workers. Close contacts include household members and others who have had at least a 15-minute face-to-face encounter with a case, at a distance of less than 6 feet apart.

It is important that test results be available quickly. In an effort to contain the spread of the virus, the Marion County Health and Human Services Department will prioritize rapid contact tracing for presumptive cases who are waiting on lab results to quickly quarantine their contacts, which reduces the risk of ongoing community transmission.

Health departments need resources to conduct rapid and effective investigations and monitor cases and contacts effectively. The county currently has 22 Public Health staff providing case investigations, contact calls, worksite investigations and contact tracing and is in the process of hiring additional staff to conduct robust contact tracing throughout Marion County. As we continue to increase our capacity by hiring additional staff or re-deploying existing staff towards this critical function, Marion County Health & Human Services Department has increased capacity from 2.5 FTE up to the current 22 FTE and now has 50 FTE available.

This has included onboarding of new staff, extensive training, obtaining access to critical systems and the oversight and management of this large team performing critical case investigation and disease surveillance. The county health department will document, consistently interview, and close contacts on all new cases within 24 hours of notification and provide initial notification to contacts within 48 hours. Cases, and their close contacts will be monitored daily.

Continued on next page...

Health care system capabilities remain within current and forecasted surge capacity. The county health department will monitor the availability of regional hospital beds, ICU beds, ventilators, and supplies to ensure they are adequate if cases surge. State, federal, and county acquired stockpiles will be used to fill in shortages when possible.

The Marion County Board of Commissioners reserve the right to modify these guidelines as circumstances warrant and recognize that additional restrictions not reflected in these guidelines may be needed to address the health and safety of county residents.

IV. APPENDIX

- A. Hospital Letters of Commitment**
- B. County Public Health Officer's Letter**
- C. Board Resolution**
- D. Region 2: Hospital Requirements**
- E. County Health Department Supplemental Documents**
 - I. County narrative response to three different outbreak situations**
 - II. Outbreak investigations policy**
 - III. Outbreak investigations in Department of Agriculture Facilities policy**
 - IV. Housing a client**
 - V. Draft Housing agreement**
 - VI. Draft Motel information handout**
 - VII. Draft Cleaning Guidance for hotels and motels**

A. Hospital Letters of Commitment



Salem Health
 P.O. Box 14001
 Salem, Oregon 97309-5014
 503-561-5200 • salemhealth.org

April 23, 2020

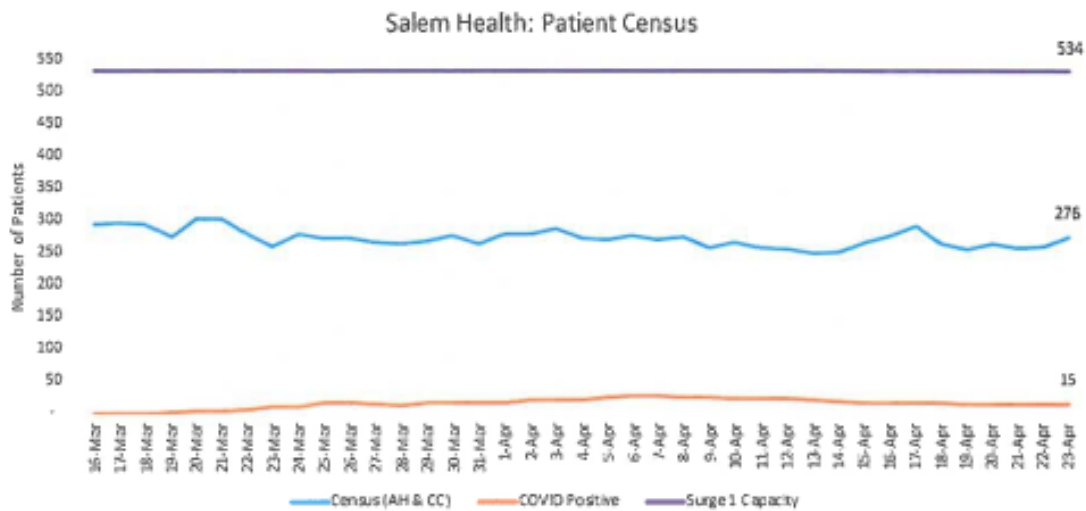
Marion County Board of Commissioners
 PO Box 14500
 Salem, OR 97309

Dear Commissioners Cameron, Brentano, and Willis,

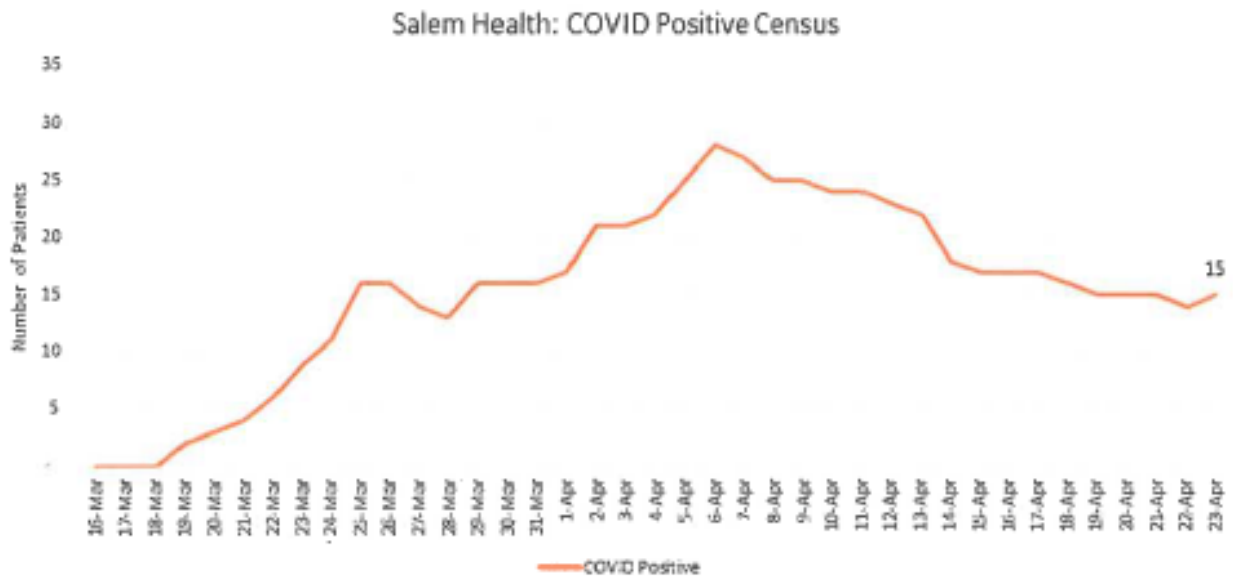
The following is in response to your request for a letter regarding Salem Health’s bed surge capacity, personal protective equipment (PPE) supply chain reliability and commitment to daily PPE reporting to Oregon Health Authority. Salem Health is prepared to support the re-opening of Marion County.

Bed Surge Capacity

Salem Health initiated a Code Triage and activated its Incident Command structure on March 16, 2020 to plan for an, at the time, expected surge of COVID-19 patients. Salem Health developed a two-phase surge plan to accommodate a large surge. Phase 1 of the surge plan was implemented and Salem Health’s bed license was increased to 534 beds. Beds and supplies were positioned in the Phase 1 locations in preparation of the expected surge. The Phase 2 plan would expand the hospital’s capacity to 694. Fortunately, the expected surge of COVID-19 patients did not occur. Below is a graph showing Salem Health’s total patient census from March 16th to date and includes a reference point to Salem Health’s Surge 1 capacity.



Salem Health has seen a marked decline in COVID-19 patients over the past two and a half weeks. Below is a graph demonstrating this decline of COVID-19 positive inpatients since April 1, 2020.



As demonstrated on the graphs above, Salem Health has more than adequate capacity to accommodate both an increase in volume and a surge of COVID-19 patients.

PPE Supply Chain Reliability

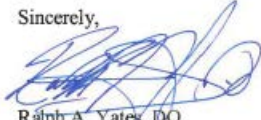
In its surge planning, Salem Health’s Incident Command worked immediately and diligently to ensure its PPE supply chain was shored up, to guarantee access to PPE sufficient to accommodate the expected surge. Salem Health has successfully established a reliable supply chain of PPE.

