VARIANCE TO STAGE 2 OF CALIFORNIA'S ROADMAP TO MODIFY THE STAY-AT-HOME ORDER

COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR Del Norte County

Background

On March 4, 2020 Governor Newsom proclaimed a State of Emergency as a result of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 14th, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4th, announced that entry into Stage 2 of the plan would be imminent.

Given the size and diversity of California, it is not surprising that the impact of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

Local Variance

A county that has met certain criteria in containing COVID-19 may consider increasing the pace at which they advance through Stage 2, but not into Stage 3, of California's roadmap to modify the Stay-at-Home order. Counties are encouraged to first review this document in full to consider if a variance from the state's roadmap is appropriate for the county's specific circumstances. If a county decides to pursue a variance, the local public health officer must:

1. Notify the California Department of Public Health (CDPH) and engage in a phone consultation regarding the county's intent to seek a variance.

2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local public health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the

relevant regional health system(s) is also acceptable. The full submission must be signed by the local public health officer.

All county attestations, and submitted plans for moving through Stage 2 as outlined below, will be posted publicly on CDPH's website.

While not required, CDPH recommends as a best practice the development of a county COVID-19 containment plan by the local public health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors.

In addition to pre-submission phone consultations, CDPH is available to provide technical assistance to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at Jake.Hanson@cdph.ca.gov to set up a time with our technical assistance team.

County Name: Del Norte County

County Contact: Dr. Warren Rehwaldt

Public Phone Number: 707-464-0861

Readiness for Variance

The county's documentation of its readiness to increase the pace through Stage 2 must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including for example the elderly and those residing in long-term care and locally controlled custody facilities, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

As part of the attestation, counties must provide specifics regarding their movement through Stage 2 (e.g., which sectors, in what sequence, at what pace), as well as clearly indicate how their plans differ from the state's order.

It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen for modifying the pace of advancing through stage 2, including reinstituting restrictions, in advance of any state action. Counties must also submit their plan for how they anticipate moving through Stage 2 (e.g., which sectors will be opened, order of opening etc.).

Readiness Criteria

To establish readiness for an increased pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, a county must attest to the following readiness criteria and provide the requested information as outlined below:

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by an epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
    - No more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.

Del Norte County has 27,812 persons and has had four positive cases, the first occurring on 3/31/2020 and the last on 4/25/2020. All of the first three survived and are considered recovered. The fourth was reported this week, and is recovering at home. The case is still under investigation. As of 5/12/2020, the county has tested 476 patients. By these reports we have met the requirement for stable epidemiology. There is evidence that all of the first three cases, although reported over a span of 3 weeks may represent a single cluster, as the third case

    - No COVID-19 death in the past 14 days prior to attestation submission date.

There have been zero COVID-19 related deaths in Del Norte County.

- **Protection of Stage 1 essential workers.** A determination must be made by the county that there is clear guidance and the necessary resources to ensure the safety of Stage 1 essential critical infrastructure workers. The county must attest to:
    - Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide copies of the guidance(s).

In Del Norte County the key essential workers include hospital healthcare, skilled nursing healthcare, and EMS responders. We are in weekly contact with all three as well as healthcare facilities and law enforcement (LE) by virtue of a lifelines sitrep reporting process through the local EOC, medical and LE/fire operational branches of the EOC, and biweekly operational area meetings. These contacts are our current means of assessing needs for PPE and support protocols for staff, as well as need for hygiene and sanitization supplies. All agencies

- Availability of supplies (disinfectant, essential protective gear) to protect essential workers. Please describe how this availability is assessed.

Please see above.

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current testing criteria (available on CDPH website). The county must attest to:

  - Minimum daily testing volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county's average daily testing volume for the past week. If the county does not believe a testing volume of 1.5 per 1,000 residents is merited, please provide justification for this.

Del Norte County has several testing sources, for both PCR and serology. The main source is through Sutter Coast Hospital, which has in-house PCR testing for SARS CoV 2 with a capacity of 96 per day. They also can forward PCR samples to a shared Sutter Health lab in Sacramento, with an expected result time of about 24-48 hours, and this capacity is limited by system-wide demand. In addition, we have access to Humboldt Public Health lab and could rely on processing of up to 20-25 tests daily. Some residents use the lab resource at Potawot

  - Testing availability for at least 75% of residents, as measured by a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county, whether there are any geographic

areas that do not meet the criteria, and plans for filling these gaps. If the county depends on sites in adjacent counties, please list these sites as well.

Please see above.

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:
    - Sufficient contact tracing. For counties that have no cases, there should be at least 15 staff per 100,000 county population trained and available for contact tracing; for counties with small populations, there must be at least one staff person trained and available. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge.

Del Norte Public Health has fully investigated all of the three confirmed and recovered cases and at least one other highly suspect case, for contacts and direction of isolation and quarantine. There is a current investigation of our fourth case. The Health Officer and two Public Health Nurses were involved in the original investigations and are considered experienced. A contact tracing plan and teaching document, as well as a contact tracing policy have been incorporated and are available for use. The next step is to involve two

    - Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a private bathroom), for the duration of the necessary isolation or quarantine period.

Del Norte County has developed a working plan for homeless housing based on Project Roomkey templates. Currently, we have one local hotel in Crescent City with a current contracted maximum capacity of 20 rooms. There is a second hotel, with 49 rooms, that could be similarly contracted with when the need arises. The project is entirely scalable, including catered food service for high volume demand. Our last point in time measure gave us a homeless estimate of 254, and 15% of this is 38. Between the two hotels, we believe that we have more than

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:
    - County (or regional) hospital capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Sutter Coast Hospital is the only hospital in Del Norte County, and was originally licensed as a 49 bed facility. It has a Medical/Surgical unit of 24 beds, with capacity to create a 6 bed Telemetry wing within that unit. There is a 9 bed ICU, and 5 Labor and Delivery beds. It also has a 10 bed Acute Rehab wing. Normally it has 4 ventilators in the ICU. The Med/Surg wing has 2 rooms configured as negative pressure by design. Since the pandemic onset, four additional rooms have been configured to negative pressure status. As part of surge preparation,

    - County (or regional) hospital facilities have a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE. Please describe the process by which this is assessed.

