

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

COVID-19 VARIANCE ATTESTATION FORM

FOR Fresno County



May 18, 2020

Background

On March 4, 2020, Governor Newsom proclaimed a State of Emergency because 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 and level of county readiness for COVID-19 has differed across the state. On May 7th, as directed by the Governor in Executive Order N-60-20, the State Public Health Officer issued a local variance opportunity through a process of county self-attestation to meet a set of criteria related to county disease prevalence and preparedness. This variance allowed for counties to adopt aspects of Stage 2 at a rate and in an order determined by the County Local Health Officer. Note that counties desiring to be stricter or move at a pace less rapid than the state did not need a variance.

In order to protect the public health of the state, and in light of the state's level of preparedness at the time, more rapid movement through Stage 2 as compared to the state needed to be limited to those counties which were at the very lowest levels of risk. Thus, the first variance had very tight criteria related to disease prevalence and deaths as a result of COVID-19.

Now, 11 days after the first variance opportunity announcement, the state has further built up capacity in testing, contact tracing and the availability of PPE. Hospital surge capacity remains strong overall. California has maintained a position of stability with respect to hospitalizations. These data show that the state is now at a higher level of preparedness, and many counties across the state, including those that did not meet the first variance criteria are expected to be, too. For these reasons, the state is issuing a second variance opportunity for certain counties that did not meet the criteria of the first variance attestation. This next round of variance is for counties that can attest to meeting specific criteria indicating local stability of COVID-19 spread and specific levels of county preparedness. The criteria and procedures that counties will need to meet in order to attest to this second variance opportunity are outlined below. It is recommended that counties consult with

cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

Local Variance

A county that has met the criteria in containing COVID-19, as defined in this guidance or in the guidance for the first variance, may consider modifying how the county advances through Stage 2, either to move more quickly or in a different order, of California’s roadmap to modify the Stay-at-Home order. Counties that attest to meeting criteria can only open a sector for which the state has posted sector guidance (see [Statewide industry guidance to reduce risk](#)). 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 health officer must:

1. Notify the California Department of Public Health (CDPH), and if requested, 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 health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the health care coalition or health care systems in said county.¹ In the event that the county does not have a health care coalition 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 health officer.

All county attestations, and submitted plans as outlined below, will be posted publicly on CDPH’s website.

CDPH is available to provide consultation to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at Jake.Hanson@cdph.ca.gov to notify him of your intent to seek a variance and if needed, request a consultation.

County Name: Fresno County

County Contact: Dr. Rais Vohra

Public Phone Number: 559-600-6405

Readiness for Variance

The county’s documentation of its readiness to modify how the county advances through Stage 2, either to move more quickly or in a different order, than the California’s roadmap to modify the Stay-at-Home order, 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 with specific co-morbidities, and those residing in long-term

¹ If a county previously sought a variance and submitted a letter of support from the health care coalition or health care systems but did not qualify for the variance at that time, it may use the previous version of that letter. In contrast, the County Board of Supervisors must provide a renewed letter of support for an attestation of the second variance.

care and locally controlled custody facilities and other congregate settings, 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.

As a best practice, if not already created, counties will also attest to plan to develop a county COVID-19 containment strategy by the local 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.

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 to reinstitute restrictions in advance of any state action.

Readiness Criteria

To establish readiness for a modification in the pace or order 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 reintroducing features of the stay at home order and using capacity within the health care delivery system to provide care to the sick. Given the anticipated increase in cases as a result of modifying the current Stay-At-Home order, this is a foundational parameter that must be met to safely increase the county’s progression through Stage 2. The county must attest to:
 - Demonstrated stable/decreasing number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients of <+5% **-OR-** no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.

	Date	Number	Change	Percent Change
1	10-May	53	-2	-3.64%
2	11-May	56	3	5.66%
3	12-May	62	6	10.71%
4	13-May	69	7	11.29%
5	14-May	64	-5	-7.25%
6	15-May	59	-5	-7.81%
7	16-May	58	-1	-1.69%
			7 Day Average	1.04%

- o 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

NOTE: State and Federal prison inmate COVID+ cases can be excluded from calculations of case rate in determining qualification for variance. Staff in State and Federal prison facilities are counted in case numbers. Inmates, detainees, and staff in county facilities, such as county jails, must continue to be included in the calculations.

Facility staff of jails and prisons, regardless of whether they are run by local, state or federal government, generally reside in the counties in which they work. So, the incidence of COVID-19 positivity is relevant to the variance determination. In contrast, upon release, inmates of State and Federal prisons generally do not return to the counties in which they are incarcerated, so the incidence of their COVID-19 positivity is not relevant to the variance determination. While inmates in state and federal prisons may be removed from calculation for this specific criteria, working to protect inmates in these facilities from COVID-19 is of the highest priority for the State.

- o Counties using this exception are required to submit case rate details for inmates and the remainder of the community separately.

With testing data compiled from May 18, and for the past 7 days the positivity rate was 7.02. This was a total of 3659 tests with 257 positives.

- **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:
 - o Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide, as a separate attachment, copies of the guidance(s).

Since the Stay at Home order was put in place the Fresno County Department of Public Health has been working with Stage 1 Essential Workers. Guidance documents are attached.

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

Protection for Essential Workers

- PPE guidance has been implemented across all county departments.
- We have assessed the PPE and cleaning products on hand for our hospitals, Skilled Nursing Facilities, the Fresno County Jail, homeless shelters and accommodations, first responders, and all of our County Departments and feel assured they have the necessary supplies to meet the demands. Fresno County Department of Public Health (FCDPH) has secured supplies for County employees so that they can comply with the PPE standards for their specific clinical roles. Similarly, acute care hospitals and long-term care facilities have also secured PPE and cleaning supplies, and are reporting these to the state daily.
- The County Medical Health Operational Area Coordinator (MHOAC) has developed an inventory of PPE available for use by County employees and partners, as well as assessed all suppliers and sources for ordering. Our assessment indicates we have sufficient PPE on hand and available for day-to-day needs, as well as in the event of an outbreak or surge.
- Many community volunteers, local schools, and civic organizations are making cloth masks, face shields, and refurbished surgical masks for nonclinical use by essential workers as needed. Approximately 500 masks per week are being made by volunteer organizations for distribution to the public. Additionally, the Chamber of Commerce is working alongside our County Public Works Department to ensure that if there is a shortage of cleaning supplies, we can do bulk orders to ensure private businesses are able to access what they need.
- Our Health Officer's Order, which became effective on 3/27/20 and was updated on 4/14/20, requires employers to screen for Febrile Respiratory Illness. A screening checklist has been created (attached), and is being utilized throughout the county for all essential employees. Any COVID-related exposures would be monitored through each hospital's infection control personnel and/or employee services.
- As of May 15, 2020, the Fresno County Emergency Operations Center (EOC) had distributed approximately 800,000 PPE items to hospitals, clinics, SNFs, care homes, and first responders. Items include N95 respirators, surgical masks, eye protection, gloves, and body protection equipment. These distributions were based on resource requests initiated by hospitals/agencies/facilities.
- In addition to the self-reporting directly to the EOC, we review state-reporting from hospitals and SNFs to determine the status of PPE. With these reporting sources and the EOC's inventory, we believe we have at least two weeks' worth of PPE on hand. With any shortage of supplies, we utilize any available supply chains and the MHOAC process.
- To determine burn rates of EOC-distributed supplies, we require weekly reporting of each agency's usage. According to the self-reporting of these 266 agencies/facilities, as of May 15, 2020, there are still approximately 350,000 PPE items on hand. Based on their reporting, we resupply any PPE that needs to be replenished to maintain continuity of healthcare and first responder operations with COVID-19.
- All hospitals in Fresno County have commercial supply chains for PPE. In the event of a surge and a shortage of PPE, MHOAC would work with the hospitals to provide PPE but all are well-equipped at present. Hospitals have PPE optimization, Centers for Disease Control and Prevention (CDC) guidance and have received information about Battelle option for sanitizing masks. Employees are trained

regarding PPE use, recycling as appropriate, and infection control related to droplet and aerosol transmissions.

- Area hospitals have strict policies in place to protect patients, medical staff, and non-clinical staff.
- Employers in critical infrastructure sectors are using appropriate guidance from CDC, CDPH, and/or Cal/OSHA.
- Daily screening procedures are in place, PPE is provided, and training and education occurs regularly.
- All staff have been notified of COVID testing facilities and can access testing through employee health departments in many situations. The hospitals have existing mechanisms for tracking occupational exposures within their workforce.

- **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 capacity to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Provide the number of tests conducted in the past week. A county must also provide a plan to reach the level of testing that is required to meet the testing capacity levels, if the county has not already reached the required levels.

The Population of Fresno County is 978,130. To meet 1.5 tests per 1,000 Fresno County capacity needs to be 1467 tests per day. The total capacity through all testing sites and facilities in Fresno Co. equals 1500.

Fresno County has dramatically increased testing across the entire health care system and that capacity continues to increase. The framework for testing includes multiple providers, access points, and geographic diversity throughout Fresno County. The limiting factor to expand capacity has been specimen collection kits. Fresno County is now receiving 11,000 additional kits weekly increasing our capacity to 1500 per day.

Current Testing Capacity

- Optum Serve Sites
 - 132 - Fresno
 - 132 - Sanger
- Community Health Clinic's
 - 500 – Across 7 large and distributed clinic systems
- Hospitals
 - 400 - Across 7 hospitals
- Fresno County Department of Public Health
 - 150 - Remote Clinics, Emergency Responders, Home Health Providers
 - 200- Skilled Nursing Facilities

Testing locations are located across Fresno County and in all incorporated cities.

- o Testing availability for at least 75% of residents, as measured by the presence of 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 and indicate if there are any geographic areas that do not meet the criteria and plans for filling these gaps if they exist. If the county depends on sites in adjacent counties, please list these sites as well.

We have evaluated and estimated drive times to testing locations throughout Fresno County. Based on the current number and location of testing sites, residents can reach a location in the urban area within 30 minutes and in the rural area within 60 minutes.

Location	Address				
VALLEY HEALTH TEAM-CLOVIS COMMUNITY HEALTH CENTER-CALVIVA	180 W SHAW AVE STE B	CLOVIS	(559) 203-6600	Mon-Fri	8am-5pm
CENTRAL VALLEY INDIAN HEALTH-BULLARD	255 W BULLARD AVE STE 109	CLOVIS	(559) 325-5715	Mon-Fri	9am-12pm, 1pm-5pm
CENTRAL VALLEY INDIAN HEALTH INC.-HERNDON AVENUE	2740 HERNDON AVE	CLOVIS	(559) 299-2608	Mon-Fri	8am-5pm
WILLOW URGENT CARE	6721 N. WILLOW AVE., STE 101	CLOVIS	(559) 324-0911	Mon-Thurs	9am-6pm
ARMSTRONG URGENT CARE	2139 SHAW AVE., STE E6	CLOVIS	(559) 326-7349	Various	11am-6pm
VALLEY HEALTH TEAM-SABLAN HEALTH CENTER- CALVIVA	927 O ST	FIREBAUGH	(559) 659-3037	Mon-Fri	8am-5pm
UNITED HEALTH CENTERS-FOWLER	106 E MAIN ST	FOWLER	(559) 834-1568	Various	By Appt
ARIA COMMUNITY HEALTH CENTER-FOWLER - LASALLE	210 E MERCED ST	FOWLER	(559) 834-5341	Mon-Fri	8am-5pm
ARIA COMMUNITY HEALTH CENTER-FOWLER	210 E. MERCED	FOWLER	(559) 834-5341	Mon-Fri	8am-5pm
UNITED HEALTH CENTERS- BULLARD	1780 E. BULLARD AVE.	FRESNO	(800) 492-4227	Various	By Appt
FCMG CLINICA SIERRA VISTA- REGIONAL MED. COMMUNITY HLTH CTR	2505 E DIVISADERO ST	FRESNO	(559) 457-5500	Mon-Fri	8am-5pm
CLINICA SIERRA VISTA-REGIONAL MED COMM HEALTH	2505 E DIVISADERO ST	FRESNO	(559) 457-5500	Mon-Fri	8am-5pm
FCMG CLINICA SIERRA VISTA-ELM COMMUNITY HEALTH CENTER	2740 S ELM AVE	FRESNO	(559) 457-5200	Mon-Sun	8am-8pm
CLINICA SIERRA VISTA-ELM COMM HEALTH CENTER	2740 S. ELM AVE.	FRESNO	(559) 457-5200	Mon-Sun	8am-8pm

FAMILY HEALTHCARE NETWORK ACC- ADULT	290 N WAYTE LN STE 2300	FRESNO	(866) 342-6012	Mon-Fri	8am-5pm
SANTE OMNI FAMILY HEALTH- N FIRST ST	4646 N 1ST ST	FRESNO	(559) 221-9088	Tues/Fri	1-4pm
VALLEY HEALTH TEAM-CENTRAL FRESNO COMMUNITY HEALTH CENTER- CALVIVA	4711 W. ASHLAN AVE	FRESNO	(559) 203-6660	Mon-Fri	8am-5pm
KINGS WINERY COMMUNITY CLINICS	4929 E KINGS CANYON RD	FRESNO	(559) 255-6476	Mon-Fri	8am-5pm
FCMG-KINGS WINERY COMMUNITY CLINICS	4929 E KINGS CANYON RD	FRESNO	(559) 255-6476	Mon-Fri	8am-5pm
UNITED HEALTH CENTERS - MILBURN	6810 N MILBURN AVE	FRESNO	(800) 492-4227	Various	By Appt
ACCELERATED URGENT CARE	6789 N. BLACKSTONE AVE	FRESNO	(559) 512-3377	Mon-Sun	8am-9pm
UNITED HEALTH CENTERS-HURON	16928 11TH ST	HURON	(559) 945-2541	Various	By Appt
UNITED HEALTH CENTERS - HURON 13TH	17008 13TH ST	HURON	(800) 492-4227	Various	By Appt
VALLEY HEALTH TEAM-KERMAN HEALTH CENTER-CALVIVA	449 S MADERA AVE	KERMAN	(559) 364-2970	Mon-Fri	8am-5pm
KERMAN HEALTH CENTER	449 S MADERA AVE	KERMAN	(559) 364-2970	Various	By Appt
UNITED HEALTH CENTERS- KERMAN	517 S MADERA AVE	KERMAN	(800) 492-4227	Various	By Appt
VALLEY HEALTH TEAM-KERMAN USD COMMUNITY HEALTH CENTER- CALVIVA	702 S. EIGHTH ST.	KERMAN	(559) 264-2975	Mon-Fri	8am-5pm
VALLEY HEALTH TEAM-KERMAN HEALTH CENTER	942 S MADERA AVE	KERMAN	(559) 364-2980	Mon-Fri	8am-5pm
VALLEY HEALTH TEAM-KINGSBURG- CALVIVA	1250 SMITH ST	KINGSBURG	(559) 326-5320	Mon-Fri	8am-5pm
UNITED HEALTH CENTERS-MENDOTA	121 BARBOZA ST	MENDOTA	(559) 655-5000	Various	By Appt
IMG- UNITED HEALTH CENTERS- ORANGE COVE	445 11TH ST	ORANGE COVE	(559) 626-4031	Various	By Appt
UNITED HEALTH CENTERS- ORANGE COVE	445 11TH ST.	ORANGE COVE	(559) 626-4031	Various	By Appt
ORCHARD MEDICAL CENTER	555 6TH ST	ORANGE COVE	(559) 626-7118	Mon-Fri	8am-5pm
UNITED HEALTH CENTERS- PARLIER SCHOOL	601 THIRD ST.	PARLIER	(800) 492-4227	Various	By Appt
UNITED HEALTH CENTERS- PARLIER	650 S. ZEDIKER AVE.	PARLIER	(559) 646-6618	Various	By Appt
CENTRAL VALLEY INDIAN HEALTH CLINIC, PRATHER	29369 AUBERRY RD. STE.102	PRATHER	(559) 855-5390	Various	By Appt
UNITED HEALTH CENTERS- RAISIN CITY	6425 W BOWLES AVE	RAISIN CITY	(800) 492-4227	Various	By Appt

IMG- UNITED HEALTH CENTERS- REEDLEY	1560 E MANNING AVE	REEDLEY	(559) 638-2019	Various	By Appt
UNITED HEALTH CENTERS- REEDLEY	1560 E MANNING AVE	REEDLEY	(800) 492-4227	Various	By Appt
UNITED HEALTH CENTERS- REEDLEY MANNING	1790 E MANNING AVE	REEDLEY	(800) 492-4227	Various	By Appt
ARIA COMMUNITY HEALTH CENTER RIVERDALE	3554 MOUNT WHITNEY AVE	RIVERDALE	(559) 867-4000	Mon-Fri	9am-6pm
VALLEY HEALTH TEAM-SAN JOAQUIN HEALTH CENTER- CALVIVA	21890 COLORADO AVE.	SAN JOAQUIN	(559) 693-2462	Mon-Fri	8am-5pm
UNITED HEALTH CENTERS- SANGER 7TH	1570 7TH ST	SANGER	(800) 492-4227	Various	By Appt
UNITED HEALTH CENTERS- SANGER	2502 JENSEN AVE	SANGER	(559) 875-6000	Various	By Appt
ADVENTIST HEALTH-SELMA	1041 ROSE AVE.	SELMA	(559) 891-1000	Tues	9-11am
UNITED HEALTH CENTERS- SELMA ROSE	1201 ROSE AVE	SELMA	(559) 891-1000	Various	By Appt
UNITED HEALTH CENTERS- SELMA HIGHLAND	2705 HIGHLAND AVE	SELMA	(800) 492-4227	Various	By Appt
IMG- OCHOA FAMILY MEDICAL CLINIC	3275 MCCALL AVE STE 102	SELMA	(559) 896-3808	Various	By Appt

- o Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact covCommunitySurveillance@cdph.ca.gov for any guidance in setting up such systems in their county.]
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See Attached Plan

Since April, Fresno County Department of Public Health has conducted 457 tests at drive-through pop-up testing in Downtown Fresno and throughout our rural communities. We have partnered with rural local leaders and health care providers and recruit and provide testing in Orange Cove, Kerman, Caruthers, Raisin City, San Joaquin, Cantua Creek, and Huron. Additional pop-up testing will take place in West Fresno and the foothill areas in the coming days and weeks. Currently, these pop-ups have the capacity to test approximately 20 individuals. We also continue to respond to outbreaks in congregate living and skilled nursing facilities as needed.

In early May, we worked with the State to establish two free fixed-site testing centers at Fresno City College and Sanger Community Center. We are also working to establish an additional site in west Fresno County. These sites have the capacity to test approximately 130 individuals per day. These facilities are running at high capacity but have not turned anyone away. We also continue to work with our

local hospitals and private health care organizations to ensure everyone who needs a test gets one.

Initially, testing capacity was limited due to the short supply of test kits available, but we have been able to increase our available supplies with the approval of alternative testing kits containing sterile saline solution. We have been able to remove restrictions that allowed only high-risk individuals to be tested and are now able to expand our surveillance measures.

- **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:
 - Enough contact tracing. There should be at least 15 staff per 100,000 county population trained and available for contact tracing. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge. Indicate which data management platform you will be using for contact tracing (reminder that the State has in place a platform that can be used free-of-charge by any county).

Fresno County has trained - and is currently using - 95 staff including nurses, disease investigators, environmental health specialists, DA investigators, probation officers and paramedics to investigate COVID 19 cases. We are tracking investigation data using a RedCap locally designed system and in Cal-Redie. We are increasing capacity to include the following:

Fresno County Public Health

- 70- Standby/Surge
- 20- Assigned/Ongoing Investigations

Community Clinics and Hospitals

- 5 – Clinica Sierra Vista
- 5 – Valley Health Team
- 5 – Family Health Care Network
- 5 – Omni
- 5 – United Health Care

Hospitals

- 7 – All hospitals have infection control staff who can initiate contact tracing when patients confirm positive in the hospital setting.

Other partners

- 32 – School Nursing Staff – Each of the 32 schools districts in Fresno County will have nursing staff trained to initiate contact tracing that originate at schools or school sponsored events.

- 5 – Correctional Health Programs. The Fresno County Jail and Juvenile Justice Program will have trained staff to conduct contact tracing at their facilities.

We will fully use the State created training program and data tracking system once that is online. We have staff participating in the first session of this curriculum.

See Attached Plan for additional information

- o 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 separate bathroom, or a process in place that provides the ability to sanitize a shared bathroom between uses), for the duration of the necessary isolation or quarantine period. Rooms acquired as part of Project Roomkey should be utilized.

The community has developed approximately 500 new beds to assist individuals experiencing homelessness and to isolate COVID positive individuals

RH Comm Builders (Agt. No. 20-126)	265
Poverello House (Agt. No. 20-147)	34
RH Comm Builders - Clarion (Lease Agt. 20-151)	15
RH Comm Builders - Travelodge (Lease Agt. 20-152)	20
Other (Lease Agt. 20-150)	40
Trailers (minimum beds listed)	56
Selma	45-60
Sanger	30-40

- **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:
 - o County (or regional) hospital capacity to accommodate COVID-19 positive patients at a volume of at a minimum surge of 35% of their baseline average daily census across all acute care hospitals in a county. This can be accomplished either through adding additional bed capacity or decreasing hospital census by reducing bed demand from non-COVID-19 related hospitalizations (i.e., cancelling elective surgeries). Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Importantly, we are not now, nor have we been anywhere near, reaching capacity in any of our acute care hospitals. At the same time, our health care providers in hospitals, outpatient care, and skilled nursing homes have been working industriously to ensure adequate resources testing, protection and a major justification for enacting the restrictions over the last few months.

Capacity for Surge

- There are seven general acute care hospitals (GACH) in Fresno County. All these facilities maintain emergency operation, surge, and pandemic plans and are required to train on these at least twice annually per Centers for Medicaid and Medicare (CMS) guidelines. Each facility has a staffing matrix to ensure adequate staffing and available on-call resources.
- All of our county hospitals work together and are involved in the Central California Hospital Association. Fresno County DPH, in close collaboration with California Hospital Association (CHA), our GACH partners and medical providers, has developed a plan for Medical Surge.
- This plan can accommodate a minimum of 35% surge due to COVID-19 cases. The plan outlines both the existing bed capacity within our hospitals, as well as the ability to activate an Alternate Care Site (ACS) at the Fresno Convention Center. The bed capacity within hospitals is 1750, and the number of beds at the Convention Center ACS site adds 250 beds for a total of 2000 beds in our county dedicated to hospitalized patients.
- At this time, we have used approximately 1000 beds for COVID and non-COVID patients, including 25/150 ICU beds. Therefore, we believe that we have the capacity to absorb a mild-to-moderate increases in the number of hospitalized COVID cases of 35-50% from the present volume and still maintain the standard of care level of medical treatment for all other patients.
- The contingency and crisis planning address both the physical bed capacity, as well as the workforce and medical supply needs. An overview of our ACS Plan has been attached (ACS Plan Overview) and the full plan can be made available upon request.
- All hospitals have participated in multiple, regularly occurring meetings with Public Health and the EOC surge branch since early in the pandemic. The hospitals have all prepared a surge capacity plan for COVID-19. Surge beds were acquired by the planned reduction of services, elimination of elective surgeries, and substantial conversion of space, as well as the potential for outdoor tent screening.
- The other three hospitals have expanded ICU care capacity and can accommodate greater than a 35% surge in overall bed capacity over the baseline expected utilization. Examples of hospital surge plan strategies include canceling elective procedures, repurposing of medical staff where appropriate, and utilizing on-call and per diem staff.
- Each facility has specific plans for reassigning beds and opening additional spaces for patient care such as other treatment areas not traditionally used as bed space. Operating theaters can also be used to house ICU beds. Community Regional Medical Center Hospital has developed a plan for overflow of medical surgical patients during a COVID-19 surge and would make requests to the MHOAC program, through logistics in the County EOC, to assist with supplies and set up an additional 30 to 50 beds on or adjacent to their campus if needed. Our ACS capacity substantially augments our in-hospital surge capacity. For more information See attached: Local Hospital Capacity, ACS Plan

- 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 of May 15, 2020, the Fresno County Emergency Operations Center (EOC) had distributed approximately 800,000 PPE items to hospitals, clinics, SNFs, care homes, and first responders. Items include N95 respirators, surgical masks, eye protection, gloves, and body protection equipment. These distributions were based on resource requests initiated by hospitals/agencies/facilities.
- In addition to the self-reporting directly to the EOC, we review state-reporting from hospitals and SNFs to determine the status of PPE. With these reporting sources and the EOC's inventory, we believe we have at least two weeks' worth of PPE on hand. With any shortage of supplies, we utilize any available supply chains and the MHOAC process.
- To determine burn rates of EOC-distributed supplies, we require weekly reporting of each agency's usage. According to the self-reporting of these 266 agencies/facilities, as of May 15, 2020, there are still approximately 350,000 PPE items on hand. Based on their reporting, we resupply any PPE that needs to be replenished to maintain continuity of healthcare and first responder operations with COVID-19.
- All hospitals in Fresno County have commercial supply chains for PPE. In the event of a surge and a shortage of PPE, MHOAC would work with the hospitals to provide PPE but all are well-equipped at present. Hospitals have PPE optimization, Centers for Disease Control and Prevention (CDC) guidance and have received information about Battelle option for sanitizing masks. Employees are trained regarding PPE use, recycling as appropriate, and infection control related to droplet and aerosol transmissions.

