

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

COVID-19 COUNTY VARIANCE ATTESTATION FORM



FOR County of Humboldt

Background

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

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

Local Variance

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

1. Notify the California Department of Public Health (CDPH) and engage in a phone consultation regarding the county's intent to seek a variance.
2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local public health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the

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

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

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

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

County Name: County of Humboldt

County Contact: Dr. Teresa Frankovich

Public Phone Number: 707-268-2181

Readiness for Variance

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

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

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

Readiness Criteria

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

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

As of May 11, 2020, Humboldt County has had 61 total cases of COVID-19 and has confirmed 8 cases of COVID-19 in the last 14 days. The last positive case was on May 10, 2020. The county has an estimated population of 135,558. Humboldt County has had less than one COVID-19 case per 10,000 in the past 14 days.

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

Humboldt County has had no known deaths due to COVID-19.

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

Throughout Stage 1 of this pandemic, Humboldt County Public Health and the Emergency Operations Center (EOC) Unified Command have emphasized communication as a primary goal of the operation. There has been frequent and consistent communication with the public through direct contact with the media and the public across all platforms from live press conferences and town hall meetings to distributed audio, video, radio and social media.

Our 17-person Joint Information Center (JIC) is staffed with public information officers, nurses and health educators and has been operating six days per week to accommodate the more than 5,000 calls from the public we have received since the incident began. The JIC has become a vital link for our partners as well, making 707-441-5000 the go-to source of reliable information for local cities and health facilities to refer to their residents and clients.

Additionally, Humboldt County has incorporated the following to support Stage 1 essential workers and their workplaces. These guidelines will apply to workers, businesses and organizations in future Stages also:

- Since COVID-19 arrived on the world stage, Humboldt County Public Health has provided outreach to the community and to local health care partners and coalitions. As COVID-19 became a state and local concern, and with activation of the EOC, biweekly calls were initiated with city and tribal government departments. Health care providers have received numerous and ongoing Health Alerts along with frequent phone, email contact and virtual meetings.
- Humboldt County participates in the Redwood Coast Healthcare Coalition with whom regular meetings are hosted and the members are aware of the supports that can be provided to them, including dissemination of guidance and supporting them in accessing Personal Protective Equipment (PPE) and other supplies
- First Responders, healthcare workers, law enforcement, social service providers and other essential workers as well as their employers have received information about COVID-19, prevention measures, workplace safety and the need for PPE appropriate to their positions.
- Public Health and the EOC have also responded to requests from essential service agencies and advised on and assisted in development of their policies and procedures regarding COVID-19 safety.
- The Humboldt County Medical Health Operational Area Coordinator (MHOAC) has worked extensively with critical infrastructure agencies/facilities to ensure that they have access to credible, up-to-date guidance and accessing PPE through commercial channels as well as through the MHOAC. PPE has been distributed widely and a summary is provided at the end of this document. Monitoring of PPE caches for at-risk responders and healthcare/congregate facilities across various fields is a key function of the EOC.
- An order requiring facial coverings was issued on April 28, 2020 by the Humboldt County Health Officer. This is an important added safety measure for our essential workforce and the community as a whole. This order has prepared the County to reduce shelter in place restrictions by normalizing the use of protective facial coverings.
- A county website, www.humboldt.gov.org, has been organized to provide clear, accurate, and real-time guidance and information to the public including a link to the governor's website, the State Roadmap webpages, business guidance, all Orders and local releases, and is now launching an on-line COVID-19 business operations plan submission form to support reopening plans that will be reviewed by a team at the EOC. When approved, businesses will be sent a branded version of the state checklist certificate to signal compliance.
- Humboldt County has engaged broadly with community stakeholders and residents to prepare for the reopening process. Humboldt County administered a Community Survey on Business Reopening to gather community, local governmental and stakeholder input about what the reopening should look like in this county including businesses, public spaces and activities. Over 4,800 responses were received, providing the EOC and community leaders with information to help guide this process.
- Humboldt County maintains an awareness of the essential supplies that exist in the community and refers organizations outside of the medical fields to those resources when their typical retail channels fall short.
- As a condition of operating in Humboldt County, all businesses that wish to reopen will be required to submit detailed safety plans which align with the sector-specific guidance developed by the California Department of Public Health (CDPH) and the California Division of Occupational Safety and Health (CalOSHA). These documents are available at covid19.ca.gov/roadmap and will assist employers in helping to ensure that employees and patrons are able to experience a safer environment.