As a Sutter Health affiliate and therefore part of the Sutter Health network of hospitals, the details of PPE and supply issues, as well as staffing support, guidance, and healthcare workforce reserve planning are part of the Sutter Health statement to CDPH. However, we should point out that public health and EOC staff, including the Health Officer, participated in many planning meetings for the local affiliate and we have firsthand knowledge of the extensive efforts to prepare for the pandemic response, and continues to meet with leadership of the

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to:
    - Skilled nursing facilities (SNF) have >14 day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county has to track PPE availability across SNFs..

Del Norte County has one skilled nursing facility within its borders, Crescent City Skilled Nursing (CCSN) and is located in the city of Crescent City, CA The facility is licensed for 99 beds, and currently has about 70 residents, and 105 staff. The manager is Renee Porter. We are in regular contact with her, usually by phone or contact at regular OES planning meetings and she has kept us updated about her needs. She has also been in regular contact with the CDPH District Office in Santa Rosa, and they have monitored and inspected the planning that CCSN

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. This should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Please note that this variance should not include sectors that are part of Stage 3.

The following excerpt is from a draft reopening timeline compiled by Public Health to guide economic planners representing our country. It has been adjusted to match the allowed items for Stage 2:

County Public Health and Del Norte County Office of Emergency Services

- **Triggers for adjusting modifications.** Please share the county metrics that would serve as triggers for either slowing the pace through Stage 2 or tightening modifications, including the frequency of measurement and the specific actions triggered by metric changes. Please include your plan for how the county will inform the state of emerging concerns and how it will implement early containment measures.

Based on bed availability at our local hospital and expectation of prolonged LOS for hospitalized patients, we anticipate that our local facility could manage an average of up to 2.5 admissions a day for this disease, and up to 1 ICU admission per week, without adversely impacting overall hospital function. We also expect that extreme cases requiring advanced specialty care could potentially be transferred out of the area, but we will not count on this as a solution, as usual destination hospitals may be constrained from accepting transfers due

- **Your plan for moving through Stage 2**. Please provide details on your plan for county to move through opening sectors and spaces that are part of the State's plan for Stage 2. A reminder, that this variance only covers those areas that are part of Stage 2, up to, but not including Stage 3. For additional details on sectors and spaces included in Stage 2, please go to the California Coronavirus (COVID-19) Response County variance web page

Please see above.

COVID-19 Containment Plan

While not mandatory, CDPH strongly recommends that counties requesting a variance to increase the pace through Stage 2 create a county COVID-19 containment plan as noted above. While not exhaustive, the following areas and questions are important to address in any containment plan.

Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <7% and stable or declining?
- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

Capacity and Access.As described in the attestation for variance, Del Norte has current capacity in place to test approximately 5/1000 individuals per day utilizing central lab tests; the majority of which are rapid response tests available at our local hospital. In addition, there is capacity to accommodate

Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?
- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?
- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

Two nursing staff are currently trained and practiced, having performed contact tracing on the positive cases (plus one suspected case) that Del Norte has already experienced. Two additional nursing staff will be trained as the next step, along with 5 department staff members. None have second language skills adequate for this, but the department has ready access to

Protecting the Vulnerable

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Do facilities have the ability to safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safety quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

Del Norte County has one SNF, as described previously, one HUD based senior housing unit, which consists of independent apartments (about 40 persons) and one assisted living facility also with about 40 residents. The county jail has a capacity of about 100-120, currently at about 60. The maximum security prison at Pelican Bay is run by California Department of Corrections and

Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?
- Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?
- Are hospitals testing all patients prior to admission to the hospital?
- Do hospitals have a plan for tracking and addressing occupational exposure?

As detailed elsewhere, daily status reports are available for acute care and SNF for bed usage and capacity. PPE monitoring is done through the EOC and supply lines are currently intact for both facilities, with the exception of disposable gowns for the SNF. The SNF recently received an allotment of PPE for backup support directly from FEMA. All facilities can be backed by EOC

Essential Workers

- How many essential workplaces are in the county?
- What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?
- Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?
- Is there a testing plan for essential workers who are sick or symptomatic?
- Is there a plan for supportive quarantine/isolation for essential workers?

Description. Local essential workforces include the hospital and other healthcare providers; emergency medical services; volunteer, state, and federal fire crews; city, county, and state law enforcement;city, county, and tribal governments; and a state correctional facility. Secondary essential workforces include essential business that have remained open during the

Special Considerations

- Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, e.g. agriculture or manufacturing?
- Are there industries in the county that make it more feasible for the county to increase the pace through stage 2, e.g. technology companies or other companies that have a high percentage of workers who can telework?

Farmworkers. Del Norte county has a substantial agriculture industry for its size, including a micro industry in raising lily bulbs which is extremely labor intensive. Many workers are Hispanic, and live in a small community near Smith River, CA. Access to health care is available, but often challenging for this group. Contact tracing and ensuring isolation in this group, if needed, is likely to be

Community Engagement

- Has the county engage with its cities?
- Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?
- Have virtual community forums been held to solicit input into the variance plan?
- Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?

In general, community engagement has been active, with a COVID-19 workgroup which began February 6, 2020 and has continued since then with weekly sessions. Multiple other workgroups have been active, tackling various aspects of the planning. Many have been linked to EOC functions.

Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

The relationship with our border counties has taken new directions under the influence of the pandemic. Our closest partner is and always has been Humboldt County, as the direct travel between the two counties is more frequent in normal times than other neighbors such as Siskiyou and Trinity. Humboldt County is also our Healthcare Coalition partner. Additionally, we

In addition to your county's COVID-19 VARIANCE ATTESTATION FORM, please include:

- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.
- County Plan for moving through Stage 2

All documents should be emailed to Jake Hanson at Jake.Hanson@cdph.ca.gov

I WR, hereby attest that I am duly authorized to sign and act on behalf of Del N. I certify that Del N has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for Del N, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

I understand and consent that the California Department of Public Health (CDPH) will post this information on the CDPH website and is public record.

Printed Name Warren Rehwaldt

Signature _____

Position/Title Public Health Officer, Del Norte County

Date May 13, 2020

I WR, hereby attest that I am duly authorized to sign and act on behalf of Del N. I certify that Del N has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for Del N, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

I understand and consent that the California Department of Public Health (CDPH) will post this information on the CDPH website and is public record.

Printed Name Warren Rehwaldt

Signature 

Position/Title Public Health Officer, Del Norte County

Date May 13, 2020

COUNTY OF DEL NORTE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH BRANCH

400 L Street
Crescent City, California 95531

Phone
(707) 464-3191

Heather Snow, Director
Warren Rehwaldt, M.D., Public Health Officer

Fax
(707) 465-6701

Del Norte County Public Health and Office of Emergency Services
May 14, 2020

Del Norte County would like to begin a strategic plan for reopening the county in phases. Support from our communities, social obligation, and personal responsibility is critical for the success of the reopening plan. The safety and health of Del Norte County residents is the most important decision-making guide during the COVID-19 response and remains our number one priority.