- **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 ongoing work with Skilled Nursing Facilities within their jurisdiction and describe their plans to work closely with facilities to prevent and mitigate outbreaks and ensure access to PPE:
 - Describe your plan to prevent and mitigate COVID-19 infections in skilled nursing facilities through regular consultation with CDPH district offices and with leadership from each facility on the following: targeted testing and patient cohorting plans; infection control precautions; access to PPE; staffing shortage contingency plans; and facility communication plans. This plan shall describe how the county will (1) engage with each skilled nursing facility on a weekly basis, (2) share best practices, and (3) address urgent matters at skilled nursing facilities in its boundaries.

Fresno County has 32 Skilled Nursing Facilities listed below. The Fresno County Department Health has been coordinating with the State of California Department of Public, Licensing and Certification Branch since late February.

- Weekly calls with key Department staff
- Coordination of PPE requests through the MOHAC
- Targeted investigations
- Support for Testing and Tracing
- Technical assistance and training
- The Department of Public Health has deployed a COVID19 Medical Investigation Team focused specifically on this population

See attachments for additional information.

- o 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 must track PPE availability across SNFs.

We are monitoring SNF PPE levels daily. Working closely with the CDPH and the MOHAC we have been able to supply needed PPE.

The County and City of Fresno have formed a purchasing workgroup to bulk purchase critical PPE items for re-distribution to SNF's and other healthcare facilities.

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. These details 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. Any sector that is reflective of Stage 3 should not be included in this variance because it is not allowed until the State proceeds into Stage 3. For additional details on sectors and spaces included in Stage 2, please see <https://covid19.ca.gov/industry-guidance/> for sectors open statewide and <https://covid19.ca.gov/roadmap-counties/> for sectors available to counties with a variance.

At this time, we request only opening the dine-in restaurants activities which are a major sector of economic and social activity for our County. We feel this single step will go a long way towards economic and social recovery. We are confident this can be done safely because restaurant management and employees are highly trained to comply with safety precautions for a number of hazards including communicable diseases.

The following Stage 2 operations would be authorized:

1. Dine-in restaurants (other amenities, like bars or gaming areas, are not permitted in Stage 2)
2. In-store retail shopping with compliance with Retail Sector Guidelines

Later in Stage 2 the County DPH may consider

2. Destination retail (retail stores), including shopping malls and swap meets
3. Schools with modifications

- **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, or a summary of your plan, for how the county will inform the state of emerging concerns and how it will implement early containment measures.

The Department of Public Health has been coordinating with local hospitals since March of 2020. We have been collecting and reviewing key measurements including:

- Hospital bed utilization
- ICU census
- Ventilator use
- Critical care medications
- Personal Protective Equipment

We will continue to monitor these metrics and work to ensure adequate capacity is maintained. We will also monitor the number of community deaths (excluding Skilled Nursing Facilities) and the positivity rate of all testing.

Tightening of non-pharmaceutical interventions will be considered when the following conditions exist:

- Hospital capacity exceeds pre-COVID levels
- Surge capacity significantly decreases
- Deaths increase dramatically
- Cases and outbreaks surge

The Fresno County Department of Public Health will maintain ongoing communication with the State Department of Public Health throughout the COVID pandemic response.

The Fresno County Department of Public Health will implement early containment measures. We have experienced and trained teams to address congregate settings, schools, large employers, hospitals, and jails. Additionally, the Department has established strong connection with the primary care health system to ensure early intervention, isolation and quarantine of COVID patients.

• **COVID-19 Containment Plan**

Please provide your county COVID-19 containment plan or describe your strategy to create a COVID-19 containment plan with a timeline.

Please see attached Containment Plan

While not exhaustive, the following areas and questions are important to address in any containment plan and may be used for guidance in the plan’s development. This containment plan should be developed by the local 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. Under each of the areas below, please indicate how your plan addresses the relevant area. If your plan has not yet been developed or does not include details on the areas below, please describe how you will develop that plan and your timeline for completing it.

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 <8% 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?

Please see attached Containment Plan

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?

Please see attached Containment Plan

Living and Working in Congregate Settings

- 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?
- Is there a plan to track and notify local public health of COVID-19 case rate within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals?
- Do facilities have the ability to adequately and 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 facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
- Does the workforce have access to locations to safely isolate?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

Please see attached Containment Plan

Protecting the Vulnerable

- Do resources and interventions intentionally address inequities within these populations being prioritized (i.e. deployment of PPE, testing, etc.)?
- Are older Californians, people with disabilities, and people with underlying health conditions at greater risk of serious illness, who are living in their own homes, supported so they can continue appropriate physical distancing and maintain wellbeing (i.e. food supports, telehealth, social connections, in home services, etc.)?

Please see attached Containment Plan

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?

Please see attached Containment Plan

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?

Please see attached Containment Plan

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?

Please see attached Containment Plan

Community Engagement

- Has the county engaged 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?

Please see attached Containment Plan

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?
- What systems or plans are in place to coordinate with surrounding counties (e.g. health care coalitions, shared EOCs, other communication, etc.) to share situational awareness and other emergent issues.
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

Please see attached Containment Plan

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

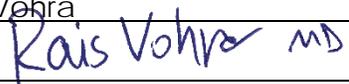
- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.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

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

I Dr. Rais Vohra, hereby attest that I am duly authorized to sign and act on behalf of Fresno County. I certify that Fresno County 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 Fresno County, 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 Dr. Rais Vohra

Signature 

Position/Title Interim Health Officer

Date May 19, 2020

Attachments

1. Letter from the Board of Supervisors
2. Letter from the hospital
3. COVID-19 Containment Plan
4. Health Officer Orders and Guidance
5. Health Alerts
6. EMS Protocols



County of Fresno

BOARD OF SUPERVISORS

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Bernice E. Seidel
Clerk

May 19, 2020

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

Dr. Sonia Y. Angell
State Public Health Officer/Director, California Department of Public Health
P.O. Box 997377, MS 0500
Sacramento, CA 95899-7377

Dear Governor Newsom and Dr. Angell:

The Fresno County Board of Supervisors would like to thank you for your leadership and guidance during the COVID-19 pandemic. We appreciate your consideration of differences in California counties' readiness and the resulting second variance for submission of counties' plans to move to Stage 2 as part of California's Roadmap to modify the Stay at Home Order. With the second variance opportunity, Fresno County is ready to move into Stage 2, Phase 2 and fully supports our Public Health Officer and Public Health Director's submission of our Readiness Plan for this purpose.

Since March 2020 when you proclaimed a State of Emergency and the Stay-at-Home Order due to the threat of COVID-19, the Fresno County Board of Supervisors has been working closely with our Interim County Health Officer, Dr. Rais Vohra, and our Public Health Director, David Pomaville, along with the County's hospital and medical systems and many other entities throughout the County to address the various public health needs associated with COVID-19. In addition, Fresno County has and continues to work diligently on the metrics you announced on May 4, 2020, as part of the roadmap for reopening our economies.

As a result, we have sufficient capacity to meet any surge in hospitalizations and public health guidance needs. Moreover, we have increased our personal protective equipment inventory, testing capacity, and contact tracing as indicated in our Readiness Plan.

The Honorable Gavin Newsom
Dr. Sonia Y. Angell
May 19, 2020
Page 2

Additionally, we recognize the continued need to monitor and assist our most vulnerable populations, including the homeless, elderly, and those with behavioral health issues.

The Fresno County Board of Supervisors agrees with our Interim Public Health Officer's and Public Health Director's Plan for movement into Stage 2, Phase 2 and looks forward to moving ahead with the State in its roadmap to recovery while continuing to address our public health needs.

Thank you again for your leadership and efforts in guiding California through this crisis.

Sincerely,
Fresno County Board of Supervisors



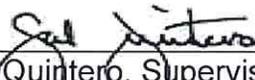
Ernest Buddy Mendes, Chairman
District Four



Steve Brandau, Vice-Chairman
District Two



Brian Pacheco, Supervisor
District One



Sal Quintero, Supervisor
District Three



Nathan Magsig, Supervisor
District Five

cc: State Legislative Delegation



May 20, 2020

Dr. Sonia Y. Angell
State Public Health Officer and Director
California Department of Public Health
Post Office Box 997377, MS 0500
Sacramento, CA 95899-7377

Dear Dr. Angell:

We are aware of and support the readiness plan as outlined in the County Variance Attestation Form submitted by Fresno County Department of Public Health Interim Health Officer, Dr. Rais Vohra.

Dr. Vohra's leadership, transparency and support of our hospitals throughout the COVID-19 pandemic has been exceptional. We are confident Dr. Vohra will continue to demonstrate that the wellness of our collective health system is at the forefront of Fresno County's efforts to move through Stage 2 to modify the Stay-at-Home Order.

A positive outcome of this unprecedented public health emergency is that our area hospitals are more collaborative and better aligned. We are complying with all requests for cooperation and data at both the County and State levels, and will continue to do so to help accurately monitor the stability of the COVID-19 spread and inform our County's preparedness efforts.

We trust Dr. Vohra will continue to keep us apprised of any changes in data trends or disease progression that would necessitate a change of course from the modifications outlined in the County Variance Attestation Form. We look forward to our continued collaboration to capably manage COVID-19 in Fresno County.

Sincerely,

A handwritten signature in blue ink that reads "Craig S. Castro".

Craig S. Castro
President & Chief Executive Officer – *interim*



Saint Agnes Medical Center

A Member of Trinity Health

1303 E. Herndon Ave.
Fresno, CA 93720
(559) 450-3000
www.samc.com

May 19, 2020

Mr. David Pomaville, Director
Fresno County Department of Public Health
1221 Fulton Street
Fresno, CA 93701

RE: Letter of Support for the Fresno County Variance Attestation Form

Dear Mr. Pomaville,

On behalf of Saint Agnes Medical Center, I am writing in support of Fresno County's Variance Attestation Form requesting a Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order Covid-19.

I have reviewed the County's proposal and believe it sufficiently addresses Fresno's capacity to manage a potential surge while advancing further into Phase 2 reopening. In particular, I appreciate the inclusion of the following elements:

- The ability of the entire healthcare system serving Fresno County, including Saint Agnes, to provide an adequate number of tests daily
- Our ability and commitment to conducting contact tracing within our facility for any potential colleague exposure
- Our ability to meet the demand for and access to appropriate levels of PPE
- Adherence to CDC and Public Health guidelines which aim to protect patients, medical staff and non-clinical staff
- Continued collection of data for submission to the State and Federal Government (i.e., number of available ventilators, ICU beds, PPE, etc.) to ensure efficient, timely monitoring.

Saint Agnes remains steadfast in its commitment to safe patient care. As we manage our own internal recovery efforts for patients who may have deferred procedures, such as elective surgeries or diagnostic tests, we do so in a measured, phased approach and applaud the County for its support and interest in doing the same. I am confident that you will continue to keep us apprised of any material changes in trends or disease progression that would necessitate that we work together to alter course in the best interest of public health.

Thank you for your leadership and that of Dr. Rais Vorha as Interim Health Officer for the County. I look forward to our continued partnership in serving our communities.

Sincerely,

Nancy Hollingsworth, RN, MSN, MBA
President and Chief Executive Officer
Saint Agnes Medical Center
(559) 450-3301 Office



COVID-19 CONTAINMENT PLAN

Fresno County Department of Public Health

**PANDEMIC RESPONSE FOR
FRESNO COUNTY - MAY 19, 2020**



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About Fresno County

Fresno County is the most populated region in California's San Joaquin Valley. As of 2017, nearly 1 million individuals reside in Fresno County and the population has continually increased over the past decade. From 2011 to 2017, there has been an increase in the population of approximately 6.32% (58,000 individuals) and the population density has risen from 155 to 163 individuals per square mile. In terms of area, the smallest census tracts are in the urban centers of Fresno County and the largest are in the rural east and west regions of the County.

For residents of Fresno County, demographic, socioeconomic, and environmental characteristics are linked to health at all stages of the lifespan.

- Nearly 1 million individuals reside in Fresno, California.
- The population has increased by 6.32% from 2011 to 2017.
- Fresno County has a younger demographic distribution than the rest of the state
- Fresno County has a greater proportion of youth aged 0 - 4, 5 - 14, and 15 - 24 compared to the rest of California
- Fresno County has a smaller proportion of adults aged 25 - 64, 65+, and 85+ compared to the rest of California

Although the unemployment rate has decreased in past years, Fresno County continues to lag behind the rest of the state, with nearly double the unemployment rate. Fresno County is known as home to a broad spectrum of cultures, languages, and racial/ethnic minorities. However, according to the ACS (2017), the state of California has more non-U.S. citizens than Fresno County. Fresno County does not significantly differ from the state in terms of non-U.S. citizens, non-English speaking persons, and persons without insurance.

- Nearly twice the proportion of children are living below the federal poverty level in comparison to the state of California.
- The median household income in Fresno County (\$48,730) is lower than state of California (\$67,169).
- The rate of U.S.-born citizens is higher in Fresno than the rest of the state; however, rates of poverty remain higher in Fresno County
- Among all African Americans in Fresno County, 39% had an income below the federal poverty level in the past 12 months.
- Among all Hispanic/Latino and "other" racial/ethnic populations in Fresno County, 32% had an income below the federal poverty level in the past 12 months.
- Among all White populations in Fresno County, 12% had an income below the poverty levels in the past 12 months.

Fresno County has a higher share of people younger than 25 years of age, a higher proportion of Latinos (52% vs. 39%), and nearly double the rate of child poverty (36.5% vs. 20.8%) than California as a whole. Fresno County is home to a broad spectrum of

cultures, languages, and racial/ethnic minorities and these communities of color are particularly affected by poverty. When comparing income in the past 12 months that is below the poverty level, African-Americans (39%), American-Indian and Alaska Natives (33%), and Hispanic/Latino populations (32%) are disproportionately in poverty compared to their White (12%) counterparts.

Testing

Testing for COVID-19 is available throughout Fresno County and capacity is being added each week.

Hospitals and Acute Care Facilities

The following hospitals in Fresno County are doing testing for inpatients, emergency room patients, and in some cases outpatient clinic settings.

1. Clovis Community Hospital
2. Community Regional Medical Center Fresno
3. St. Agnes Hospital
4. Kaiser Hospital - Fresno
5. Adventist Health Selma
6. Veterans Administration
7. Central Star Youth Psychiatric Services
8. Fresno Adult Crisis Residential Unit

Community Clinics

The Following community clinics are conducting testing at multiple locations:

1. United Health Care Centers
2. Clinica Sierra Vista
3. Valley Health Team
4. Armstrong Urgent Care
5. Central California Faculty Medical Group
6. Community Home Health

Optum Serve Locations

Working in partnership with the State Office of Emergency Services and the State Department of Public Health, Fresno County has placed two OptumServe testing sites – one at Fresno City College and a second in Sanger at the Community Center. A third site has been requested for west Fresno. Each site can do 132 tests per day.

Fresno County Department of Public Health

The Fresno County Department of Public Health is doing testing at its downtown location and at rural testing sites. Three days a week pre-scheduled drive through testing is being done at our main office and two days a week the team is doing testing at rural locations.

Chan Zuckerberg BioHUB at UCSF

The Fresno County Department of Public Health has entered into an agreement with the Chan Zuckerberg BioHUB at UCSF to process viral tests using PCR Testing. This will be used

Test Plan Capacity

Fresno County has dramatically increased testing across the entire health care system and that capacity continues to increase. The framework for testing includes multiple providers, access points, and geographic diversity throughout Fresno County. The limiting factor to expand capacity has been specimen collection kits. Fresno County is now receiving 11,000 additional kits weekly increasing our capacity to 1500 per day.

Current Testing Capacity

Optum Serve Sites

132 - Fresno

132 - Sanger

Community Health Clinic's

500 – Across 7 large and distributed clinic systems

Hospitals

400 - Across 7 hospitals

Fresno County Department of Public Health

150 - Remote Clinics, Emergency Responders, Home Health Providers

200- Skilled Nursing Facilities

Testing locations are located across Fresno County and in all incorporated cities.

The average percentage of positive tests has fluctuated but is stable at about 8%.

Specimen collection locations have been located though out Fresno County.

Fresno County has contracts with specimen processing labs including Quest and LabCorp. Additionally, Fresno County has mobilized a CLIA certified lab doing PCR testing. Lab capacity is expected to increase with new testing equipment in early June.

Community Surveillance Testing Program

Since April, Fresno County Department of Public Health has conducted 457 tests at drive-through pop-up testing in Downtown Fresno and throughout our rural communities. We have partnered with rural local leaders and health care providers and recruit and provide testing in Orange Cove, Kerman, Caruthers, Raisin City, San Joaquin, Cantua Creek, and Huron. Additional pop-up testing will take place in West Fresno and the foothill areas in the coming days and weeks. Currently, these pop-ups

have the capacity to test approximately 20 individuals. We also continue to respond to outbreaks in congregate living and skilled nursing facilities as needed.

In early May, we worked with the State to establish two free fixed-site testing centers at Fresno City College and Sanger Community Center. We are also working to establish an additional site in west Fresno County. These sites have the capacity to test approximately 130 individuals per day. These facilities are running at high capacity but have not turned anyone away. We also continue to work with our local hospitals and private health care organizations to ensure everyone who needs a test gets one.

Initially, testing capacity was limited due to the short supply of test kits available, but we have been able to increase our available supplies with the approval of alternative testing kits containing sterile saline solution. We have been able to remove restrictions that allowed only high-risk individuals to be tested and are now able to expand our surveillance measures. For more information on where to get tested, visit <https://www.co.fresno.ca.us/departments/public-health/covid-19/covid-19-testing-sites>

Contact Tracing

Fresno County has trained - and is currently using - 95 staff including nurses, disease investigators, environmental health specialists, DA investigators, probation officers and paramedics to investigate COVID 19 cases. We are tracking investigation data using a RedCap locally designed system and in Cal-Redie. We are increasing capacity to include the following:

Fresno County Public Health

- 70- Standby/Surge
- 20- Assigned/Ongoing Investigations

Community Clinics and Hospitals

- 5 – Clinica Sierra Vista
- 5 – Valley Health Team
- 5 – Family Health Care Network
- 5 – Omni
- 5 – United Health Care

Hospitals

- 7 – All hospitals have infection control staff who can initiate contact tracing when patients confirm positive in the hospital setting.

Other partners

- 32 – School Nursing Staff – Each of the 32 schools districts in Fresno County will have nursing staff trained to initiate contact tracing that originate at schools or school sponsored events.

- 5 – Correctional Health Programs. The Fresno County Jail and Juvenile Justice Program will have trained staff to conduct contact tracing at their facilities.

We will fully use the State created training program and data tracking system once that is online. We have staff participating in the first session of this curriculum.

This program will allow Fresno County to scale up a program that is geographically and ethnically diverse. The program will include early intervention at the point of medical care reducing time for implementation.

Staff currently assigned to the contact tracing team reflective the community racial, ethnic and linguistic diversity of our community. We have also extended support to our teams with translations services when necessary. We will continue to locate contact tracing teams in communities throughout Fresno County. Deploying resources in communities will improve confidence and cooperation from our diverse community.

We continue collaboration with our Department of Social Services, Behavioral Health Department, Housing Authority and others to support individuals who have significant economic challenges and are required to isolate.

Living and Working in Congregate Settings

Skilled Nursing Facilities

Fresno County has 32 Skilled Nursing Facilities listed below. The Fresno County Department Health has been coordinating with the State of California Department of Public, Licensing and Certification Branch since late February.

- Weekly calls with key Department staff
- Coordination of PPE requests through the MOHAC
- Targeted investigations
- Support for Testing and Tracing
- Technical assistance and training
- The Department of Public Health has deployed a COVID19 Medical Investigation Team focused specifically on this population

Skilled Nursing Facility Name
BETHEL LUTHERAN HOME INC
CALIFORNIA HOME FOR THE AGED INC
COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER
DYCORA TRANSITIONAL HEALTH - CLOVIS
DYCORA TRANSITIONAL HEALTH - COMMUNITY CARE
DYCORA TRANSITIONAL HEALTH - FOWLER
DYCORA TRANSITIONAL HEALTH - FRESNO
DYCORA TRANSITIONAL HEALTH - MANCHESTER
DYCORA TRANSITIONAL HEALTH - MEMORY CARE OF FRESNO
DYCORA TRANSITIONAL HEALTH - REEDLEY
DYCORA TRANSITIONAL HEALTH - SANGER

EVERGREEN CARE CENTER
FOWLER CARE CENTER
FRESNO POSTACUTE CARE
HEALTHCARE CENTRE OF FRESNO
HORIZON HEALTH AND SUBACUTE CENTER
KINGSBURG CENTER
MANNING GARDENS CARE CENTER INC
NORTH POINTE HEALTHCARE CENTRE
OAKWOOD GARDENS CARE CENTER
PACIFIC GARDENS NURSING AND REHABILITATION CENTER
PALM VILLAGE RETIREMENT COMMUNITY HEALTH CARE CTR
ROLLING HILLS CARE CENTER (Selma Conv)
SIERRA VIEW HOMES INC
SIERRA VISTA HEALTHCARE
SUNNYSIDE CONVALESCENT HOSPITAL
THE TERRACES AT SAN JOAQUIN GARDENS VILLAGE
TWILIGHT HAVEN
VALLEY HEALTHCARE CENTER FRESNO
VETERANS HOME OF CALIFORNIA - FRESNO
WILLOW CREEK HEALTHCARE CENTER

The estimated infection rate is 3.5%. Today we know of 98 cases amongst a population of 2780 residents in long term care facilities.

Skilled nursing facilities can quarantine positive patients. This is required in a Health Officer Order issues on April 18, 2020. See attached.

Correctional Facilities

Fresno County Jail is 2500 inmates, and the Juvenile Justice Campus has 200 Wards. Accommodations have been made ensure physical distancing, hygiene, screening, and isolation of COVID positive patients. The County of Fresno provides health care services through a comprehensive contract with WellPath health services.

The case rate for correctional facilities is very low, as we have had fewer than 5 positive cases in a population of 2,700.

Correctional facilities can isolate positive patients and staff.

Homeless Populations

The Fresno County Department of Public, Department of Behavioral Health, and County Administrative Office have been working collaboratively with cities and community based organizations to develop and implement protective measures for individuals experiencing homelessness.

The community has developed approximately 500 new beds to assist individuals experiencing homelessness and to isolate COVID positive individuals

RH Comm Builders (Agt. No. 20-126)	265
Poverello House (Agt. No. 20-147)	34
RH Comm Builders - Clarion (Lease Agt. 20-151) RH	15
Comm Builders - Travelodge (Lease Agt. 20-152)	20
Other (Lease Agt. 20-150)	40
Trailers (minimum beds listed)	56
Selma	45-60
Sanger	30-40

Homeless shelter providers can provide separate housing for COVID positive residents.

Protecting the Vulnerable

- Members of the workforce required to isolate are most commonly instructed to remain home for the duration of their isolation/quarantine. In some cases where home quarantine is not feasible hotels have been offered to workforce.
- We have focused a number of resources and interventions to address vulnerable populations within our county, which includes congregate settings, incarcerated populations, and elder populations in long term care facilities.
- Education: For all of these settings, we have educated the staff and administrators about COVID risks and prevention with weekly teleconferences, lecture programs, brief video messages, and technical assistance conversations as needed.
- Testing: We have initiated surveillance testing and continue to do symptomatic testing on all persons with COVID symptoms or close contacts who qualify for testing based on CDPH priorities for testing.
- Supplies and PPE: Our MHOAC continues to supply congregate settings and LTCFs with PPE and other supplies as requested. We have contacted, and remain in contact with all SNFs, and they report having >14 day supply of PPE. In addition, SNFs have established or are planning processes for procuring PPE through private vendors.
- Older Californians, people with disabilities, and people with underlying health conditions at greater risk of serious illness, who are living in their own homes, are being supported so they can continue appropriate physical distancing and maintain wellbeing.

food support:
 telehealth:
 social connections:

in home services:

Acute Care Surge

- Hospital capacity tracking: there is daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity.
- Supply chains: while hospitals have most of their needs met with their own supply chains, the MHOAC does continue to support the medical community relying on county MHOAC for PPE and will continue to do this until their independent supply chains are sufficient.
- Admission testing: while hospitals are testing with higher volumes after each week, not all patients are tested prior to admission to the hospital. Once we have more testing supplies/ capacity, this will be an expectation for all hospital admissions.
- All county hospitals have a plan for tracking and addressing occupational exposure, with contact tracing and isolation plans coordinated jointly with employee health, infection control, and public health teams.