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

As of May 11, 2020, the Humboldt County EOC had distributed approximately 53,000 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 69 agencies/facilities.

To determine burn rates of EOC-distributed supplies, we require weekly reporting of each agency's usage. According to the self-reporting of these 69 agencies/facilities, as of May 11, 2020, there are still approximately 44,000 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. 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.

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current testing criteria (available on CDPH website). The county must attest to:
 - Minimum daily testing volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county's average daily testing volume for the past week. If the county does not believe a testing volume of 1.5 per 1,000 residents is merited, please provide justification for this.

Humboldt County's current testing capacity is 2.2 per 1,000 population. The current testing volume is 1.3 per 1,000 population. The current capacity has not been utilized fully. This is likely due to low levels of circulating respiratory illness prompting testing and our Optum site just recently becoming accessible to the public via on-line scheduling. With commercial testing capacity not exceeded at this time and the Optum site ability to double or triple tests per day based upon need, Humboldt will easily be able to routinely meet or exceed the two per 1,000 population daily testing capacity that is goal for our containment strategy.

For more information about Humboldt County's testing volume and capacity, see the tables on page 6 of the Humboldt County COVID Containment Elements plan.

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

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

Testing in Humboldt County occurs in multiple venues including the Humboldt County Public Health Laboratory (HCPHL), St. Joseph Health Care System-Eureka, United Indian Health Services Clinic (UIHS) and K'ima:w Medical Center. Other private clinics offer Point of Care (POC) testing and/or send outs to commercial labs and the HCPHL depending upon priority for testing. Other area hospitals are also developing POC testing capability on site.

Testing also occurs through our Optum site, which became operational on April 27, 2020. Our regional Federally Qualified Health Center (FQHC), Open Door Community Health Centers, and some private practices offer drive-through or drive-up specimen collection with provider orders. Some of these collected specimens go to commercial labs and some to the HCPHL. Humboldt County clearly has testing availability for greater than 75 percent of residents within 60 minutes of drive time in our rural area.

The average testing volume from May 2 to May 8 was 171 tests per day. Humboldt County Public Health Lab numbers and the Optum site include occasional non-Humboldt County residents, but Humboldt County residents make up the vast majority. Humboldt County's Optum testing site is still new, and it is expected that testing volume from this site will increase as community members learn about the test site and COVID-19 activity increases locally.

For more information about Humboldt County's testing locations, please see page 7 of the Humboldt County COVID Containment Elements plan.

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

In order to respond to COVID-19, Humboldt County has increased its contact investigation team from two nurses and one investigator at baseline to our current model with three contact tracers, six investigators, two taskforce leaders and one investigation unit supervisor. We are training additional staff from within and outside the agency to be able to expand to a structure of 59 individuals, including 44 contact tracers, 11 investigators, 3 taskforce leaders and a unit supervisor.

We have utilized investigators from the Sheriff's Office, environmental health, social services, and public health to expand our teams. We are training remaining nurses within our agency on communicable disease investigation on a rotating basis, and plan to leverage the expertise of retired local healthcare workers by training them as investigators or task force leaders.

To date, we have more than 18 per 100,000 trained personnel to respond, exceeding the CDPH requirement of 15 per 100,000 population.

In addition to the ongoing training detailed above, Humboldt County plans to utilize state resources for contact tracing training and staff if local contact tracing needs exceed capacity.

For more information about Humboldt County's containment capacity, please see pages 9-10 of the Humboldt County COVID Containment Elements plan.

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

The latest information on the number of individuals living unsheltered in Humboldt County is from the 2019 Housing and Urban Development (HUD) Point in Time count. As of January 2019, 1,702 individuals were counted as living unsheltered in Humboldt County. Fifteen percent of 1,702 is approximately 255 individuals. Currently, the County and partner agencies have the capacity to temporarily shelter a total of 280 individuals.

In March 2020, the Humboldt County Department of Health and Human Services (DHHS) entered into a lease agreement with the a Eureka hotel to provide short-

-term, temporary housing for people experiencing homelessness who need to be isolated or quarantined due to COVID-19, or who are at high-risk for experiencing severe COVID-19 illness.

The hotel has a total of 44 rooms available. As of May 9, 2020, 45 individuals had been isolated/quarantined for a total of 148 nights and 24 individuals in the high-risk category have been sheltered for a total of 349 nights.