The Reopening Plan for Del Norte County

Standard Guidelines

All residents and visitors must adhere to these guidelines:

- Proper social distancing with 6 feet of space between one another in public.
- Washing hands frequently and thoroughly.
- Staying home if sick or not feeling well.
- Proper and suitable sanitation practices and protocols are followed at all facilities.
- All residents 65 or older or having underlying health conditions should continue to self- isolate (“shelter-in-place”).
- No large gatherings where proper social distancing cannot be maintained. Public gatherings over 10 persons not allowed.

- Facial coverings are mandatory in public settings, whenever possible to be used.

<u>Stage 1 – Safety and Preparedness-April-May, 2020 and Continual</u>

Follow **Standard Guidelines**

- Anyone who is feeling ill should stay home.
- Continue social distancing when in public; maximize physical distance from others (at least six feet).
- Wash hands, use hand sanitizer, cleaning frequently touched surfaces, covering coughs and sneezes, consider wearing facial coverings when in public.
- Gatherings should be limited to 10 people or less.
- Residents are encouraged to participate in outdoor recreation activities daily.
- Vulnerable (high-risk) individuals are strongly encouraged to stay home. Households with vulnerable members should take precautions to protect the vulnerable household members.
- Elective surgeries may resume service under the advised guidelines and current recommendations from CDC and CDPH.
- Skilled Nursing Facilities and Long-Term Care Facilities:
    - ✓ Restrict all visitations except for certain compassionate care situations, such as end of life situations.
    - ✓ Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers).
    - ✓ Cancel all group activities and communal dining.
    - ✓ Implement active screening of residents and HCP for fever and respiratory symptoms.
- Non-essential travel is strongly discouraged.
- Those traveling to Del Norte County for the purpose of staying in a second home must quarantine for 14 days upon arrival.
- Residents currently living in the county equal to or older than 65 years of age, or residents with underlying health conditions are mandated to stay in their place of

residence and must at all times follow the above **Standard Guidelines** to the greatest extent feasible. Such residents may leave for essential services only.

- The CDC and Del Norte County Public Health are recommending that residents wear facial coverings while in public in an effort to prevent transmission of COVID-19.

Triggers to transition into Stage 2

- Hospitalization and ICU trends are stable.
- Hospital surge capacity to meet demand.
- Sufficient PPE supply to meet demand.
- Sufficient testing capacity to meet demand.
- Contact tracing capacity county-wide.
- Isolation / quarantine guidelines are in place.
- Support for those who are isolated or exposed.
- Workplaces have available their individual plan to meet the standard guidelines Plan should be available upon request. If listed as a plan requirement, all employees must wear a suitable mask during employment.

Stage 2-Cohort 1– Lower Risk Workplaces, Supportive Workplaces (tentative May 8, 2020)

- Businesses considered low-risk (retail stores with curbside pickup, manufacturing to support such stores) may open but must be able to adhere to the above **standard guidelines** and develop a written plan showing how the business will execute those guidelines. Plan should be available upon request.

- [All businesses anticipating reopening during any Stage must follow guidelines as above and as appropriate to their industry, and/or California Department of Public Health (CDPH) guidance, when available.]

Stage 2-Cohort 2 Moderate Risk Workplaces-May 15 to June 3

- Clothing-thrift stores, and fashion stores can reopen with limits on customers per hour, with social distancing in lines and entrances. In-store fittings would be discouraged, and home fittings that are returned would be shelved for a minimum of

3 days. “Phone” shopping would be encouraged. Thrift donations should be set aside and “aged” at normal temperature and humidity for at least 5 days to avoid persistent virus contamination.

- Furniture stores can re-open with appointment only and social distance-no sales from the floor; warehouse only, unless a floor item can be held in the warehouse for at least 5 days.

- Auto dealers-can resume sales, with appointments only and social distancing design of offices and showrooms. Social distance rules to be applied both inside and outside.

- Daycare can resume with protective masks for staff. Recommend smallest management groups in shared space, with child group cohorts.

- Golf courses, non-congregate portions of public parks and trails may open, but services are limited and social distancing strictly maintained.

- Office-based business to reopen (telework still encouraged whenever possible)

- Landscape gardening, pet grooming and tanning facilities can resume with guidance by CDPH/industry standards related to COVID-19 in place.

- Indoor dining-to resume as per CDPH guidance documents. In addition, restaurants may continue or initiate outdoor dining capacity, following the same guidance.

Stage 2-Cohort 2; most likely 2-4 weeks operational experience before moving to Stage 2-Cohort 3. All Stage 1-2 transition Triggers must continue to remain intact.

Stage 2-Cohort 3- Moderate Risk Workplaces-June 3 to June 17

- Destination retail to open-follow CDPH guidelines for safe operation.

- Car washes can open with proper guidance.

- Dental services and routine ancillary medical services may resume open service under the advised PPE guidelines and develop a written plan showing how the business will execute those guidelines. Recommend following professional association guidelines.

Planning for schools to reopen begins

Summer schools, vacation schools can re-open, with small cohort groups, and following guidance from CDPH documents and/or CDC and industry recommendations.

Tribal businesses

Tribal-owned businesses located within the reservation are subject to the jurisdiction of the respective tribal government. The County will work cooperatively with Tribal officials to support re-opening and monitoring of Tribal-owned business located on-reservation when requested by the Tribe and notified they are ready to reopen, e.g., tribal government casinos, with tribal-imposed limits on occupancy and adherence to a tribal health and safety protocol reasonably similar (but not identical) to the County's Stage 2 protocols. Monitoring will be subject to the jurisdictional limits of the County.

Triggers for Adjusting Modifications

Based on bed availability at our local hospital and expectation of prolonged LOS for hospitalized patients, we anticipate that our local facility could manage an average of up to 2.5 admissions a day for this disease, and up to 1 ICU admission per week, without adversely impacting overall hospital function. We also expect that extreme cases requiring advanced specialty care could potentially be transferred out of the area, but we will not count on this as a solution, as usual destination hospitals may be constrained from accepting transfers due to local disease activity.