Essential Workers

- There are numerous essential workplaces in the County including:
 - Local Governments
 - Food Growers, Processors, and Suppliers
 - Hospitals and Health Care
 - Water, Sewer, Telecommunication Agencies
- Since the start of our pandemic response FCDPH has provided guidance to our essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications.
- We initiated employee screening for febrile illness and COVID symptoms at the start of each workday on march 27.

Essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment.

There is a testing plan for essential workers who are sick or symptomatic. They can follow up at the DPH by appointment for testing (available every weekday) or at one of the two OptumServe testing sites in Fresno County.

The plan for supportive quarantine/isolation for essential workers is developed on a case by case basis through the work of the FCDPH Medical Investigations Team (MIT) which also ensures that prompt contact tracing is done.

Special Considerations

The industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission include the farmworkers, meat packing and fruit packing plant workers, and some sectors of manufacturing. We are working with all large employers and their employee health services. We also work with community based organizations/ *promotoras* who are reaching out to educate non-English speaking workers in these industries. We are also requiring, by Health Officer Order signed May 19, that employers cooperate promptly with contact tracing and isolation/exclusion instruction for their affected workers.

Industries in the county that make it more feasible for the county to increase the pace through stage 2 include several technology companies developing local contact tracing and screening apps to serve as vendors to businesses/ restaurants. Several larger employers do have a high percentage of workers who can telework (BitWise Industries, UCSF Fresno, and real estate firms, for example).

Community Engagement

- The county has engaged substantially with its cities, through weekly teleconferences and individual conversations for technical assistance.
- Civic leaders (city managers, fire and police chiefs, city councils and mayors) have all helped us to craft local and county-wide plans that serve the needs of the local community while also maintaining a high level of compliance with the statewide shelter in place order.
- FCDPH leadership are an integral part of the task force for economic and social recovery convened by the Mayor of Fresno, the largest city within our county which constitutes approximately 55% of the county's population.
- The key county stakeholders who should be a part of formulating and implementing the proposed variance plan include hospitals and the medical community, congregate facilities, shelters and homelessness advocates, civic and city leaders, community and faith based organizations, business owners, schools, and patient advocate groups.
- Virtual community forums and town halls have been held to solicit input into the variance plan. We are asking the community to help us identify barriers to "flattening the curve" as well as identify community organizations that are doing valuable work at this time of crisis.
- Community engagement is reflective of the racial, ethnic, and linguistic diversity of the community.

Relationship to Surrounding Counties

- While most of our surrounding counties are experiencing decreasing or stable case rates, there continues to be a challenge with congregate settings and larger employers (such as meat packing plants, which happen to be out of our county but employ Fresno county residents) that does add to our case rates. We are working in close collaborations with these facilities as well as public health departments to ensure maximal safety and appropriate medical care for all affected patients and close contacts.
- Surrounding counties are also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order. We have discussed with neighboring counties and feel comfortable moving through phase 2 on a coordinated timeline as a region. We are coordinating with these counties through twice weekly calls of the San Joaquin Valley Public Health Consortium. This consortium allows us to coordinate with the seven surrounding counties of Central California to share situational awareness and other emergent issues.
- While increased regional and state travel may impact the county's ability to test, isolate, and contact trace, we are confident that the precautions that will be put into place at the levels of the business, tourism and social sectors of our county will allow us to adequately monitor and screen for an increase in COVID transmission. Testing is becoming more and more available with our combinations of primary care, hospital-based, public health-sponsored and State-sponsored OptumServe testing locations which are placed throughout the county. We are cautiously optimistic that a gradual and phased opening, with constant vigilance for health and safety of all Fresno residents, will permit a successful new equilibrium during this challenging time, and allow parts of our social and economic sectors to resume activities under the safeguards recommended by experts in pandemic control.

Health Officer Orders and Guidance



County of Fresno

DEPARTMENT OF PUBLIC HEALTH

County of Fresno

Department of Public Health

ORDER OF THE HEALTH OFFICER

Pursuant to California Health and Safety Code Sections 101040, 120175, and 120175.5(b) the Health Officer of the County of Fresno orders as follows:

1. This order is issued as a result of the World Health Organizations declaration of the worldwide pandemic of Coronavirus Disease (COVID-19). COVID-19 is a respiratory illness that can spread from person to person. COVID-19 is contained in the droplets that can be sneezed, coughed, or exhaled into the air by infected individuals.
2. As of today, there are over 417,000 cases in the world and over 17,500 deaths. In California, there are 2365 confirmed cases and 45 deaths. We can expect the number of cases to increase significantly should action not being taken to decrease the spread of the disease.
3. There currently is no available treatment, however, transmission of the disease can be slowed through community mitigation measures that decrease the likelihood of being exposed to the droplets of an infected person. These measures include limiting large scale events and mass gatherings, and practicing social distancing. Aggressive containment operations including isolating suspect cases and persons under investigation and quarantining their contacts can limit the spread of the disease, reduce the impacts of the disease on society, and avoid more stringent measures that would cause further detriment to civil society.
4. Within the public health system, every person who meets the Centers for Disease Control (CDC) criteria for disease within Fresno County has been and will be tested. However, both locally and nationally there is limited testing capabilities due to availability and number of laboratory test kits and specimen collection kits.
5. Effective, Thursday, March 26, 2020, the following will be in effect for Fresno County.
 - a. Health Care Providers shall:

Promotion, preservation and protection of the community's health

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- i. On a daily basis report to the public health branch of the Health and Human Services Agency all patients seen in their practice with a febrile respiratory illness
 - ii. The patient information will include demographic information, including age, as well as residential address and clinical status, indicate whether rapid point of care testing was performed and their results, and indicate if COVID-19 testing was done; and
 - iii. Direct the patient, if no exclusionary diagnosis is found, to isolate him/herself for seven days after onset of symptoms or three days after cessation of fever without the use of fever-reducing medications AND to notify all close contacts to quarantine themselves for 14 days from the last known contact with the patient.
 - b. All Employers shall:
 - i. On a daily basis, while conducting business, screen all employees for febrile respiratory illness
 - ii. Exclude from work all employees that report symptoms of febrile respiratory illness for seven days from the day that they are identified as having symptoms; and
 - iii. Direct employees excluded from work to isolate at home AND to notify all close contacts to quarantine themselves for 14 days from the last known contact with the patient.
 - c. All Residents shall:
 - i. Self-monitor for signs and symptoms of COVID-19; and
 - ii. Isolate themselves if they have signs and symptoms for seven days after onset of symptoms, unless they should require further medical attention, AND notify their close contacts to quarantine for 14 days.
6. For the purpose of this order:
 - a. Febrile respiratory illness is defined as “a new or worsening episode of either cough or shortness of breath, presenting with fever (temperature 38 degrees C or 100.4 degrees F or higher) or chills in the previous 24 hours;”
 - b. Close contact is defined as someone who has spent 15 minutes or more time within 6 feet or less of the person;
 - c. Isolation is defined as “separation of sick people with a contagious disease from people who are not sick;”
 - d. Quarantine is defined as “separation and restricts the movement of people who were exposed to a contagious disease to see if they become sick.”

- e. Social distancing is defined as “maintain a six-foot separation from all persons except for family members;” and
- f. Symptoms of COVID-19:
 - i. Fever
 - ii. Cough
 - iii. Shortness of breath

7. The California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) may recommend further guidance.

I, as Interim Health Officer for the County of Fresno, encourage voluntary compliance with this Health Officer’s Order. However, violation of this order is subject to fine, imprisonments or both (California Health and Safety Code Section 120295.)

Violation of or failure to comply with this Order is punishable by fine, imprisonment or both under various criminal statutes:

Cal. Penal Code section 148 makes it a misdemeanor to resist, delay, or obstruct a public officer, in the discharge of his or her duty. Sheriff deputies and city police officers are authorized to enforce health orders in the discharge of his or her duty.

Cal. Penal Code section 69 may be charged as a felony for the attempt, by means of any threat or violence, to deter or prevent an executive officer from performing any duty imposed by law, or to knowingly resist, by the use of force or violence, the officer, in the performance of the officer's duty. Sheriff deputies and city police officers are authorized to enforce health orders in the discharge of his or her duty.

Cal. Penal Code section 409.5 allows the health officer to close an area where a calamity has created an immediate menace to public health.

California Health and Safety Code sections 120275 and 120295 makes it a misdemeanor to violate certain sections of the Health and Safety Code, including those requiring individuals to comply with health orders to facilitate isolation or quarantine.



Rais Vohra MD
Health Officer

3/27/2020

Date



County of Fresno

DEPARTMENT OF PUBLIC HEALTH

County of Fresno

Department of Public Health

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Amended April 14, 2020

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2. This Order is issued in accordance with, and incorporates by reference, the: March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom; the March 13, 2020 Declaration of a National Emergency issued by President Donald Trump; the March 15, 2020 Declaration of Local Health Emergency based on an imminent and proximate threat to public health from the introduction of novel COVID-19 in Fresno County; the March 15, 2020 Declaration of Local Emergency; the March 17, 2020 Resolutions of the Board of Supervisors of the County of Fresno ratifying the Local Emergency and Local Health Emergency; the guidance issued on March 11, 2020 by the California Department of Public Health regarding large gatherings of 250 people or more; Governor Gavin Newsom's Executive order N-25-20 of March 12, 2020 preparing the State to commandeer hotels and other places or temporary residence, medical facilities, and other facilities that are suitable as places of temporary residence or medical facilities as necessary for quarantining, isolating, or treating individuals who test positive or COVID-19 or who have had a high-risk exposure and are thought to be in the incubation period; the guidance issued on March 15, 2020 by the centers for Disease Control and Prevention, the California Department of Public Health, and other public health officials through the United States and around the world recommending the cancellation of gatherings involving more than fifty (50) or more persons in a single space at the same time; Governor Newsom's Executive Order N-33-20 giving the state the ability to increase the health care capacity in clinics, mobile health care units and adult day health care facilities and allowing local

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governments more flexibility to utilize the skills of retired employees in order to meet the COVID-19 surge; and Governor Newsom's Executive Order N-39-20 indented to expand the health care workforce and recruit health care professionals to address the COVID-19 surge. The Governor and the County Public Health Officer continue to issue COVID-19-related orders to mitigate the public health crisis.

3. As of today, there are over 1,970,000 cases in the world and over 124,544 deaths. In California, there are over 22000 confirmed cases and 687 deaths. We can expect the number of cases to increase significantly should action not being taken to decrease the spread of the disease.
4. There currently is no available proven treatment. However, transmission of the disease can be slowed through community mitigation measures that decrease the likelihood of being exposed to the droplets of an infected person. These measures include limiting large scale events and mass gatherings, and practicing social distancing. Aggressive containment operations including isolating suspect cases and persons under investigation and quarantining their contacts can limit the spread of the disease, reduce the impacts of the disease on society, and avoid more stringent measures that would cause further detriment to civil society.
5. Within the public health system, every person who meets the Centers for Disease Control (CDC) criteria for disease within Fresno County has been and will be tested. However, both locally and nationally there are limited testing capabilities due to availability and number of laboratory test kits and specimen collection kits.
6. Effective –Thursday, March 26, 2020, the following will be in effect for Fresno County.
 - a. Health Care Providers shall:
 - i. On a daily basis report to the public health branch of the Health and Human Services Agency all patients seen in their practice with a febrile respiratory illness
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 - iii. Direct the patient, if no exclusionary diagnosis is found, to isolate him/herself for seven days after onset of symptoms or three days after cessation of fever without the use of fever-reducing medications AND to notify all close contacts to quarantine themselves for 14 days from the last known contact with the patient.
 - b. Agricultural Employers shall:
 - i. On a daily basis, demonstrate compliance with the Safety & Health Guidance: COVID-19 Infection Prevention for Agricultural Employers and Employees issued on April 7, 2020 by the California Department of Industrial Relations Division of Occupational Safety & Health Publication Unit.

- ii. Department of Public Health, and/or the Public Health Officer may modify this guidance based on other factors.
- c. All Other Employers shall:
 - i. On a daily basis, while conducting business, screen all employees for febrile respiratory illness
 - ii. Exclude from work all employees that report symptoms of febrile respiratory illness for seven days from the day that they are identified as having symptoms; and
 - iii. Direct employees excluded from work to isolate at home AND to notify all close contacts to quarantine themselves for 14 days from the last known contact with the patient.
- d. All Residents shall:
 - i. Self-monitor for signs and symptoms of COVID-19; and
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7. Criteria for clearance to return to work

- a. **Sensitive occupation or situation:** The following applies to workers in professions related to health care and hospitals; skilled nursing facilities and long-term facilities; hospice; dialysis; infant care; settings which treat immunocompromised individuals; and all first responder agencies. An excluded worker may return to work when:
 - i. At least 7 days have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - ii. At least 14 days have passed since symptoms first appeared
- b. **Rest of community:** An excluded worker may return to work when:
 - i. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - ii. At least 7 days have passed since symptoms first appeared
- c. Department of Public Health, the Public Health Officer, and individual business Employee Health Departments, with the approval of the Health Officer, may modify this guidance based on other factors. Businesses must contact the Health Department and receive approval from the health officer before modifying the above guidance.

8. For the purpose of this order:
 - a. Febrile respiratory illness is defined as “a new or worsening episode of either cough or shortness of breath, presenting with fever (temperature 38 degrees C or 100.4 degrees F or higher) or chills in the previous 24 hours;”
 - b. Close contact is defined as someone who has spent 15 minutes or more time within 6 feet or less of the person;
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 - f. Symptoms of COVID-19:
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9. This order shall supersede the previous order issued on March 27, 2020. The Health Officer may amend this order as needed. This Order shall remain in full force and effect until terminated, superseded, or amended.
10. The California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) may recommend further guidance.

I, as Interim Health Officer for the County of Fresno, encourage voluntary compliance with this Health Officer’s Order. However, violation of this order is subject to fine, imprisonments or both (California Health and Safety Code Section 120295.)

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Rais Vohra MD

Rais Vohra MD

Health Officer

4/14/2020

Date



County of Fresno

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County of Fresno

Department of Public Health

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Rais Vohra MD

Rais Vohra MD

Health Officer

4/14/2020

Date

NOTICE OF RIGHTS

1. If you object to this isolation/quarantine order, you have a right to arrange for your own legal representative.
2. You have a right to also file a Writ of Habeas Corpus under California Penal Code Section 1473 to seek release from the isolation/quarantine order.
3. You have a right to request release from isolation by contacting FCDPH at (559) 600-3332 during normal business hours. After hours, weekends, and holidays notify FCDPH On-Call staff at (559) 352-7067. If no response, contact County Sheriff Dispatch at (559) 600-3111.
4. All requests to contact the County Health Officer will be through FCDPH at (559) 600-3332 during normal business hours. After hours, weekends, and holidays notify FCDPH On-Call staff at (559) 352-7067. If no response, contact County Sheriff Dispatch at (559) 600-3111.



County of Fresno

DEPARTMENT OF PUBLIC HEALTH

Fresno County

Lub Chaw Saib Kev Noj Qab Nyob Zoo

TSAB NTAWV CEEB TOOM LOS NTAWM TUS TUAM THAWJ SAIB KEV NYAB XEEB

Kev Cai Ntxiv lub 4 hlis hnuv tim 14, 2020

Raw li xeev Kaslisfuanias (California) tshab cai tswj saib kev nyab xeeb 101040, 120175.5(b) Tus Tuam Thawj Saib Kev Nyab Xeeb ntawm FRESNO COUNTY LUB CHAW SAIB KEV NOJ QAB NYOB ZOO tsab ntawv ceeb toom muaj raws li nram no:

1. Qhov kev ceeb toom no yog kev txiav txim los ntawm lub KOOM TXOOS SAIB KEV NYAB XEEB NTIAJTEB (World Health Organization) tshaj tawm txog tus kab mob uas kis thoob plaws qhov txhias chaw (COVID-19). COVID-19 uas yog ib tug kab mob rau feem txoj kev ua pa. Nws muaj feem kis ib tug rau ib tug tau. Tus kab mob no nyob rau ntawm cov ncos qaub ncaug me me, thaum tus neeg mob nws txham, hnoo, los yog ua pa tus kab mob yuav ya nrog cov pa cua tawm tuaj.
2. Cov kev ceeb toom (xaj) no yog ceeb toom raws li, thiab los ntawm cov tib neeg tseem ceeb xws li: lub 3 hlis hnuv tim 4, 2020 uas yog los ntawm Tus Tuam Thawj Tswj Xeev Kaslisfuania Gavin Newsom; Lub 3 hlis hnuv tim 13, 2020 los ntawm Tuam Thawj Coj Tswj Teb Chaw Asmelikas Donald Trump; lub 3 hlis hnuv tim 15, 2020 los ntawm Chaw Saib Kev Nyab Xeeb hauv lub Nroog Fresno uas yog hais txog tus kab mob COVID-19 tshwm ceev zuj zu uas yuav ua rau pej xeev raug kev phom sij. Lub 3 hlis hnuv tim 17, 2020 Cov Tsav Xwm (Board of Supervisors) hauv lub Nroog Fresno txiav txim siab pom zoo koom tes nrog lub Nroog Fresno Qhov Chaw Saib Xwm Txheej Kub Ntxhov thiab Chaw Saib Kev Nyab Xeeb cov kev tswj fwm ceeb toom thaum lub 3 hlis hnuv tim 11, 2020 los ntawm xeev Kaslisfuanias lub Chaw Saib Kev Noj Qab Nyob Zoo txog cov kev txwv tsis pub muaj kev sib koom coob txog 250 leej los yog tshaj; Tuam Thawj Saib Xeev Kaslisfuanias Gavin Newsom Tsab Ntawv Ceeb Toom (xaj) N-25-20 thaum lub 3 hlis hnuv tim 12, 2020 kom cov chaw so thiab lwm cov chaw kho mob, thiab lwm cov chaw uas zoo npaj ua chaw ceev cov tib neeg uas kis tus kab mob COVID-19 lawm los yog cov tib neeg uas twb ho muaj feem kis tus kab mob tau los nyob kho lawv tus mob, los yog nyob ua chaw nkaum kom lawv txhob kis tau tus kab mob rau lwm tus; txoj kev taw qhia rau pej xeev thaum lub 3 hlis hnuv tim 15, 2020 los ntawm Lub Chaw Loj Siab Tswj Kev Nyab Xeeb (CDC), lub Xeev Kaslisfuanias Saib Kev Nyab Xeeb, thiab lwm cov chaw Saib Kev Nyab Xeeb nyob thoob teb chaw Asmesliskas thiab cov teb chaw thoob ntiaj teb tshaj tawm kom ncuva cov koom txoos uas muaj tshaj 50 leej tib neeg tuaj koom ib qhov chaw uake; Tuam Thawj Tswj Xeev Kaslisfuanias Gavin Newsom tsab ntawv ceeb toom N-33-20 kom cov chaw saib xyuas neeg mob, chaw tu cov laus uas muaj mob

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npaj kom muaj chaw ntxiv thiab tso cai rau cov nom tswv hauv lub zos kom siv cov tib neeg uas paub txog tej hauj lwm no tabsi lawv ho nim qhuav so hauj lwm lawm rov tuaj pab tu thiab tiv thaiv tus kab mob COVID-19; thiab Tuam Thawj Coj Gavin Newsom tsab ntawb Ceeb Toom N-39-20 kom nrhiav cov neeg ua hauj lwm saib xyuas neeg mob ntxiv los pab kho thiab saib tus kab mob COVID-19 no. Tus Tuaj Thawj Coj thiab Tus Thawj Saib Kev Nyab Xeeb yuav ceeb toom zuj zu ntxiv txog kev mob uas cuam tshuam rau tus kab mob COVID-19 uas yuav ua kev phom sij tau rau pej xeeem.

3. Lub sij hawm hnuv no, muaj tshaj li 1,970,000 tus neeg mob thoob ntiaj teb thiab muaj tshaj 124,544 tus tag sim neej. Nyob hauv lub xeeb Kalisfuanias muaj 22000 tus neeg uas kis tus kab mob no thiab muaj 687 tus tag sim neej. Yog peb tsis txwv tiag, peb tseem yuav pom tib neeg yuav kis tus kab mob no coob zuj zu ntxiv.
4. Lub sij hawm no tseem tsis tau muaj tshuaj los kho tu kab mob no, tab sis yeej muaj txoj kev yuav cheem kom sawvdaws txhob kis tau tus kab mob ceev thiab kis rau tej pej xeeem uas nyob ua ib zej ib zos. Txwv kom koj txhob chwv raug tus neeg mob nws cov ncos qaub ncaug uas ya tawm tuaj. Txoj kev yuav txwv no yuav tau txuag txhob mus koom tej lub koom ntxoos loj los yog koom nrog tej pab pawg neeg coob tuaj koom ua ke, xyaum nyob kom sib nruv deb ntawm tej tib neeg. Yuav tau txwv kom nruj, cais tus neeg uas twb mob lawm thiab tus uas muaj feem kis tau tus kab mob txhob pub nyob ze nrog cov neeg uas tsis tau mob.
5. Nyob rau ntawm Fresno Lub Chaw Saib Kev Noj Qab Nyob Zoo, vim rau qhov nyob rau hauv lub zos no thiab nyob thoob tebchaw no tseem muaj cov tshuaj thiab cov khoom siv los kuaj tsis txaus rau sawvdaws yog li peb thiaj kuaj cov uas tsim nyog yuav tau kuaj raws li CDC txoj kev cai tswj thiab tseem yuav kuaj mus ntxiv.
6. Pib txij lub 3 hlis hnuv tim 26, xyoo 2020, yuav muaj kev tswj los siv rau lub nroog Fresno thiab cov zej zo uas nyob ib cheeb tsam ntawm nroog Fresno raws li hais nram qab no:
 - a. Cov kws tshuaj saib xyuas neeg mob yuav tau:
 - i. Txhua txhua hnuv qhia thiab xa cov neeg uas kuaj tau muaj mob ua npaws uas ua pa tsis taus tuaj rau ntawm lub Tuam Tsev Saib Noj Qab Nyob Zoo.
 - ii. Thaum xa tug neeg mob cov ntaub ntawv tuaj yuav tau teev nws lub noob nyoog, chaw nyob, thiab tus tsos mob, qhia saib twb kuaj nws rau tus mob COVID-19 lawm los tsis tau; thiab
 - iii. Yog hais tias kuaj tsis tau kiag tias nws mob hom mob twg, qhia kom nws nyob twj ywm hauv tsev li 7 hnuv thaum pib ua npaws los yog tsis xis neej los, los yog 3 hnuv tom qab uas zoo lawm yam tsis tau noj tshuaj pab li thiab hais qhia rau cov tib neeg uas nws tau nrog nyob uake kom yuav tau nyob twj ywm hauv tsev li 14 hnuv txhob nyob ze lwm tus neeg pib txij hnuv nws tau nyob ze tus neeg mob no los.
 - b. Cov chaw ua hauj lwm uas yog ua liaj ua teb:

- i. Txhua txhua nub yuav tau qhia kom sawvdaws nyob qab tswj fwm ntawm txoj cai tiv thaiv tus kab mob COVID-19 rau cov tswv thiab cov ua hauj lwm kom yog cov lus ceeb toom lub 4 hlis hnuv tim 7, 2020 los ntawm Kaslisfuantias lub Chaw Saib Kev Ua Hauj Lwm thiab tiv thaiv kev ruaj ntseg (Industrial Relation Division of Occupation Safety & Health Publication Unit)
 - ii. Lub Chaw Saib Kev Noj Qab Nyob Zoo thiab/ los yog tus thawj saib Kev Nyab Xeeb kuj tseem yuav pauv cov kev tswj fwm no yog muaj lwm yam ua tsim nyog yuav pauv ntxiv.
- c. Rau Lwm Cov Chaw Ua Hauj Lwm:
- i. Txhuas hnuv yuav tsum nug lawv saib lawv puas muaj mob (febrile respiratory illness) xws li hnoos, ua npaws, ua pa tsis taus.
 - ii. Yog tias leej twg muaj mob xws li hnoos, ua npaws thiab ua pa tsis taus yuav tau (febrile respiratory illness) txhob cia lawv tuaj ua hauj lwm, lawv yuav tau nyob 7 hnuv hauv tsev pib txij lawv pib mob los.
 - iii. Hais qhia kom lawv yuav tsum tau nyob hauv tsev, txhob nyob ze nrog tib neeg, thiab kom cov tib neeg ua nws nyob ze nrog yuav tau nyob hauv tsev li 14 hnuv pib txij hnuv lawv tau nyob ze tus neeg mob no.
- d. Txhua tus pej xeev yuav tsum tau:
- i. Soj ntsuam lawv tus kheej rau tus kab mob COVID-19 thiab
 - ii. Cais lawv tus kheej txwv txhob nyob ze lwm tus yog tias twb pom tus tsos mob no tshwm thiab mob tau li 7 hnuv tom qab ua kis tau, tshwj yog tias yuav tsum tawm mus nhriav kev pab ntawm kws tshuaj, thiab yuav tau hais qhia rau lawv cov neeg uas tau nyob uake ntawv kom lawv yuav tau nyob hauv tsev txhob nyob ze lwm tus li 14 hnuv.
7. Cov kev tswj fwm ua ntej yuav rov mus ua hauj lwm:
- a. **Cov ua hauj lwm uas yog tu neeg mob:** xws li ua hauj lwm rau hauv tsev kho mob loj; cov tu cov neeg mob uas mus nyob kho mob ntev; cov tu cov neeg laus; cov tu cov neeg mus lim ntshav; cov chaw tu menyuam mos; tej cov chaw tu cov neeg uas muaj mob uas rau nws lub nrog cev ua rau nws kis tau kab mob yooj yim; thiab cov uas ua hauj lwm rau cov koom haum uas yog cov thawj saib xyuas kev nyab xeeb; yog cov rov mus ua tau hauj lwm tom qab:
 - i. Yam tsawg kawg 7 hnuv dhau mus uas yog zoo tus mob lawm yam tsis noj tshuaj pab thiab tsis muaj teeb meem rau kev (hnoos, ua pa tsis taus); thiab
 - ii. Yam tsawg kawg 14 hnuv dhau mus pib txij thaum nim qhuav pom tus tsos mob tshwm.
 - b. **Rau tas nrog lwm cov neeg ua hauj lwm:** Yuav rov mus ua tau hauj lwm yuav tsum yog:

- i. Yam tsawg kawg 3 hnuv (72 teev) dhau mus pib txij hnuv zoo los uas yam tsis noj tshuaj pab thiab tsis muaj teeb meem rau kev (kev hnoos, ua pa tsis taus); thiab
 - ii. Yam tsawg kawg 7 hnuv dhau mus pib txij hnuv tus tsos mob tshwm.
 - c. Lub Chaw Saib Kev Noj Qab Nyob Zoo, tus Thawj Saib Kev Nyab Xeeb, thiab tej lub chaw saib neeg ua hauj lwm Kev Nyab Xeeb, nrog rau kev pom zoo los ntawm tu Tuam Thawj Saib Kev Nyab Xeeb muaj feem yuav hloov cov kev tswj kom tsim nyog hloov. Cov Chaw ua hauj lwm yuav tsum tau nug mus rau Lub Chaw Saib Kev Noj Qab Nyob Zoo thiab tau kev tso cai los ntawm lawv tus Thawj Saib Kev Nyab Xeeb ua ntej lawv yuav hloov cov kev tswj hais los saum no.
8. Cov ntsiab lus rau cov kev ceeb toom no:
- a. Mob febrile respiratory txhais tau tias “tus kab mob hnoos, ua pas tsis taus pib mob los yog mob heev zuj zu ntxiv nrog kev mob npaws (txias txog 38 C los yog kub txog 100.4 F los siab tshaj) los yog ib ce ntxooj yuav kub yuav no li 24 teev.
 - b. Nyob ze nrog: Txhais tau tias koj tau nyob ze nrog ib tus neeg li 15 feeb los tshaj uas nyob sib nruv ze tshaj li 6 kauj ruam.
 - c. Kev cais los yog ceev (isolation): Txhais tau tias cais tus neeg uas mob tus kab mob sib kis lawm ceev cia rau ib qhov chaw kom txhob kis tau rau cov neeg uas tsis tau mob.
 - d. Kev txwv (quarantine): Txhais tau tias txwv los cais tus neeg uas muaj feem kis tus kab mob rau ib qhov chaw es ntsuam tos saib nws puas kis tau tus mob los yog puas pom cov tsos mob tshwm.
 - e. Kev nrug thaum muaj kev koom ua pab pawg (social distancing): Txhais tau tias nyob nrug deb li 6 kauj ruam ntawm tej tib neeg, tshwj koj tsev neeg hauv tsev;” thiab
 - f. Cov tsos mob ntawm tus kab mob COVID-19:
 - i. Ua npaws
 - ii. Hnoos
 - iii. Ua pa tsis taus
9. Qhov kev ceeb toom no yog hloov qhov ceeb toom thaum lub 3 hlis hnuv 27, 2020. Tus Thawj Saib Kev Nyab Xeeb muaj feem yuav hloov tau ntxiv yog tias muaj kev yuav tau hloov. Qhov kev ceeb toom no yuav tsum tau siv mus txog thaum muaj kev hloov tshiab.
10. Yog yuav muaj kev cai tswj ntxiv xeev Kaslisfuanias Lub Chaw Saib Kev Noj Qab Nyob Zoo (CDPH) thiab lub Chaw uas Tswj thiab Tiv Thaiv Kev Noj Qab Nyob Zoo (CDC) mam yog cov yuav npaj.

Kuv, uas yog tus thawj hauv Fresno Lub Chaw Saib Kev Noj Qab Nyob Zoo rau lub sijhawm thaum tseem tsis tau muaj tus thawj tswj, nquag hu sawvdaws kom txaus siab hlo koom tes nrog tus tuam thawj saib

kev nyab xeeb cov lus ceeb toom (xaj) no. Yog hais tias tsis ua raws txoj cai muaj feem yuav raug nplua, raug ntes kaw los yog ob qhov tib sis (Kaslifuanias txoj cai kev nyab xee thiab kev tiv thaiv 120295)

Yog tsis ua raws txoj cai tswj no yuav raug nplua los yog raug kaw los yog ob qhov tib sis los ntawm cov kev cai tswj neeg raug txim:

Kaslifuanias tsab cai txim txhaum tshooj 148 lub txim me (misdemeanor) uas yog tawm tsam los sis tab kaum, cov neeg ua hauj lwm rau pej xeeb. Tub ceev xwm kav ntug nroog, thiab tub ceev xwm hauv zos muaj cai los saib thiab taug qab kom cov kev tswj ntawm tus thawj saib kev nyab xeeb cov lus ceeb toom (xaj) no mus taus zoo.

Kaslifuanias tsab cai txim txhaum tshooj 69 lub txim loj (felony) uas yog raug nplua raws lub txim loj yuam cai tawm tsam tsis ua raws txoj cai uas tug tuam thawj coj cov cai uas tau ceeb toom (xaj) lawm los yog lam txhob txwm tsim kev kub txhov los cuam tshuam nrog cov tub ceev xwm tes hauj lwm. Cov tub ceev xwm kav ntug nroog, thiab tub ceev xwm hauv zos muaj cai los saib thiab taug qab kom cov kev tswj kev nyab xeeb uas ceeb toom (xaj) no mus taus zoo.

Kaslifuanias tsab cai tshooj 409.5 tso cai rau tus tuam thawj saib kev nyab xeeb kaw tej thaj chaw uas tsim taus kev phom sij rau pej xeeb kev nyab xeeb.

Kaslifuanias tsab cai Kev Nyab Xeeb thiab Kev Tiv Thaiv tshooj 120275 thiab 120295 uas yog ib qhov txim txhaum me(misdemeanor) uas yog tawm tsam tej tshooj cai ntawm Kev Nyab Xeeb thiab Kev Tiv Thaiv, xws li cov kev tswj kom tej tus tib neeg yuav tau ua raws thiab yoog nrog cov kev ceeb toom(xaj) kom cai los sis ceev txhob nyob ze lwm tus.



Rais Vohra MD
Thawj Saib Kev Nyab Xeeb

4/14/2020

Date

DAIM NTAWV CEEB TOOM TXOG KOJ TXOJ CAI

- 1.** Yog koj tsis pom zoo rau cov kev ceeb toom cais/txwv no, koj muaj cai nrhiav koj tus kws lij choj los tiv thaiv koj uas koj yuav tau tshwm nyiaj ntawm koj ntiag tug.
- 2.** Koj haj tseem mua peev xwm siv txoj cai (Writ of Habeas Corpus) uas yog Kaslisfuanis tsab cai teem txim nqi 1473 los tiv thaiv koj.
- 3.** Koj muaj feem thov kev tso cai rau koj txog txoj kev cais (isolation) uas yog hu tau rau Fresno Lub Chaw Saib Kev Noj Qab Haus Huv (FCDPH) ntawm (559)600-3332 lub sij hawm ua hauj lwm. Tom qab sij hawm ua hauj lwm los yog hnuv so hauj lwm hu tau rau tus xov tooj (559) 352-7067. Yog hu tsis muaj neeg txais xov tooj, hu mus rau tub ceev xwm ceev nroog (Sheriff Dispatch) ntawm (559) 600-3111.
- 4.** Txhua tus uas yuav xav nrog tus Thawj Siab Kev Nyab Xeeb tham yuav tau hu rau Fresno Lub Chaw Saib Kev Noj Qab Nyob Zoo ntawm tus xov tooj (559)600-3332 rau lub sij hawm ua hauj lwm. Tom qab sij hawm ua hauj lwm los yog hnuv so hauj lwm hu tau rau tus xov tooj (559) 352-7067. Yog hu tsis muaj neeg txais xov tooj, hu mus rau tub ceev xwm ceev nroog (Sheriff Dispatch) ntawm (559) 600-3111.



County of Fresno

DEPARTMENT OF PUBLIC HEALTH

Condado de Fresno

Departamento de Salud Publica

ORDEN DEL OFICIAL DE SALUD

Modificado el 14 de abril de 2020

De conformidad con las Secciones 101040, 120175 y 120175.5 (b) del Código de Salud y Seguridad de California (b), el Oficial de Salud del Condado de Fresno ordena lo siguiente:

1. Esta orden se emite como resultado de la declaración de la Organización Mundial de la Salud sobre la pandemia mundial de la enfermedad por coronavirus (COVID-19). COVID-19 es una enfermedad respiratoria que puede transmitirse de persona a persona. COVID-19 se encuentra en las gotas que son estornudadas, tosidadas o exhaladas en el aire por individuos infectados.
2. Esta Orden se emite de acuerdo con, e incorpora por referencia, la: proclamación del 4 de marzo de 2020 de un Estado de Emergencia emitida por el Gobernador Gavin Newsom; la Declaración de Emergencia Nacional del 13 de marzo de 2020 emitida por el presidente Donald Trump; la Declaración de Emergencia de Salud Local del 15 de marzo de 2020 basada en una próxima e inminente amenaza para la salud pública por la introducción del nuevo COVID-19 en el Condado de Fresno; la Declaración de Emergencia Local del 15 de marzo de 2020; las Resoluciones de la Junta de Supervisores del Condado de Fresno del 17 de marzo de 2020 que ratifican la Emergencia Local y la Emergencia de Salud Local; la guía emitida el 11 de marzo de 2020 por el Departamento de Salud Pública de California con respecto a grandes reuniones de 250 personas o más; Orden ejecutiva N-25-20 del Gobernador Gavin Newsom del 12 de marzo de 2020 que prepara al Estado para comandar hoteles y otros lugares o residencias temporales, instalaciones médicas y otras instalaciones que sean adecuadas como lugares de residencia temporal o instalaciones médicas según sea necesario para la cuarentena, aislar o tratar a las personas que son positivas con COVID-19 o que han tenido una exposición de alto riesgo y se cree que están en el período de incubación; la orientación emitida el 15 de marzo de 2020 por los centros de Control y Prevención de Enfermedades, el Departamento de Salud Pública de California y otros

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oficiales de salud pública a través de los Estados Unidos y en todo el mundo que recomiendan la cancelación de reuniones que involucren a más de cincuenta (50) o más personas en un solo espacio al mismo tiempo; La Orden Ejecutiva N-33-20 del Gobernador Newsom, que le da al estado la capacidad de aumentar la capacidad de atención médica en clínicas, unidades móviles de atención médica e instalaciones de atención médica para adultos y permite a los gobiernos locales una mayor flexibilidad para utilizar las habilidades de los empleados jubilados para cumplir el oleaje COVID-19; y la Orden Ejecutiva N-39-20 del Gobernador Newsom destinado a expandir la fuerza laboral de atención médica y reclutar profesionales de atención médica para abordar el aumento de COVID-19. El Gobernador y el Oficial de Salud Pública del Condado continúan emitiendo órdenes relacionadas con COVID-19 para mitigar la crisis de salud pública.

3. A la fecha, hay más de 1,970,000 casos en el mundo y más de 124,544 muertes. En California, hay más de 22,000 casos confirmados y 687 muertes. Podemos esperar que el número de casos aumente significativamente si no se toman medidas para disminuir la propagación de la enfermedad.
4. Actualmente no hay un tratamiento disponible, sin embargo, la transmisión de la enfermedad puede ralentizarse a través de medidas de mitigación de la comunidad que disminuyen la probabilidad de exponerse a las gotas de una persona infectada. Estas medidas incluyen, limitar eventos de gran escala y reuniones masivas, y practicar el distanciamiento social. Las operaciones de contención agresivas que incluyen aislar casos sospechosos y personas bajo investigación y poner en cuarentena sus contactos pueden limitar la propagación de la enfermedad, reducir los impactos de la enfermedad en la sociedad y evitar medidas más estrictas que causarían un mayor perjuicio a la sociedad civil.
5. Dentro del sistema de salud pública, todas las personas que cumplen con los criterios de los Centros para el Control de Enfermedades (CDC) para enfermedades dentro del Condado de Fresno han sido y serán evaluadas. Sin embargo, tanto a nivel local como nacional hay capacidades de prueba limitadas debido a la disponibilidad y al número de kits de prueba de laboratorio y kits de recolección de muestras.
6. A partir del jueves 26 de marzo de 2020, lo siguiente estará en vigencia para el Condado de Fresno.
 - a. Los proveedores de atención médica deberán:
 - i. Informe diariamente a la rama de salud pública de la Agencia de Salud y Servicios Humanos a todos los pacientes atendidos en su práctica que se presentaron con una enfermedad respiratoria con fiebre.
 - ii. La información del paciente incluirá información demográfica, incluyendo la edad, así como el domicilio de residencia y el estado clínico, indicará si se realizaron pruebas rápidas en el punto de atención y sus resultados, e indicará si se realizó la prueba COVID-19; y
 - iii. Dirija al paciente, si no se encuentra un diagnóstico de exclusión, a aislarse durante siete días después del inicio de los síntomas o tres días después de la

interrupción de la fiebre sin el uso de medicamentos antifebriles Y notificar a todos los contactos cercanos para que se pongan en cuarentena durante 14 días desde el último contacto conocido con el paciente.

- b. Los empleadores agrícolas deberán:
 - i. Diariamente, demuestre el cumplimiento de la Guía de seguridad y salud: Prevención de infecciones COVID-19 para empleadores y empleados agrícolas, emitida el 7 de abril de 2020 por la Unidad de Publicaciones de la División de Seguridad y Salud Ocupacional del Departamento de Relaciones Industriales de California.
 - ii. El Departamento de Salud Pública y / o el Oficial de Salud Pública pueden modificar esta guía en función de otros factores.
- c. Todos los empleadores deberán:
 - i. Diariamente, mientras que se realizan sus negocios, evalúe a todos los empleados para detectar enfermedades respiratorias febriles.
 - ii. Excluir del trabajo a todos los empleados que informan que tienen síntomas de enfermedad respiratoria febril por siete días a partir del día en que fueron identificados con síntomas; y
 - iii. Los empleados excluidos del trabajo deben aislarse en casa Y avisarle a todos sus contactos cercanos para que se pongan en cuarentena durante 14 días desde el último contacto que tuvieron con el paciente
- d. Todos los residentes deberán de:
 - i. Monitorearse a sí mismo para detectar síntomas de COVID-19; y
 - ii. Aislarse si tienen síntomas durante siete días después del inicio de los síntomas, a menos que requieran más atención médica, Y notifique a sus contactos cercanos para que se pongan bajo cuarentena durante 14 días.

7. Criterios de autorización para volver al trabajo

- a. **Ocupación o situación sensible:** lo siguiente se aplica a los trabajadores en profesiones relacionadas con la atención médica y los hospitales; instalaciones especializadas en la recuperación e instalaciones a largo plazo para personas de edad avanzada; hospicio; diálisis; Cuidado infantil; entornos que tratan a individuos inmunocomprometidos; y todas las agencias de primeros auxilios. Un trabajador excluido puede regresar a trabajar cuando:
 - i. Han transcurrido al menos 7 días desde la recuperación definida como la resolución de la fiebre sin el uso de medicamentos para reducir la fiebre y la mejora de los síntomas respiratorios (por ejemplo, tos, falta de aliento); y,
 - ii. Han transcurrido al menos 14 días desde que aparecieron los primeros síntomas

- b. Para el **resto de la comunidad**: un trabajador excluido puede volver a trabajar cuando:
 - i. Han transcurrido al menos 3 días (72 horas) desde la recuperación definida como la resolución de la fiebre sin el uso de medicamentos para reducir la fiebre **y** los síntomas respiratorios mejoran (por ejemplo, tos, falta de aliento); **y**:
 - ii. Han transcurrido al menos 7 días desde que aparecieron los primeros síntomas
 - c. El Departamento de Salud Pública, el Oficial de Salud Pública y los Departamentos de Salud de Empleados de negocios individuales, con la aprobación del Oficial de Salud, pueden modificar esta guía en función de otros factores. Los negocios deben comunicarse con el Departamento de Salud y recibir la aprobación antes de modificar la guía anterior.
8. Para el propósito de esta orden:
- a. La enfermedad respiratoria febril se define como "un episodio nuevo o que empeora de tos o falta de aliento, que se presenta con fiebre (temperatura de 38 grados C o 100.4 grados F o más) o escalofríos en las 24 horas anteriores";
 - b. El contacto cercano se define como alguien que ha pasado 15 minutos o más y cerca de 6 pies o menos de la persona;
 - c. El aislamiento se define como "separación de personas enfermas con una enfermedad contagiosa de personas que no están enfermas";
 - d. La cuarentena se define como "separación y restricción de movimiento de personas que estuvieron expuestas a una enfermedad contagiosa para ver si se enferman".
 - e. El distanciamiento social se define como "mantener una separación de seis pies de todas las personas excepto los miembros de la familia"; y
 - f. Síntomas del COVID-19:
 - i. Fiebre
 - ii. Tos
 - iii. Dificultad al respirar
9. Esta orden sustituirá a la orden anterior emitida el 27 de marzo de 2020. El Oficial de Salud puede modificar esta orden según sea necesario. Esta Orden permanecerá en plena vigencia y efecto hasta que sea rescindida, reemplazada o enmendada.
10. El Departamento de Salud Pública de California (CDPH) y los Centros para el Control y la Prevención de Enfermedades (CDC) pueden recomendar más guías.

Yo, como el Provisional Oficial de Salud del Condado de Fresno, quiero animar el cumplimiento voluntario de la esta Orden del Oficial de Salud. Sin embargo, la violación de esta orden está sujeta a multas, encarcelamientos o ambos (Código de Salud y Seguridad de California, Sección 120295).

La violación o el incumplimiento de esta Orden se castiga con una multa, encarcelamiento o ambos bajo varios estatutos penales:

La sección 148 del Código Penal de CA establece que es un delito menor resistir, retrasar u obstruir a un funcionario público en el desempeño de su deber. Los oficiales del Alguacil y los oficiales de policía de la ciudad están autorizados a cumplir las órdenes de salud en el cumplimiento de su deber.

La sección 69 del Código Penal de CA puede acusar un delito grave por el intento, de cualquier amenaza o violencia, de disuadir o impedir que un ejecutivo realice cualquier impuesto por la ley, o de resistir, mediante el uso de la fuerza o la violencia, el oficial, en el desempeño del deber del oficial. Los oficiales del Alguacil y los oficiales de policía de la ciudad están autorizados a cumplir en enforzar las órdenes de salud en el cumplimiento de su deber.

La sección 409.5 del Código Penal de CA permite al oficial de salud a cerrar un área donde una calamidad ha creado una inmediata amenaza a la salud pública.

Las secciones 120275 y 120295 del Código de Salud y Seguridad de California hacen que sea un delito menor violar ciertas secciones del Código de Salud y Seguridad, incluyendo aquellas que requieren que las personas cumplan con las órdenes de salud para facilitar el aislamiento o la cuarentena.

Rais Vohra MD

Rais Vohra MD

Oficial de Salud

4/14/2020

Date

AVISO DE DERECHOS

1. Si se opone a esta orden de aislamiento / cuarentena, tiene derecho a solicitar su propio representante legal.
2. Tiene derecho a presentar una orden de hábeas corpus según la Sección 1473 del Código Penal de California para solicitar la liberación de la orden de aislamiento / cuarentena.
3. Tiene derecho a solicitar la liberación del aislamiento comunicándose con el Departamento de Salud Pública del Condado de Fresno al (559) 600-3332 durante el horario de operación normal. Después de las horas de operación normal, fines de semana y días festivos notifique al personal de guardia del Departamento de Salud Pública del Condado de Fresno al (559) 352-7067. Si no hay respuesta, comuníquese con el Despacho del Departamento del Alguacil del Condado de Fresno al (559) 600-3111.
4. Todas las solicitudes para contactar al Oficial de Salud del Condado se realizarán a través del Departamento de Salud Pública del Condado de Fresno al (559) 600-3332 durante el horario de operación normal. Después de las horas de operación normal, fines de semanas y días festivos notifique al personal de guardia del Departamento de Salud Pública del Condado de Fresno. Si no hay respuesta, comuníquese con el Despacho del Departamento del Alguacil del Condado de Fresno al (559) 600-3111.



County of Fresno DEPARTMENT OF PUBLIC HEALTH

March 13, 2020

The Fresno County Department of Public Health (FCDPH) is following the California Department of Public Health (CDPH) recommendations to slow the spread of coronavirus disease (COVID-19) cases in our community. To protect public health and slow the rate of transmission of COVID-19, mass gatherings should be postponed or cancelled for at least the remainder of the month of March. Full CDPH guidance for mass gatherings can be found on the following webpage: www.fcdph.org/covid19.

The FCDPH recommends the following:

- Large gatherings that include 250 people or more should be postponed or canceled.
 - This includes gatherings such as concerts, conferences, and professional, college, and school sporting events.
- Smaller gatherings held in venues that do not allow social distancing of six feet per person should be postponed or canceled.
 - This includes gatherings in crowded auditoriums, rooms or other venues.
- Gatherings of individuals who are at higher risk for severe illness from COVID-19 should be limited to no more than 10 people.
 - This includes gatherings such as those at retirement facilities, assisted living facilities, developmental homes, and support groups for people with health conditions.
- A “gathering” is any event or convening that brings together people in a single room or single space at the same time, such as an auditorium, stadium, arena, large conference room, meeting hall, cafeteria, or any other indoor or outdoor space.

The FCDPH has confirmed one (1) case of COVID-19, which was announced on March 7, 2020. The FCDPH has not confirmed community transmission. The goal of this recommendation is to prevent people physically coming together unnecessarily, where people who have the infection can easily spread it to others. This guidance does not apply to activities such as attendance at regular school classes, work, or essential services.

Certain activities are essential to the functioning of our county and must continue, therefore this guidance does not apply to essential public transportation, airport travel, or shopping at a store or mall. Other specific guidance can be found on the CDPH website to help people take actions that can protect them in those settings. Please visit www.cdph.ca.gov/covid19 for more information.

Sincerely,

Rais Vohra, M.D.
Fresno County Interim Health Officer

David Pomaville
Director

Promotion, preservation and protection of the community's health

1221 Fulton Street / P. O. Box 11867, Fresno, CA 93775
(559) 600-3200 • FAX (559) 600-7687

The County of Fresno is an Equal Employment Opportunity Employer
www.co.fresno.ca.us • www.fcdph.org

COVID-19 Screening Checklist for Medical Employers

(Use for Healthcare Settings, including Hospitals, Medical Practices, First response, Nursing Homes, Elder Care Facilities and Similar Congregate Settings)

All employees AND visitors entering the building should be asked following questions. Screening should be done at the beginning AND at the end of the workday.