PPE Reporting to Oregon Health Authority

Salem Health reports PPE to Oregon Health Authority in the HOSCAPS system daily. Salem Health is committed to daily reporting of PPE to Oregon Health Authority.

Thank you for this opportunity to provide Marion County a report on Salem Health’s bed surge capacity, PPE supply chain reliability and commitment to daily PPE reporting to Oregon Health Authority. Again, Salem Health would like to express its commitment to preparedness and stands ready to support the re-opening of Marion County.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Ralph A. Yates'.

Ralph A. Yates, DO
Chief Medical Officer
Salem Health

A handwritten signature in black ink, appearing to read 'Cheryl Nester Wolfe'.

Cheryl Nester Wolfe, RN MSN
Chief Executive Officer
Salem Health



Legacy Health
1919 N.W. Lovejoy St.
Portland, OR 97209
503.415.5600 phone
50.415.5777 fax

May 5, 2020

Marion County Board of Commissioners
PO Box 14500
Salem, OR 97309

Dear Commissioners:

In response to your request, Legacy Health provides this update on our bed surge capacity planning, personal protective equipment (PPE) supply chain reliability and commitment to daily PPE reporting to the Oregon Health Authority.

Bed Surge Capacity

Legacy activated our Incident Command structure on February 28, 2020, to begin planning for an anticipated surge of COVID-19 patients. We developed a four-phase surge plan to accommodate the needs of our communities. Specific to Marion County and Legacy Silverton Medical Center, our plan includes both ensuring adequate ICU beds as well as acute care beds. Fortunately, the anticipated surge was avoided by quick action and strict adherence to the Governor's "Stay Home, Save Lives" order. Legacy Silverton Medical Center has adequate capacity to accommodate an increase in volume if we experience a future surge of COVID-19 patients.

PPE Supply Chain Reliability

Legacy immediately began work to ensure we have access to adequate PPE to accommodate the expected surge. As a result, Legacy has contracts in place that allow for sustained PPE supply with no reliance on local or state government to fulfill PPE requests.

PPE Reporting to Oregon Health Authority

Legacy reports PPE to the Oregon Health Authority through the HOSCAP system daily. We have committed to continuing this daily reporting of PPE to the Oregon Health Authority.

Legacy Health is committed to maintaining our preparedness and stands ready to serve the needs of the community.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kathryn Correia".

Kathryn Correia
President & Chief Executive Officer

A handwritten signature in cursive script, appearing to read "Lewis L. Low".

Lewis L. Low, MD
Senior Vice President & Chief Medical Officer



May 5, 2020

Marion County Board of Commissioners
PO Box 14500
Salem, OR 97309

Dear Commissioners Brentano, Cameron and Willis,

Per your request, Santiam Hospital provides a letter from the CEO to the Marion County Board of Commissioners on its commitment to maintain daily PPE reporting to the Oregon Health Authority, PPE supply chain reliability, and a 20% hospital bed surge capacity.

Included in this document is Santiam Hospital's plan to resume elective surgeries. The contents of the plan address the aforementioned request.

Thank you for your interest in Santiam Memorial Hospital, especially in this significantly difficult time it is reassuring at least you are being thought of. Should you have any questions and need further information, please contact me at 503.769.9233.



Santiam Hospital Resumption Plan of Elective Surgeries

Criteria per OHA Guidelines:

- **Capacity:** Maintain 20% bed availability (8 of 40 beds remain available).
Crisis care guidelines must not be in effect.
- **Adequate PPE:** Facility to maintain 30-day supply of PPE (109-day supply currently on hand).
Open supply chain is adequate.
Daily reporting of PPE on HOSCAP.
Conservation of PPE will follow CDC guidelines.
- **Adequate Testing:** As a small hospital, ensure Covid-19 testing results within 4 days.
Screen patients prior to elective procedure.
- **Infection Control:** Facility will follow infection control policies.
- **Visitation:** Mandated visitation policies shall be followed.
- **Resources:** Resources available for peri-operative care, lab, radiology, etc.
- **Volume:** Initiation to start slowly and assessed within two weeks.
Initial start-up limited to 50% of pre-Covid-19 procedure volume.
Plan in place to reduce or stop elective cases if surge/resurgence of Covid-19 occurs.
- **Procedures:** Procedures will be prioritized based on whether the delay will have an adverse medical outcome.
An Elective Surgery Resumption Committee consisting of Patient Safety Coordinator, Chief Nursing Officer, Coordinator of Surgical Services and, as needed, a member(s) of the Surgical Anesthesia Tissue Committee will review and prioritize cases.
Procedures will be based upon indication and urgency.
Risk vs. benefit to be considered for patients in high-risk groups (i.e. over age 60, compromised immune system, lung and heart function, etc.).
Consider postponement of elective procedures if expected to require the following:
 1. Transfusion
 2. Pharmaceuticals in short supply
 3. ICU admission
 4. Transfer to a SNF or inpatient rehab

ATTESTED:

President & CEO
Santiam Hospital

B. County Public Health Officer's Letter



Marion County
OREGON

Health & Human Services

**BOARD OF
COMMISSIONERS**

Colm Willis, Chair
Sam Brentano
Kevin Cameron

**HEALTH & HUMAN
SERVICES INTERIM
ADMINISTRATOR**

Ryan Matthews

www.co.marion.or.us/HLT/

May 4, 2020

Marion County
Board of Commissioners
555 Court St. NE
Salem, OR 97301

Dear Board of Commissioners:

I have reviewed the Community Roadmap to Reopening Marion County. This plan has the health and safety of the community at large as its primary concern, and the reopening strategy has been built around the Governor's public health framework for reopening Oregon. As the Marion County Health Officer, I support the phased reopening approach in the proposed plan.

Governor Brown's framework to reopen Oregon has requirements for robust testing and contact tracing, healthcare system capacity, and plans for health and safety. Marion County has sufficient data collection and analysis to continue tracking and evaluating trends related to local testing, positive tests, cases, and hospitalizations. Additionally, we have received letters from the three hospitals in Marion County certifying that they have adequate PPE and 20% bed surge capacity to respond to a potential increase in COVID-19 cases.

By following social distancing measures and Governor Brown's Stay Home, Save Lives order, county residents have avoided overwhelming our healthcare system. As such, I recommend we proceed into Phase One of the reopening framework.

Sincerely,

Dr. Christopher Cirino, MPH, MD
Marion County Health Officer



C. Board of Commissioner's Resolution

BEFORE THE BOARD OF COMMISSIONERS

FOR MARION COUNTY, OREGON

RESOLUTION No. 20R-7

In the Matter of Adopting)
a Community Roadmap for a)
Limited Reopening of Marion)
County)

This matter came before the Marion County Board of Commissioners on May 6, 2020, involving the matter of adopting a plan to begin reopening Marion County following an emergency created by the COVID-19 pandemic; and

WHEREAS, ORS 401.309 provides authority for Marion County to, by ordinance or resolution, establish procedures to prepare for and carry out any activity to respond to or recover from an emergency; and

WHEREAS, on March 16, 2020, the Board of Commissioners, the governing body of Marion County pursuant to ORS 203.230, declared a state of emergency in Marion County as a result of the COVID-19 pandemic; and

WHEREAS the COVID-19 pandemic has resulted in county wide business closures causing immediate and significant hardship to small business owners in Marion County; and

WHEREAS, the Marion County Board of Commissioners is the local public health authority pursuant to ORS 431.415; and

WHEREAS, Marion County, along with its community partners, has worked diligently to reduce the spread of COVID-19 in our county; and

WHEREAS, on May 1, 2020 Governor Brown issued guidance regarding reopening with gating criteria and seven prerequisites including robust testing and contact tracing, and requested

that local governments begin preparing plans for the gradual reopening of their communities based on that criteria; and

WHEREAS, there has been a decline of cases from a peak on April 19, 2020; and

WHEREAS, there has been a steady decline in hospitalizations related to COVID-19 in Marion County; and

WHEREAS, the hospitals in Marion County are prepared, ready and committed to meet a surge in cases and have reserved the 20% bed capacity as well as the amount of personal protective equipment supplies required by Governor Brown; and

WHEREAS, Marion County has 22 epidemiologists/contact tracers and is in the process of hiring additional staff to conduct robust contact tracing; and