Reports of excess of either of these metrics for more than 3 days would prompt methods review and for more than 5 days, would prompt modification. Such modification would be driven by case contact results, as identifiable venues or business types that seemed to be the location for transmission would be modified first. As a general rule, modification would mean decreased business activity, or closure, unless a specific deficit in business plan implementation was identified. In the event that no focal source could be found among new cases, modifications would be done community wide, and would depend on what is currently active at the time. The most recent "relaxation" would be closed first, if the time interval since relaxation was long enough to account for an increase in disease activity. Barring that, the most likely sources among the allowed activities in Stage 2 would be dining in and children's camps and vacation schools, as these have the higher risk scores. For a sharp surge in cases that threatens the system as a whole, modifications could include orders to return to Stage 1 status. A sharp surge is broadly defined as disease activity that increases to the point that 6 or more admissions for COVID 19 happen on 3 consecutive days, or 20 admissions in any 4 day period. As part of moving to Stage 2 variance, Health Officer orders would be prepared to cover limitations or closure of specific businesses, specific business types, specific Stage 2 categories and all of Stage 2 implementation strategies.

Monitoring for such changes are already in place, as the local hospital and SNF file local daily bed count reports and the activities are reviewed weekly at EOC meetings. As noted above, the Health Officer also regularly participates in the hospital leadership meeting that currently is one time a week, but was as frequent as daily, during the early part of the pandemic. Reporting of such changes would represent a cluster, and would need to be immediately reported to CDPH "Warmline" or the CDPH Duty Officer. In addition, if modification measures are undertaken for a lower level of concern in case activity.

COUNTY OF DEL NORTE
BOARD OF SUPERVISORS

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May 14, 2020

Dr. Sonia Angell
State Public Health Officer and
Director California Department of Public Health
P.O. Box 997377, MS 0500
Sacramento, CA 95899-7337

Dear Dr. Angell,

Per the requirements defined by Dr. Angell in the May 7, 2020, *Variance to Stage 2 of California's Roadmap to Modify the Stay at Home Order: Guidance to County Governments*, the Del Norte County Board of Supervisors provides this letter of support for the written attestation submitted by Dr. Warren Rehwaldt, Del Norte County Public Health Officer, to the California Department of Public Health.

Sincerely,

Gerry Hemmingsen
Chair, Del Norte County Board of Supervisors

cc: Dr. Warren Rehwaldt, Del Norte County Public Health Officer

Sutter Health

May 8, 2020

Warren Rehwaldt, MD, Public Health Officer
Del Norte County
400 L Street
Crescent City, CA 95831

Dr. Rehwaldt,

In response to your request, Sutter Health's integrated health delivery system:

- Is prepared to accommodate a surge of 35% due to COVID-19 cases in addition to providing care to non COVID-19 patients as outlined in the surge plan submitted to the State of California, and

- Has adequate PPE to protect our employees and clinicians.

We understand that Del Norte County will use this letter to support their application for a variance to move through the stages to re-open.

Sincerely,

Stephen H. Lockhart, MD, PhD
Chief Medical Officer, Sutter Health

Attestation Support

Supply Vendors

Inbox

Fri, May 8, 3:43 PM (2 days ago)

Renee Porter

to Warren

McKesson - nursing supplies

Medline - nursing supplies

AirGas - oxygen

Coastal Supplies - laundry, housekeeping supplies

Sysco -kitchen cleaning supplies

AHN Healthcare - registry to use if we do not have enough nursing staff.

Fri, May 8, 2:35 PM (2 days ago)

Del Norte Ambulnce

to Warren

In talking with Charles he feels we are good with PPE and Supply lines. Yes slow getting things but that is normal for North Coast living. We have always worked on having a few months (2-6 depending on items) supply and have worked at keeping orders rolling forward. On a quick count we have 160 Gowns, 80 PPE kits, All staff have been issued reusable work N-95 mask and we have about 85% staff issued reusable full body "rain" suites that work better for full coverage in confined spaces and can be deconed after use.

COVID plan for staff: We are using are the guidelines from CDC and EMSA. We review them regularly for any updates and make changes to plans as posted. We also keep open lines with Sutter and NCEMS for any updates or changes needed.

Staff back up plan: For day to day extra unit needs we have an ongoing aid plan with all surrounding counties. For the long term COVID need we have a partnership with Metro West ambulance from Ore. and the have assured us up to 5 ALS units withing 3 hours. If just staff needs we have worked with NCEMS to get temporary Medic approval as outlined by the State EMSA and would put there Medic with our EMT on our unit.

Hope this helps and if you need any other info just let me know anytime. For quick action my cell is always on and your free to call any time. 218-7824.

If anything changes I will let you know.

Ron

Fri, May 8, 10:55 AM (2 days ago)

Corrigan, Jeremy

to Warren

HI Warren,

I totally understand. We are trying to get our testing up to the “required” level J I think 20-25/day is a reasonable number to start with. It all depends on impact and strain on my capacity here. When I get GeneXpert we may be able to increase that for you. Let me know what “number” you got to get to and Ill see what I can do. Does this help?

Jeremy Corrigan, MS, PHM II

Laboratory Manager, ELAP Laboratory Director

Bioterrorism Coordinator

Humboldt County Dept. of Public Health

529 I street

Eureka, CA. 95501

jcorrigan@co.humboldt.ca.us

For more information please visit the Humboldt County Public Health Website

Jacobsen, Donna@CDCR <Donna.Jacobsen@cdcr.ca.gov>

Fri, May 8, 1:30 PM (2 days ago)

to Warren,
Donna@CDCR,
Elena@CDCR

Dr. Rehwaldt,

I have obtained the needed information for you.

In response to the state of emergency related to COVID-19, the California Department of Corrections and Rehabilitation (CDCR) has activated a Department Operations Center (DOC). Overall emergency operations planning related to this event are coordinated through the CDCR DOC.

PPE Information: PBSP does have a 14 day supply of PPE available at the institution. The institution monitors and reports PPE usage rates and supply availability on a daily basis internally and to the DOC. Critical shortages of PPE would be deferred to the DOC and statewide internal redirection of supplies would occur until a supply chain could be identified to meet the need (memos attached, COVID-19-Critical SuppliesMaterialsManagement and R_Staff-USE-PPE). Guidance to staff relative to PPE is provided on an ongoing basis and is in line with Statewide DPH expectations (attached memo, COVID-19 PPE GUIDELINES).

In addition, PBSP is expected to implement a cloth masking program for all inmates and staff mid-May, once the supplies are received (memo also attached, PIAClothMaskMemo).

