

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



COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR

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: _____

County Contact: _____

Public Phone Number: _____

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 reinstating 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.

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

- **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).

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

- **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.

- 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.

- **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.

- 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.

- **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.

- 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.

- **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..

- **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.

- **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.

- **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](#)

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?

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?

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 safely 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?

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?

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?

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?

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?

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?

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 _____, hereby attest that I am duly authorized to sign and act on behalf of _____. I certify that _____ 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 _____, 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 _____

Signature _____

Position/Title _____

Date _____

COUNTY OF EL DORADO

330 Fair Lane
Placerville, CA 95667
(530) 621-5390
(530) 622-3645 Fax

KIM DAWSON
Clerk of the Board



BOARD OF SUPERVISORS

JOHN HIDAHL
District I
SHIVA FRENTZEN
District II
BRIAN K. VEERKAMP
District III
LORI PARLIN
District IV
SUE NOVASEL
District V

May 8, 2020

The Honorable Gavin Newsom
Governor of California
1303 10th Street, Suite 1173
Sacramento, CA 95814

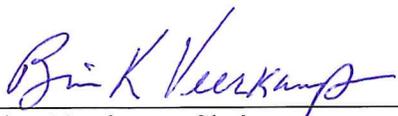
Re: El Dorado County's Board of Supervisors Support for a Variance to Accelerate Pace of Advancing Through Stage 2 of the State's Pandemic Roadmap

Dear Governor Newsom:

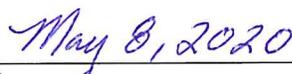
Our Board met today to discuss El Dorado County proceeding with Stage II of the "State of California's Pandemic Roadmap." Upon review of the Public Health Officer's Attestation of Readiness, as well as the Containment Plan prepared by the Health Officer and Emergency Operations Center, our Board strongly supports allowing Stage 2 businesses to proceed with all aspects of Stage 2 as soon as they have finished developing and implementing their plans in accordance with the State's guidelines for their respective industries.

We also reviewed the letters of support written by our two local hospitals, Marshall Medical Center and Barton Health, and the letters of support from the City Councils of the Cities of Placerville and South Lake Tahoe. We listened to a presentation from Dr. Williams fully describing the County's readiness to move on to Stage 2 that was presented to our Board at a special meeting on April 28, heard public comment on that presentation on that date, and took additional public comment relative to this matter during a special Board meeting this morning where Dr. Williams presented her completed Variance Attestation. All of the evidence presented supports our determination that El Dorado County is ready and prepared to safely undertake all of the businesses and activities set forth in Stage 2, and is fully prepared to address any potential increased infection or hospitalization rates that could result in a timely, effective manner, including reinstating restrictions as recommended by the Health Officer as described in the Attestation.

In conclusion, our Board has determined that El Dorado County has well surpassed the minimum readiness standards and is in an excellent position to maintain them for the long run and we fully support Dr. Williams' Variance Attestation.



Brian Veerkamp, Chair
El Dorado County Board of Supervisors



Date



California Department of Public Health

May 8, 2020

Via electronic transmission to El Dorado County Chief Administrative Officer

Re: Attestation to Readiness for Variance to Stage 2 of California's Roadmap to modify the Stay-at-Home Order

To whom it concerns:

We support the recommendation of the El Dorado County Board of Supervisor's request to move into Stage 2 of reopening. We attended the Board's public meeting on this date and agree with their findings.

Marshall Medical Center has been working closely with County and State officials in preparation for a potential COVID-19 surge. We have identified additional patient care areas, secured additional PPE, developed dashboards for daily monitoring of bed capacity, materials, and lab capacity, and have trained and cross trained our clinical staff to ensure we can accommodate any potential surge in COVID-19 cases locally.

We have adequate capacity to handle Emergency Room, Inpatient and ICU surges in the event of a new wave of infections, based on modeling on national and state data. We have procured additional PPE including masks and PAPR hoods, and continue to source and acquire critical materials. We have adequate ventilators to care for inpatients based on current and modeled needs. We can increase our inpatient beds by 40% from 124 to 198, and our ICU beds from 12 to 20, a 60% increase, if needed.