WHEREAS, Marion County has assembled a Rapid Response Team which it is ready to deploy to immediately investigate and track any new outbreaks; and

WHEREAS, Marion County has EMT units across the County ready to assist with mass congregate group testing, and continues to acquire and dispense test kits; and

WHEREAS, Marion County has sufficient data collection and analysis capability to continue tracking and evaluating trends related to local testing, positive tests, cases, and hospitalizations; and

WHEREAS, Marion County has acquired sufficient personal protective equipment supplies as required by Governor Brown for County first responders; and

WHEREAS, at the request of Governor Brown, and because of the preparedness of the County for future needs related to COVID-19, the County has prepared a proposed Community Roadmap, attached hereto as Exhibit A, for the gradual reopening of Marion County beginning May 15, 2020; and

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WHEREAS, at the request of Governor Brown, and because of the preparedness of the County for future needs related to COVID-19, the County has prepared a proposed Community Roadmap, attached hereto as Exhibit A, for the gradual reopening of Marion County beginning May 15, 2020; and

WHEREAS, this thoughtful, calculated, community coordinated reopening strategy is built on a sound framework of evidence based prerequisites identified by both local and state health officials as well as hospital data tracking; now, therefore it is


RESOLVED that the Board of Commissioners formally adopts its Community Roadmap for reopening Marion County, attached as Ex A; and it is further


RESOLVED that Phase I of reopening will begin in Marion County on May 15, 2020 with remaining Phases II and III to begin as outlined in Ex A; and it is further

RESOLVED that the Community Roadmap and the timeline of each phase contained therein may be adjusted as the understanding of local transmission of COVID-19 changes over time.

DATED this 6th day of May 2020.

MARION COUNTY BOARD OF COMMISSIONERS


Chair


Commissioner


Commissioner

D: County Health Department Supplemental Documents

- I. County narrative response to three different outbreak situations**
- II. Outbreak investigations policy**
- III. Outbreak investigations in Department of Agriculture Facilities policy**
- IV. Draft Housing a client**
- V. Draft Housing agreement**
- VI. Draft Motel information handout**
- VII. Draft Cleaning Guidance for hotels and motels**
- VIII. Marion County Sheriff's Office Health Care Delivery Policy**

I. County Narrative Response to Three Different Outbreak Situations *(Food Processing, Farm Worker Housing, and Jail)*

As with any communicable disease, Marion County is prepared to respond to outbreaks of COVID-19 in a wide variety of settings and situations. Regardless of the setting of potential outbreak, Marion County has robust policies and protocols in place to first prevent and then, as necessary, respond to and manage an outbreak. As the county's public health authority, Marion County Health and Human Services Department leadership and staff have the expertise and logistical capabilities to prevent and manage outbreaks through timely education, testing, investigation, isolation, contact tracing, and coordinated delivery of all necessary emergency services and public health services.

As the leading agricultural county in Oregon and operator of one of the largest jails in the region, Marion County has focused particular effort on preventing and preparing for infectious disease outbreaks in (1) farmworker housing settings, (2) food processing facilities, and (3) correctional facilities. In all cases, Marion County's Rapid Response Team—a vital mechanism within our public health capabilities—is prepared for timely, comprehensive response to COVID-19 outbreaks in these and other settings.

Regarding outbreak response within the agricultural sector, including capabilities to manage the associated needs in farmworker housing and food processing facilities, Marion County has in place policies and protocols to investigate and address outbreaks of COVID-19 and other infectious diseases. Specifically, included in this addendum are established policies for outbreak investigations and response in agricultural facilities and overall in any setting. Other tools in place include the county's Rapid Response Team, which is a coordinated team of specialists that work to distribute COVID-19 tests, partner with local EMS teams to perform tests, investigate and track cases, perform contact tracing (and facilitate isolation as needed), provide education support, and provide supplemental PPE and other supplies as needed to contain, limit, and manage an outbreak. Moreover, Marion County has arrangements in place to provide hotel accommodations that support isolation for affected farmworkers, food processing facility personnel, and other community members who may not otherwise be able to isolate effectively. Similarly, we have confirmed with local and regional hospitals that sufficient baseline and surge capacity is in place to accommodate outbreaks. Marion County continues to partner with many other community-based resources and organizations to coordinate prevention and response efforts in the agricultural sector, such as the Marion County Farm Bureau of Oregon, the Farmworker Housing Development Corporation, and local farmers and food processing facilities.

Within correctional facilities, Marion County operates our facilities under stringent, ongoing protocols for prevention and outbreak response. With one of the only large jails in the region, Marion County Sheriff Joe Kast has worked proactively to minimize growth of the jail population throughout the pandemic to aid in preventing an outbreak. Within facilities, the Sheriff's Office has implemented a policy of daily temperature checks and health questionnaires for all corrections workers, and Marion County has recently acquired additional tests that may be used to test inmates and corrections officers as appropriate. All corrections facilities continue to use strict disinfecting protocols and have adapted for social distancing. As in response to any outbreak, the county's Rapid Response Team is poised to provide immediate response through coordination of testing, investigation, tracing, and education as further described above for potential outbreaks in the agricultural sector or general population. That includes aggressive methods to quickly identify, isolate (including in alternative and secure housing if needed), and treat or hospitalize inmates, correctional facility staff, or others that may contract COVID-19, and do so in a manner that is protective of both public safety and public health.

II. Outbreak Investigation Policy

<p>Policy Category: Public Health</p> <p>Responsible Program: <i>Communicable Disease Investigation & Environmental Health</i></p> <p>Title: Outbreak Investigation</p>	<p>MARION COUNTY</p> <p>Health Department</p> <p>Oregon</p>	<p>Policy No: 14</p> <p>Reference Policy:</p> <p>Pages: 4</p>
<p>Created By: Rachel Posnick MPH, Dana Finch BSN RN, Karen Landers MD MPH, Carolyn Stegall REHS, Greg DeBlase REHS, Tessa Robinson BSN RN</p> <p>Created Date: 3/22/2016</p>	<p>Most recent <input checked="" type="checkbox"/> Review By: Patricia R.Vega, RN and Rick Sherman, REHS</p> <p><input type="checkbox"/> Review & Revision By: Dana Finch BSN RN</p>	<p>Approved By: <i>Patricia R. Vega, RN</i> <i>[Signature]</i></p> <p>Approved Date: 9/06/2017</p>

PURPOSE

It is the purpose of this policy to outline how the Communicable Disease Investigation and Environmental Health teams work with the community and other agencies to prevent and control communicable disease among the residents of Marion County through their response to disease outbreaks.

POLICY

It is the policy of the Marion County Health Department (MCHD) to investigate all disease outbreaks that meet the Oregon Health Authority's (OHA) definition of a disease outbreak as defined in the Oregon Health Authority's Public Health Division (OHA) Investigative Guidelines for Communicable Disease Control including all necessary internal and/or external partners as determined by the scope, location, and disease etiology of the outbreak.

DEFINITIONS

ALF-Assisted Living Facility

DUDE-Directory of Useful Databases for Epidemiologists

ELR-Electronic Lab Report

Licensed Facility: Can include, but are not limited to a restaurant, food truck, catering business, and overnight camp.

LTCF-Long Term Care Facility

Orpheus-Oregon Public Health Epidemiology User System is the state database used for reporting and investigating reportable infectious diseases in Oregon.

Outbreak Team: Environmental Health staff, Communicable Disease Investigation staff, Environmental Health supervisor, Communicable Disease Investigation supervisor, Epidemiologist, and Health Officer

SNF-Skilled Nursing Facility

Unlicensed facility: Can include, but are not limited to an event center, church, LTCF, ALF, SNF, school, daycare and day camp.

PROCEDURES

- A. General communication: The outbreak team will be notified upon receipt of an outbreak number from OHA. The Communicable Disease Investigation and Environmental Health supervisors will notify the Public Health Division Director as they see fit. Communicable Disease contact list is maintained and tested based on the Broadcast Fax Address Book Maintenance Policy located here: <http://intra.co.marion.or.us/HLT/PolicyAndProcedure/phpolicies/Pages/CDI.aspx> Environmental Health facilities contact list – available through EH front desk.