Event Planning for HC Workers: Emergency event response details are coordinated with the DOC as specified above. Resources related to health care workers; resources are deployed to staff through programs such as the Healthcare Worker Hotel Program (memo attached, $RYZ84RT).

Staff Shortages: PBSP has a confidential emergency operations plan developed and ready for implementation should the institution experience critical staff shortages. Implementation of this plan would be coordinated with the CDCR DOC.

Best Regards,

Donna A. Jacobsen, DO, AAHIVS

Chief Medical Executive,

Pelican Bay State Prison

COVID-19 Del Norte SitRep

Hospital, Skilled Nursing, and Prison Facilities

05.08.2020-1600 hours

Sutter Coast Hospital

COVID-19 Positive Patients: 0

Suspected COVID-19 Patients: 1

ED Overflow COVID-19 Patients: 0

Mechanical Ventilators: 18

Ventilators In Use: 1

Ventilators Available: 17

Negative Pressure Isolation Rooms On-Site: 6

Negative Pressure Isolation Rooms Census:1

Negative Pressure Isolation Room Occupancy (%):16.67%

ICU Beds: 6

ICU COVID Positive Census: 0

ICU COVID Suspected Census: 0

ICU Occupancy (%): 83.33%

Med Surge Beds: 14

Med Surge COVID Positive Census: 0

Med Surge COVID Suspected Census: 1

MedSurge Occupancy (%):85.71%

Crescent City Skilled Nursing Facility

Licensed beds: 99

Current resident census: 69

Current vacant beds: 23

Fatalities: 0

Pelican Bay State Prison

COVID Tested: 13

COVID Pending Tests: 0

COVID Negative:13

COVID Confirmed: 0

COVID Resolved: 0

COVID Deaths: 0

Global Medical Response

Employees and Guests

Prior to entering this building, please scan the below QR code and complete a brief 4 question survey.

If you do not have access to a cell phone or QR reader, please call 541 - 469 - 7911 for guidance.

This access control procedure has been put into place to help keep our employees healthy and safe during the COVID-19 (Corona Virus) event.

View this email in your browser

Message distributed to all GMR employees

Global Medical Response

GMR COVID-19 Workplace Protection Guidance Update

As the COVID-19 pandemic evolves and we learn more about transmission of the virus and efforts to prevent spread, we continue to evaluate and implement best practices for personal protection as guided by the CDC and our GMR Medicine and Safety colleagues. As our work environments begin to change again based on community public health initiatives and more states remove "Shelter-in-Place" orders, we are providing the following updated guidance.

This guidance is based on several important principles (and will evolve if/when there is updated guidance). Those basic principles include:

- At this point, it is impossible to know with certainty that someone is or is not infected with COVID-19 based on symptoms alone.
- Self-protection remains the most important tool to prevent exposure.
- Any individual who develops symptoms (cough, shortness of breath or difficulty breathing OR develops at least two of these symptoms – fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell) should immediately notify their supervisor and go home when safe.
- Testing for the PRESENCE of the virus (nasal swab) shows that an individual is infected.
- Current antibody tests (blood tests) are in development and are not currently recommended for determining an individual's infection or immunity status.
- Social (Physical) Distancing is very effective at decreasing spread of illness.

To maximize the potential for appropriate protection of GMR Personnel at this point, the following PPE Guidelines should be implemented:

DIRECT PATIENT CARE PROVIDERS

- When responding to a call where the patient's status is suspected or known COVID-19 positive, you should continue to follow the **PPE Policy for Known or Suspected COVID-19 Patients**.

- For all other requests for service, all responding employees should wear gloves, goggles and **a surgical mask**.
- When not on calls, wear a surgical mask and maintain appropriate Social (Physical) Distancing as you are moving within the community between calls. We understand normal operations of air, ground, fire responses require crew members/partners to be closely working together less than the standard Social (Physical) Distancing guidelines.
- Caregiver operations personnel will also continue the guidelines to disinfect ambulances and equipment after all patient transports.

OFFICE LOCATIONS ATTACHED TO CLINICAL OPERATIONS

- Employees that do not need to work out of the Operation's offices should remain working from home.
- Personnel who are located at operations and dispatch locations should wear cloth or surgical masks and maintain appropriate Social (Physical) Distancing at all times on campus. This includes Mechanics, VST's, clinical and human resources staff.
- Operations should also continue appropriate facility cleaning and disinfecting guidelines.

OFFICE LOCATIONS NOT ATTACHED TO CLINICAL OPERATIONS

- Support offices that are not co-located with caregiver locations should continue as you have been (whether from home or occasionally to the office) until other timelines or guidance is provided for those specific facilities.
- A cross-functional committee has been established to review every aspect of creating safe work environments for all of our employees as they establish timelines and guidelines for returning to offices.
- The committee is reviewing safety protocols and procedures, the readiness of our physical environments and remote work policies and effectiveness.
- When we are ready to return employees back into the office, we will provide at least two weeks' notice, along with specific information on how you can work safely in the office. We will provide our next update on June 1.

There may be circumstances when these guidelines will be modified based on specific situations. We continue to monitor the science and guidelines on a daily basis.

Our highest priority is the safety of our crews, team members and our patients. Please contact your Safety and Risk manager if you have questions about this or any of the guidelines.

We're grateful for all your efforts during this challenging time. Above everything else, please keep yourselves, your colleagues, your family and our patients safe.

Randy Owen
CEO, GMR

Ted Van Horne
COO, GMR

Ed Racht, M.D.
CMO, GMR

Global Medical Response

UPDATED PPE POLICY FOR KNOWN OR SUSPECTED COVID-19 PATIENTS

VERSIONS:

March 18, 2020: Update
March 19, 2020: Update
March 31, 2020: Update
April 4, 2020: Update
April 6, 2020 Update
April 17, 2020 Update

The following are updated personal protective equipment (PPE) guidelines for all patient contacts.

- Surgical facemasks are an acceptable alternative for all patient contacts until the supply chain is stabilized. N9 5 or higher respirators will be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
- Added Strategies for Optimizing the Supply of N95 Respirators
- Added guidance pertaining to the use of sheets, poncho's or other material to cover patients head during aerosolizing procedures.
- Added guidance pertaining to the use of homemade masks, externally purchased or personal PPE items.
- Added guidance on the use of temporary partitions to segregate drivers and pilots from patient care areas.