The County's Emergency Operations Center's (EOC) Homeless Unit has worked with the county's largest Federally Qualified Health Centers, Open Door Community Health Centers and Providence St. Joseph's Hospital, to create a screening tool for COVID-19 utilized by the local free meal dining facility and various other homeless service provider organizations. These partners have also created a phone line for homeless individuals experiencing COVID-19 symptoms, staffed by a triage nurse who is able to screen individuals to determine if COVID-19 testing is needed. If testing is needed, 24/7 transportation is dispatched to pick up the client, take them to testing and then to lodging for isolation while they await test results. Further case management and linkage to care is provided on-site during the motel stay by DHHS' Housing, Outreach and Mobile Engagement (HOME) program.

High-risk individuals are identified and referred by provider organizations such as Arcata House Partnership (AHP), Southern Humboldt Housing Opportunities (SHO), the Eureka Rescue Mission, Affordable Homeless Housing Opportunities (AHHA), St. Vincent De Paul, Eureka Police Department's Community Safety Engagement Team (CSET). They are also identified through existing clients in DHHS' HOME program.

In addition to serving unsheltered individuals, DHHS–Public Health has also provided temporary accommodations to individuals who are unable to isolate safely from the other residents in their home (large family size in the home with elders, small children, shared bathroom, lack of isolation area) and will continue to do so on an as-needed basis.

DHHS has rented 16 portable toilets and 21 handwashing stations and placed them throughout the county to increase hygiene opportunities for people experiencing homelessness. Locations were identified in partnership with provider organizations serving the homeless. The EOC is currently distributing 1,300 reusable facial coverings to people experiencing homelessness and providing information about where used facial coverings can be collected, washed and redistributed.

Partner organizations serving people experiencing homelessness have also secured rooms at an additional four hotel and motel sites throughout the County.

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

There are four hospitals in Humboldt County. The county seat and most densely populated area is Eureka, home to St. Joseph Hospital–Eureka. Its sister hospital, Redwood Memorial Hospital in Fortuna, is a half hour drive to the south. These two hospitals are both part of the St. Joseph Health System and share a Chief Executive, Dr. Roberta Luskin-Hawk. Mad River Community Hospital is situated to the north in Arcata while Jerold Phelps Community Hospital is located in Garberville, at the southern end of Humboldt 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. Humboldt County hospitals work together and are involved in the local Redwood Coast Healthcare Coalition. 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. Jerold Phelps is more remote and does not have intensive care unit (ICU) capacity so will serve lower acuity patients. Emergency Medical Services (EMS) policies have been reviewed to ensure ambulance routing to the appropriate facility. 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, re-purposing 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.

Beyond in-hospital surge beds, our County has worked with the two largest hospitals to develop substantial bed capacity beyond hospital walls. Mad River Community Hospital has an alternate care site (ACS) 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. St. Joseph Hospital–Eureka will oversee operations at an ACS with EOC support on our county fairgrounds and can serve 96 additional low acuity COVID-19 patients. Our ACS capacity effectively doubles our in-hospital surge capacity.

For more information on hospital preparedness and surge capacity, please see pages 12-14 of the Humboldt County COVID Containment Elements 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.

Area hospitals have strict policies in place to protect patients, medical staff and non-clinical staff. 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 allowed work time for tests. The hospitals have existing mechanisms for tracking occupational exposures within their workforce. Any COVID-related exposures would be monitored through each hospital's infection control personnel and/or employee services.

All hospitals in Humboldt 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.

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

Humboldt County has four Skilled Nursing Facilities (SNFs) and 41 Assisted Living Facilities (ALFs). There is one county jail (400 capacity) and one juvenile hall (50 to 60 capacity). The community has three homeless shelters. The Humboldt County Public Health Laboratory (HCPHL) prioritizes testing specimens for individuals living or working in these settings as an important containment measure. These settings utilize guidance documents created by the CDC and CDPH as well as industry-specific guidance. The EOC's Joint Information Center, staffed by health educators and nurse advisors, also serves as a COVID-19 information resource staff serving these populations.

The EOC Operations Section has a branch working with SNFs and ALFs. The County has the capacity to support testing congregate facilities and has been working extensively with SNFs to screen employees, and to develop plans to isolate and quarantine residents on-site in the absence of a COVID-19-specific facility. The County performs surveillance on their direct patient-care workforce and tests all new admits to SNFs and ALFs.

ALFs have been targeted for assistance in identifying capacity to isolate and quarantine on-site or to identify off-site options, such as motel lodging with appropriate supportive services.