- B. If the outbreak involves:
 1. Recalled products: Environmental Health will be in communication with the Department of Agriculture
 2. A disease that causes severe or life-threatening illness (E. coli O157:H7, Hemolytic Uremic Syndrome, Botulism, etc.): Communicable Disease Investigation will fax providers information specific to the disease to assist in case finding as well as prepare information to be posted on the Public Health Alerts webpage
 3. A disease that has severe complications for a specific population subset (pregnant women, elderly, infants, etc.): Communicable Disease Investigation will fax information specific to the disease to entities that support high risk populations as well as prepare information to be posted on the Public Health Alerts webpage.
- C. Gastrointestinal (GI) illness outbreak reported to the Communicable Disease Investigation team by a unlicensed facility
 1. When a facility calls to report a GI illness outbreak, determine whether it is an outbreak using the Outbreak Investigation guidelines consulting with the Health Officer (HO) and/or supervisor, as needed. If yes, continue to step 2, if no, call facility and tell them that the event does not meet the outbreak definition at this time, but to call back if more cases are identified.
 2. Call the OHA on-call epidemiologist to get an outbreak number.
 3. Use Outbreak Address Book to send email to notify outbreak team of the outbreak.
 4. Use the OHA Outbreak Investigation guidelines to complete the investigation. Consider the following steps as appropriate:
 - a. Call facility to educate them about completing the case log, control measures report and collecting stool specimens.
 - b. Fax a copy of the Gastroenteritis Case Log, Control Measures Report, and educational materials to the facility.
 - c. Follow-up each day to get updated information about the outbreak.
 - d. If the outbreak is located in a LTCF, Communicable Disease Investigation team can request that an Environmental Health Specialist visit the facility based on the Long Term Care Facility Norovirus-like outbreak response guidelines located here:
<http://intra.co.marion.or.us/HLT/PolicyAndProcedure/phpolicies/Pages/ehpolicies.aspx>
 5. Record all information collected in outbreak notes in the Comm Disease Folder in the H Drive.
 6. Turn in outbreak report to the Outbreak Database portion of DUDE upon completion with the case log, epi curve, control measures report, outbreak notes or any other appropriate documentation. Lab results if available should be faxed to OHA.
- D. Respiratory illness outbreak reported to the Communicable Disease Investigation team from aⁿ unlicensed facility
 1. When a facility calls to report a respiratory illness outbreak, determine whether it is an outbreak using the OHA Respiratory Disease Outbreaks guidelines consulting with HO and/or supervisor, as needed. If yes, continue to step 2, if no, call facility and tell them that the event does not meet the outbreak definition at this time, but to call back if more cases are identified.
 2. Call the OHA on-call epidemiologist to get an outbreak number.
 3. Use Outbreak Address Book to send email to notify outbreak team of the outbreak.
 4. Use the OHA Respiratory Disease Outbreaks guidelines to complete the investigation. Consider the following steps as appropriate:
 - a. Collect symptom profile and demographic info in a case log.
 - b. Coordinate specimen collection with OHA on-call epidemiologist.
 - c. Follow up each day to get updated information about the outbreak.
 5. Record all information collected in outbreak notes in the Comm Disease Folder in the H Drive.
 6. Turn in outbreak report to the Outbreak Database portion of DUDE upon completion with the case log, epi curve, control measures report, outbreak notes or any other appropriate documentation. Lab results, if available, should be faxed to OHA.
- E. Foodborne illness outbreak not associated with a licensed facility or caterer

1. Communicable Disease Investigation team will determine whether it is an outbreak using the OHA Outbreak Investigation guidelines consulting with HO and/or supervisor, as needed. If yes, continue to step 2, if no, no further action is needed.
 2. Communicable Disease Investigation staff will call the OHA on-call epidemiologist to get an outbreak number.
 3. Communicable Disease Investigation staff will use Outbreak Address Book to send email to notify outbreak team of the outbreak.
 4. Communicable Disease Investigation team will make calls to investigate known cases and controls using standardized data collection tools.
 5. Check in with OHA as needed.
 6. Record all information collected in outbreak notes in the Comm Disease Folder in the H Drive.
 7. Turn in outbreak report to DUDE upon completion.
- F. Foodborne illness outbreak associated with a licensed facility
1. Environmental Health team will determine whether it is an outbreak using the OHA Outbreak Investigation guidelines consulting with HO and/or supervisor, as needed. If yes, continue to step 2, if no, no further action is needed.
 2. Environmental Health staff will convene a meeting to discuss next steps with Communicable Disease Investigation staff and HO.
 3. Communicable Disease Investigation staff will call the OHA on-call epidemiologist to get an outbreak number. They will give OHA the name and number of assigned CDI and EH staff that will act as point person for their respective programs between MCHD and OHA.
 4. The Environmental Health Specialist in charge of the regular inspections for the suspected facility will visit the facility in order to correct any identified deficiencies, get staff schedules and contact information, drop off stool specimen kits, and do as much active case and control finding as possible, requesting receipts, reservations lists, etc. as available. If the Environmental Health Specialist assigned to the suspected restaurant is not available to respond, another Environmental Health Specialist will be assigned to the outbreak. The Environmental Health Specialist assigned to the outbreak will upload restaurant inspection notes to the Outbreak Database in DUDE.
 5. Environmental Health staff will provide the Communicable Disease Investigation team with contact information for complainants. Communicable Disease Investigation team will make calls to interview known cases and controls using standardized data collection tools. The lead investigator from the Communicable Disease Investigation team will ensure that all case investigation information is uploaded into the Outbreak Database in DUDE.
 6. Once complete, the Environmental Health and Communicable Disease Investigation staff assigned to the outbreak will finalize their team's information in the Outbreak Database in DUDE. Once both Environmental Health and Communicable Disease Investigation staff are comfortable with the information that has been uploaded, the Communicable Disease Investigation staff will submit the report to OHA.
 7. The outbreak team will fill out the OHA outbreak evaluation form saved in the H Comm Disease Outbreak folder
- G. Waterborne Outbreak
1. Environmental Health team will investigate using the OHA Waterborne Disease Outbreak Investigative Guidelines.
- H. Vector borne Outbreak
1. Guidelines for active case finding and environmental control measures are identified in the OHA Viral Hemorrhagic Fever Investigative guidelines as well as the OHA West Nile Virus Investigative guidelines. Environmental Health will use these guidelines and the OHA veterinarian to complete the outbreak investigation.
- I. Surge Capacity
1. A typical foodborne illness outbreak in Marion County is investigated by one assigned staff member from the Communicable Disease Investigation team to interview cases and controls and one Environmental

Health Specialist to conduct the environmental health investigation. If the number of known cases and/or controls exceeds eight, another staff will be designated to help make calls, with the expectation that each staff cannot be responsible to finish more than eight investigations in a regular working day. If the investigation requires more people than the Communicable Disease Investigation team can provide the CD supervisor will be notified and, Environmental Health staff will be assigned to help make calls. If the outbreak requires more than one Marion County Health Department staff to call cases and/or controls, an After Action Report (AAR) should be completed. If the outbreak exceeds the capacity of the Marion County Health Department Communicable Disease Investigation and Environmental Health staff, surge capacity will be provided by OHA and staff from Oregon Region 1 under the Multi-county Omnibus Mutual Aid Agreement.

2. Just in time training will be provided to all Marion County Health Department staff who does not participate in outbreak investigations as part of the regularly assigned job duties.

- a. OHA Just in Time Training video and example shotgun questionnaire located here:

- <https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Outbreaks/Pages/TrainingVideoOutbreakInvestigation.aspx>

Outbreak 24/7 Capabilities:

3. Outbreak reports made after hours will be taken by the on-call supervisor following the 24/7 Policy. The on-call supervisor will notify the CD/EH staff as appropriate and within time lines specified in the OHA Outbreak Investigative Guidelines.
4. CD staff may be contacted after hours to respond to a communicable disease outbreak as needed. CD staff should seek supervisor approval for any work after hours.
5. CD staff may need to consult with OHA after hours. OHA has on-call 24/7 staff accessible via phone.
6. Laboratory services are accessible 24/7. For 24/7 Laboratory requests see: Transport & Testing of Lab Specimens Policy.