CAUTION:

1. No sheets, ponchos, blankets or other items are to be used to cover a patient's head during aerosolizing procedures or to cover equipment during patient transport as it presents an increased risk to the flight team. There are several known cases where blankets, sheets etc. have departed the aircraft and have entered the rotor system.
2. The use of homemade masks over approved respirators or in conjunction with surgical masks is discouraged.

1.0 Implementation:

- This revised PPE guidance is made in accordance with current CDC recommendations to ensure a sustainable PPE supply. Implementation is effective upon receipt of this guidance.

1.1 Definitions

- **Reuse**: refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it ('doffing') after each encounter. The N95 respirator is stored in between encounters to be put on again ('donned') prior to the next encounter with a patient. For pathogens in which contact transmission (e.g., fomites) is not a concern, non-emergency reuse has been practiced for decades. For example, for tuberculosis prevention, CDC recommends that a respirator classified as disposable can be reused by the same worker as long as it remains functional and is used in accordance with local infection control procedures.

1.2 Appropriate Use

One of the most important components of preventing infection and spread of disease is the appropriate use of Personal Protective Equipment (PPE). Based on all available evidence to date and current CDC recommendation, employees who will directly care for or transport a patient with possible or known COVID-19 infection or who will be in the vehicle or aircraft with the patient follow Standard, Contact, and Airborne Precautions in accordance with organizational policy.

Specifically, recommended PPE for clinical staff, drivers, pilot or other affected employees includes:

- Drivers or pilots, if they provide direct patient contact or transport (e.g., moving patients onto stretchers), will wear all recommended PPE in accordance with this document
- Surgical facemask at a minimum **for all patient contacts**. N95 respirators or respirators that offer a higher level of protection are used instead of a surgical facemask **when performing or present for an aerosol-generating procedure**
- Eye protection (i.e., that fully covers the front and sides of the face).
- Staff engaged in or present for aerosolizing procedures will follow eye protection guidance above
- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated. Use hand sanitizers or wipes to clean gloves prior to doffing or touching face, eye protection or respirators and masks.
- Isolation Gown—Gowns are prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
- All personnel must avoid touching their face while working. After completing patient contact and before entering the driver's compartment or aircraft, the driver or pilot should remove and dispose of PPE except for the appropriate mask (see provided donning and doffing procedures (provide hyperlink(s)) and perform hand hygiene to avoid soiling the compartment.

If the transport vehicle (aircraft or ambulance) does not have an isolated (separate) compartment, the driver or pilot for operation of the transport vehicle should remove the protective eye wear, gown and gloves and perform hand hygiene. An appropriate mask or respirator should continue to be used in accordance with these guidelines during transport by the driver or pilot. For pilots, the N95 respirator is appropriate to wear in the presence of helmets, visors and/or night vision goggles.

The use of temporary partitions (sheets, blankets, plastic, etc.) is not recommended or approved in GMR ground or air vehicles. The value of these variable materials in this application is currently unproven and may present additional hazards for ground/air modalities during flight or ground transport and during

decontamination procedures on these vehicles. The single most important risk mitigation strategy is the proper use of PPE in accordance with this guidance.

On arrival, after the patient is released to the facility and the vehicle or aircraft is appropriately decontaminated, affected staff should perform hand hygiene, remove and discard PPE and perform hand hygiene again. All personnel should follow appropriate donning and doffing procedures (see provided donning and doffing poster). Used PPE should be discarded in accordance with routine procedures.

1.3 Appropriate N95 Respirator Fit Testing and Facial Hair

To be optimally effective at reducing the risk of airborne exposures, N95 respirators must fit appropriately on the face of the wearer. N95 respirators are appropriately fit tested for all employees engaged in the treatment or transport of patients. Fit testing must occur with applicable safety equipment in place (e.g. helmets, safety glasses). In addition, facial hair that comes between the sealing surface of the N95 respirator and the face must be removed. Individuals that do not remove facial hair that interferes with a proper seal will not be permitted to engage in the treatment or transportation of patients given the substantial risk to themselves, other providers and the community. There are no medical or religious exemptions allowed in accordance with OSHA standard 190.134. The use of employee purchased or owned PPE is not permitted. Currently, the use of half face respirators is not permitted as they required additional screening and controls.

1.4 Respirator Reuse Guidelines: Infographic Flyer

Safe N95 respirator reuse is affected by a number of variables that impact respirator function and contamination over time. The recommendations below are designed to provide practical advice so that N95 respirators are discarded before they become a significant risk for contact transmission or their functionality is reduced:

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard respirators that become damaged or wet.
- Place the used respirator in a brown paper bag and place your name on the paper bag to ensure another person does not use your mask. Paper bags should be disposed of after each storage use. Place your name on the strap of the respirator.
- Avoid touching any area of the respirator prior to hand hygiene. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

1.5 Seal Check & Donning and Doffing Protocols

PPE Donning and Doffing: CDC Sequence for COVID-19 (video)

Sequence for putting on PPE by CDC

1.6 COVID-19 Approved Supplies: Added April 17, 2020

Accepted Chemical and PPE Products for Ground Use

Accepted Chemical and PPE Products for Air Use

Global Medical Response

GMR COVID-19 VEHICLE DECONTAMINATION PROCEDURES

VERSIONS:

March 11, 2020: Original
March 14, 2020: Added Decontaminating Ambulance with Fogger (Ground Unit Application) and Vital Oxide Precautions
March 18, 2020: Added revised helipad decontamination guidance; added revised medical equipment and oxygen cylinder guidance
March 19, 2020: Added Suggested Fogging Frequency
March 23, 2020: Added additional PPE and disinfectant supply, removed aircraft fogging procedures
March 30, 2020: Added provision for substitute products
April 1, 2020: Added Item # 147847
April 8, 2020: Added Supply and Fogger Video Hyperlinks
April 20, 2020: Added Fogger Unit Cleaning Procedures

GMR AIR AND GROUND VEHICLE COVID-19 DECONTAMINATION STANDARDS

Vehicle (air or ground) will be decontaminated after transfer of care at the receiving facility[1]. Single person decontamination inside the vehicle should be performed to avoid incidental contact in the vehicle.

Applicability:

- Employees are engaged in the cleaning and decontamination of GMR air and ground vehicles (including air and ground maintenance staff and Vehicle Service Technicians)

COVID Approved Supplies:

Approved Chemicals and PPE for Ground Use

Approved Chemicals and PPE for Air Use

Important Note regarding Supply Orders: Unlike our normal SOP for medical supplies it is imperative we ramp up our PPE supplies to a 60-90 day PAR and more importantly to replenish that 60-90 day PAR weekly as we draw it down keeping in mind orders are filled on a first in / first out basis. McKesson has added messages to Supply Manager to discourage their customer base from ordering items they have no history of purchasing in the past. These messages do not pertain to GMR. Additionally, unusually large orders will likely be rejected and you will need to adjust accordingly.