1. Do you have fever, chills, or feel feverish?
 Yes
 No
 If YES, obtain and document temperature _____ degrees C / F
2. Do you have any of the following respiratory symptoms?
 Cough (productive or dry)
 Shortness of breath
 Sore throat (rare symptoms)
 Runny nose (rare symptoms)
3. Have you had close, **unprotected** contact with a **confirmed COVID-19** patient (spent longer than 15 minutes within 6 feet patient and not wearing a mask)?
 Yes—Go home immediately and self-isolate for 14 days if asymptomatic
 No— Continue to next question
4. Have you had close, **unprotected** contacted with a **suspected COVID-19** patient with pending results (spent longer than 15 minutes within 6 feet of patient and not wearing a mask)?
 Yes – Can work but will need to wear a mask at all times, and avoid direct contact with immunocompromised patients
 No – Continue to next question
5. If they have subjective or documented fever **AND** any of the respiratory symptoms noted above:
 They should be asked to go home immediately and self-isolate until they are asymptomatic for 3 days without the use of any medications, and it has been 7 days since the first day of their symptoms (whichever duration is longer)
6. If they have respiratory symptoms **but** NO subjective or documented temperature:
 They can work but will need to wear a mask at all times and follow other precautions as noted under #7
 If no masks available, we recommend that these individuals be sent home and return once asymptomatic for 3 days without the use of any anti-fever medications, and it has been 7 days since the first day of their symptoms (whichever duration is longer)
7. If they say no to #1, #2, #3, #4 and #5 they can work but remind them to do the following:
 Wash their hands with soap and water or alcohol-based sanitizer before they start work and frequently throughout the day
 Practice social distancing, sit and/or stand at least 6 ft from other people, do not shake hands or hug people, and do not share food or drinks
 Sanitize their work area before they leave
 Contact their employer and leave work immediately if they start to feel feverish or have respiratory symptoms



COVID-19 Non-Medical Employer Screening Tool

Ask the following questions at the beginning of every shift:

Questions	Answer	Action
Feeling fever, body aches, or chills?	YES or NO	If yes → go home
Respiratory symptoms? (New or worsening short of breath, cough, or runny nose)	YES or NO	If yes → go home

If employee has **no fever and respiratory symptoms**, they can work AFTER washing their hands and need to follow social distancing, frequent hand hygiene and cleaning of their workspace throughout the workday.

Masking with cloth mask is recommended in **non-clinical** roles if employee works around other employees or public, and physical distancing (6 feet apart at all times) is not possible due to the nature of the work.

Reminder: Cloth masks are not as effective as physical distancing (6 feet apart).

Disclaimer: This is a recommended template; employers can use it as it is or can use it to create a screening tool that works best for their work environment.



COVID-19 Non-Medical Employer Screening Tool FAQ's

1. What about agricultural workers?
 - See CAL OSHA Safety and Health Guidance for COVID-19 Infection Prevention for Agricultural Employers and Employees.
<https://www.dir.ca.gov/dosh/Coronavirus/COVID-19-Infection-Prevention-in-Agriculture.pdf>
2. When do I ask these questions? What type of documentation is needed?
 - The Fresno County Department of Public Health (FCDPH) recommends that all employees be screen at the beginning of the workday. This can be done in any format that works for your work environment; this checklist can be a paper or phone application, at the door or at the workstation. Employers need to keep a log of all employees who were told to go home
3. What are instructions for workers who need to go home?
 - Most people will have mild symptoms and can recover at home
 - Employees need to self-isolate; stay in a separate room and away from other family members as much as possible
 - Employees should not share food, drinks, sheets or towel with other family members
 - Cover sneeze and cough with tissue or elbow space and wash hands frequently
 - Clean all “high touch” surfaces often, or at least daily
 - Monitor their symptoms and if they experience constant chest pain, have trouble breathing and are unable to eat or drink, they should call their doctor or go to the hospital
4. When can an individual **return to work**?
 - The Centers for Disease Control and Prevention (CDC) has two separate guidelines depending on if patient was tested or not:
 - i. If not tested for COVID-19, they can return to work:
 - If they have no fever for 3 days without the aid of medications, **and** show improvement in respiratory symptoms, **and**
 - At least 7 days out from first day of illness
 - ii. If tested for COVID-19 and were positive, they can return to work:
 - If they have no fever for 3 days without the aid of medications **and** show improvement in respiratory symptoms, **and**
 - Have two negative tests collected >24 hours apart
 - **Due to shortage of test kits and delay in getting test results, the FCDPH recommends using non-test based strategy** to determine who can return to work, regardless if person was tested or not, that is resolution of fever for three days without the aid of medications and improvement in respiratory symptoms, and 7 days from first day of illness (whichever is longer)



- For individuals who **NEVER had any symptoms** but were **tested POSITIVE**, they can return to work:
 - If they never had any subsequent illness, they can return to work after at least 7 days have passed since the date of their first positive COVID-19 diagnostic test
 - If individual had an **exposure** but **never had any symptoms** and were told to self-isolate, they can return to work **after 14 days of self-isolation are over**
5. What if an employee has allergies or asthma, do they need to go home?
- If their symptoms (runny nose, sneezing, or cough) has **NOT changed** from their baseline, then they **can work**
 - If their symptoms have **WORSENERD**, then they need to **go home**
6. What if an employee tests positive for COVID-19?
- Their **CLOSE contacts (<6 ft apart for >10 minutes)** will need to be contacted to inform them about their exposure and risk. Use the screening tool above to determine if they can work or not
7. What if an employee had an exposure but doesn't have any symptoms?
- People who had **close contact** with a **symptomatic or confirmed COVID-19 person** but themselves don't have any symptoms, need to self-isolate for 14 days
 - People who **did NOT have close contact** with a **symptomatic or confirmed COVID-19 person**, can return to work and self-monitor for signs/symptoms of infection and should leave work immediately if they start to feel ill
8. Where can I find more information?
- Fresno County Department of Public Health
www.fcdph.org/covid19
 - Centers for Disease Control and Prevention
www.cdc.gov/covid19





Department of Public Health
www.fcdph.org

Public Health Notice

COVID-19

Interim Guidance for Reopening

May 5, 2020

Interim Guidance for Reopening Fresno County Businesses While Maintaining Customer Safety and Public Health

The Fresno County Department of Public Health (FCDPH) is actively monitoring the COVID-19 pandemic as it affects the state and county. While the state shelter-in-place declaration from Governor Newsom is STILL in effect, we do recognize that business owners and employees of currently closed businesses are enthusiastic about reopening and doing so safely.

The FCDPH and Board of Supervisors has been working with the essential and critical infrastructure businesses and a great deal has been learned about how employers and businesses can slow the spread or prevent employees, customers, and clients from COVID-19.

We are pleased to announce that we are currently developing best practice guidelines for currently closed businesses to plan and respond to COVID-19. Members of the community, industry leaders and consumer advocates are all invited to collaborate with FCDPH on the development of these guidelines that make sense for our community, with a particular focus on how to keep all of our community members safe from COVID-19 while at the same time initiating the Governor's phased process for reopening our economy and get on the road to recovery.

We encourage businesses prohibited from operating to focus on planning to effectively implement social distancing and related public health measures in their facilities, so they are fully prepared and ready to safely reopen when it is allowed.

Help us by becoming part of the solution and let's get ready to reopen!

All employers need to consider how best to reduce the spread of COVID-19 and lower the impact in their workplace. This may include activities in one or more of the following areas:

Employee Safety

- How will your business screen employees for illness? What is your plan if an employee becomes ill during a shift? What actions will be taken if an employee reports illness?
- How will your business contribute to contact-tracing if notified that an employee or client has tested positive for COVID-19?
- Who will be the designated person in charge for COVID-19 contact tracing at your business?
- Does your business have flexible time-off/sick-leave policies in place?
- Can your business compartmentalize employees into groups/shifts that do not interact with each other?
- What measures will you implement for hand hygiene for employees, customers, and worksite visitors and how will this be maintained?

Customer / Visitor Safety

- How will your business ensure that customers are protected from potential COVID-19 exposure from your employees? From other members of the public?
- How will customers be screened for infection?

- Describe the precautions you will take if a customer is diagnosed with COVID-19 a day after they patronized the business? How will you notify employees at your business, or other customers who may have been close contacts of the individual?
- How will your business ensure that people who are at higher risk of severe illness (i.e. elderly, persons with serious underlying medical concerns, etc.) are protected from potential exposure to COVID-19?
- How will you ensure that all employees and customers wear masks while in your facility?

6-Foot Distancing Protocol

- What policies and practices will be implemented to ensure 6-foot distancing is maintained?
- How will your business limit the number of concurrent customers at your facility?
- If your business does not allow for 6-foot distancing (i.e. barber, etc.), how will you ensure employees and customers are protected from potential COVID-19 exposure?

Sanitation

- How will your business clean and disinfect the frequently touched surfaces and common areas? How often will the cleaning be done?
- What product(s) will your business use to clean and disinfect frequently touched surfaces? Are the products EPA-approved disinfectants? How will the disinfectant be used?
- Who will be the designated person in charge for cleaning and disinfecting frequently touched surfaces at your facility? How will you train your employees in the proper methods of cleaning and disinfecting (i.e. concentration, application method and contact time, etc.)?
- Who will evaluate and revise your cleaning and disinfection procedures if needed?

Useful References

[Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes | CDC](#)

[Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 | CDC](#)

[Reopening America Cleaning Disinfection Decision Tool | PDF | CDC](#)

[List N: Disinfectants for Use Against SARS-CoV-2 | Pesticide Registration | US EPA](#)



Department of Public Health
www.fcdph.org

Public Health Notice
COVID-19
Masking Guidelines
April 3, 2020

COVID-19 can spread even when someone is not showing symptoms. Studies have identified this as a possible risk and has led to a change in guidance.

1. Masks may not keep the wearer safe, but they can reduce the transmission of COVID-19 by the wearer (with or without symptoms) to others.
2. Staying home, social distancing (staying 6 feet away from people) and handwashing are most effective. Wearing a mask DOES NOT replace the importance of these strategies.
3. If you must make a trip outside of your home, a mask may reduce transmission.
4. Surgical masks are best; however, we know there are not enough of these in supply and should be reserved for healthcare workers and others involved in public safety first.
5. The Fresno County Department of Public Health encourages Fresno County residents to wear cloth masks that are reusable after washing. Surgical masks may be used while waiting for cloth masks to become available. If sewing is a skill of yours, this is an opportunity to help the community by making masks for others.
6. If you are wearing a cloth mask, you should ensure that you are washing them with hot water and soap. For this reason, having a few on hand would make sense.
7. Wash your hands before you put the mask on and after you take it off.
8. **If you are showing any signs of illness, you MUST stay at home.**
9. If you are making your own mask, simple patterns from the internet can be used, but the patterns that have 4 layers are most effective. Remember that pleats add layers, so these are important to leave in as part of the design if the pattern requires it.
10. For additional information and updates, contact the Fresno County Department of Public Health or visit www.fcdph.org/covid19.

Tutorials/ patterns for homemade masks (THERE ARE MANY OTHERS BUT 4-LAYER COTTON / BREATHABLE FABRICS ARE BEST): www.deaconess.com/mask



Departamento de Salud Pública
www.fcdph.org

Aviso de Salud Pública

COVID-19 Guías

Para el Uso de Mascarillas

3 de Abril, 2020

COVID-19 puede propagarse incluso cuando alguien no muestra síntomas. Los estudios han identificado esto como un posible riesgo y ha llevado a un cambio en las guías.

1. Las mascarillas probablemente no mantienen a una persona segura, pero pueden reducir la transmisión de COVID-19 del que las usa (con o sin síntomas) a otros.
2. Quedándose en casa, el distanciamiento social (permanecer 6 pies de distancia de otras personas) y lavarse las manos son más efectivos. Usar una mascarilla NO reemplaza la importancia de estas estrategias.
3. Si necesita salir de su casa, una mascarilla puede reducir la transmisión.
4. Las mascarillas que se usan durante una cirugía son las mejores; sin embargo, sabemos que no hay suficientes y deben ser reservadas para los trabajadores de la salud y otras personas involucradas en la seguridad pública.
5. El Departamento de Salud Pública del Condado de Fresno quiere animar a todos los residentes del condado de Fresno de que usen una mascarilla de tela que se pueda usar después de lavarla. Se pueden usar mascarillas que se usan durante cirugía mientras se espera que haya máscaras de tela disponibles. Si coser es una habilidad suya, esta es una oportunidad para ayudar a la comunidad haciendo máscaras para otros.
6. Si usa una mascarilla de tela, debe asegurarse de lavarla con agua caliente y jabón. Por esta razón, tener algunas extra sería lo mejor.
7. Lávese las manos antes de ponerse la mascarilla y después de quitársela.
8. **Si muestra síntomas de enfermedad, DEBE quedarse en casa.**
9. Si planea cocer su propia mascarilla, se pueden usar las muestras que se encuentran en la Internet, pero las muestras que tienen 4 capas son más efectivos. Recuerde que los pliegues agregan capas, por eso es importante dejar los pliegues como parte del diseño si la muestra lo requiere.
10. Para información adicional y actualizaciones, póngase en contacto con el Departamento de Salud Pública del Condado de Fresno o visite www.fcdph.org/covid19.

Tutoriales para cocer / muestras de mascarillas (HAY MUCHOS OTROS, PERO ALGODÓN DE 4 CAPAS / TEJIDOS TRANSPIRABLES SON LOS MEJORES):

www.deaconess.com/mask



Tuam Tsev Saib
Pejxeem Kev Nyob Zoo
www.fcdph.org

Chaw Saib Kev Noj Qab Huav Huv Kev Ceeb Toom **COVID-19 Kev Cai Siv Hnab Npog Qhov Ncauj** **Lub 4 hlis xyoo 2020**

COVID-19 Kev qhia siv hnab npog qhov ncauj qhov ntswg

Kab Mob COVID-19 muaj feem kis tau rau lwm tus txawm tias tus neeg mob nws lub cev (twb tshwm tus cim mob lawm los tsis tau tshwm li). Kev tshawb fawb tau soj ntsuam pom tias qhov nov yog ib qhov uas ua rau tibneeg sib kis tau yooj yim, yog li thiaj yuav tau pauv kev cai tiv thaiv.

1. Siv lub hnab npog qhov ncauj qhov ntswg yuav tsis tiv thaiv kom txhob kis tau tus kab mob COVID-19 no, tabsis tsua pab kom txhob kis tau sai xwb (txawm tus neeg mob nws lub cev yuav tshwm tus cim mob los tsis tshwm).
2. Nyob rau hauv tsev, nyob sab nraum zoov (nrug koj tus kheej kom deb ntawm 6 kauj ruam ntawm ib tug tib neeg) thiab kev ntxuav tes yog ib qhov tiv thaiv tau zoo heev. Kev siv lub hnab npog qhov ncauj qhov ntswg yuav TSIS PAB tau tag nrog yog tsis ua cov kauj ruam saum no ntxiv.
3. Yog hais tias koj yuav tau tawm mus sab nraum zoov, siv lub hnab npog qhov ncauj qhov ntswg kuj yuav pab me ntsi kom txhob kis tau thiab.
4. Lub hnab npog uas cov kws tshuaj thiab cov neeg ua haujlwm rau neeg mob siv yog cov zoo dua; tiam sis peb paub tias cov hnab npog no muaj tsis txaus rau sawvdaws thiaj yuav tsum tseg rau cov neeg saib neeg mob thiab tej tus neeg uas pab pej xeem siv xwb.
5. Fresno Lub Chaw Saib Kev Noj Qab Haus Huv nquag hu kom Fresno cov pej xeem siv cov hnab npog qhov ncauj qhov ntswg ntaub uas ntxhua tau es rov siv dua. Siv cov hnab npog qhov ncauj uas yog cov kws tshuaj li ua ntej los tau txog thaum muaj cov hnab ntaub lawm. Yog koj paub xaws cov hnab npog qhov ncauj ntaub no, nov kuj yog zoo sij hawm rau koj xaws pab rau cov neeg hauv koj lub zej zos thiab.
6. Thaum siv lub hnab npog qhov ncauj ntaub, nco ntsoov yuav tau ntxhua nrog dej kub thiab xab npus. Vim tias yuav tau ntxhua tas li, yog li yuav tau npaj ob peb lub cia tau siv.
7. Ntxuav koj txhais tes ua ntej koj yuav muab npog thiab tom qab koj muab rho tawm ntawm koj lub ntsej muag.
8. **Yog hais tias koj mob lawm, koj yuav tsum tau nyob hauv tsev.**
9. Yog koj yuav xaws lub hnab npog qhov ncauj qhov ntswg, muaj qhia nyob hauv internet, qhov kev qhia kom xaws 4 txheej thiaj yog qhov yuav tiv thaiv tau zoo dua. Nco ntsoov yuav tau caws nre rau ob sab ntug nov yog ib qhov yuav tsum tau ua.
10. Yog xav paub ntxiv los yog xav paub kev tshab xo tshiab, hu rau Fresno Lub Chaw Saib Kev Noj Qab Haus Huv los yog mus saib ntawm www.fcdp.org/covid19.

Kev qhia xaws lub hnab npog qhov ncauj qhov ntswg **(MUAJ NTAU QHOV QHIA, TABSIS SIV QHOV KOM XAWS 4 TXHEEJ THIAB SIV HOM NTAUB UAS UA PAS TAUS YOOM YIM YOG QHOV ZOO TSHAJ: www.deaconess.com/mask**

FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH GUIDANCE FOR COVID-19 TESTING 3/27/2020

Now we are in mitigation with containment period, and have 30 confirmed (as of 3/27) COVID-19 cases in Fresno County, **we are removing travel as a risk factor**.

As you all are well aware, at this time we have shortage of testing supplies and do not have laboratory capacity to be able to keep up with large number of tests and hence are recommending that all healthcare providers follow the testing criteria listed below.

We recommend offering and completing testing for HIGH-RISK individuals who meet ALL of the following **THREE categories** noted below.

1. Individuals with symptoms; fever, AND respiratory symptoms (cough, shortness of breathing)*
2. Have had a close contact with a confirmed (positive results) or suspected (tested but pending results) COVID-19 cases, and
3. High risk population:
 - Healthcare workers
 - First responders (e.g. EMS, fire fighters, police officers)
 - Long-term care facility workers and residents
 - Live or work in congregate settings (e.g. shelters, group home, jail)
 - Immunocompromised (regardless of age)
 - Over 60 years
 - Comorbidities (hypertension, diabetes, chronic heart disease, chronic kidney disease, chronic lung disease or morbid obesity)
 - Hospitalized patient
 - Pregnant women

Individuals who are symptomatic but DO NOT meet the other two criteria for testing, recommend self-isolation until they are at least fever free for 3 days (72 hours) without the use of any fever reducing medications, have no respiratory symptoms, or are 7 days out from the first day of their symptoms, whichever is longer.

Individuals who have had close contact with confirmed COVID-19 case and are asymptomatic, need to **self isolate for 14 days**. If had a close contact with **suspected COVID-19 case** then they **can work with a mask on at all times** till the suspected case is either **negative** – then they can continue to work, OR **positive** – then individual will need to self isolate for 14 days.

*Respiratory symptoms (such as cough, runny nose and sore throat) alone doesn't qualify them for testing at this time BUT this might change in the near future

Disclaimer: There are currently no restrictions on who can be tested for COVID-19 and commercial testing is becoming more available. Healthcare providers may test any patient with symptoms consistent with COVID-19 (e.g., fever, cough, shortness of breath) but we recommend following the criteria above while we are facing shortage of testing supplies and labs.





County of Fresno

DEPARTMENT OF PUBLIC HEALTH

May 14, 2020

Dear Funeral Directors and Cemetery District Managers,

Please see the updated Funeral Home and Cemetery Guidance below as we gradually implement the reopening of Fresno County. Public Health Administration is continually monitoring Federal, State and local guidelines and recognize this is a fast-changing environment. It is imperative that you continue to take precautions when planning and holding funeral services and visitations to prevent the spread of COVID-19 among those in attendance, including those who may not have symptoms. Again, we must maintain our efforts to ensure the health and safety of all. Therefore, we ask that you adhere to the following guidance.

Funeral Home/Mortuary Guidance:

- Mortuary visitation or viewing no more than 30 minutes.
- No family home or off-site visitation or viewing.
- No more than 10 persons, including clergy.
- Family will disclose to clergy if decedent is COVID-19 positive.
- No rotation or interchanging of the 10 persons.
- No ill persons in attendance.
- All persons must wear a mask.
- All persons must maintain social distancing of 6ft.

Cemetery Guidance Per Graveside Service:

- Cemetery Graveside allowed.
- No more than 10 persons, including clergy at graveside.
- Family will disclose to clergy and Cemetery Director if decedent is COVID-19 positive.
- No rotation or interchanging of the 10 persons at graveside.
- No ill persons in attendance.
- All persons must wear a mask.
- All persons must maintain social distancing of 6ft.
- Limit approximately 30 minutes at graveside.

Cemetery Visitation Guidance:

- Cemetery visitation by the public will be allowed.
- No ill persons in attendance.
- Adhere to Fresno County COVID-19 Masking Guidelines (available at www.fcdph.org/mask).
- All persons must maintain social distancing of 6ft.
- Post health department guidance for public viewing.

Promotion, preservation and protection of the community's health

1221 Fulton Street /P. O. Box 11867, Fresno, CA 93775

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We all have a role to play. Your dedication to protect your staff, the families you service and all those in the community in a safe and effective manner is commendable. We must all work together to gracefully reopen and slow the progression of the virus.

Respectfully,

A handwritten signature in blue ink that reads "Rais Vohra MD". The signature is written in a cursive, flowing style.

Rais Vohra, M.D.
Fresno County Interim Health Officer

RV/smg

cc: Joe Prado, Community Health Division Manager, Fresno County Department of Public Health
David Luchini, Assistant Director, Fresno County Department of Public Health
David Pomaville, Director, Fresno County Department of Public Health



County of Fresno DEPARTMENT OF PUBLIC HEALTH

April 24, 2020

RE: New Guidance on Drive-In Events

As we continue to adhere to the State of California's Stay at Home Order, we have updated and revised our Guidance for Drive-In Events issued on April 6, 2020. New guidance will permit drive-in events for Faith Based Organizations, only if they adhere to the following guidelines:

- Each vehicle is limited with only household members (no carpooling)
- Park vehicles with at least 6 feet of spacing
- Keep windows completely closed if feasible (may open windows a quarter of the way if necessary)
- Allow multiple services to reduce any congestion of vehicles
- All those in attendance should not exit their vehicles
- Staff conducting service should be kept under 10 people and adhere to the physical distancing guidelines of at least 6 feet of physical separation.
- Staff should wear face masks and gloves
- Staff should follow proper hygiene protocol such as hand washing and disinfecting items
- No direct handing of items (food, drinks, etc.) to people inside the vehicle
- Place items (food, drink, etc.) in vehicle's trunk

In addition, all those in attendance should practice social distancing preceding and proceeding drive thru events. All organizers should continue to encourage all those in attendance to practice any guidance from the Centers for Disease Control and Prevention, California Department of Public Health, and the Fresno County Department of Public Health.

Rais Vohra, M.D.
Fresno County Interim Health Officer

David Pomaville
Director

Promotion, preservation and protection of the community's health

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County of Fresno DEPARTMENT OF PUBLIC HEALTH

May 1, 2020

RE: Guidance for Graduation Ceremonies

As the Fresno County Department of Public Health (FCDPH) responds to the COVID-19 pandemic in Fresno County, we continue to receive many questions regarding graduation ceremonies. On March 19, 2020 California State Health Officer Dr Sonia Angell and Governor Gavin Newsom ordered a shelter in place until further modifications or notice, including closure of schools and cancellation of all gatherings.

This Health Officer Order remains in place until further notice and prohibits public gatherings including in-person graduations. The bottom line is that gathering with people outside of your household will encourage dangerous congregating of people and will put many at risk of infection transmission.

The FCDPH recommends that schools honor graduating seniors by doing one of the following:

1. Postpone ceremonies to a later date
2. Conduct ceremonies using online resources
3. Schedule appointments for graduates and their household members
4. Present graduates their diploma at a private ceremony (this may work for graduates leaving the community, joining the military, or who have overcome extraordinary circumstances)

The FCDPH remains very concerned about the transmission of COVID-19 in our community and we very much want to avoid the tragic outcomes that we have seen from funerals, parties, family gatherings, and wedding's in our community.

Sincerely,

Rais Vohra, M.D.
Fresno County Interim Health Officer

David Pomaville
Director

Promotion, preservation and protection of the community's health

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County of Fresno DEPARTMENT OF PUBLIC HEALTH

1 de mayo 2020

Información para las ceremonias de graduación.