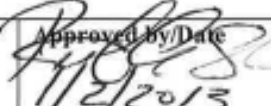
SUPPORTING DOCUMENTS – N/A

REVISION HISTORY – N/A

Created: 3/22/16

Revised: 8/17/17

III. Outbreak Investigations in Department of Agriculture Facilities Policy

Area: Environmental Health Health	Marion County Health Department	No. 2.4.1.
		Page: 5
Subject: Outbreak Investigations in Department of Agriculture Facilities	Reviewed: 1/2/13 R. Sherman	Approved by/Date  1/2/2013

PURPOSE: Outbreak investigations in Department of Agriculture facilities per State direction

POLICY: Marion County Health Department , Environmental Health will review the memorandum known as the subject: Foodborne Illness Complaints and Investigations in Oregon Department of Agriculture Facilities bi annually.

PROCEDURE-

1. Review attached memorandum a minimum of every two years.
2. Contact State Health Department staff to ensue most current memorandum is in place.
3. Document the review on log attached to memorandum

Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities
OREGON DEPARTMENT OF AGRICULTURE [ODA-3775-16-IAA]
OREGON HEALTH AUTHORITY IAA [- -]

INTERAGENCY AGREEMENT

This Agreement is between the Oregon Department of Agriculture ("ODA") and the Oregon Health Authority ("OHA"), both individually without distinction as "Party" and collectively as the "Parties."

SECTION 1: AUTHORITY

This Agreement is entered into pursuant to the authority granted by ORS 190.110 and 283.110, allowing state agencies to enter into agreements with other state agencies to cooperate in performing duties, exercising powers or administering policies or programs.

The OHA is responsible for foodborne illness investigation pursuant to Oregon Revised Statute (ORS) 431.110: General Powers of Oregon Health Authority and in ORS 433.004 through 433.035.

The ODA licenses and inspects firms that produce, process and distribute commodities of agricultural origin as provided in ORS 616, General and Miscellaneous Provisions; ORS 619, Labeling and Inspection of Meat and Meat Food Products; ORS 621, Milk, Dairy Products, Substitutes; ORS 622, regulation of shellfish harvesting, processing and distribution; ORS 625, Bakeries and Bakery Products; ORS 628, Refrigerated Locker Plants; and ORS 632, Production, Grading, and Labeling Standards for Agricultural and Horticultural Products; and ORS 635, Non-Alcoholic Beverages.

As provided in ORS 616.015, the Oregon Legislature has recognized the relationship between the production, processing, and distribution of food and public health and has directed that OHA and ODA cooperate to protect the public health without unnecessary duplication and expense.

OHA and ODA enter into the following Interagency Agreement with respect to investigations of complaints and foodborne illnesses in ODA-licensed establishments.

SECTION 2: PURPOSE

This Interagency Agreement (IAA) replaces all previous MOUs related to foodborne illness complaints and investigations between the Oregon Health Authority (OHA) and the Department of Agriculture (ODA).

The purpose of this IAA is to clarify the respective responsibilities of OHA and ODA in the surveillance for, and investigation of, foodborne illnesses, and in furtherance of such purpose, to broaden cooperative efforts between the two agencies.

This MOU applies to the entire state of Oregon.

SECTION 3: EFFECTIVE DATE AND DURATION

This Agreement shall begin on the date of the last signature ("Effective Date"), and shall terminate when terminated in accordance with Section 7.

Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities
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SECTION 4: AUTHORIZED REPRESENTATIVES

4.1 FIRST AGENCY'S AUTHORIZED REPRESENTATIVE IS:

Stephanie Page, Director of Food Safety and Animal Health & ID Programs
Oregon Department of Agriculture
635 Capitol Street NE, Salem, OR 97301
(503) 986-4720
spage@oda.state.or.us

4.2 SECOND AGENCY'S AUTHORIZED REPRESENTATIVE IS:

Lillian Shirley, Director
Public Health Division
Oregon Health Authority
800 NE Oregon Street, Portland, OR 97232
(971) 673-1111
lillian.shirley@state.or.us

4.3 A PARTY MAY DESIGNATE A NEW AUTHORIZED REPRESENTATIVE BY WRITTEN NOTICE TO THE OTHER PARTY.

SECTION 5: RESPONSIBILITIES OF EACH PARTY

5.1 Determination of Responsibility

5.1.1 When an illness is suspected by ODA, OHA, or Local Public Health Authorities (LPHAs) to have been caused by food regulated by ODA:

5.1.1.1 ODA shall be responsible for investigating the ODA-regulated food establishment. ODA shall report its findings to OHA. ODA shall also coordinate any resulting actions to remove the implicated food from sale and distribution.

5.1.1.2 OHA, working with LPHAs, shall be responsible for conducting the epidemiologic investigation.

5.2 Information Exchange

5.2.1 OHA and ODA shall maintain rosters of key regional and local Health officials and Agriculture food program supervisors, and OHA will share .

5.2.2 If ODA becomes aware of actual or suspected cases of foodborne illness, it shall report such cases to the LPHAs having jurisdiction for that locality. OHA and ODA may jointly investigate as appropriate. ODA and OHA shall share with each other any reports generated by investigation of outbreaks of foodborne disease involving ODA-regulated foods or facilities.

5.2.3 If OHA becomes aware of actual or suspected cases of foodborne illness as a result

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of foods from an ODA-licensed facility, it shall report such cases to ODA and encourage LPHAs to do the same.

- 5.2.4 OHA and ODA will each assume the responsibility of reporting to appropriate law enforcement agencies any suspected activities of intentional adulteration for facilities under their own jurisdiction.

5.3 Embargo, Seizure of Food Sources Implicated in Epidemiologic Investigations

5.3.1 Epidemiologic Investigation

- 5.3.1.1 Foodborne disease outbreaks are investigated by OHA and LPHAs following procedures outlined at:
<https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Outbreaks/Pages/index.aspx>.

- 5.3.1.2 OHA will notify ODA of all on-going investigations where an ODA-regulated food is suspected to be the cause of the disease outbreak. ODA shall assist in the investigation by providing OHA with information regarding the plausibility of suspected food vehicles based on specific information including tracebacks and general knowledge of distribution patterns. ODA may assume the lead role in tracing suspected foods back to their source.

- 5.3.1.3 OHA shall analyze the findings of the epidemiologic and source investigations, make a determination as to the likelihood of an association between the illness outbreak and the suspected food, and must convey this information to ODA.

5.3.2 Embargo, Seizure, Recall and Public Notification

- 5.3.2.1 ODA shall undertake embargo and seizure and destruction of implicated foods as may be necessary.
- 5.3.2.2 ODA will provide assistance to firms undertaking either voluntary or Federal Food and Drug Administration-mandated recall of the implicated food.
- 5.3.2.3 ODA and OHA shall collaborate to ensure that the public is notified of food recalls.

SECTION 6: COMPENSATION AND PAYMENT TERMS

Neither Party shall pay monetary compensation to the other Party under this Agreement.

SECTION 7: TERMINATION

- 7.1 This Agreement may be terminated at any time by mutual written agreement of the Parties.
- 7.2 A Party may terminate this Agreement upon 30 days written notice to the other Party.

Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities
OREGON DEPARTMENT OF AGRICULTURE [ODA-3775-16-IAA]
OREGON HEALTH AUTHORITY IAA [- -]

- 7.3** A Party may terminate this Agreement immediately upon written notice to the other Party, or at such later date as the terminating Party may specify in such notice, upon the occurrence of any of the following events:
- 7.3.1** The terminating party fails to receive funding, appropriations, limitations, allotments, or other expenditure authority at levels sufficient in the terminating Party's reasonable administrative discretion, to perform its duties under this Agreement;
 - 7.3.2** Federal or state laws, rules, regulations or guidelines are modified or interpreted in such a way that the terminating Party's performance under this Agreement is prohibited or the terminating Party is prohibited from paying for such performance from the planned funding source;
 - 7.3.3** The other Party materially breaches a covenant, warranty or obligation under this Agreement, or fails to perform its duties within the time specified in this Agreement or any extension of that time, or so fails to pursue its duties as to endanger that Party's performance under this Agreement in accordance with its terms, and such breach or failure is not cured within 20 days after delivery of the terminating Party's notice to the other Party of such breach or failure, or within such longer period of cure as the terminating Party may specify in such notice.