We have a robust plan to protect our workforce. We have refreshed training on doffing PPE and securing additional PPE and implemented a facemasking protocol for non-clinical workers in our offices. Employees who can work from home still are. We are limiting hospital visitors and screening them before entry. We have established safe distancing measures in our outpatient clinics. We have implemented facemasking for all patients. We have new technology for nurses and isolation inpatients to communicate, to reduce PPE doffing and limit exposure for both patients and caregivers.

Our workforce has traditionally been able to flex with variances in our census. To ensure we have adequate resources to meet a patient surge that would fill the additional surge beds, we have recently entered into telemedicine contracts for specialists and intensivists who would support our clinical team. Additionally we have practitioners who are licensed to work in multiple departments, which gives us the flexibility to move resources to where they are most needed.

Thank you for your consideration.

Regards,

Siri Nelson, Chief Executive Officer



2170 South Avenue
South Lake Tahoe
CA 96150

530.541.3420 TEL
bartonhealth.org

May 8, 2020

The Honorable Gavin Newsom
Governor of California
1303 10th Street, Suite 1173
Sacramento, CA 95814

Dear Governor Newsom:

Barton Health is an independent, not-for-profit health system and acute care hospital serving the needs of our diverse community, which falls within two states and five counties centered around the Lake Tahoe Basin. Our mission is to provide safe, high quality care and engage the community in the improvement of health and wellness.

Barton Health has been extremely proactive in managing the health of our community during the COVID-19 crisis and has established a robust system of identifying and screening patients, providing care virtually where appropriate, and planning for an increase in inpatients with COVID-19, should the need arise.

To date, we have had 27 positive patients: 24 of them managed at home and three patients discharged with improved health.

Our community respiratory surveillance program, as well as the downward trending of positive COVID-19 cases, has revealed low to no community spread of COVID-19 in the South Lake Tahoe region.

Our health system and community meet the gating requirements established at the federal level, as well as the state level, to enter into the next phase of reopening.

Barton Health's teams of expert physicians, administrators, and staff have adequately prepared for potential surges of COVID-19 patients and our surge plan includes a contingency for space, staffing, and supplies. The surge plan increases Barton's inpatient bed capacity from 63 to 150 beds. This is accomplished by using alternative areas of the hospital for patient care and admission of patient populations to alternate units. The plans include utilizing our pre-op and post-op surgical areas as ICU beds, our infusion and sleep study area for inpatient medical/surgical patients and admission to our family birth center of appropriate female patients. In addition, we have the ability to convert an outpatient physical therapy area to low risk inpatient care, an area of our common space to a discharge lounge, and two outpatient areas on the hospital campus for respiratory urgent care patients.



Our surge staffing plan calls for a team concept of care with a physician and a registered nurse leading the team of secondary registered nurses and ancillary help. This includes utilizing all registered nurses in the organization for patient care, such as quality, infection prevention and nursing leadership for patient care. Ancillary assistance will come from our outpatient clinics and surgical services areas. We have also established a Barton Medical Corps of 132 members with both clinical and nonclinical skills to assist our employed workforce in the event of a surge of COVID-19 patients.

Our surge supply plan utilizes our incident command and operational leadership structure to review available PPE on a minimum of a daily basis to ensure that we have and will continue to have necessary supplies to protect both our patients and staff. We currently have a minimum of 8 weeks of surge PPE for our staff if needed. We have developed relationships for supply procurement at the local, county, and state levels. Also, a PPE utilization and conservation plan has been implemented following all CDC and CDPH guidelines for appropriate PPE use.

Lastly, our community has been extremely cautious and compliant with the shelter in place orders to date. Our COVID-19 positive rates reflect the great work done locally to support one another during this pandemic. I stand humbled and proud of what we have been able to accomplish together.