El Departamento de Salud Pública del Condado de Fresno ha recibido preguntas sobre las ceremonias de graduación. El 4 de marzo de 2020, la Dra. Sonia Angell, Oficial de Salud del Estado de California, y el Gobernador Gavin Newsom firmaron una orden ejecutiva del estado de California para quedarse en casa o en su lugar de residencia hasta que haya nuevas modificaciones o avisos, incluido el cierre de las escuelas y la cancelación de todas las reuniones.

Esta orden permanece actual hasta que haya un nuevo aviso y prohíbe las reuniones públicas, incluyendo las ceremonias de graduaciones. En conclusión, reunirse con personas fuera de su hogar provocará la congregación peligrosa de personas y pondrá a muchas personas en riesgo de transmisión de infecciones.

El Departamento de Salud Pública del Condado de Fresno recomienda que las escuelas honren a los graduados haciendo uno de los siguientes:

1. Posponer las ceremonias a una fecha posterior
2. Conducir ceremonias utilizando recursos en la internet
3. Programe citas para los graduados junto con miembros de su hogar
4. Presente a los graduados su diploma en una ceremonia privada (esto puede funcionar para los graduados que se están trasladando, uniéndose al ejército o que han superado circunstancias extraordinarias)

El Departamento de Salud Pública del Condado de Fresno se preocupa por la transmisión de COVID-19 en nuestra comunidad y queremos evitar los trágicos resultados que hemos visto en los funerales, fiestas, reuniones familiares y bodas en nuestra comunidad.

Sinceramente,

Rais Vohra, M.D.
Oficial Interino de Salud del Condado de Fresno

David Pomaville
Director

Promotion, preservation and protection of the community's health

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**DECLARATION OF LOCAL HEALTH EMERGENCY
(Health & Safety Code §101080)**

WHEREAS, a novel coronavirus, COVID-19, causes infectious disease and was first detected in Wuhan City, Hubei Province, China in December 2019. Symptoms of COVID-19 include fever, cough, and shortness of breath; outcomes have ranged from mild to severe illness, and in some cases death.

WHEREAS, the number of reported cases of COVID-19 has escalated dramatically over a short period of time, and on January 30, 2020, the World Health Organization (WHO) declared the outbreak a “public health emergency of international concern.”

WHEREAS, WHO officials now report that sustained human-to-human transmission of the virus is occurring. Transmission from asymptomatic individuals has been documented. Suspected community transmission of the virus is occurring in the United States. Although the majority of individuals infected with COVID-19 recover from the disease without special treatment, there is significant potential for serious infection and death.

WHEREAS, on January 31, 2020, United States Health and Human Service Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation’s healthcare community in responding to COVID-19.

WHEREAS, on March 13, 2020, the President of the United States declared a national emergency for the United States to aid the nation’s healthcare community in responding to COVID-19.

WHEREAS, the Centers for Disease Control and Prevention (CDC) has determined that the virus presents a serious public health threat.

WHEREAS, on February 27, 2020, the CDC issued new guidelines to screen individuals suffering from a fever and/or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) for COVID-19 for a history of travel from China, Iran, Italy, Japan, and South Korea as well as patients suffering from a fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza).

WHEREAS, there are two hundred (200) confirmed cases and at least three (3) deaths reported in California, one thousand six-hundred and twenty-nine (1,629) confirmed cases of COVID-19 and forty-one (41) confirmed fatalities in the United States, as well as about one hundred and twenty-five thousand and forty-eight (125,048) confirmed cases of COVID-19 and four-thousand (4,000) fatalities worldwide.

WHEREAS, there are two (2) confirmed cases of COVID-19 in Fresno County.

WHEREAS, there will be more confirmed cases in Fresno County from non-travel, community transmission due to the increase of these cases in the country, combined with the worldwide uncontrolled spread of COVID-19.

WHEREAS, Health & Safety Code section 101080 allows a local health officer to declare a local health emergency in the health officer's jurisdiction, or any part thereof, whenever the health officer reasonably determines that there is an imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease.

WHEREAS, this declaration enables the County to more effectively respond to the outbreak, seek and utilize mutual aid, potentially obtain reimbursement, and ensure that the County's public health professionals and providers have all necessary personal protective equipment to provide quality care and keep our community safe.

Now, therefore, pursuant to Health & Safety Code section 101080, the Fresno County Health Officer declares:

- 1) The potential introduction of COVID-19 in Fresno County is a threat to the public health within the meaning of Health & Safety Code section 101080.
- 2) A local health emergency is declared in Fresno County commencing on or about 10:00 a.m. on the fifteenth day of March 2020.

This declaration shall remain in effect for no longer than seven (7) days unless ratified by the Fresno County Board of Supervisors.

Date: 3.15.2020

Rais Vohra MD
Rais Vohra, MD
Interim County Health Officer
Fresno County
Department of Public Health

PROCLAMATION OF A LOCAL EMERGENCY
BY COUNTY ADMINISTRATIVE OFFICER

In the Matter of Proclaiming the Existence)
of a Local Emergency within Fresno County)

WHEREAS, the California Emergency Services Act (Government Code section 8630, et. seq.) establishes procedures for proclaiming emergencies and for responding promptly to the needs that arise during emergencies; and,

WHEREAS, section 2.44.060.A. of the Fresno County Code and Section 8630 of the Government Code empower the County Administrative Officer or his designee, or the Board of Supervisors if in session, to proclaim the existence of a local emergency when the County is affected by or likely to be affected by a public calamity; and,

WHEREAS, the United States has confirmed cases of individuals who have a severe acute respiratory illness caused by a novel (new) coronavirus (“COVID-19” or “the virus”) first detected in Wuhan, Hubei Province, People’s Republic of China in December of 2019; and,

WHEREAS, the World Health Organization (WHO) officials now report that sustained human-to-human transmission of the virus is occurring and transmission from an asymptomatic individual has been documented. Although most individuals infected with COVID-19 recover from the disease without special treatment, some may become seriously ill, particularly those with compromised immune systems or underlying health issues; and,

WHEREAS, on January 30, 2020, WHO declared the COVID-19 outbreak a public health emergency of international concern, and on January 31, 2020 the U.S. Department of Health and Human Services declared a Public Health Emergency for the United States; and,

WHEREAS, the Centers for Disease Control and Prevention (“CDC”) has determined that the virus presents a serious public health threat, requiring coordination among state and local health departments to ensure readiness for potential health threats associated with the virus; and,

WHEREAS, the CDC has issued guidance to local and State health departments, including Fresno County’s Department of Public Health (FCDPH), concerning risk assessment and public health management of persons with potential exposure to COVID-19. These guidelines require FCDPH to make extraordinary efforts to monitor ongoing communicable disease threats and prepare for management of individuals who may have been exposed to COVID-19; and

WHEREAS, FCDPH, the Office of Emergency Medical Services (EMS), and other County and City partners have been working successfully and diligently to implement CDC guidelines, but now require additional tools and resources to protect the public health given the current state of the epidemic and the need for a sustained response; and

WHEREAS, the Fresno County Director of Public Health has determined that FCDPH cannot comply with the CDC’s guidelines without immediate action beyond the County’s ordinary

response capabilities, including directing personnel and resources from other County departments to assist with the ongoing and developing threat of COVID-19; and,

WHEREAS, the recent closure of public schools and universities will require Fresno County employees who provide essential services to be away from work to care for their children or to be away from work to self-isolate due to COVID-19 exposures, and,

WHEREAS, the aforesaid conditions warrant and necessitate the proclamation of the existence of a local emergency and immediate action is necessary to mitigate potential public calamity, and,

WHEREAS, the County Administrative Officer has made every reasonable effort to confer with one or more members of the Board of Supervisors.

NOW, THEREFORE, IT IS PROCLAIMED AS FOLLOWS:

1. A local emergency, as defined in Government Code Section 8558c, now exists throughout the County of Fresno.
2. During the existence of said local emergency the powers, functions, and duties of the County Administrative Officer or his designee, the Fresno County Health Officer the Fresno County Public Health Department, and the Central California Emergency Medical Services Agency shall be those prescribed by State law and the ordinances, resolutions, and approved plans of the County of Fresno in order to mitigate the effects of the local emergency.
3. Pursuant to Public Contract Code Sections 20134, 22050, and 20395, the Purchasing Manager, Director of Public Works, or designee, is hereby authorized to engage independent contractors to complete all necessary work to mitigate the effects of said local emergency. Contracts for this work may be executed without prior Board approval of the plans, specifications, and working details, without giving notice for bids to let contracts.
4. Jean Rousseau, or his designee, is hereby designated as the authorized representative for public and individual assistance of the County of Fresno for the purpose of receipt, processing, and coordination of all inquiries and requirements necessary to obtain available state and federal assistance.

It is further ordered that:

- (1) All County officers and employees take all steps requested by the Director of Public Health and by CAO, Jean Rousseau, to prevent the spread of COVID-19 and to prevent or alleviate illness or death due to the virus; and,
- (2) All County officers and employees take all steps requested by the Director of Public Health to qualify the County for reimbursement from the State (CalOES) or Federal Emergency Management Agency (FEMA) and for other state and federal relief as may be available to reimburse the County for the expenses it incurs in addressing this emergency.

SIGNED AND SUBSCRIBED this 15th day of March, 2020, at Fresno, California.



Jean Rousseau
County Administrative Officer

Fresno County
Department of Public
Health: Health Alerts

COVID-19 TESTING GUIDELINE 3/20/2020



Is the patient concerned but not symptomatic?

YES

Does Patient have Symptoms?

Fevers, aches, cough, SOB?

NO

Practice social distancing at ALL TIMES, frequent hand hygiene, and cleaning of high touch areas
EDUCATE TO De-Escalate pandemic anxiety:
“Hoard Your germs, not your groceries” etc.
Wear a Mask ONLY if you are symptomatic

YES

Fever and Respiratory Illness with no high risk features:

3-4 days of bedrest and hydration

Self-isolate for 14 days, Return to work if no symptoms for 3 days

NO

Assess for High Risk situation:

1. High Risk of Having It
2. High Risk of Passing it On

YES

TESTING RECOMMENDED

SEND FLU AND COVID, and cancel COVID test if INFLUENZA positive

Travel to a high-risk area globally, on a cruise, or within in the US (>10 cases or with community transmission) in last 14 days?

OR

Close contact with COVID-19 suspected or confirmed patient?

- Healthcare worker
- First Responder
- Long-term Care Facility employee or resident
- Over 65
- Comorbidities (HTN, DM, CLD, CKD) or immunocompromised
- Hospitalized patient
- Lives OR work in shelters, jails, or other congregate settings

When do high risk professions return to work?

1. Asymptomatic and self isolating for 14 days after travel (
2. Symptomatic/ Confirmed COVID infection:
 - If not tested for COVID-19, can return to work:
 - No fever for 3 days without the aid of medications, and
 - Have no respiratory symptoms
 - 7 days out from first day of symptoms
 - If tested for COVID-19 and were positive, can return to work:
 - Resolution of fever without the aid of medications and improvement in respiratory symptoms, and
 - Two negative tested collected >24 hours apart

COVID-19 TESTING GUIDELINE 3/25/2020



Is the patient concerned but not symptomatic?

YES

Does patient have symptoms?

Fever, aches, cough, or SOB?

NO

YES

Practice social distancing at ALL TIMES, frequent hand hygiene, daily cleaning of high touch areas and daily at-work symptom check.

- Teach social distancing: "The test is neither a vaccine nor a cure"
- Wear a mask ONLY if you are symptomatic or a healthcare worker

3-4 days of bedrest and hydration

Self-isolate: NO work and NO social interactions

Return to work if no fever and respiratory symptoms x 3 days, or 7 days out from the first day of symptoms, whichever is longer

If no improvement by day 5, call your doctor ON THE PHONE

Assess for High Risk situation:

1. High Risk of Having It
2. High Risk of Passing it On

NO

YES

COVID TESTING RECOMMENDED

Close contact with COVID-19 suspected or confirmed patient?

(Note, travel criteria has been removed but prior travel may be considered for some cases)

- Healthcare worker/First Responder
- Long-term Care Facility employee or resident
- Over age 60
- Comorbidities (HTN, DM, CKD, chronic lung disease, chronic heart disease)
- Immunocompromised
- Hospitalized patient
- Lives OR works in shelters, jails, or any other congregate setting
- Pregnancy

When do high risk professions return to work?

1. If asymptomatic, self isolate x 14 days after high risk exposure
2. If employee is symptomatic or has a confirmed COVID-19 infection:
 - If not tested for COVID-19, can return to work when:
 - No fever for 3 days without the aid of medications, and
 - Have no respiratory symptoms
 - 7 days out from first day of symptoms
 - If tested for COVID-19 and were positive, can return to work after:
 - Resolution of fever without the aid of meds and improvement in symptoms
 - AND
 - Two negative tests, collected >24 hours apart to rule out continued infectivity



Special populations and CDC guidelines to return to work

- Now that we are in containment with mitigation phase, health care or long term care facility providers who have travelled to places with >10 cases and are asymptomatic can return to work with strict precautions and monitoring: they should wear a mask at all times and workplace should have protocol in place to monitor and document their respiratory symptoms and temperature twice a day. If they become symptomatic, they should be sent home immediately.
- CDC guidelines to return to work (during containment OR mitigation)
 - If not tested for COVID-19, can return to work:
 - No fever for 3 days without the aid of medications, and
 - Have no respiratory symptoms, and
 - 7 days out from first day of illness
 - If tested for COVID-19 and were positive, can return to work:
 - Resolution of fever without the aid of medications and improvement in respiratory symptoms, and
 - Two negative tested collected >24 hours apart
- Work practices and restrictions after return to work:
 - Wear a face mask at all times until all symptoms are resolved or until 14 days after illness onset, which is longer
 - Be restricted from contact with severely immunocompromised patients until 14 days after illness onset
 - Adhere to hand hygiene, respiratory hygiene, and cough etiquette
 - Active or Self monitoring for symptoms depending on exposure risk and seek re-evaluation from occupation health if respiratory symptoms recur or worsen

COVID-19 TESTING GUIDELINE 3/27/2020



Is the patient concerned but not symptomatic?

YES

Does patient have symptoms?

Fevers AND cough, shortness of breath or body aches?

NO

YES

Practice social distancing at ALL TIMES, frequent hand hygiene, daily cleaning of high touch areas and daily at-work symptom check.

- Teach social distancing: "The test is neither a vaccine nor a cure"
- Wear a mask ONLY if you are symptomatic or a healthcare worker

3-4 days of bedrest and hydration

Self-isolate: NO work and NO social interactions

Return to work if no fever and respiratory symptoms x 3 days, or 7 days out from the first day of symptoms, whichever is longer

If no improvement by day 5, call your doctor ON THE PHONE

Assess for High Risk situation:

1. High Risk of Having It
2. High Risk of Passing it On

Close contact with COVID-19 suspected or confirmed patient?

(Note, travel criteria has been removed but prior travel may be considered for some cases)

- Healthcare worker/First Responder
- Long-term Care Facility employee or resident
- Over age 60
- Comorbidities (HTN, DM, CKD, chronic lung disease, chronic heart disease)
- Immunocompromised
- Hospitalized patient
- Lives OR works in shelters, jails, or any other congregate setting
- Pregnancy

YES

COVID TESTING RECOMMENDED

When do high risk professions return to work?

1. If asymptomatic, self isolate x 14 days after high risk exposure
2. If employee is symptomatic or has a confirmed COVID-19 infection:
 - If not tested for COVID-19, can return to work when:
 - No fever for 3 days without the aid of medications, and
 - Have no respiratory symptoms
 - 7 days out from first day of symptoms
 - If tested for COVID-19 and were positive, can return to work after:
 - Resolution of fever without the aid of meds and improvement in symptoms AND
 - Two negative tests, collected >24 hours apart to rule out continued infectivity



Special populations and CDC guidelines to return to work

- Now that we are in containment with mitigation phase, health care or long term care facility providers who have travelled to places with >10 cases and are asymptomatic can return to work with strict precautions and monitoring: they should wear a mask at all times and workplace should have protocol in place to monitor and document their respiratory symptoms and temperature twice a day. If they become symptomatic, they should be sent home immediately.
- CDC guidelines to return to work (during containment OR mitigation)
 - If not tested for COVID-19, can return to work:
 - No fever for 3 days without the aid of medications, and
 - Have no respiratory symptoms, and
 - 7 days out from first day of illness
 - If tested for COVID-19 and were positive, can return to work:
 - Resolution of fever without the aid of medications and improvement in respiratory symptoms, and
 - Two negative tested collected >24 hours apart
- Work practices and restrictions after return to work:
 - Wear a face mask at all times until all symptoms are resolved or until 14 days after illness onset, which is longer
 - Be restricted from contact with severely immunocompromised patients until 14 days after illness onset
 - Adhere to hand hygiene, respiratory hygiene, and cough etiquette
 - Active or Self monitoring for symptoms depending on exposure risk and seek re-evaluation from occupation health if respiratory symptoms recur or worsen



Health Advisory

April 28, 2020
COVID-19

This is a health advisory for the Fresno County medical providers containing medical updates related to COVID-19. At the time of this writing, there are 498 cases confirmed in the county, which is approximately 7.5 % of all patients tested. Beyond the numbers, we brace ourselves for a long road ahead to a “new normal,” which means sustained, sustainable, and possibly long-term adjustments in the way we deliver health care and conduct our social lives with lessons learned and shared from many disciplines and sectors.

This advisory shares steps that Fresno County Department of Public Health (FCDPH) is taking currently in response to the pandemic, along with action steps that may apply to medical providers working with patients in primary care, hospital settings, and congregate/ long-term care settings.

1. **Testing Priorities have been updated** by the California Department of Public Health (CDPH) via an All Facilities Letter (AFL) dated April 19, 2020 and can be found at this link:
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-44.aspx>

CDPH Testing Priorities (updated April 19, 2020)
Priority 1:
Hospitalized patients
Symptomatic healthcare workers
Persons identified for testing by public health contact investigations and disease control activities in high risk settings, including both residents and staff (E.g., congregate living facilities, correctional facilities)
Priority 2:
Screening of asymptomatic residents of congregate living facilities prior to admission or re-admission to congregate living facility (E.G., a hospitalized patient will be screened for COVID-19 prior to discharge to a congregate living facility)
Screening of asymptomatic healthcare workers (E.G., skilled nursing facility workers, hospital workers)
Symptomatic persons in essential health and public safety occupations (E.G., first responders, law enforcement, congregate living facility workers)
Symptomatic persons >65 years of age or with chronic medical conditions
Priority 3:
Symptomatic persons in essential infrastructure occupations (E.G., utility workers, food supply workers, other public employees)
Priority 4:
Community-based testing of all low-risk symptomatic persons (Surveillance testing of asymptomatic persons)



Health Advisory

April 28, 2020
COVID-19

2. **Fast, broadly available testing and aggressive contact tracing** will be the most important components to the eventual reopening of many currently closed sectors in school, business, and nonessential medical practices. Please think ahead about how your practice can be part of this long-term change that we will need to make.
 - a. Testing sites: If you need help setting up a drive up, appointment only “swab site” at your clinical site we can provide technical assistance to you and your team. Please reach out. Employers and industries are also asking to connect to medical providers so if you are interested in occupational medicine or COVID-related industry consultations, call us.
 - b. New, high throughput testing sites are being supported statewide by the CDPH testing task force, and Fresno has been selected to have one set up. Stay tuned about this exciting development. We hope to have more information soon.
3. **Testing capacity** is improving but we are not yet at the recommended target of 152 daily tests per 100,000 population. In Fresno County that means approximately 1520 tests for our 1 million residents.
 - a. Here is where that number (152 daily tests/100K people) comes from in case you want to read further: <https://www.nytimes.com/interactive/2020/04/17/us/coronavirus-testing-states.html>
 - b. The FCDPH has a partnership with a PCR lab at Fresno State with rapid turnaround (24 hours in most cases). For information about how to send specimens to this lab or arrange a pick-up email jprado@fresnocountyca.gov
 - c. All medical providers are encouraged to learn how to swab a patient using appropriate PPE in their clinic practice.
4. **Contact tracing:** Learn how to do this as you take a history in a patient with febrile respiratory illness. The COVID-19 epidemic is driven by close contacts in multiple settings, who are exposed to droplets, fomites, and possibly aerosols from severely symptomatic patients with coughing/sneezing.
 - a. In our experience, CLOSE CONTACTS fall into 4 broad categories and you can speed up contact tracing when you ask and document these items: household contacts, workplace contacts, social/gathering contacts, and congregate setting contacts.
 - b. Have your staff get NAMES, ACTIVE PHONE NUMBERS, and EMAIL addresses on all potential close contacts if possible.
 - c. Stopping transmission means finding every exposed contact and asking them to quarantine, tighten their hygiene and masking practices, and getting tested if needed.



Health Advisory

April 28, 2020
COVID-19

5. In response to the COVID-19 pandemic, **California is providing hotel rooms to frontline healthcare workers** who are exposed to or test positive for COVID-19.
 - a. By providing hotel rooms in close proximity to medical facilities, healthcare workers avoid potentially spreading the virus once leaving their shift by electing to stay at pre-identified hotel rooms that are provided at no charge or at a discounted rate. The federal and state government will cover the costs of this program.
 - b. More information and instructions are available here:
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-45.aspx>

6. For congregate settings, we recommend the following layers of protection:
 - a. **ALL hospitalized or ED patients being discharged to any congregate setting (e.g. nursing home, prison, juvenile detention center, or a homeless shelter or similar accommodation) should be tested for COVID-19, to help detect and contain outbreaks as early as possible.**
 - b. **On arrival, the patient needs to stay in a “warm zone” in the destination facility where staff wearing full PPE (gown, gloves, eye protection and masks) can attend to their needs. Patients should wear cloth masks if possible, and remain separated from other patients.**
 - c. **After 14 days in the “warm zone,” the patient should be retested for COVID infection.**
 - d. If patient develops any symptoms, they should be tested for COVID infection immediately.
 - e. Note that elder individuals may present with confusion, cachexia, low grade fevers (98-100F) or other atypical features of COVID infection. CDC has updated the presenting signs and symptoms of COVID infection to include a broader array of symptoms (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).
 - f. If positive for COVID-19 infection, patient needs to be kept isolated from other patients and common areas, and staff need to continue to use full PPE to attend to them
 - g. If possible, please expedite testing for these patients to help conserve PPE and other resources.
 - h. FCDPH now has a local COVID lab that can run specimens, and turnaround time is about 24-48 hours. For information about how to send specimens to this lab or arrange a pick-up email jprado@fresnocountyca.gov.



Health Advisory

April 28, 2020
COVID-19

Finally, a note of gratitude—you are all doing a commendable job under these singularly unforeseen circumstances. A sincere thank you for your enduring dedication to your patients, to one another, and to the health of our community during this challenging time. Let us know how we can support you in your work.

Warmly,

Rais Vohra, MD
Interim Health Officer
Fresno County Department of Public Health
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www.fcdph.org

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Health Advisory

April 3, 2020

Universal Masking and Eye Protection

Capsule Summary:

UNIVERSAL MASKING AND EYE PROTECTION IS RECOMMENDED FOR ALL CLINICAL ENCOUNTERS, AND MUST BE DONE ALONG WITH A ROBUST PROGRAM OF SOCIAL DISTANCING FOR WELL EMPLOYEES, IMMEDIATE EXCLUSION OF SICK EMPLOYEES, EXCELLENT HAND HYGIENE, AND FREQUENT SURFACE CLEANING.

Background: COVID-19 can spread even when someone is not showing symptoms. New studies have identified this as a possible risk and has led to a change in guidance. Please note the following points on mask use in the health care setting.

1. Respirators (N95-type masks) are the best for protecting health care workers and should be used in any high risk (aerosolizing procedures). Surgical masks are approximately 40-50% efficient at filtering viral particles and should be used by providers and are required in patients for source control (e.g. catching any infected droplets). CLOTH MASKS ARE NOT APPROPRIATE FOR MEDICAL PERSONNEL TO USE IN THE COURSE OF A CLINICAL ENCOUNTER.
2. However, cloth masks may be acceptable for nonclinical staff (front office staff, housekeeping, security, food services, and vendors) to comply with a program of universal masking, in combination with hand hygiene, surface cleaning, spacing and screening.
3. Social distancing (staying 6 feet away from people) and handwashing are THE MOST EFFECTIVE methods of breaking the chain of contagion with COVID-19. Wearing a mask DOES NOT replace the importance of these strategies.
4. Another effective strategy is the screening all employees for fever or respiratory symptoms. This allows one more layer of protection from nosocomial infection in the health care setting. This can be easily done with a “checklist” which takes about 10

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Health Advisory

April 3, 2020

Universal Masking and Eye Protection

- seconds to perform It can be automated with an app or web check-in. A template for a medical employer checklist is at our website: www.fcdph.org/healthmessages
5. Clinical Pearl: MANY CASES OF VIRAL ILLNESS present with MID-DAY symptoms or early fatigue, so an employee can look well in the morning but feel sick as they quickly deplete energy reserves in the middle of a workday. MAKE SURE YOUR STAFF UNDERSTAND THAT CONSTANT VIGILANCE TO THEIR OWN HEALTH is important. Make sure supervisors and managers understand these tips.
 6. Wear goggles or face shields that can block droplets and use airtight devices for aerosolizing procedures.
 7. First response agencies should make surgical masks and hand sanitizer available for employees who interact with patients. Given that providers and patients with COVID-19 infection can be asymptomatic or presymptomatic, universal masking is also recommended when social distancing techniques are not feasible in the course of patient care.