SECTION 8: AMENDMENTS

The terms of this Agreement may not be waived, altered, modified, supplemented or otherwise amended, in any manner whatsoever, except by written mutual agreement of the Parties.

SECTION 9: NOTICE

Except as otherwise expressly provided in this Agreement, any notices to be given relating to this Agreement shall be given in writing by email, personal delivery, facsimile, or mailing the same, postage prepaid, to a Party's Authorized Representative at the address, number or email address set forth in this Agreement, or to such other addresses or numbers as a Party may indicate pursuant to this Section 9.

SECTION 10: SURVIVAL

All rights and obligations shall cease upon termination of this Agreement, except for those rights and obligations that by their nature or express terms survive termination of this Agreement. Termination shall not prejudice any rights or obligations accrued to the Parties prior to termination.

SECTION 11: SEVERABILITY

- The Parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms

Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities
OREGON DEPARTMENT OF AGRICULTURE [ODA-3775-16-IAA]
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and provisions shall not be affected, and the rights and obligations of the Parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.

SECTION 12: COUNTERPARTS

This Agreement may be executed in several counterparts, all of which when taken together shall constitute one agreement, notwithstanding that all Parties are not signatories to the same counterpart. Each copy of the Agreement so executed shall constitute an original.

SECTION 13: LIABILITY AND INSURANCE

- 13.1** The Parties understand that each is insured with respect to tort liability by the State of Oregon Insurance Fund, a statutory system of self-insurance established by ORS Chapter 278, and subject to the Oregon Tort Claims Act (ORS 30.260 to 30.300). Each Party agrees to accept that coverage as adequate insurance of the other Party with respect to personal injury and property damage.
- 13.2** The Parties agree that any tort liability claim, suit, or loss resulting from or arising out of the Parties' performance of, or activities under, this Agreement shall be allocated, as between the Parties, in accordance with law by Risk Management of the Department of Administrative Services for purposes of the Parties' respective loss experiences and subsequent allocation of self-insurance assessments under ORS 278.435. Each Party to the Agreement agrees to notify Risk Management and the other Party in the event it receives notice or knowledge of any claims arising out of the Parties' performance of, or activities under, this Agreement.

SECTION 14: DAS REPORTING REQUIREMENT

The Parties agree that ODA shall be the Reporting Party for purposes of ORS 190.115, Summaries of Agreements of State Agencies. ODA shall submit a summary of this Agreement to the Oregon Department of Administrative Services through the electronic Oregon Procurement Information Network (ORPIN), within the 30-day period immediately following the Effective Date of the Agreement.

SECTION 15: RECORDS

The Parties shall create and maintain records documenting their performance under this Agreement. The Oregon Secretary of State's Office, the federal government, the other Party, and their duly authorized representatives shall have access to the books, documents, papers, and records of a Party that are directly related to this Agreement for the purposes of making audit, examination, excerpts, and transcripts for a period of six years after termination of this Agreement.

SECTION 16: COMPLIANCE WITH LAW

Foodborne Illness Complaints and Investigations Involving Oregon Department of Agriculture Facilities
OREGON DEPARTMENT OF AGRICULTURE (ODA-3775-16-IAA)
OREGON HEALTH AUTHORITY IAA [- -]

In connection with their activities under this Agreement, the Parties shall comply with all applicable federal, state and local laws and regulations.

SECTION 17: NO THIRD PARTY BENEFICIARIES

ODA and OHA are the only Parties to this Agreement and are the only Parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.

SECTION 18: FORCE MAJEURE

Neither Party is responsible for any failure to perform or any delay in performance of any obligation under this Agreement caused by fire, riot, acts of God, terrorism, war, or any other cause which is beyond that Party's reasonable control.

SECTION 19: MERGER, WAIVER AND MODIFICATION

This Agreement and all exhibits and attachments, if any, constitute the entire agreement between the Parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. No waiver, consent, modification or change of terms of this Agreement shall bind either Party unless in writing and signed by both Parties. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given.

IV. Housing a Client Policy

<p>Policy Category: Public Health</p> <p>Responsible Program: Communicable Disease Investigation</p> <p>Policy Title: Housing a Client</p>	<p>MARION COUNTY</p> <p>Health & Human Services</p> <p>Oregon</p>	<p>Policy No:</p> <p>Pages: 2</p>
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<p>Created Date: 5/5/2020</p>		<p>Approved Date:</p>

PURPOSE - To provide safe, temporary shelter for clients with active, novel coronavirus disease (COVID-19).

POLICY - It is the policy of the Marion County Health & Human Services (MCHHS) that employees will conform to the following policy when housing COVID-19 clients.

SPECIAL NOTE - Marion County Health & Human Services calls Crossland Suites, 3535 Fisher Rd., Salem, Oregon 97305, phone 503-363-7557, fax: 503-363-7665, first to check for room availability because the facilities and staff meet the client and health department needs for isolative shelter. Additionally, attached is a list of motels that can be called if Crossland Suites is not available (see Attachment 2).

PROCEDURE -

1. Obtaining the motel
 - a. Inform supervisor of need to house client to obtain supervisor approval.
 - b. Contact the motel and identify yourself as a staff member of MCHHS and that a client needs temporary housing.
 - c. Confidentiality must be maintained, but motel will require client name. Do not divulge the diagnosis or any other specifics about the client.
 - d. Staff may state that client has a respiratory illness and requires rest and that client should not be disturbed.
 - e. Obtain a Release of Information (ROI) from the client to educate motel staff as needed. If client refuses to sign ROI, MCHHS staff is to maintain client health confidentiality.
 - f. Provide motel staff education about respiratory disease, mask precautions, etc. (see Attachment 4).
 - g. Provide motel staff with “Motel Information Handout” (see Attachment 3).
 - h. Clean linens can be left for the client outside the door at predetermined times.
 - i. Room requirements:
 1. Smoking or non-smoking
 2. Room on front side of building if possible to avoid risk of unlawful activity
 3. No long distance phone calls
 4. Need a facility with at least minimal ability to prepare food

2. Client responsibilities
 - a. Have a written and signed agreement with client. Give copy to client (see Attachment 1).
 - b. No illegal drugs or alcohol will be permitted.
 - c. Client will be respectful of motel staff, other guests, and motel property.
 - d. Client will maintain mask precautions as directed.
 - e. Client will be available for medications and labs as directed.
 - f. Client will not engage in any illegal activity.
 - g. Client will not have guests (family members or other approved persons may be checked into motel with consent of supervisor).

3. Transportation and Food
 - a. Transportation of client will only be in a county vehicle except in case of special circumstances approved by supervisor (ie: court order Marion County Sheriff will transport.) During transport, client will wear a seat belt and mask. If possible, the windows should be partially opened.
 - b. Take the motel registration out to the vehicle so client does not have to go into the office. Have the client sign motel registration so that client is responsible for any damage that may be incurred.
 - c. Verify with motel staff that only local calls will be covered.
 - d. Provide food for client as needed according to diet needs and/or restrictions. Also consider motel kitchen facilities when purchasing food. (For example: hot dogs, beans, tortillas, cheese, lunch meat, bread, margarine, sugar, salt & pepper, tea or coffee, milk, cereal, dish soap. If room has only refrigerator and microwave, prepared frozen dinners may be provided.
 - e. CDI staff shall keep a copy of all invoices in the client chart and log expenses on Incentive/ Enabler Log.

4. For motel staff following client stay
 - a. Room must be aired out with doors/ windows open and air conditioner blowing for 24 hours after client leaves and before any terminal cleaning is done.

5. **For housing a client with a court order and 24/7 Security is needed**
 - a. **The CDI program supervisor will contact the MCHD contracts department to determine the approved security company to be used.**
 - b. **Contact the security company that has been arranged and advise them to report to the housing location ASAP.**

REVISION HISTORY –

Created: 5/5/2020

V. Housing Agreement

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Housing Agreement

Marion County Health & Human Services agrees to provide adequate housing for client while client is in respiratory isolation. We will reserve a room, with basic food preparation capabilities, for two weeks at a time. Client will sign for room and will be responsible for any damages that may occur. Client is responsible for cleaning the room. Client will leave dirty linens outside the room and arrange for clean linens to be left outside the room.