The local jail has a nursing director on-site who has developed a robust isolation and quarantine plan within the jail, including a 14-day quarantine for new arrivals. Surveillance for illness in staff and inmates is in place; the HCPHL is able to offer testing for any symptomatic inmates or staff. The Optum test site has also been utilized to screen corrections staff. Public Health and the jail have been able to work well on a consultative basis to meet needs.

Humboldt County DHHS has been actively engaged with entities and coalitions serving the homeless community. Front-line workers are encouraged to access the Optum screening site for surveillance and ill members would be prioritized for specimen testing within the HCPHL.

In the event of an outbreak in a facility that were to exceed the facilities' PPE capacity, the PPE contingency plan includes Healthcare Coalition and Public Health/MHOAC support. All entities are encouraged to reach out to the MHOAC for assistance in identifying sources for PPE if needed. Specifically, all four SNFs currently have a 14-day supply of PPE and have non-state supply chains available. ALFs vary in their PPE supply caches and the Operations Section is working with them one-on-one to ascertain need and on-going supply chain access.

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

STAGE 2 SECTORS TIMELINE

May 4, 2020:

Healthcare sector is slowly adding back deferred preventive and elective services and procedures. This will continue throughout Stage 2 based on capacity of individual facilities.

May 9, 2020:

- Low-risk workplaces that have been pre-planning their reopening:
- Retail to begin with the option of curbside pickup, including but not limited to: Bookstores, jewelry stores, toy stores, clothing stores, shoe stores, home and furnishing stores, sporting goods stores, antique stores, music stores, florists.
- Supply chains supporting the above businesses, in manufacturing and logistical sectors

With CDPH posting of attestation and approval from EOC:

- Retail including customer foot traffic
- Personal services, limited to: car washes, pet grooming, tanning facilities, and landscape gardening.

To Follow as determined by Health Officer:

- Office-based businesses (telework remains strongly encouraged)
- Outdoor dining
- Destination retail, including shopping malls and swap meets without on-site dining
- Dine-in restaurants (other facility amenities, like bars or gaming areas, are not permitted)
- Outdoor museums and open gallery spaces

Anticipated May to June:

- Childcare will expand from serving children of essential service workers only to broader workforce. Childcare may be broadened to include summer day camps that are able to operate in accordance with childcare safety protocols outlined in Humboldt County's Health Order.

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

Resolve to Save Lives (RSL), an Initiative of Vital Strategies, describes the Adaptive Response to the COVID-19 pandemic, represented in Figure 1. Humboldt County plans to adopt this framework to help guide our local response efforts. The RSL report contains detailed criteria by which to loosen and tighten restrictions. Namely, it emphasizes three sub-categories of criteria, all of which have measurable benchmarks:

1. Epidemiology
2. Healthcare
3. Public health

The RSL report indicates that COVID-19 physical distancing measures can be loosened when all criteria are met referenced in Figure 2 (below), When and How to Open After COVID-19, largely in line with CDPH guidance on the issue. Once these criteria are met, loosening restrictions can happen over time to reopen. Strict mitigation measures are needed when one or more criteria in at least two of three categories are met. If the criteria are met, tightening of restrictions should occur. (See Figure 3 below When and How to Close due to COVID-19 Spread.) The report underscores that retightening restrictions should remain an option for the foreseeable future.

We have adapted this foundational framework to implementable criteria as seen below.

CATEGORY 1 - Epidemiology

- Significant* increase in new cases over three consecutive calendar or workdays in the context of no substantial increase in testing
- Doubling time of cases less than five days (from most recent nadir)
- More than three unlinked chains of transmission in a 14-day period
- High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (greater than five days) from a -mass gathering or long-term care facility
- Concerning, persistent increase in influenza-like illnesses in syndromic surveillance**
- Increasing number of new health care worker infections for five consecutive days

CATEGORY 2 - Health Care

- Inability to scale up to double the number of ICU patients from current census (including staffing)
- Can no longer screen significant* numbers of symptomatic patients safely (including staffing)
- Inadequate availability of PPE for healthcare workers
- Insufficient face masks to provide to all patients seeking care
- Unacceptable ratio* of admissions to discharges for COVID-19
- Health care facilities can no longer be structured to reduce possibility of exposure at triage and all other locations

CATEGORY 3 - Public Health Response

- Cannot elicit contacts for 20 percent or more of cases
- 10 percent or more of symptomatic contacts fail to get tested or get tested in more than 24 hours of symptom onset
- Insufficient hand sanitizer to place at entry of buildings including workplaces
- No designated facilities for non-hospitalized COVID- 19 infected people who can't be safely cared for at home (e.g., because of space constraints, medically vulnerable household members, or otherwise)

These metrics and trigger points are subject to change should the COVID-19 situation dictate.