At this time, I am confident in our ability to manage the phased reopening in our community. I am grateful for your leadership and science-based approach to managing the COVID-19 pandemic. If I may be of any service to you or your teams, please do not hesitate to contact me at (530) 543-5934 or cpurvance@bartonhealth.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Clint Purvance". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. Clint Purvance, MD, CPE
President & Chief Executive Officer, Barton Health
Board-Certified Emergency Medicine Physician



Office of the City Manager
City of South Lake Tahoe

Joseph D. Irvin, City Manager
jirvin@cityofslt.us
(530) 542-6043

1901 Lisa Maloff Way, Ste. 203
South Lake Tahoe, CA 96150
www.cityofslt.us

May 8, 2020

The Honorable Gavin Newsom
Governor of California
State Capitol
Sacramento, CA 95814

Dear Governor Newsom,

As we are all aware, over the past few weeks the residents of California have done an outstanding job in slowing the spread of COVID-19. While those actions were absolutely necessary, we believe that the actions taken by the City of South Lake Tahoe and El Dorado County have put us in a position to begin reopening our economy safely and we are requesting your permission to do so.

The City of South Lake Tahoe is unique because of our tourism-based economy. We believe it is time for our businesses to begin the phased reopening process in a safe manner based on direction and guidance from our Public Health Officer, but also believe that our economy will not begin to truly recover until non-essential travel and lodging facilities are permitted to be included in phased reopening. We would request guidelines be developed to address the tourism industry, which addresses recreation, campgrounds, hotels/lodging facilities and amenities. The City of South Lake Tahoe has coordinated closely with our partners throughout this process. These partners include El Dorado County, Marshall Medical Center, Barton Hospital and the City of Placerville. This cooperation has provided proven results as evidenced by the statistical data for our County.

On May 8, 2020, the El Dorado County Board of Supervisors met and adopted a Variance to Accelerate the Pace of Advancing Through Stage 2 of the State's Pandemic Roadmap. The City of South Lake Tahoe City Council previously met to support the County's reopening plan.

After consultation with the County Health Officer and Other El Dorado County Officials, Marshall Hospital, Barton Hospital and the City of Placerville; the City of South Lake Tahoe fully supports the readiness Attestation provided by El Dorado County Public Health Officer, Dr. Nancy Williams. We further support the decision to allow Stage 2 businesses to proceed with all

aspects of Stage 2 as soon as they have finished developing and implementing their plans in accordance with state guidelines.



Joseph D. Irvin, City Manager

5/8/2020
Date

Cc: Don Ashton, CAO
Brian Veerkamp, El Dorado County Chair
Nancy Williams, MD Board of Supervisors Public Health Officer
Senator Brian Dahle
Assemblyman Frank Bigelow
Assemblyman Kevin Kiley
Cleve Morris, City Manager, Placerville
Siri Nelson, CEO, Marshall Hospital
Dr. Clint Purvance, CEO, Barton Memorial Hospital
Dr. Ed Manansala, County Superintendent of Schools



City of Placerville
3101 Center Street
Placerville, California 95667
(530) 642-5200, Fax: (530) 642-5538

May 8, 2020

The Honorable Gavin Newsom
Governor of California
State Capitol
Sacramento, CA 95814

Dear Governor Newsom:

As we are all aware, over the past few weeks the residents of California have done an outstanding job in slowing the spread of COVID-19. While those actions were absolutely necessary, we believe that the actions taken by the City of Placerville and El Dorado County have put us in a position to begin reopening our economy safely and we are requesting your permission to do so.

The City of Placerville has coordinated closely with our partners throughout this process. These partners include El Dorado County, Marshall Medical Center, Barton Hospital and the City of South Lake Tahoe. This cooperation has provided proven results as evidenced by the statistical data for our County.

On May 8, 2020, the El Dorado County Board of Supervisors met and adopted a Variance to Accelerate the Pace of Advancing Through Stage 2 of the State's Pandemic Roadmap. The City of Placerville City Council previously met to support this reopening plan.