Bottom Line #1: People who do not have surgical masks should not be working around patients.

Bottom Line #2: People without masks should not be allowed to work in or visit your clinical space.

References:

https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e2.htm?s_cid=mm6914e2_x

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e1.htm>

<https://www.jhsph.edu/covid-19/articles/blue-right-mask-for-the-task.html>

<http://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

For more information on this issue please call Fresno County Department of Public Health Communicable Disease Investigation Program at (559) 600-3332.

###



Health Alert

January 24, 2020

2019 Novel Coronavirus

The Fresno County Department of Public Health (FCDPH) would like to reach out to local Medical providers to inform them about the novel coronavirus (2019-nCoV) that is causing an outbreak of respiratory illness in the city of Wuhan, Huebei Province, China. This outbreak began in December 2019 and continues to expand in scope and magnitude. Investigations are ongoing to learn more on how it spreads. Some degree of person-to-person spread of 2019-nCoV is occurring. The transmission dynamics have yet to be determined.

Human coronaviruses can sometimes cause lower-respiratory tract illnesses, such as pneumonia or bronchitis. This is more common in people with cardiopulmonary disease, people with weakened immune systems, infants, and older adults. Some viruses are highly contagious (like measles), while other viruses are less so. It's not clear yet how easily 2019-nCoV spreads from person-to-person.

The Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security's Customs and Border Protection (CBP) have implemented enhanced health screenings to detect ill travelers with symptoms associated with 2019-nCoV traveling to the United States on direct or connecting flights from Wuhan, China at the following international Airports; San Francisco (SFO), New York (JFK), and Los Angeles (LAX), Chicago (O'Hare) and Atlanta (Hartsfield-Jackson).

CDC currently recommends a cautious approach to patients who present in your office with fever, respiratory illness symptoms, and a **recent history of travel to Wuhan City, China**. Patients with a positive travel history, symptoms of lower respiratory illness, and fever are considered "patients under investigation" (PUI) for 2019 Novel Coronavirus. If a patient meets this criteria, he or she should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room (if one is available).

Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or a face shield). **Immediately notify your**

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healthcare facility’s infection control personnel and the local health department. See the below table for a summary of the 2019-nCoV evaluation criteria.

Clinical Features	&	Epidemiologic Risk
Fever ¹ and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel from Wuhan City, China. – or – In the last 14 days before symptom onset, close contact ² with a person who is under investigation for 2019-nCoV while that person was ill.
Fever ¹ or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact ² with an ill laboratory-confirmed 2019-nCoV patient.

Dr. Vohra, Fresno County Interim Health Officer, is advising that since there are many coronaviruses and they are routinely found in those with the common cold, it is not unusual to detect one or several strains during routine testing. However, these strains are not the same as the novel 2019-nCoV strain, which can only be detected by the CDC laboratory at this time.

The FCDPH is requesting that all suspect cases be reported immediately to the Communicable Disease Investigation (CDI) Program by calling (559) 600-3332. The FCDPH Communicable Disease Investigation Program will provide additional guidance and determine if specimen collection is recommended.

For more information on specimen collection visit <https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>.

For additional infection control practices visit <https://www.cdc.gov/coronavirus/2019-ncov/infection-control.html>.

For updated information for Health Care Professionals visit <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

Keep in mind that this situation is evolving with new information every day, for updated information please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

###



Health Alert

March 7, 2020

COVID-19 Positive Lab Result in a Returning Traveler

The Fresno County Department of Public Health (FCPDH) has been informed that a Fresno County resident has tested positive for COVID-19. This individual is a traveler from the Grand Princess cruise ship and is in self-isolation at home. Several asymptomatic household members have been placed in home isolation for a period of 14 days in an effort to contain any secondary exposures. As this is a **travel-related** case, there is **no community transmission** (social spread) of COVID-19 at this time.

The FCPDH will be holding a media availability event on March 8, 2020 to conduct interviews about the situation in Fresno County.

FCDPH is alerting all healthcare facilities and medical providers about this development because it underscores the need for advanced planning, preparation, and due diligence related to containment strategies and mitigation measures to limit the number of infected individuals in the health care sector. To ensure readiness within our local health care community, health care providers and medical personnel are encouraged to review the following updates and reminders:

Preventing Transmission of Respiratory Infections

Although most patients are expected to recover at home even if they do contract the Novel Coronavirus (COVID-19) infection, we want to prevent or minimize community spread from occurring, especially in our health care workforce, medically fragile patients, and other vulnerable populations. **Health care providers are encouraged to counsel all patients about the importance of prevention related to this illness, and practice excellent prevention techniques in their clinical duties.**

In general, precautions for all respiratory illnesses including influenza and coronaviruses, are similar:

- Frequent handwashing or use of hand sanitizer and before and after each patient encounter

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Health Alert

March 7, 2020

COVID-19 Positive Lab Result in a Returning Traveler

- Minimize hand-to-face contact and maintain a distance of 6 feet if possible
- Masks and avoidance of public spaces for those who have symptoms of respiratory illness
- Encourage those who are feeling mild symptoms to stay at home
- Patients older than 60 years old are encouraged to avoid congregate settings
- Medically fragile or complex patients should take extra precautions based on their medical condition to plan for social distancing, social isolation or a complication from a respiratory ailment

Testing for COVID-19

Testing for COVID-19 is a rapidly evolving topic, and we will share updates as we acquire them about how best to accomplish this testing in those who require it. **Not everyone who has an uncomplicated respiratory illness will need to be tested for COVID-19.**

Patients who should be tested for COVID-19 should have the following:
1. Fever, cough, shortness of breath or other infectious respiratory complaint
2. One of the following in the last 14 days:
<ul style="list-style-type: none">• Travel on a cruise or from a US or international location with 10 or more COVID-19 cases. See this site for current case counts: https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6• Contact with a laboratory confirmed COVID-19 patient• Hospitalization for lower respiratory illness without an alternate explanation
If your patient fits these criteria, please call the FCDPH Communicable Disease Investigation Program at (559) 600-3332 or your facility's infection control team.

More updates will be forthcoming. The FCDPH is dedicated to supporting medical providers, hospitals, clinics, and long-term care facilities in responding to the unique challenges posed by the global outbreak.

Health Care Facility Preparation

A complex and adaptive framework will be needed across all health care sectors to plan for increased patient volumes, staffing shortages, and supply deficits if the outbreak of COVID-19 expands and community transmission is noted in Fresno County. For guidance about preparation for these contingencies, please refer to these checklists and work with your internal disaster preparedness and infection control teams.

Department of Health and Human Services Preparedness Checklist:

<https://www.phe.gov/Preparedness/COVID19/Documents/COVID-19%20Healthcare%20Planning%20Checklist.pdf>



Health Alert

March 7, 2020

COVID-19 Positive Lab Result in a Returning Traveler

The American College of Emergency Physicians Strategic Plan and Checklist for Emergency Departments:

https://www.acep.org/globalassets/sites/acep/media/by-medical-focus/covid-19-national-strategic-plan_0320.pdf

Preparation guidance for health care facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>

Long Term Care Facilities (LTCF)

Skilled nursing facilities and other long-term care environments are especially vulnerable to multiple cases of COVID-19 infection in a single facility. These facilities should have plans in place for strict isolation of symptomatic individuals, and do frequent cleaning of surfaces in public areas. Washing hands should be enforced among all staff and residents, to help minimize the risk of cross-contamination. Congregate settings and group events may need to be reconsidered or cancelled if there is an exposure to a case of respiratory illness. The following is summarized guidance from the Centers for Disease Control and Prevention (CDC) for LTCFs.

How to prevent germs from ENTERING your facility:

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assess for symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

Prevent the spread of respiratory germs WITHIN your facility

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Health Alert

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COVID-19 Positive Lab Result in a Returning Traveler

- Keep residents and employees informed. Describe what actions the facility is taking to protect them, and what they can do to protect themselves and their fellow residents.
- Monitor residents and employees for fever or respiratory symptoms.
- Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).
- In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Identify dedicated employees to care for patients with infectious disease diagnoses and provide infection control training.
- Provide the right supplies to ensure easy and correct use of PPE.

Prevent the spread of respiratory germs BETWEEN facilities

- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
- Report any possible COVID-19 illness in residents and employees to the local health department, including your state HAI/AR coordinator.

For the most up-to-date information, visit <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Support for Older Adults

Community preparedness planning for COVID-19 should include older adults and people with disabilities, and the organizations that support them in their communities, to ensure their needs are taken into consideration. Many of these individuals live in the community, and many depend on services and supports provided in their homes or in the community to maintain their health and independence.

- Consider reviewing patient medications to see if you can help them have extra on hand in case they need to stay home due to illness or transportation disruptions.
- Encourage them to secure food and other medical supplies (oxygen, incontinence, dialysis, wound care), and create a back-up plan if their standard routes of getting these are not available.
- Finally, they can stock up on non-perishable food items to have on hand in the home to minimize trips to stores.



Health Update

February 7, 2020

2019 Novel Coronavirus

This is a health update for medical providers about Novel Coronavirus (2019-nCoV) from the Fresno County Department of Public Health (FCDPH). Key points and important weblinks are provided below to help inform health care practitioners and guide best practices related to this new viral infection based on the available evidence.

At this time, we do not have confirmed positive cases in Fresno County, but we anticipate that there may be cases in the future based on statewide and national trends. For the general population, who are unlikely to be exposed to this virus at the current time, the immediate health risk from 2019-nCoV is low.

FCDPH is working with the California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) to monitor the situation closely and provide local guidance as needed for whom to screen, isolate, and test. As more is learned about this novel coronavirus outbreak, FCDPH will work with CDPH and the CDC to rapidly incorporate new knowledge into guidance for action.

1. Epidemiology and Virology

- a. Investigations are ongoing to learn more on how the 2019-nCoV virus spreads. Some degree of person-to-person spread of 2019-nCoV is occurring, as occurs with other respiratory illnesses.
- b. Transmission may be possible through droplet inhalation, direct contact with affected patients, or indirect contact with contaminated objects.
- c. **Further Reading:** <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6905e1-H.pdf>

2. Clinical Signs of 2019-nCoV Infection

- a. Most people with confirmed 2019-nCoV infection report fever, cough, and dyspnea. The incubation period is believed to be between 2-14 days.
- b. **Further Reading:** <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>

3. Information about International Travel

- a. Both the CDC and the CDPH have issued their highest-level travel alerts for China, advising Americans to avoid traveling there for the moment. (These advisories are likely to change as the outbreak evolves, so keep checking them.)
- b. **Further Reading:** <https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china>

4. What to do if a patient walks in for assessment to a health care clinic or hospital

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Health Update

February 7, 2020

2019 Novel Coronavirus

- a. For patients who present to your office with fever, respiratory illness symptoms, and a **recent history of travel to China**, the CDC currently recommends a cautious approach, as outlined in the table and flowchart below.
- b. The first step is prompt isolation in a room with a mask and contact precautions, followed by obtaining a detailed travel history for patients being evaluated with fever and lower respiratory tract illness.
- c. **More Information visit:** <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>

5. What are the CDC criteria to guide evaluation and testing for 2019-nCoV?

- a. Criteria for monitoring, self-isolation/quarantine, and laboratory testing are based on risk assessments of the individuals at risk. Laboratory testing of Persons Under Investigation (PUIs) for 2019-nCoV is warranted if the patient meets one of the following categories:
 - i. Fever or signs or symptoms of lower respiratory tract illness (e.g., cough or shortness of breath) in any person, including health care workers, who has had close contact with a patient with laboratory-confirmed 2019-nCoV infection within 14 days of symptom onset.
 - ii. Fever and signs or symptoms of lower respiratory tract illness (e.g., cough or shortness of breath) **in any person (inpatient or outpatient) with a history of travel from Hubei Province, China, within 14 days of symptom onset.**
 - iii. Fever and signs or symptoms of lower respiratory tract illness (e.g., cough or shortness of breath) **requiring hospitalization in any person with a history of travel from mainland China within 14 days of symptom onset.**
- b. Additionally, some non-hospitalized PUIs may be tested, based on consultation with state and local public health officials, with CDC permission/approval.
- c. Clinicians should evaluate PUIs for other possible causes of illness (e.g., influenza and respiratory syncytial virus) as clinically indicated.
- d. **Reference:** <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html#table-risk-management>

6. Preventative Steps and Home Isolation

- a. Preventing or minimizing human to human transmission of Novel Coronavirus (and also many other respiratory pathogens such as influenza) is something that can be achieved by following CDC guidelines for home isolation and social distancing (e.g. avoiding public spaces and non-essential contacts).
- b. Those who are asked to isolate themselves for a period of 14 days should: stay home (except to get medical care); separate themselves from others who live in the same household for daily activities and bathroom use if a separate one is available; call ahead to any doctor/ ED visits to make sure they can take necessary steps; wear a face mask around other people and in health care settings; cover any coughing sneezing and dispose of used tissues; wash hands frequently using soap and water or alcohol-base hand sanitizer; and monitor their symptoms and temperature twice a day to check for fevers.
- c. **Further Reading:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

7. Coronaviruses (including 2019-nCoV) and Influenza

- a. Since there are many coronaviruses and they are routinely found in those with the common cold, it is not unusual to detect one or several coronaviruses during routine testing. However, these viruses are not the same as the 2019-nCoV, which can only be detected by the CDC laboratory at this time.
- b. Coronavirus infections can resemble influenza—they are characterized by a spectrum of severity ranging from mild to severe symptoms, as well as respiratory symptoms of coughing, sneezing, sore throat and shortness of breath. It can be challenging to clinically distinguish influenza from coronavirus infections, and between the different coronaviruses.

Health Update

February 7, 2020

2019 Novel Coronavirus

- c. Preventative measures are similar for ALL respiratory viruses (see prior item for best steps and recommendations).
 - d. More information about US influenza trends: <https://www.cdc.gov/flu/weekly/index.htm>
8. **Finding Reliable Information Online:** These sites have daily updates with the most accurate information about this evolving topic.
- a. CDPH: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
 - b. CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>
 - c. WHO: <https://www.who.int/health-topics/coronavirus>
 - d. Guidance for schools: <https://www.doh.wa.gov/Emergencies/Coronavirus/Schools>
 - e. Guidance for workplaces: <https://www.doh.wa.gov/Coronavirus/Workplace>
9. **Contact the Fresno County Department of Public Health.** We recognize that information about this issue is changing, and that this brief document may not address all the questions that you may have. PLEASE contact the **Communicable Disease Investigation Program at (559) 600-3332** if you have any questions, concerns, or want to report a potential case.
10. We will share weekly updates and post these and other informational items on the **Fresno County Department of Public Health Website**, which can be found here: www.FCDPH.org

Links to Evaluation Tables and Signage:

- Criteria to Guide Evaluation of Persons Under Investigation (PUI) for 2019-nCoV: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- Flowchart to Identify and Assess 2019 Novel Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/identify-assess-flowchart.html>

Patient-facing Signage for Lobby/ Waiting/Triage Areas (English, Spanish, and Mandarin):

- English - https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Coronavirus_Alert_English.pdf
- Spanish - https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Spanish_Coronavirus_poster.pdf
- Mandarin - https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Chinese_coronavirus_poster.pdf

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Health Update

February 14, 2020

COVID-19

This is a health update for medical providers about Novel Coronavirus (2019-nCoV), which is also now called COVID-19. The Fresno County Department of Public Health (FCDPH) is working closely with California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) to monitor the facts related to this evolving issue and is also working with local agencies and providers in the event that a local case is confirmed.

At this time, we do not have confirmed positive cases in Fresno County, but we anticipate that there may be cases in the future based on state and national trends. For the general population, who are unlikely to be exposed to this virus at the current time, the immediate health risk from COVID-19 is low.

As an added step to ensure readiness within our local health care community, we are sharing some key points and important weblinks below, to update and inform health care practitioners with reliable information sources.

Note: Older Updates are on the FCDPH website: www.fcdph.org/healthmessages.

1. The Novel Coronavirus continues to be reported worldwide, with 15 cases confirmed in the US so far.
 - a. Although the great majority of cases are in China, cases have been reported from 28 countries, making this a global public health concern. The transmission and infectivity of this virus is still being studied, and the mortality rate is estimated to be approximately 2%.
 - b. Further reading: <https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html#map>
2. Information for travelers is available on the CDC website, which is updated daily.
 - a. Please note, travel advisories and restrictions are in effect for US travelers to and from China.
 - b. Travel to and from other countries may also be affected. Check up on all international travel plans prior to departure to ensure that your flights and plans are not being affected.
 - c. Further reading : <https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-china.html>
3. Guidance for health care facilities and medical professionals is available to help prevent infections from spreading in hospitals. If you work in health care, PLEASE read these recommendations to protect yourself and your patients. CDC has released a number of documents related to the risk assessment, monitoring and

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Health Update

February 14, 2020

COVID-19

treatment of patients who develop illness from COVID-19. In addition, there is guidance for how to protect health care workers taking care of affected patients to prevent illness transmission.

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

4. Guidance for schools and school districts has been provided by the CDPH:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Coronavirus%20K-12%20Schools%20Guidance%202020%20FINAL.pdf>
5. Guidance for colleges and universities is available here:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Coronavirus+Colleges+Guidance+2020%20FINAL.pdf>
6. Guidance for employers is also available from CDC: <https://www.cdc.gov/coronavirus/2019-ncov/guidance-business-response.html>
7. Guidance for preschools and day care centers is located here:
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Coronavirus%20daycare%202020%20Final.pdf>
8. Information about personal protective equipment and masks.
 - a. Patients with confirmed or possible COVID-19 infection should wear a facemask when being evaluated medically or in the presence of others at home or in a medical setting.
 - b. Healthcare personnel should adhere to Standard, Contact, and Airborne Precautions, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. These precautions include the use of PPE, including NIOSH-approved N95 respirators, gowns, gloves, face shield/eye protection, etc. This includes, but is not limited to, surgical N95 respirators.
 - c. CDC does NOT currently recommend that the general public use facemasks. Instead, CDC recommends following everyday preventive actions, such as washing your hands, covering your cough, and staying home when you are sick.
 - d. Further reading: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>
9. Signs and infographics:
 - a. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
 - b. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/what-you-should-do.pdf>
 - c. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>
 - d. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>
 - e. Non-English Print Materials: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
10. **Contact the Fresno County Department of Public Health.** We recognize that information about this issue is changing, and that this brief document may not address all the questions that you may have. PLEASE contact the **Communicable Disease Investigation Program at (559) 600-3332** if you have any questions, concerns, or want to report a potential case. We will share weekly updates and post these and other informational items on the **Fresno County Department of Public Health Website**, which can be found here: www.FCDPH.org.



Health Update

February 28, 2020

COVID-19

This is a health update for medical providers about COVID-19. The Fresno County Department of Public Health (FCDPH) is working closely with California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) to monitor the facts related to this evolving issue and is also working with local agencies and providers in the event that a local case is confirmed.

At this time, we do not have confirmed positive cases in Fresno County, but we anticipate that there may be cases in the future based on state and national trends. For the general population, who are unlikely to be exposed to this virus at the current time, the immediate health risk from COVID-19 is low.

In California this week, it was announced that a patient being treated at UC Davis Medical Center may have contracted COVID-19 illness from community spread, as they had no travel or contact history to explain the infection. We are monitoring this situation very closely and will be sharing information and details about this specific case as these become available. However, this development marks a milestone, and it is reasonable to anticipate that community spread of this infection is probably going to occur again somewhere else in the US. At FCDPH, we will be working to get important communications and guidelines out to our local colleagues as soon as they become available from the CDC, CDPH and other reliable sources of guidance and information about diagnostic, therapeutic and prevention advances

We remain open to your questions and suggestions as we work to address the needs of the health care community. As an added step to ensure readiness within our local health care community, we are sharing some key points and important weblinks below, to update and inform health care practitioners with reliable information sources.

Note: Older updates are available on the FCDPH website: www.fcdph.org/healthmessages.

1. **COVID-19 continues to be reported worldwide.** New cases outside of China are more numerous than new cases reported from within China: <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>
2. **Criteria for whom to monitor or test as a “person under investigation” (PUI) have been expanded** to reflect a broader geographic area. Additionally, any hospitalized patient with unexplained respiratory illness may warrant testing.
 - a. More information: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

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Health Update

February 28, 2020

COVID-19

- b. **Testing for COVID-19** infection should be considered if the patient has **fever, respiratory illness AND one of the following**: history of close family or hospital contact with confirmed COVID patient; recent travel from China, South Korea, Japan, Italy or Iran; or hospitalization for respiratory illness and no alternative diagnosis found.
- c. Flowchart for risk assessment: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/public-health-management-decision-making.pdf>

3. Local preparations in Fresno:

- a. An Incident Command System (ICS) is being established for Fresno County. This will allow us to deploy resources and respond to local developments more effectively and begin to allocate our resources and personnel before any positive COVID case is identified locally.
- b. We are working closely with community partners who oversee infection control at hospitals and health facilities, clinics, schools, and civic institutions.
- c. We also believe that **community preparation** will be important to limiting the US spread of COVID-19 and will require close coordination on multiple levels. For a more detailed description of community preparedness, see here: <https://www.cdc.gov/coronavirus/2019-ncov/php/preparing-communities.html>
- d. **Stay tuned for more info**: lectures, webinars and other opportunities to learn more are forthcoming.

4. **No COVID-19 cases have been reported from Fresno County.** Currently, Fresno County personnel are monitoring 14 individuals who have met criteria established by CDC and CDPH for a 14-day period of self-isolation. We anticipate that these numbers of travelers who require monitoring will fluctuate, and criteria may change given global trends.
 - a. If you feel you have a patient who meets criteria for self-monitoring or testing, or you have a question that we can help address, please call the Communicable Disease Investigation Program at (559) 600-3332.

5. **REMINDER: It's not too late to vaccinate for influenza.** It is still influenza season despite the warmer temperature. We are experiencing a "spike" in cases of influenza which is normal for this time of the year (sometimes called the late flu season). Good hand hygiene, respiratory etiquette including use of masks for those who have respiratory illness, and social distancing measures are all great practices to prevent influenza and coronavirus infections.

Signs, infographics, and other helpful tools:

- COVID-19 Hospital Preparedness Assessment Tool: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/public-health-management-decision-making.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/infographic-cdc-protects-508.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/what-you-should-do.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>
- <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>
- Non-English Print Materials: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

Contact the Fresno County Department of Public Health.

We recognize that information about this issue is changing, and that this brief document may not address all the questions that you may have. PLEASE contact the **Communicable Disease Investigation Program at (559) 600-3332** if you have any questions, concerns, or want to report a potential case. We will share weekly updates and post these and other informational items on the **Fresno County Department of Public Health Website**, which can be found at www.FCDPH.org.



Health Update

March 13, 2020

COVID-19

This is a health update for ALL MEDICAL PERSONNEL about with updates related to coronavirus disease 2019 (COVID-19). At this time, we have confirmed ONE positive case of COVID-19 in Fresno County, in a returned traveler from a Grand Princess Cruise. We anticipate that there may be additional cases in the future, based on state and national trends. For the general population, who are unlikely to be exposed to this virus at the current time, the immediate health risk from COVID-19 is low.

As an added step to ensure readiness within our local health care community, we are sharing some key points and important weblinks below, to update and inform health care practitioners with reliable information sources.

1. Monitoring/ screening criteria and self-isolation criteria have been modified. At this time, these groups should be asked to self-isolate for fourteen (14) days IF THEY ARE ASYMPTOMATIC, and to contact the Fresno County Department of Public Health (FCDPH) for further guidance:

- a. Travelers from China, Iran, South Korea, Japan, and Europe
- b. Travelers to Fresno from any US city/ county with more than 10 COVID cases
- c. Close contacts or household members of any COVID-19+ patients

See also:

- <https://www.cdph.ca.gov/Programs/CID/DCDC/PublishingImages/COVID-19/CORONAVIRUS-FINAL-2.png>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-Traveler-Info-Card.pdf>

2. Testing criteria have been expanded. At this time, the following patients qualify for COVID-19 testing IF THEY HAVE SYMPTOMS (fevers, respiratory viral symptoms of cough, sneeze, or shortness of breath).

