Reopening Oregon:

A Public Health Framework for Restarting Public Life and Business

Governor Kate Brown

April 20, 2020

Version 4/20/2020 13:48

You don't make the timeline.
The virus makes the timeline.

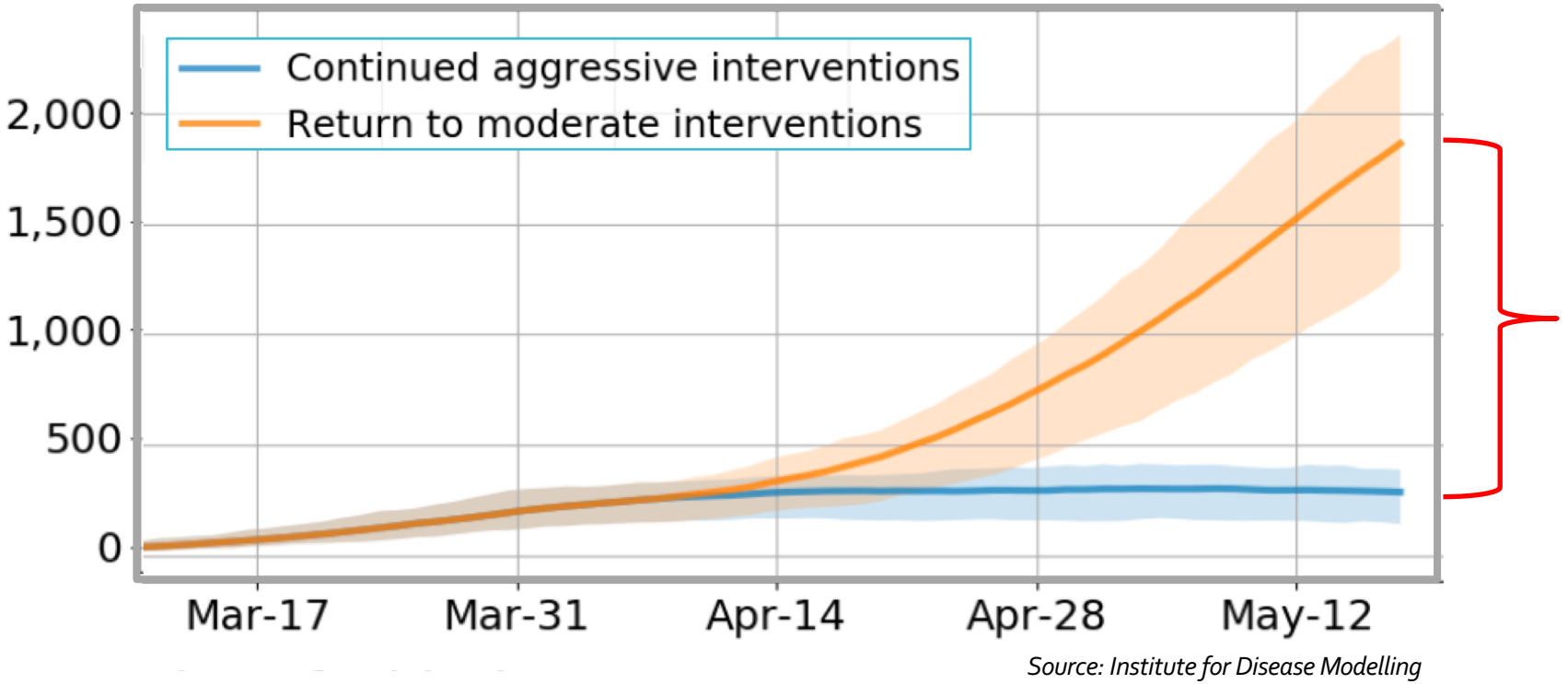
– Dr. Anthony Fauci

Our reality:

We will be living with the virus until there is immunity, which is many months off.

Goal: Keep the Curve Flattened

COVID-19 hospitalizations



Source: Institute for Disease Modelling

Experience in other countries and modelling says: reducing social distancing too quickly will create a spike in cases.

Opening Up America Again Guidelines

Released by President Trump on April 16, 2020

NOTE: The Governor's Medical Advisory Panel and the Oregon Health Authority have not thoroughly reviewed the Opening up America Again Guidelines. After review, criteria could be added or modified to better meet the situational needs of the state of Oregon.

Framework Overview

1. **Gating Criteria:** 3 components
   - Symptoms – declining numbers
   - Cases – declining numbers
   - Hospital capacity – regular procedures and adequate testing
2. **Core State Preparedness:** 3 components
   - Robust testing and contact tracing
   - Healthcare system capacity, including PPE and surge capacity
   - Plans for health and safety
3. **Phased lifting of restrictions:** 3 components
   - Phase 1
   - Phase 2
   - Phase 3

Three Gating Criteria

Applied on a state or regional basis

DRAFT – Oregon will likely use modified metrics, especially for rural counties who have small numbers.