While you are being housed by the County, you will:

- Be available for COVID-19 lab tests as ordered.
- You will comply with treatment and complete treatment.
- You will not have overnight guests in your room.
- You will not have illegal drugs or alcohol on the premises.
- You will be respectful of the motel staff and other guests.
- You will keep your room clean and neat.
- You will be responsible for the condition of and property in the room.
- You will not make long distance phone calls.
- You will not solicit for food, money, cigarettes, drugs, etc. from other motel guests.

By signing this agreement, you acknowledge and agree to comply with the above conditions.

Any violation of the above conditions will result in your eviction from the motel.

Client Signature Date

Witness

VI. Motel Information Handout

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Motel Information Handout

- Confidentiality must be maintained but motel will require client name.
- Client has a respiratory illness and requires rest and that client should not be disturbed.
- Clean linens can be left for the client outside the door at predetermined times.
- Client responsible to keep room clean, motel staff is not to enter room.
- Client to wear mask if enters motel office. Client may be outside in open air without mask. MCHHS staff can opt to take registration to client in car for client to sign.
- Verify with motel staff that only local phone calls will be covered (No long distance)
- After checkout allow ventilation to occur for at least 24 hours with window and door open before staff go in to clean the room. Motel staff must wear disposable gloves and gowns when gathering linens and garbage, since linen and/or garbage may have respiratory secretions. Staff may choose to wear a cloth face covering while cleaning. If worn, cloth face coverings should be laundered daily in hot water and detergent.

Room requirements:

1. Smoking or non-smoking
2. No long distance phone calls
3. Facilities with minimal ability to prepare food.

For any urgent issues, call MARION COUNTY HEALTH & HUMAN SERVICES at (503) 588-5621

VII. Cleaning Guidance for Hotels and Motels

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Cleaning Guidance for Hotels and Motels After Possible COVID-19 Occupancy

The Oregon Health Authority recommends hotels and motels not allow anyone to enter areas used by persons with COVID-19 symptoms for at least 24 hours after the persons leave. Staff can then begin cleaning and disinfection. This will reduce possible exposure to respiratory droplets. Before starting to clean, open outside doors and windows to increase air circulation in the area.

Cleaning refers to removing germs, dirt and impurities from surfaces.

- Cleaning does not necessarily kill germs. However, removing germs lowers the risk of spreading infection.
- Clean dirty surfaces by using a detergent or soap and water before disinfecting them.



Disinfecting refers to using chemicals to kill germs on surfaces.

- This process does not necessarily clean dirty surfaces or remove germs. However, killing any remaining germs on a surface after cleaning can further lower the risk of spreading infection.

How to clean and disinfect

- Clean and disinfect all areas that the ill persons used.
- Pay special attention to cleaning and disinfecting frequently touched surfaces such as light switches, doorknobs, handles, keyboards, bathroom fixtures, equipment screens, remote controls, coffee makers, ice buckets and other items.

Note: The guidance below is specific on how to disinfect a room where a COVID-19 patient has stayed. Another option is to leave the room vacant for 10 days; the risk of virus infection will be gone. You can then do routine cleaning.

Surfaces

To disinfect hard (non-porous) surfaces, properly apply any of the disinfectants below by following the manufacturer's instructions (e.g., concentration, application method and contact time):

- An alcohol solution with 70%–95% alcohol content
- An Environmental Protection Agency ([EPA](#))-registered household disinfectant, or
- A diluted household bleach solution.
 - You can use diluted household bleach solutions if appropriate for the surface.
 - Follow manufacturer's instructions for application and proper ventilation.
 - Never mix household bleach with ammonia or any other cleanser.
 - Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (one-third cup) bleach per gallon of water, or
 - 4 teaspoons bleach per quart of water.

To disinfect soft (porous) surfaces such as carpeted floor, rugs and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.

- Launder washable items by following the manufacturer's instructions. Use the warmest appropriate water setting for the items and completely dry items.
- The EPA has approved hydrogen peroxide for use against the SARS-CoV-2 (coronavirus) that causes COVID-19 for disinfection of porous surfaces.
- Heat or steam can also be used to sanitize porous surfaces. The surfaces should be heated to 70° C (158° F) for five minutes or to 100° C (212° F) for one minute. Hot water extraction or steam cleaning are common tools used to achieve these temperatures for non-washable items.
- If you cannot use high temperature or hydrogen peroxide treatment, consider storing smaller objects for 10 days until the risk of virus infection is gone.

Electronics and appliances

- For items such as tablets, touch screens, keyboards, coffee makers and remote controls, remove visible contamination (such as debris, streaks or smudges), if present.
 - Follow the manufacturer’s instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If you do not have the manufacturer’s guidance, consider using alcohol-based wipes or sprays containing 70%–95% alcohol to disinfect touch screens. Dry surfaces thoroughly after wiping.

Linens, clothing and other items that go in the laundry

- Do not shake dirty laundry. Shaking can cause the virus to spread through the air.
- Follow the manufacturer’s directions to wash items. If possible, launder items using the warmest appropriate water setting and completely dry them. You can wash other people’s items with dirty laundry that was in contact with an ill person.
- Clean and disinfect hampers or other carts used to move laundry by using the above guidance for hard or soft surfaces.
- Remove and clean all bedding, including pillows and comforters, after guests who possibly have COVID-19 depart.

Personal protective equipment and hand hygiene

Cleaning staff’s risk of exposure is low. Cleaning staff should wear disposable gloves and gowns for all tasks, including handling trash. Staff may choose to wear a cloth face covering while cleaning. If worn, cloth face coverings should be laundered daily in hot water and detergent. As restrictions begin to lift for businesses and public spaces, it may be difficult to make sure people stay 6 feet away from others at all times. So, we recommend people have a face covering to use in public settings. If everyone uses face coverings, we can all protect each other.

- Make sure to use disinfectants that do not ruin the gloves and gowns used.
 - Staff may need to use additional personal protective equipment (PPE) if the cleaning/disinfectant products they use could splash.
 - Launder cloth face coverings daily.
 - After cleaning a room, carefully remove gloves and gowns to avoid possible transfer of virus to the wearer and the surrounding area. Be sure to [clean](#) hands immediately after removing gloves.

- Coveralls, aprons or work uniforms can be worn to clean and disinfect if gowns are not available. Reusable (washable) clothing should be laundered each day. Staff may consider bringing a change of clothes to change into at the end of the day. Clean hands after handling dirty laundry.
- Cleaning staff should immediately report to their supervisor any breaches in PPE (e.g., tear in gloves) or potential exposures.
- Cleaning staff and others should clean hands often. This includes immediately after removing gloves and after contact with an ill person. Wash hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, you may use an alcohol-based hand sanitizer with 60%–95% alcohol. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home. These include cleaning hands and avoiding touching eyes, nose or mouth with unwashed hands.
 - Additional key times to clean hands include:
 - After blowing one’s nose, coughing or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance (e.g., a child).

You can get this document free of charge in other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or OHA.ADAModifications@dhsoha.state.or.us.

VIII. Marion County Sheriff's Office Health Care Delivery Policy



MARION COUNTY SHERIFF'S OFFICE

POLICY 3710 - HEALTH CARE DELIVERY
OREGON JAIL STANDARDS: B-208, B-306,
G-201, G-202, G-203, G-204, G-206, G-207, G-208, G-209.

POLICY

This policy applies to all Institutions Division employees.

1. The Sheriff's Office will ensure AICs (Adults in Custody) have reasonable medical, mental and dental care consistent with state legal requirements and all Oregon Jail Standards.

MEDICAL OPERATION

Clinic

2. The medical facilities are available for the AICs at the Jail. AICs requiring more extensive medical treatment are transported to see various area doctors, specialists or hospitals.
3. The clinic area is one of the focal points of medical activity at the Marion County Jail. At this location, an examination room is available where physicians and medical employees can examine, assess, evaluate and treat the medical complaints of AICs. These contacts with AICs are by doctor's appointments, referral from sick call, scheduled follow-up care, or any medical emergencies.
4. If the sick or injured AICs cannot come to the Jail clinic area, medical employees will respond directly to the AIC's location to provide the appropriate medical care. The medical employees will refer to the physician for order, or request for immediate transportation to a hospital when appropriate.