It is important to note that the availability and fidelity of local data would be fundamental to objective assessment against the criteria. Humboldt County monitors epidemiologic data and reports out daily, at which time we also assess our continued ability to fulfill public health response criteria. We have also developed Humboldt County Medical Resources (see Figure 4 below) as a dashboard to collate relevant hospital system information, loosely guiding thresholds and triggers for movement along our continuum of county-wide response summarized in our Medical Response Matrix for COVID-19 (see Figure 5 below). This continuum also seeks to guide systems level situational awareness, county-wide healthcare operations, and the opening of alternate care sites. These markers include COVID-19 hospitalization census, bed status, ICU bed status, negative pressure room occupancy, and vent occupancy rates. In this same spirit, the County regularly communicates with hospital partners to assess Health Care criteria, involving the Regional Disaster Medical Health Specialists (RDMHS) and regional County partners as needed to inform them of changes in status, particularly of any emerging concerns identified. As we further expand our plan, we will look to develop an approach incorporating regional metrics.

For more information on triggers for adjusting modifications in Humboldt and access to figures referenced, please see pages 17-25 of the Humboldt County COVID Containment Elements plan.

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

Once CDPH posts Humboldt County's attestation, Humboldt County plans to proceed on the schedule described below. Humboldt County businesses will be required to submit an application describing their COVID-19 operation plans to the Humboldt County EOC. These compliance plans are based directly on guidance posted by the CDPH for the Stage 2 sectors. The process for local business applications is currently being finalized and will be posted to the Humboldt County website shortly.

STAGE 2 SECTORS TIMELINE

May 4, 2020:

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May 9, 2020:

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Anticipated May to June:

- Childcare will expand from serving children of essential service workers only to broader workforce. Childcare may be broadened to include summer day camps that are able to operate in accordance with childcare safety protocols outlined in Humboldt County's Health Order.

COVID-19 Containment Plan

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

Testing

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

Refer to Humboldt County's COVID-19 Containment Elements document. A Humboldt County Containment Plan is in development to document further details of planning and preparation.

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?

Refer to Humboldt County's COVID-19 Containment Elements document. A Humboldt County Containment Plan is in development to document further details of planning and preparation.

Protecting the Vulnerable

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

Refer to Humboldt County's COVID-19 Containment Elements document. A Humboldt County Containment Plan is in development to document further details of planning and preparation.

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?

Refer to Humboldt County's COVID-19 Containment Elements document. A Humboldt County Containment Plan is in development to document further details of planning and preparation.

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?

Refer to Humboldt County's COVID-19 Containment Elements document. A Humboldt County Containment Plan is in development to document further details of planning and preparation.

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?

Refer to Humboldt County's COVID-19 Containment Elements document. A Humboldt County Containment Plan is in development to document further details of planning and preparation.

Community Engagement

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

Refer to Humboldt County's COVID-19 Containment Elements document. A Humboldt County Containment Plan is in development to document further details of planning and preparation.

Relationship to Surrounding Counties

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

Refer to Humboldt County's COVID-19 Containment Elements document. A Humboldt County Containment Plan is in development to document further details of planning and preparation.

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 Tere , hereby attest that I am duly authorized to sign and act on behalf of Hum. I certify that Hum 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 Hum, 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 Teresa Frankovich, MH, MPH

Signature Teresa Frankovich  Digitally signed by Teresa Frankovich
Date: 2020.05.13 07:45:08 -07'00'

Position/Title Humboldt County Health Officer

Date 5/13/2020

HUMBOLDT COUNTY
COVID-19 CONTAINMENT ELEMENTS

MAY 12, 2020

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INTRODUCTION

The information outlined below demonstrates the readiness of Humboldt County to advance through Stage 2 while protecting essential workers and the community.

Humboldt County has created and shared with the community a local Roadmap to Recovery plan and a website providing current, accurate information to all residents and stakeholders, including a toolkit with guidelines and a simplified plan creation and approval process for business reopening.

The Humboldt County Containment Plan is in development to document further details of planning and preparation in the areas described below.