- a. Travelers from China, Iran, South Korea, Japan, Europe (including Italy), or any country with sustained community transmission
- b. Travelers to Fresno from any US city/ county with 10 or more COVID-19 cases or known community transmission
- c. Close contacts (such as health workers) or household members of any COVID-19+ patients
- d. Unexplained pneumonia in a hospitalized patient
- e. Influenza-like illness in the elderly, immunocompromised patient
- f. Anyone else you feel has HIGH likelihood of having COVID-19 infection—contact the (FCDPH) as needed for additional guidance.

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REMEMBER: NOT ALL PATIENTS WITH MILD ILLNESS (WHETHER COVID-19 OR NOT) NEED TO BE TESTED, AS TREATMENT IS SUPPORTIVE. ALL PATIENTS SHOULD BE GIVEN STRICT INSTRUCTIONS TO DO SOCIAL DISTANCING WHILE SYMPTOMATIC. SYMPTOMATIC PATIENTS SHOULD TAKE CARE TO STAY AWAY FROM ELDERLY OR IMMUNOCOMPROMISED RELATIVES OR COMMUNITY MEMBERS, WHO HAVE INCREASED RISK OF COMPLICATIONS AND MORTALITY FROM COVID-19 INFECTION.

3. **Lab Testing: This Process HAS CHANGED.** Testing is now offered at some public health labs, academic/university labs, and private labs (e.g. Quest and LabCorp, which do not require a PUI number to run the test). PLEASE REACH OUT TO any labs you already work with, to explore how to get testing done efficiently in those who need it.
 - a. If you need personal protective equipment (PPE) or swabbing supplies, email cjack@fresnocountyca.gov.
 - b. **THE LAB WILL NOT SWAB THE PATIENT**—this needs to be done by clinical staff wearing appropriate PPE. Although PPE is an added step, it is not difficult. **See next page for PPE diagram, and** this brief instructional video on how to put on and take off PPE:
<https://infectioncontrol.ucsfmedicalcenter.org/covid/donning-and-doffing-novel-coronavirus-covid-19-videos>
 - c. **Symptomatic patients should be masked immediately. Any patients who need to be tested should wait in areas separated from other patients, or even outdoors or in their vehicle, to prevent clinic-related COVID-19 spread.**
 - d. One nasopharyngeal and one oral (throat) swab should be submitted using plastic probes; these are the same ones that are used for influenza/ strep testing. **DO NOT** use wooden swabs.
 - e. Place all COVID-19 testing swabs in a single vial of viral transport medium (red screw-top vial) and ensure it is tightly closed.
 - f. Patients with influenza like illness should also be tested for influenza and other common respiratory pathogens which are still much more prevalent.
 - g. Once they leave your office or clinic they should be instructed to go home and maintain strict social distancing measures while they await test results.
4. **What if a patient I treated has been diagnosed with COVID-19?** A health care provider **WITH CLOSE, UNPROTECTED CONTACT TO A COVID-19 PATIENT** would be asked to self-isolate. Casual or non-close contacts will be asked to self-monitor (check daily temperature and pay attention to development of viral syndromic symptoms) but they can keep working. A close contact is defined as having all three of the following:
 - a. Real close – no mask worn by patient or provider, and interaction occurred within six (6) feet
 - b. Real symptoms: viral shedding occurs mainly while the patient has fever and symptoms of cough, sneeze, rhinorrhea, and malaise. While there is some evidence of asymptomatic transmission, this is considered low-risk at this time, and interacting with an asymptomatic patient would not trigger a self-isolation order.
 - c. Real COVID-19 infection—the infection needs to be confirmed by lab testing.
 - d. Again, if your encounter meets the three “REAL” criteria as above, self-isolation for 14 days will be recommended as the best approach. Per the CDC in situations where health care personnel must be working, it is required to wear a mask for the entire clinical shift AND check temperature daily. To minimize the chance of this happening— set up “front door screening” to make sure all symptomatic patients wear masks while in your clinical practice, and that you and your staff use PPE when interacting within 6 feet.
5. **What should I do if I feel ill while I am in a period self-isolation or self-monitoring?**
 - a. Call the FCDPH immediately or contact infection control and prevention at your place of work. We will arrange to have you tested for COVID-19.
 - b. Go home if at work and wear a mask while leaving the clinic.



Health Update

March 13, 2020

COVID-19

- c. Use social distancing measures, respiratory etiquette and hand hygiene. Avoid close contacts in public or at home, and do not participate in activities with any crowds.

Thank you for taking excellent care of your patients and our communities in this challenging time. We remain open to your questions and suggestions as a partner in meeting the health needs of the community.

FCDPH WEBSITE: www.fcdph.org/covid19

Phone Consults for Medical Providers: Contact the FCDPH Communicable Disease Investigation Program (559) 600-3332, then option 1.





Health Update

March 20, 2020

COVID-19

Three additional cases of COVID-19 have been confirmed in Fresno County, a total of 6 cases as of March 20, 2020. Two individuals had travelled on a cruise, and one elderly person visited relative within California. Contact tracing has been initiated, and the Fresno County Department of Public Health website will maintain daily updated numbers. For the general population, the risk from COVID-19 from community related transmission is still low within Fresno County. Once the number of cases rises to 10, it is likely that community spread will be occurring within Fresno county and the Fresno County Department of Public Health will transition from a strategy of containment to mitigation. **As a medical community, our most important task at this time is to make sure that all of our clinical spaces and interactions are prepared to minimize the risk of nosocomial transmission to vulnerable patients.** More information, links, and the latest flowchart for appropriate testing are included below. Please let us know what we can do better or if you are doing something that is working well, and you want to share with the medical community.

1. **Social Distancing in Clinical Areas, Residential Facilities and Nursing Homes.** There is a lot of progress being made within Fresno County to minimize social interactions and slow the spread of transmission in the community. Even though there is currently no evidence of transmission within the health care setting, experience from other locales teaches that nosocomial spread for this illness can be as high as 40% of all infections. Minimizing the rate of spread in health care settings will be a key strategy for successfully addressing this epidemic. **PLEASE do your part** and ask your staff and colleagues to do theirs, with careful attention at all times to hand hygiene, social spacing of 6 feet at all times, no prolonged meetings or gatherings, and limiting all visitors as much as possible.
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25.aspx>
https://www.nejm.org/doi/full/10.1056/NEJMp2004768?query=featured_home
2. **Lab Testing—NO EASY ANSWERS.** This has been a universally frustrating process, as there is a high demand and evolving guidance about who needs to be tested. To make the best use of limited resources, time and personnel, please use the following flowchart about whom to test. These criteria were developed to define those with “high probability of having COVID-19, and/or high probability of passing it on to many others.” **All medical providers are responsible for doing testing swabs on high risk patients, and are strongly encouraged NOT to test populations with a low risk of being infected with COVID-19, low risk for complications from infection, and minimal to no contact with vulnerable populations.**
3. **PPE and masks: CONSERVE, CONSERVE, CONSERVE.** Droplet precautions are appropriate if N-95 respirators are not available. Always wear eye protection, gown, and gloves if you are working within 6 feet of a patient with symptoms

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Health Update

March 20, 2020

COVID-19

concerning for COVID-19 infection. If you can use N-95 masks (e.g. airborne precautions) that is ideal; however, a surgical mask (droplet precautions) is also acceptable if N-95 masks are not available. Droplet precautions are being adopted by many health care facilities for low-risk encounters and are now adopted by World Health Organization. The key message is: Masks are helpful regardless of what kind, and N-95 respirators that fit well should be worn during aerosol generating procedures (intubation, bronchoscopy). Sputum induction is NOT advised in suspected or confirmed COVID-19 cases. Continue to email us (cjack@fresnocounyca.gov) about your supply shortages.

4. **General Office Visits and Ambulatory Care**

By way of general guidance, avoid all unnecessary visits, delay scheduling appointments where possible for next 3 months, keep age 65+ patients out of the office. Engage in use of phone visits, renew scrips by phone, and adopt low-contact or no-contact IT solutions whenever possible. Telemedicine is easier to do now: on March 6, Congress passed the Coronavirus Preparedness and Response Supplemental Appropriations Act. (www.congress.gov) The legislation will allow physicians and other health care professionals to bill Medicare fee-for-service for patient care delivered by telehealth during the current coronavirus public health emergency. Allow all non-essential providers such as Health Educators/Behavioral Health providers to use phone visits or telemedicine as well.

(<https://www.cmadocs.org/Portals/CMA/files/public/Medicare%20Telehealth%20Waiver%20Guidance%20-%20Key%20Takeaways.pdf?ver=2020-03-17-120136-510>).

Most importantly, ALL patients need to be appropriately triaged on arrival with signage outside the office to direct patients who have any respiratory symptoms plus fever to wait outside or call the office from their vehicle. Also have a triage station using full droplet precautions as many may not be able to read/understand signage.

5. **Wellness and Mental Health: Please make time to attend to mental wellness for you, your patients, and the general public.** There is a lot of anxiety in the general community and within the health care setting. Unfortunately, panic prevents learning and drives more panic. So please guard against it and help de-escalate anxiety wherever you can. Much of the concern at the medical leadership level is over legitimate issues related to supply and lab shortages, and I can assure you that all public health agencies from local to federal are working on solutions as fast as we can, just as all of you are being stretched to your limits in the care you provide. Beyond that, the fever pitch of anxiety related to this epidemic locally, nationally and worldwide is preventing many of us from communicating effectively with patients and peers. We have a hard road ahead of us, there is no doubt—but we will be more successful if we prepare for healthy ways to manage and deescalate difficult emotions within and around us. <https://www.co.fresno.ca.us/departments/behavioral-health>

Further Reading and References:

Map of California Case Counts, from Los Angeles Times

<https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak/>

Here is the link for CDC guidelines in regard to criteria for return to work.

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Here is the link that is updated often and is dedicated to cases in California.

<https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak/>

Here is the link for US and global cases:

<https://nssac.bii.virginia.edu/covid-19/dashboard/>

COVID-19 TESTING GUIDELINE 3/20/2020



Is the patient concerned but not symptomatic?

YES

Does Patient have Symptoms?

Fevers, aches, cough, SOB?

NO

Practice social distancing at ALL TIMES, frequent hand hygiene, and cleaning of high touch areas
EDUCATE TO De-Escalate pandemic anxiety:
“Hoard Your germs, not your groceries” etc.
Wear a Mask ONLY if you are symptomatic

YES

Fever and Respiratory Illness with no high risk features:

3-4 days of bedrest and hydration

Self-isolate for 14 days, Return to work if no symptoms for 3 days

NO

Assess for High Risk situation:

1. High Risk of Having It
2. High Risk of Passing it On

Travel to a high-risk area globally, on a cruise, or within in the US (>10 cases or with community transmission) in last 14 days?

OR

Close contact with COVID-19 suspected or confirmed patient?

- Healthcare worker
- First Responder
- Long-term Care Facility employee or resident
- Over 65
- Comorbidities (HTN, DM, CLD, CKD) or immunocompromised
- Hospitalized patient
- Lives OR work in shelters, jails, or other congregate settings

YES

TESTING RECOMMENDED

SEND FLU AND COVID, and cancel COVID test if INFLUENZA positive

When do high risk professions return to work?

1. Asymptomatic and self isolating for 14 days after travel (
2. Symptomatic/ Confirmed COVID infection:
 - If not tested for COVID-19, can return to work:
 - No fever for 3 days without the aid of medications, and
 - Have no respiratory symptoms
 - 7 days out from first day of symptoms
 - If tested for COVID-19 and were positive, can return to work:
 - Resolution of fever without the aid of medications and improvement in respiratory symptoms, and
 - Two negative tested collected >24 hours apart



Health Update

April 15, 2020

COVID-19 Testing Criteria

The Fresno County Department of Public Health (FCDPH) is dedicated to helping our medical providers and clinics in increasing our testing capacity and decreasing turnaround times for COVID-19 infection.

- If you want to schedule a testing using our drive-through site at the FCDPH, we can help arrange an appointment for your patient. Call (559) 600-3332 and choose OPTION 2
- If you need help in setting up a drive-up swab site at your clinic location, technical assistance is available. Please email rvohra@fresnocountyca.gov
- If you have a febrile or respiratory illness patient, remember to submit a Febrile Respiratory Illness form and give patients a packet to self-isolate. The documents (in English and Spanish) are located here:
 - o <https://www.co.fresno.ca.us/Home/ShowDocument?id=43152>
 - o <https://www.co.fresno.ca.us/Home/ShowDocument?id=43154>
- Please use the following criteria as you select and screen patients to test. This information may change, and clinical discretion may warrant testing some patients outside of these criteria.

PRIORITY 1:

Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system

Fever* OR sore throat OR cough OR shortness of breath for ≥ 24 hours:

All HCW, social workers with direct patient contact
EMS workers
Non-EMS First Responders (Firefighters, police officers, correctional facility employees)
Residence or Work in a SNF, Residential Care Facility, Long Term Care Facility, Group Home, Assisted Living, shelters or other congregate living space, or Hospice patients
Mother/father/partner/surrogate/foster parent/custodian of children <6 month of age
Dialysis patients

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Health Update

April 15, 2020

COVID-19 Testing Criteria

PRIORITY 2:

Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged

Fever* AND (cough OR SOB OR myalgia) for \geq 24 hours:

Any of the following:

- Over age 60
- Diabetes
- Asthma, COPD, or any chronic lung disease requiring oxygen
- Heart disease (CAD, CHF)
- Chronic liver disease
- Obesity, BMI \geq 35
- Immunocompromised status (HIV, chemotherapy, transplant, chronic steroids, immunotherapy)
- Pregnant > 24 gestation

PRIORITY 3:

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms as in priority 2 (Bus driver, flight attendant, schoolteachers/daycare teachers, postal workers etc)
- Individuals who do not meet any of the above categories with symptoms
- Individuals with mild symptoms (as in priority 1) in communities experiencing high COVID-19 hospitalizations

PRIORITY 4:

Individuals without symptoms

- Surveillance, outbreak setting in facility, isolated contacts, preoperative clearance, work clearance

**Fever: subjective=tactile, rigors/chills, night sweats are all included or objective $T=100.4$ F*

Emergency Medical Services Protocols

SPECIAL MEMORANDUM

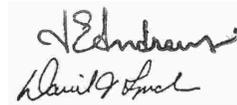
FILE #: F/K/M/T #01-2020

TO: All Fresno/Kings/Madera/Tulare EMS Providers, Hospitals, First Responder Agencies, and Interested Parties

FROM: Jim Andrews, M.D., EMS Medical Director
Daniel J. Lynch, Director

DATE: March 20, 2020

SUBJECT: Limiting the use of aerosolized treatments



This Special Memo is intended to limit the use of aerosolized treatments in an effort to reduce the potential exposure of COVID19 to EMS personnel. Appropriate PPE shall always be worn when administering aerosolized treatments.

Effective immediately, the use of aerosolized treatments shall be limited to the following types of patients:

1. Patients with pulse ox less than 92% or,
2. Patients with RR greater than 30, or
3. Paramedic assessment that patient is in moderate/severe distress.

In addition, Epinephrine can be given as first line treatment.

As determined by the paramedic, if the patient is sick enough to require CPAP, nebulized albuterol should be given as per current policy.

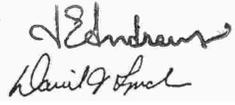
If you have any questions, please contact the EMS Agency at (559) 600-3387.

JA:DJL:rb

SPECIAL MEMORANDUM

FILE #: F/K/M/T #02-2020

TO: All Fresno/Kings/Madera/Tulare EMS Providers, Hospitals, First Responder Agencies, and Interested Parties

FROM: Jim Andrews, M.D., EMS Medical Director
Daniel J. Lynch, Director 

DATE: April 7, 2020

SUBJECT: Suspension of Endotracheal Intubation

To limit the possible droplet exposure to COVID-19, effective immediately, the use of endotracheal intubation has been **SUSPENDED UNTIL FURTHER NOTICE**.

In addition to the King Airway (King LT(S)-D), the i-gel Supraglottic Airway has been approved for use as an advanced life support airway in Fresno, Kings, Madera, and Tulare Counties. It is the intent of CCEMSA to replace the King Airway with the i-gel over the coming months. Attached are general procedures for the use of i-gel which will replace the King Airway in Policy 530.02.

It is the recommendation of the EMS Agency for providers to either use up their supply of current King Airway devices or have them exchanged for the i-gel Supraglottic Airway with their vendor(s).

In addition, the EMS Agency advises all providers to make sure that proper technique along with a good seal is acquired when ventilating a patient using a bag valve mask to limit the possible droplet exposure to COVID-19.

Please contact Mato Parker, EMS Coordinator at (559) 600-3387 if you have any questions.

JA:DJL:mkp

VII. i-gel Supraglottic Airway

A. Indications:

The i-gel Supraglottic Airway is performed only on a patient who meets all of the following:

1. Unconscious (no purposeful movement), with an absent gag reflex.
2. Apneic or agonal respirations less than 8 per minute.
3. Appears to be at least 5 feet tall.

B. Contraindications:

1. Patients under 5 feet tall.
2. Suspected caustic ingestion.
3. Suspected narcotic overdose, until after the administration of Naloxone.
4. Laryngectomy or tracheal stoma.

C. Procedure:

1. Use in-line immobilization if a C-spine injury is suspected.
2. Have suction equipment immediately available.
3. Prior to placing the i-gel Supraglottic Airway, hyperventilate the patient with 100% oxygen for a minimum of one minute, if possible.
4. Do not interrupt ventilation for more than 20 seconds while inserting the airway. If unable to insert and ventilate in 20 seconds or less, stop, hyperventilate and reattempt. Lubricate the gel-filled cuff on all sides with H₂O soluble lubricant.
5. Insert tube and advance until a definitive resistance is felt. Do not use excessive force. Sniffing position is the optimum position.
6. If unsuccessful, ventilate for one minute before trying again.
7. Do not make more than two (2) attempts total per patient to establish an i-gel Supraglottic Airway. If BVM ventilations cannot be adequately performed, a third attempt of the i-gel Supraglottic Airway would be appropriate prior to the use of the TTJI.

8. The i-gel Supraglottic Airway has a horizontal line to indicate optimal position of the teeth.
9. Check for proper placement:
 - a. Check adequacy of breath sounds.
 - b. Check absence of epigastric air entry.
 - c. End-Tidal CO₂ Detector (for patients that are mechanically ventilated, *with or without* a pulse, i-gel/trach, and BVM).

NOTE: THIS DEVICE IS TO BE USED AS AN ADJUNCT TO ASSESS I-GEL SUPRAGLOTTIC AIRWAY PLACEMENT. ITS PURPOSE IS NOT TO ELIMINATE CLINICAL JUDGMENT.
 - d. Assess chest rise.
 - e. Reassess the placement of i-gel Supraglottic Airway every time the patient is moved.
10. Secure the i-gel Supraglottic Airway as soon as possible.
11. After placement, ventilate with bag-valve and 15 liters/minute of oxygen with reservoir.

NOVEL CORONAVIRUS (COVID-19)

2019 Novel Coronavirus (COVID-19)

May 12, 2020 - 5:01 p.m.

Situation in CCEMSA Counties

Currently there are **2,611** presumptive positive cases of COVID-19 in CCEMSA Counties (Madera, Fresno, Kings and Tulare Counties in Total).

- **608** of these cases are now considered recovered from COVID-19 (40 in Madera County, 333 in Fresno County, 63 in Kings County, 172 in Tulare County)
- **65** COVID-19 cases have resulted in death in CCEMSA Counties (2 in Madera County, 10 in Fresno County, 1 in Kings County, 52 in Tulare County)

What to Expect

More cases are likely to be identified in the coming days, person-to-person and community spread continue to occur, including in the United States, California and CCEMSA Counties.

Mitigation Strategies for everyone to limit the spread of COVID-19

- Washing hands with soap and water.
- Avoiding touching eyes, nose or mouth with unwashed hands.
- Avoiding close contact with people who are sick are all ways to reduce the risk of infection with a number of different viruses.
- Staying away from work, school or other people if you become sick with respiratory symptoms like fever and cough.

The information below was developed utilizing current CDC guidelines and recommendations.

- **Background**
- **Case Definition for COVID-19**
- **Recommendations for 911 Dispatch Centers**
- **Recommendations for EMS Providers and First Responders**
- **EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport)**

- **Documentation of Patient Care**
- **Cleaning EMS Transport Vehicles after Treating a PUI or Patient with Confirmed COVID-19**
- **Follow-up and/or Reporting Measures by EMS Providers/First Responders after Caring for a PUI or Patient with Confirmed COVID-19**

Background

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among Dispatch Centers, the EMS system (EMS Agency, Providers and First Responders), healthcare facilities, and the public health system. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.

Updated information about COVID-19, Infection prevention and control recommendations and additional information for healthcare personnel may be accessed at the links below.

Case Definition for COVID-19

CDC's most current case definition for a person under investigation (PUI) for COVID-19:

Fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).

AND

Any persons, including healthcare workers, who have had close contact** with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas (China, Iran, Italy, Japan, South Korea) within 14 days of symptom onset.

Recommendations for 911 DISPATCH CENTERS

The Central California EMS Agency has implemented modified caller queries for Sick Person and Difficulty Breathing calls types. Information gathered during the call taking process is placed in the CAD comments and is available for viewing by EMS and first responder personnel.

Information on a possible COVID-19 Persons Under Investigation and or suspect cases is rapidly and continually changing. The Central California EMS Agency is working closely with our Public Health Departments to be informed of these cases and to the extent possible providing addresses to our Dispatch Centers.

Recommendations for EMS Providers and First Responders

Patient Assessment

- If the Dispatch Center advises that the patient is suspected of having COVID-19, EMS Providers/First Responders should put on appropriate PPE before entering the scene.
- If information about potential for COVID-19 has not been provided by the Dispatch Center, **EMS Providers/First Responders should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible.** Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, EMS Providers/First Responders should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated.
- Limit the number of providers to essential personnel based on patient condition to minimize possible exposures.
- Determine if patient meets the criteria of case definition. CCEMSA is also recommending to ask about travel by Cruise Ship.

Recommended Personal Protective Equipment (PPE)

- EMS Providers/First Responders who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection. Recommended PPE includes:

- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,
 - Disposable isolation gown,
 - Respiratory protection (i.e., N-95 or higher-level respirator), and
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - If the transport vehicle **does not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.
 - All personnel should avoid touching their face while working.
 - On arrival, after the patient is released to the facility, EMS Providers/First Responders should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

Precautions for Aerosol-Generating Procedures

• Precautions for Aerosol Generating Procedures

- In addition to the PPE described above, EMS Providers/First Responders should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR) is necessary.

*Refer to [Special Memo 01-20](#) for guidance on limiting the use of aerosolized treatment.

**Endotracheal intubation has been temporarily suspended effective April 7, 2020. Please refer to [Special Memo 02-20](#) & i-gel Supraglottic Airway Guidance [Special Memo 02-20 Addendum](#).

EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport)

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management the following actions should occur during transport:

- EMS Providers **will** notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival. (this should be done via landline and not over the radio)
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- If vehicle has an isolated driver and patient compartments that can provide separate ventilation to each area.
 - Close the door/window between these compartments before bringing the patient on board.
 - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
 - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- **Follow receiving hospital's directions for the transfer of the patient in to the receiving healthcare facility.**

Documentation of Patient Care

- To reduce cross contamination, documentation of patient care should be done after EMS Providers have completed transport, removed their PPE, and performed hand hygiene.
 - Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- EMS documentation should include a listing of EMS Providers/First Responders and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open if possible, to allow for sufficient air changes to remove potentially infectious particles.

- The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS Providers should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:
 - “[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
 - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “SARS-CoV-2” will not appear on the product or master label.
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.

- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

Follow-up and/or Reporting Measures by EMS Providers/First Responders After Caring for a PUI or Patient with Confirmed COVID-19

EMS Providers/First Responders should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:

- Local public health authorities will be notified about the patient so appropriate follow-up actions can occur.
- Decisions for monitoring, excluding from work, or other public health actions for healthcare providers with potential exposure to COVID-19 will be made in consultation with local public health authorities. Refer to the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#) for their guidelines.
- EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.
 - Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
 - EMS Providers/First Responders should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.

Further Information

[Fresno County Department of Public Health - COVID-19 \(Novel Coronavirus\) Information](#)

[Kings County Department of Public Health](#)

[Madera County Department of Public Health](#)

[Tulare County Health and Human Services Agency](#)

California Department of Public Health

Centers for Disease Control and Prevention (CDC)

World Health Organization (WHO)

If you have any questions, please contact: Curtis C. Jack, EMT-P, EMS Coordinator- Disaster Services