SYMPTOMS

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

- AND -

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

CASES

Downward trajectory of documented cases within a 14-day period

- OR -

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

HOSPITALS

Treat all patients without crisis care

- AND –

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

Core State Preparedness: I and II

I. TESTING & CONTACT TRACING

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

II. HEALTHCARE SYSTEM CAPACITY

- Sufficient Personal Protective Equipment (PPE)
- Ability to surge ICU capacity

Core State Preparedness: III

III. PLANS

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

Phase One

Phase One begins at Governor's direction after all Gating Criteria and Core Preparedness items are met

Phased Approach: Guidelines for all Phases

Guidelines for Individuals

- Practice good hygiene
- Strongly consider wide use of face coverings in public
- Stay home if sick

Guidelines for Employers

- Develop and implement appropriate policies: social distancing, protective equipment, temperature checks, sanitation.
- Monitor workforce for indicative symptoms
- Contact tracing policies for positives.

Phase One: Individuals & Employers

- **ALL VULNERABLE INDIVIDUALS** should continue to shelter in place.
- All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others.
- Avoid **SOCIALIZING** in groups of more than 10** people. Close **COMMON AREAS** where people are likely to congregate and interact.
- **MINIMIZE NON-ESSENTIAL TRAVEL**
- Continue **TELEWORK** whenever possible.