After consultation with the County Health Officer and Other El Dorado County Officials, Marshall Hospital, Barton Hospital and the City of South Lake Tahoe; the City of Placerville fully supports the readiness Attestation provided by El Dorado County Public Health Officer, Dr. Nancy Williams. We further support the decision to allow Stage 2 businesses to proceed with all aspects of Stage 2 as soon as they have finished developing and implementing their plans in accordance with state guidelines.



M. Cleve Morris, City Manager

May 8, 2020
Date

Cc: Don Ashton, CAO
Brian Veerkamp, Chair
Nancy Williams, MD Board of Supervisors Public Health Officer
Senator Brian Dahle
Assemblyman Frank Bigelow
Assemblyman Kevin Kiley
Joseph Irvin, City Manager, South Lake Tahoe
Siri Nelson, CEO, Marshall Hospital
Dr. Clint Purvance, CEO, Barton Memorial Hospital
Dr. Ed Manansala, County Superintendent of Schools

El Dorado County Plan for moving through Stage 2

El Dorado County is ready for Stage 2 including allowing all Stage 2 businesses and activities as industry-specific and other Stage 2 guidelines are released by CDPH.

Criteria placed on businesses and activities allowed under Stage 2 are that they must develop and implement plans for safe opening that are based on the industry-specific guidelines that have been issued by CDPH. As additional industry-specific Stage 2 guidelines are issued by CDPH, those industries may finalize and implement their plans as quickly as they can, as long as they are done according to the guidelines.

TIMELINE

The latest industry-specific guidelines can be found on CDPH's website, <https://covid19.ca.gov/roadmap/>.

EARLIEST

Based on guidelines available on the CDPH website at the time of the writing of this attestation, the following lowest-risk Stage 2 activities may commence in El Dorado County as soon as the individual businesses have developed and are implementing their plans according to their industries' and general guidelines from CDPH.

In addition to their own industry guidelines, businesses should pay attention to the portions of the guidance with the heading, "*Before reopening, all facilities must...*"

As of 5/8/2020 5:00 pm, the CDPH website indicates that...

Businesses that can open now, with modifications

Curbside retail, including but not limited to: Bookstores, jewelry stores, toy stores, clothing stores, shoe stores, home and furnishing stores, sporting goods stores, antique stores, music stores, florists. Note: this will be phased in, starting first with curbside pickup and delivery only until further notice.

Supply chains supporting the above businesses, in manufacturing and logistics sectors

NEXT EARLIEST

Based on the guidelines available on the CDPH website at the time of the writing of this attestation, none has yet been posted for the following industries. However, they are listed as Stage 2-eligible and may begin operation in El Dorado County after their industry-specific guidelines have been posted on CDPH's website if the individual businesses have also developed and are implementing their plans according to their industry's guidelines from CDPH.

El Dorado County Plan for moving through Stage 2

In addition to their own industry guidelines, businesses should pay attention to the portions of the guidance with the heading, "*Before reopening, all facilities must...*"

As of 5/8/2020 5:00 pm, the CDPH website indicates that...

*Businesses that can open later in Stage 2**

Destination retail, including shopping malls and swap meets.

Personal services, limited to: car washes, pet grooming, tanning facilities, and landscape gardening.

Office-based businesses (telework remains strongly encouraged)

Dine-in restaurants (other facility amenities, like bars or gaming areas, are not permitted)

*Schools and childcare facilities***

Outdoor museums and open gallery spaces

*These businesses will be allowed to open in El Dorado County as soon as guidance has been issued and businesses have adequately prepared for opening (developing and implementing their respective plans for opening that is based on the guidance).

**We do not anticipate moving forward soon with resumption of in-person school. Although subject to change, the El Dorado County Office of Education, at this time, plans to continue distance learning through the summer for all public schools in the County and to focus its efforts on planning for the safely reopening schools next fall.

LATEST (of the allowable Stage 2 businesses and activities)

Schools operated by the El Dorado County Office of Education (as noted above)

For details about how El Dorado County intends to assess the effects of this plan and to determine whether modifications to this plan are needed, please refer to the applicable sections within the public health officer's attestation of readiness to move through Stage 2.