[1] In the event that the aircraft must vacate the helipad PRIOR to decontamination; the pilot should secure the aircraft and leave his/her N95 on for the repositioning flight.

Global Medical Response

GMR COVID-19 VEHICLE DECONTAMINATION PROCEDURES

Decontamination Procedures:

1. Vehicle doors should remain open for a minimum of 10 minutes prior to decontamination allowing sufficient air exchanges to remove airborne virus and throughout decontamination process to provide ventilation during use of decontaminants or bleach solution.
    - Note if ambulance doors require opening use clean gloves to touch door to avoid potentially contaminated door handles.
2. Properly don PPE[2]. Click to link to Instructional Video, Printable Poster
3. Lay impermeable decontamination sheet on the ground near the vehicle.
    - Ground ambulances lay decontamination sheet at the back of the ambulance and a post-decontamination sheet next to it (red biohazard bags/yellow infectious linen bags and extra gloves on each).
    - For aircraft, lay decontamination and post decontamination sheets at patient compartment door
4. Place potentially contaminated reusable equipment (monitors, portable oxygen cylinders, etc.) on the decontamination sheet.

NOTE: Portable, installed main oxygen cylinders and cylinders stored for cascade operations will be cleaned and disinfected in accordance with these guidelines PRIOR to vendor pick up. Empty Oxygen Storage areas will be placarded "Empty Decontaminated Oxygen Tanks Only".

- *Potentially contaminated equipment that requires manufacturer special cleaning instructions may be bagged for later cleaning.*

NOTE: External surfaces should be decontaminated PRIOR to shipping and no disposable probes, circuits, tubing, etc. should be packaged with the equipment being returned.

5. Place linen in yellow infectious linen bags for proper cleaning later.
6. Remove any contaminated materials from reusable equipment and decontaminate by wiping down all surfaces and placing used rags/wipes in red biohazard bag (leave red bag on decontamination sheet close to accessible edge).
7. Place decontaminated equipment on post-decontamination sheet for drying.
8. Absorb/wipe any liquid or solid spills.
9. Clean and decontaminate all potentially contaminated surfaces inside ambulance patient treatment area and pilot/driver/passenger compartment. Special attention should be given to high contact areas such as control panels, floors, walls, cabinet facings, seats, cot, mounts, door handles as well as main oxygen cylinder with recommended decontaminant and dispose of in red biohazard bag.
10. Place red biohazard bag at edge of decontamination sheet.
11. Properly Doff PPE at edge of decontamination sheet while stepping off the sheet. (leave doffed PPE on sheet).

[2] https://www.globalmedicalresponse.com/getattachment/Resources/Emerging-Infectious-Diseases/Caregiver-Information/GMR-COVID19-Guidelines-for-Preparation-and-Response-(3-4-20).pdf?lang=en-US

12. Use alcohol-based hand sanitizer.
13. Don clean pair of gloves from post decontamination sheet.
14. Place used red biohazard bags in new ones from the post-decontamination sheet.
15. Fold up the decontamination sheet with PPE inside by touching the clean underside of the sheet and place in red biohazard bag.
16. Doff and dispose of gloves in red biohazard bag.
17. After surfaces dry, place equipment back in vehicle.
18. Dispose of post-decontamination sheet by folding up the same as the decontamination sheet.
19. Wash hands thoroughly or use Alcohol based hand sanitizer
20. Dispose of used red biohazard bags according to local procedures for regular medical waste.
21. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads (air and ground maintenance staff and Vehicle Service Technicians should utilize the protective equipment and procedures discussed in this document).

Decontaminating Ambulance with Fogger (Ground Vehicle Application)

To disinfect ambulance patient care compartment by fogging using the Concrobium Fogging Unit with Vital Oxide Solution.

Vital Oxide comes ready to use as a full-strength disinfectant for non-porous surfaces. Full strength should be used in environments with highly infectious diseases in high touch point areas.

Vital Oxide removes blood and other organic matter commonly found in patient care industry. Vital Oxide may be used to pre-clean or decontaminate critical or semi-critical medical devices prior to sterilization of high-level disinfection. Blood and other body fluids must be thoroughly cleaned from surfaces and objects prior application of this product.

CAUTION: If bleach solution is used in decontamination area PRIOR to fogging with Vital Oxide wipe areas with water or allow bleach to dry for 30 minutes before using Vital Oxide to prevent chemical overlap.

CAUTION: Do not leave fogger unattended while operating.

Fogging Instructional Video

1. When no fogger and/or Vital Oxide solution is available standard decontamination process provide more than adequate protections and should be applied.
2. Prior to utilizing the fogger, prepare ambulance in accordance with the decontamination procedures listed above.
3. Remove Fogger power head from tank and add 5-7oz. Vital Oxide solution to fogger tanks and fasten clamps to secure power head.
4. Install intake air filter to protect motor from intake of product moisture. Intake filter installs over louvers of rear housing of fogger. Attach the two adhesive backed hook fasteners to 10 o'clock

and 2 o'clock positions, anchor bottom of filter and stretch elastic over housing.
NOTE: Filters can be cleaned and reused as they become soiled.