C4 Medical Unit

5. The C4 unit is an eleven bed unit which is available to AICs with medical problems that require frequent monitoring and treatment for their medical condition. The primary classification of AICs housed in the C4 Unit is medically/or mentally unstable but not in need of hospitalization.
6. AIC patients are admitted to the C4 unit by order of the Shift Supervisor, physician, or when any medical employee determines that the medical or mental problem needs frequent monitoring or re-evaluation by medical employees.
7. The C4 Unit has 5 cells set aside for cases needing respiratory isolation.

8. AICs who are admitted to C4 Unit will be supplied with rules of conduct while they are housed in that facility as listed:
 - The AIC will be assigned to a specific bed by the employees. No bed swapping will be permitted, without permission from the assigned employees.
 - Unless the AIC is incapable (to be determined by the medical employees), each AIC will be responsible for his bedside. This will include both cleaning and the changing of bed linen. People who are assigned to the C4 Unit will be permitted to have a reasonable amount of personal property that conforms with Jail Policy at their bedside.
 - AICs, if permitted by the medical employees, will be allowed out of their beds (properly dressed). They will not be permitted to leave the ward unless permission has been given by one of the medical employees or the security officer.

Admission and Discharge Criteria for C4 Medical Unit

9. Within the Jail there is a medical unit which is intended to house AICs who require some form of medical or mental attention or monitoring. Some medical conditions that cause concern and warrant the need to house the AIC in this unit include acute withdrawal from alcohol or drugs, signs and symptoms of a deteriorating physical state, or a pre-existing medical condition needing monitoring. The unit is able to house a total of 11 AICs, with six (6) additional available bunks for emergencies that may arise. The Health Services employees or doctor make the determination to admit and discharge from this unit. (Shift Supervisors have authority to admit an AIC to the unit.)

Admission to Medical C4 Unit

10. Upon assessment, the nurse or mental health employee will determine the need to house an AIC on the C4 Unit. The following steps will assure continuity of care for those individuals whose medical needs are more pronounced:
 - Assure responsibility that a nursing assessment will be made daily to determine all AICs' medical condition.
 - Review bed usage every morning, discharging those AICs whose status has stabilized and can be housed in general population with minimal risk.
 - Assure responsibility of Mental Health assessment daily for Mental condition by qualified mental health employee
 - All assessments made by the nurse will be charted in the nursing progress notes within the medical chart. Upon discharge, a note will reflect the condition of the AIC.

Discharge from the Medical Unit to another Housing Unit

11. The nurse will determine who is most able to discharge and complete this process. This will assure that the unit remains manageable and utilized appropriately.
12. When appropriate, the nurse may report information to the pod deputy. This may include signs and symptoms to report. Medical confidentiality will be maintained at all times.
13. Appropriate information will be communicated to the pod deputy to assure continuity of care.

Roll of Deputy

14. The deputy will notify medical if a supervisor or deputy admitted an AIC to C4 when the medical employee was not available to assess.
15. The deputy will communicate any concerns or problems regarding the AIC or manageability of the unit to the medical employees or supervisor.

Pharmacy

16. The pharmacy operates under the license of the physician and the contracting pharmacy and is located in a locked and secure area. All the full-time nursing employees are responsible for maintaining adequate supplies of pharmaceuticals, medications and narcotics which are utilized through Health Services.
 - Only nursing employees will be permitted in the pharmacy to perform assigned work.
 - All narcotics from the pharmacy will be kept under lock and key at all times. They will be kept in the pharmacy and logged in the property ledger and will be inventoried by the oncoming and off-going Nurse each shift.
 - Nursing employees will be knowledgeable and consistently skilled in adhering to the Pharmacy Procedure Manual.

Medically Necessary vs Elective Procedures

17. Those procedures or medical care which are emergent in nature, or considered life threatening, will be attended immediately.
18. Those conditions which are urgent, i.e., those calling for immediate attention, but are not life threatening, will be provided without undue delay.
19. Necessary services will be provided. These are procedures which will be completed, however, may tolerate a delay of an unspecified amount of time and not cause further deterioration. Medical and dental matters requiring medical/dental judgment are the sole province of the treating physician/dentist, respectively.

20. Elective procedures are those which are deemed an optional service, which, if not provided, will cause no further deterioration of a disease process or permanent dysfunction or disability. Elective procedures will be evaluated by medical staff but will not be provided. The physician/dentist may determine that an elective procedure is something that the AIC has a right to receive; in this case they may help facilitate a release in order to have the procedure at AICs own expense.

21. Adults in Custody, at their request, have the right to an abortion.

Medical Referrals

22. Patients whose medical needs cannot be met within the resources provided by the institution may be referred to outside Medical Services.

Specialty Clinics; Non-emergent Referrals

23. For referral of AICs:

- When an AIC requires the services of a specialist, a consultation form must be filled out, and transportation scheduled.
- Health Services employees will telephone the specialist's office to schedule the appointment.
- Health Services employees will deliver the necessary forms to the transporting deputy.
- Never give information about an appointment date or time to an AIC.

Emergency Referrals

24. A medical problem needing emergent attention beyond the resources of the jail will be transferred to a hospital.

- Establish the need for emergency transportation to the hospital.
- Place an emergent call to 9-1-1 and the shift supervisor.
- Health Services employees will inform the Shift Supervisor of the need for transportation to the hospital, define the type of emergency, and recommend level of transport (deputy in county vehicle or ambulance).
- Health Services employees will provide appropriate medical treatment as defined by the physician in the Standing Order Manual.
- All medical treatment will be documented and doctor orders for transport.
- Central Control will monitor for ambulance arrival, building access and security clearance of emergency employees.
- Health Services employees will notify the:
 - Physician regarding the medical condition of the AIC , and
 - The emergency department at the hospital to inform them of the medical condition of the AIC.

- If time allows, copies of medical records with all necessary info will accompany AIC and be given to treating medical employees.

New Commitments

25. New lodges received at the Jail will be interviewed by Intake employees before entering the AIC general population. Information concerning any current medical and mental health problems, treatments and past medical history will be discussed with the AIC.

Procedure

26. The intake employees will complete the Intake Screening Form on all new AIC lodges. During this process, the intake employees will determine if a medical problem exists that needs immediate attention. When this occurs, the intake employees will notify the Health Services Unit, and the available nursing employees will respond.
27. All the initial Intake Health Screening forms will be forwarded to medical. These are reviewed by the nursing employees, as well as dated and initialed.
28. Once reviewed, intake screening forms that indicate AIC medical problems are prioritized by need and intervention is initiated.
29. The nurse is responsible to contact the AIC, and obtain pertinent information for diagnosis and treatment. Follow-up documentation is to be written in the "medical evaluation" section of the intake form. Follow-up screening will be completed in a reasonable time period, not to exceed 48 hours.
30. Once positive intake screening forms are dealt with to this point, the forms are to be given to the medical secretary so a chart may be initiated or updated.
31. All subsequent progress notes will be written in the nursing records.
32. Negative intake screening forms are filed by the medical secretary.

AICs Release from Hospital

33. All AICs are to be evaluated by the nurse on duty immediately upon arrival to the jail after being evaluated or released from a hospital. This evaluation will include thorough documentation in the medical chart, including nurses notes, doctor's orders, and medication transcription. This evaluation will be completed and documented until the AIC is stabilized.
34. Procedures:
 - Do thorough evaluation on the medical status of the AIC.
 - House in C-4 when appropriate.
 - Notify jail physician of orders from hospital physician.
 - Report any abnormal findings to physician on-call.

- Instruct officers of signs and symptoms to report to the nurse. Provide a thorough report of the condition of the AIC(s) to the on-coming shift nurse.

Medical Protocol

35. The medical protocol has been developed to assist and direct infirmary medical employees in providing treatment to AICs at the Marion County Jail. All medical employees will familiarize themselves with the protocol and follow the treatment guidelines unless a physician has prescribed additional or alternative health care.

First Aid Kits

36. To insure first aid supplies are readily available, first aid kits will be located in such areas as the intake unit, kitchen, housing units or areas where AICs are permitted to work. The kits will be inspected monthly by a designated employee, ensuring they are fully stocked.

 signed
SHERIFF JOE KAST

 05/07/2020
EFFECTIVE DATE

Replaces: February 8, 2016

[Click here to acknowledge you have read and understand this policy.](#)