** *NOTE: Needs review by Oregon Health Authority, Governor's Medical Advisory Panel and local public health.*

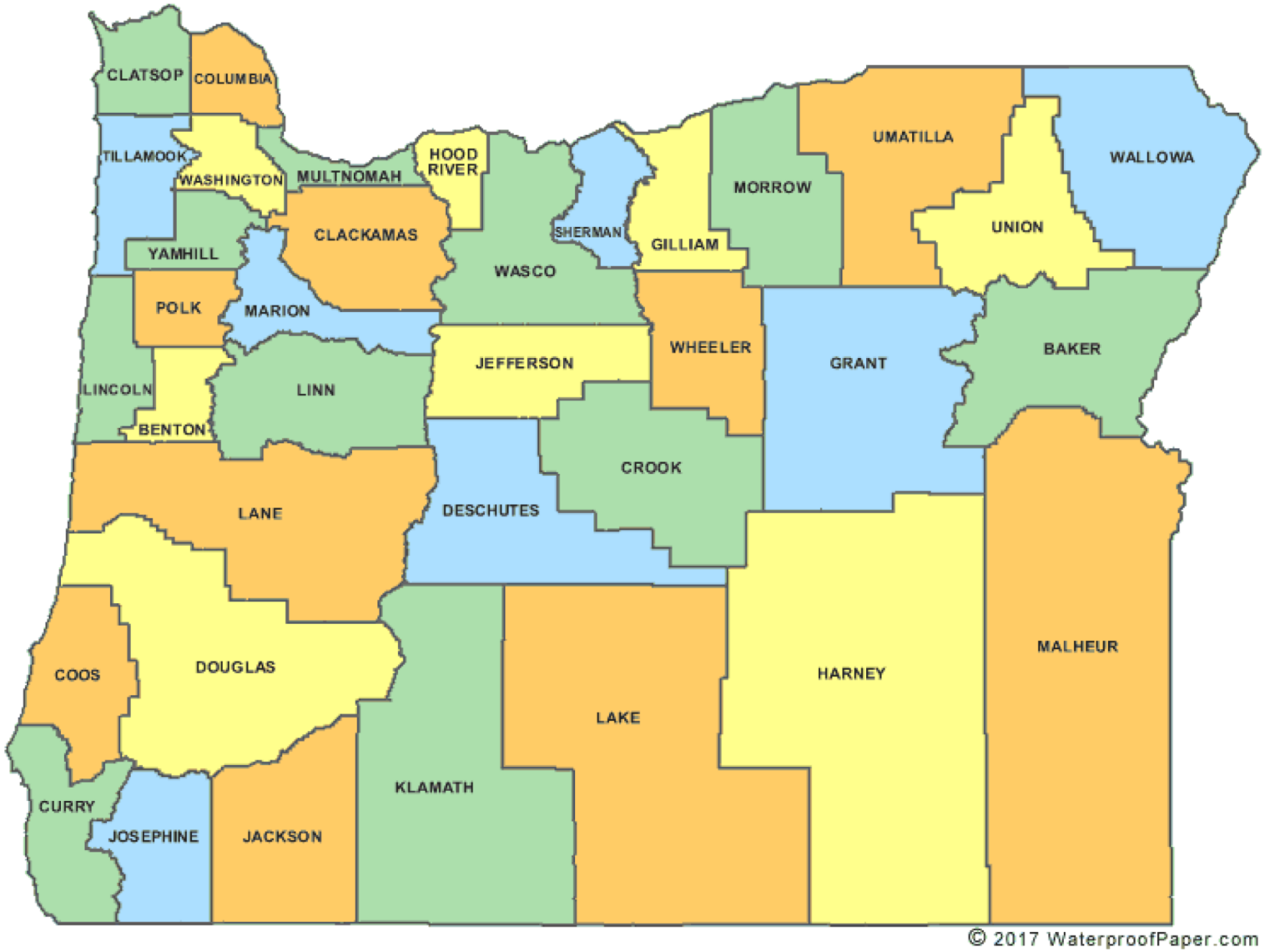
Phase One: Specific Types of Employers

** *NOTE: Needs review by Oregon Health Authority, Governor's Medical Advisory Panel and local public health.*

	Phase One – Federal proposal	Oregon Modifications Under Consideration**
Schools and organized youth activities	Remain closed	Additional childcare reopening in Phase One
Visits to hospitals and senior living facilities	Prohibited	
Large venues: sports, theaters, churches	"Strict physical distancing and sanitation protocols"	Likely remain closed during Phase One
Sit-down dining	"Strict physical distancing and sanitation protocols"	Work group to propose Phase One plan
Gyms	"Strict physical distancing and sanitation protocols"	Likely remain closed during Phase One
Bars	Remain closed	Work group to propose Phase One plan
Non-emergency procedures	"can resume, as clinically appropriate"	Oregon regional policy under review
Personal services	Not called out specifically	Work group to propose Phase One plan

Geographical considerations:

- Declining growth in symptoms/ cases
- Regional testing capacity
- Regional hospital capacity
- Regional contact tracing capacity
- Regions work with OHA on plans



FOR DISCUSSION - UNDER CONSIDERATION

Additional prerequisite for opening a county in Oregon: a formal request to the Governor:

- 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.

Phases Two and Three

Wait 14 days, pass the gating criteria again, then move to the next phase.

Phase 2: ** Gatherings increase to 50, non-essential travel can resume, schools and gyms can open under physical distancing

Phase 3: ** Mass gatherings size increases, worksites have unrestricted staffing, visitors to nursing homes allowed, restaurants and bars can have more seating

** *NOTE: Needs review by Oregon Health Authority, Governor's Medical Advisory Panel and local public health.*

High-Level Framework Community Presentations

High-level framework presentations: Begin April 17

- Governor's Economic Advisory Council
- Regional Solutions Regional Advisory Councils
- Local elected officials: Counties, cities, legislators
- County health departments
- Outdoor recreation sector
- Healthcare stakeholders
- Business community
- Communities of color, Tribes, and community organizations
- Many more…

Sector-specific Discussions:

Owners/practitioners, workers, and health professionals

Sector-specific discussions: starting week of April 20

1. Restaurants/Food service
2. Retail
3. Personal services (hair and nail salons, massage, tattoo parlors, etc.)
4. Childcare
5. Transit
6. Outdoor recreation (parks, trails, etc.)

Next Steps

1. High-level framework presentations across the state: *Begin April 17*
2. Consult with most-affected industries: Restaurants, Retail, Outdoor Recreation, Personal Services: *Week of April 20*
3. Complete details of framework, including operational plans and geographic criteria: *Week of May 4*
4. Finalize discrete steps and guidelines in the Step-by-Step Reopening Oregon Plan: *Week of May 4*
5. Ongoing coordination with West Coast states

Reopening Resources

White House and CDC: *Opening Up America Again*

American Enterprise Institute: *National coronavirus response: A road map to reopening*

Ifo Institute: *Making the Fight against the Coronavirus Pandemic Sustainable*

Center for American Progress: *A National and State Plan To End the Coronavirus Crisis*

APPENDIX

Oregon Immediate To-Dos: Gating Criteria

Element	Process/Sub-tasks	Timeline
Gating Criteria: Symptoms & Cases	• Symptoms: Need ILI and syndromic case data by county to see trends by county • Cases: Have this data	
Gating Criteria: Sufficient PPE	• Multiple orders placed – private vendors, FEMA, etc. • Request for large mask sterilization machine placed with FEMA • Various Oregon manufacturing ventures started • Hospital inventories and usage rates are incomplete	Dependent on delivery

Oregon Immediate To-Dos: Core Preparedness

Element	Process/Sub-tasks	Timeline
Hospital Capacity	• Alternative care sites identified • Oregon Medical Station set up at State Fairgrounds	Generally completed
Robust testing, tracing and isolation strategy	• Testing strategy in draft form; has had initial review by MAP; needs lab details added • Contact tracing plan being drafted, including staffing and technology; needs review by local public health and MAP • Isolation strategy and alternative sites being drafted and identified; needs review by local public health and MAP	Complete draft within two weeks
Guidelines for specific sectors	• Plan for restarting non-emergency and elective procedures being drafted by OHA	Reviewed by MAP on April 16
	• Workgroups for six sectors being established: Restaurants, Retail, Childcare, Personal Services, Transit, Outdoor Recreation.	Draft guidelines within two weeks

Oregon Immediate To-Dos: Added Components

Element	Process/Sub-tasks	Timeline
Systems for hardest-hit and vulnerable populations	• COVID-positive nursing home currently being stood up • Additional operational plans for other populations being drafted • Needs review by local public health and MAP • Need specific test/track/isolate plans for hardest-hit groups	Draft within two weeks

Definition of Vulnerable Individuals

Opening Up America Again Vulnerable Individuals Definition

1. Elderly individuals.

2. Individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.