5. Plug extension cord into fogger unit leaving unplugged at power source.
6. Remove any contents that can become damaged if wetted.
7. Adjust liquid flow rate knob at side of fogger head to Low.
8. Open doors of ambulance and place fogger at one end of patient compartment area with nozzle pointing towards patient compartment area.
9. Place fogger on stable platform, approximately two feet above ambulance floor, to better center fogger nozzle vertically in the compartment space.
10. Do not direct spray nozzle at surfaces to avoid over application and interference with fogging.
11. Close ambulance doors being careful not to damage power cord.
12. Plug extension cord into power source allowing fogger to operate for recommended timeframe, *see Table 1 for Approximate Fogger operating times.*
    NOTE: Due to various factors; ambulances dimensions, environmental temperature, humidity, altitude etc., fogging times *will* vary and should adjusted slightly to coat inside of unit to thoroughly coat surfaces without creating run-off or pooling. If run-off or pooling occur, decrease fogging time.
13. After recommend fogger operating timeframe has been met, unplug the extension cord at power source.
14. Leave doors closed allowing fog to penetrate and dissipate for 15-20 minutes.
15. After fog has dissipated for the required time, open all ambulance doors to ventilate area and allow air exchange. Product may require additional dry time.
16. Run-off and pooling are a sign of over-application and can be wiped up with rags/towels.
17. To prevent oxidation of tank and fogger components between uses:
    a. Remove tank and funnel remaining Vital Oxide back into original container.
    b. Fill tank with water, attach fogging unit and agitate to rinse internal tank and lid.
    c. Run fogger on high setting for 1-minute to rinse lines with water.
    d. Remove fogging unit from tank and run on high for 1-minute to clear lines.
    e. Wipe down internal tank and lid with rag.
18. Use a surgical or dust mask (not N-95 or greater) to avoid mucosal irritation if exposed to atomized solution.
19. Suggested frequency-The suggested fogging frequency is once per shift for vehicles that have transported known or suspected COVID 19 patients. Fogging between patients transports is not warranted. Suggested frequency is based upon availability of material and supply and standard decontamination procedures remain our primary means of ensuring that vehicles are cleaned and disinfected.

Table 1

Approximate Fogger Operating Time on **LOW** Setting

Ambulance Type	Approximate Cubic Feet	Approximate Fogging Time (minutes)
Ground Units		
Type I	540	5.30
Type II	528	5:15
Type III	576	5:45

Vital Oxide Precautions

Eye Exposure

Hold eye open and rinse slowly with water for 15-20 minutes. Remove contact lenses after the first 5 minutes and continue rinsing. Call a poison control center or doctor for treatment advice. Have the product container or label with you when calling a poison control center or doctor or going for treatment

Storing

Store Vital Oxide in original closed container in a cool, dry place away from heat and open flames. Do not allow product to become overheated in storage. Avoid prolonged storage temperature above 40^{0}C or 90^{0}F, which may cause increased degradation of the product and effectiveness. Vital Oxide shelf-life, if properly stored;

- Unopened – 24 months
- Opened – 12 months

Global Medical Response

COVID 19 GUIDANCE FOR THE USE OF CLOTH FACE MASKS AT CALL & BILLING CENTERS

Added: 04.15.20

The following are updated guidelines detailing employee use of cloth face masks and hygiene in GMR call and billing centers (i.e. communications centers, operations control centers, maintenance control centers and insurance and billing facilities, etc.).

- Cloth face masks may be worn when in these locations and on company property.
- Cloth face masks are not permitted for use in the patient-care setting.

1.0 Implementation

- This guidance is made in accordance with current CDC recommendations to ensure a sustainable supply. Implementation is effective upon receipt of this guidance.

1.1 Definitions

- *Reuse* refers to the practice of using the same cloth face mask over multiple shifts and removing it ('doffing') after each shift. Cloth face masks shall be stored in between shifts to be put on again ('donned') prior to the next shift.
- *Cleaning* refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- *Disinfecting* refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

1.2 Appropriate Use

Specific recommendations for all employees within these locations includes:

- Washing hands often
- Disinfect workspaces and high touch areas
- Consider wearing a mask while on company property (homemade or GMR provided).

1.3 Effective Hand Washing

Employees should wash their hands often by washing with soap and water for 20 seconds. If soap and water are not readily available and hands are not visibly dirty, hand sanitizer that contains at least 60% alcohol can be used. However, if hands are visibly dirty, always wash hands with soap. Hands should be washed:

- After blowing one's nose, coughing, or sneezing
- After using the restroom
- Before and after eating food
- After contact with animals and pets
- Before and after routine care for another person who needs assistance (e.g. a child).

Employee must avoid touching eyes, nose, and mouth prior to washing hands.

1.4 Wearing & Maintaining Face Masks

Cloth face masks can be worn in company facilities to help prevent the spread of diseases like COVID-19. Cloth face masks should—

- Fit snugly but comfortably on against the sides of the face
- Be secured with ties or ear loops
- Include multiple layers of fabric
- Allow for breathing without restriction
- Be able to be washed and dried without compromising its integrity or shape
- Cloth Facemasks will be made available to your supervisory staff

Face masks should be washed regularly and can be washed in a washing machine to safety sterilize the mask.

Before putting on a mask, wash hands or use alcohol-based hand sanitizer if hands are not visibly dirty. Cover the mouth and nose of the mask and make sure there are no gapes between your face and the mask. Avoid touching the mask while wearing it; if you must, clean your hands appropriately first. To remove the mask, remove from behind—do not touch the front of the mask. Place the mask in a baggy to store for later use. Wash hands or utilize hand sanitizer after removing.

1.5 Additional Resources

Cleaning and Disinfecting Your Facility

How to Protect Yourself & Others

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

When and How to Wash Your Hands

COVID-19 PPE EXTENDED AND REUSE GUIDANCE

Global Medical Response

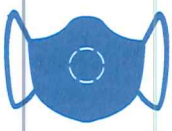
STANDARD PPE - routine patient encounters with no potential need for aerosol generating procedures

Surgical mask
(for all patient contacts)

Gloves

Eye Protection

ENHANCED PPE - higher risk patients diagnosed with COVID or need an aerosol generating procedure



N95 or greater respirator

Surgical mask
(patient)

Gloves

Gown

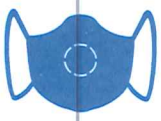
Eye Protection

PROTECTING YOUR PPE

Appropriate PPE is in short supply across the country. We must take steps to conserve our supply so that we have the supplies to protect you through this pandemic.

Eye protection: Disinfect and reuse eye protection

- Clean with approved disinfectant agent and allow to air dry



N-95 Respirator: Use for 5 times per device unless

- Your respirator is visibly damaged or soiled with blood, respiratory or nasal secretions, or other bodily fluids from the patient
- Worn while conducting aerosol generating procedures
- It does not maintain fit and function
- You contaminate the respirator by touching it prior to performing hand hygiene

MAINTAINING YOUR PPE

- Maintain your mask in a clean, brown paper bag between uses to allow the mask to dry completely.
- Label the N95 respirator and paper storage bag with your name before using to prevent reuse by another individual. Write your name on mask where straps are attached or on elastic straps of N95 mask.
- Use clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check.
- Discard gloves after the N95 respirator is donned and adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

CAUTION: NEVER TOUCH ANY SURFACE OF THE MASK OR RESPIRATOR PRIOR TO HAND HYGIENE.

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