EPIDEMIOLOGIC STABILITY OF COVID-19

As of May 11, 2020, Humboldt County has had 61 total cases of COVID-19 and has confirmed 8 cases of COVID-19 in the last 14 days. The last positive case was on May 10, 2020. The county has an estimated population of 135,558. Humboldt County has had less than one COVID-19 case per 10,000 in the past 14 days and has been fortunate to have had no known deaths due to COVID-19.

PROTECTION OF STAGE 1 ESSENTIAL WORKERS

Throughout Stage 1 of this pandemic, Humboldt County Public Health and the Emergency Operations Center (EOC) Unified Command have emphasized communication as a primary goal of the operation. There has been frequent and consistent communication with the public through direct contact with the media and the public across all platforms from live press conferences and town hall meetings to distributed audio, video, radio and social media.

Our 17-person Joint Information Center (JIC) is staffed with public information officers, nurses and health educators and has been operating six days per week to accommodate the more than 5,000 calls from the public we have received since the incident began. The JIC has become a vital link for our partners as well, making 707-441-5000 the go-to source of reliable information for local cities and health facilities to refer to their residents and clients.

Additionally, Humboldt County has incorporated the following to support Stage 1 essential workers and their workplaces. These guidelines will apply to workers, businesses and organizations in future Stages also:

- Since COVID-19 arrived on the world stage, Humboldt County Public Health has provided outreach to the community and to local health care partners and coalitions. As COVID-19 became a state and local concern, and with activation of the EOC, biweekly calls were initiated with city and tribal government departments. Health care providers have received numerous and ongoing Health Alerts along with frequent phone, email contact and virtual meetings.
- Humboldt County participates in the Redwood Coast Healthcare Coalition with whom regular meetings are hosted and the members are aware of the supports that can be provided to them, including dissemination of guidance and supporting them in accessing Personal Protective Equipment (PPE) and other supplies
- First Responders, healthcare workers, law enforcement, social service providers and other essential workers as well as their employers have received information about COVID-19, prevention measures, workplace safety and the need for PPE appropriate to their positions.
- Public Health and the EOC have also responded to requests from essential service agencies and advised on and assisted in development of their policies and procedures regarding COVID-19 safety.
- The Humboldt County Medical Health Operational Area Coordinator (MHOAC) has worked extensively with critical infrastructure agencies/facilities to ensure that they have access to credible, up-to-date guidance and accessing PPE through commercial channels as well as through the MHOAC. PPE has been distributed widely and a summary is provided at the end of this document. Monitoring of PPE caches for at-risk responders and healthcare/congregate facilities across various fields is a key function of the EOC.
- An order requiring facial coverings was issued on April 28, 2020 by the Humboldt County Health Officer. This is an important added safety measure for our essential workforce and the community as a whole. This order has prepared the County to reduce shelter in place restrictions by normalizing the use of protective facial coverings.
- A county website, www.humboldtgov.org, has been organized to provide clear, accurate, and real-time guidance and information to the public including a link to the [governor's website](#), the State Roadmap webpages, business guidance, all Orders and local releases, and is now launching an on-line COVID-19 business operations plan submission form to support reopening plans that will be reviewed by a team at the EOC. When approved, businesses will be sent a branded version of the state checklist certificate to

signal compliance.

- Humboldt County has engaged broadly with community stakeholders and residents to prepare for the reopening process. Humboldt County administered a Community Survey on Business Reopening to gather community, local governmental and stakeholder input about what the reopening should look like in this county including businesses, public spaces and activities. Over 4,800 responses were received, providing the EOC and community leaders with information to help guide this process.
- Humboldt County maintains an awareness of the essential supplies that exist in the community and refers organizations outside of the medical fields to those resources when their typical retail channels fall short.
- As a condition of operating in Humboldt County, all businesses that wish to reopen will be required to submit detailed safety plans which align with the sector-specific guidance developed by the California Department of Public Health (CDPH) and the California Division of Occupational Safety and Health (CalOSHA). These documents are available at covid19.ca.gov/roadmap and will assist employers in helping to ensure that employees and patrons are able to experience a safer environment.
- Sectors with CDPH/CalOSHA guidance currently available:

Agriculture and livestock	Energy and utilities	Mining and logging
Auto dealerships	Food packing	Office workspaces
Childcare	Hotels and lodging	Ports
Communications infrastructure	Life sciences	Public transit and intercity rail
Construction	Logistics and warehouse facilities	Real estate transaction
Delivery services	Manufacturing	Retail

TESTING CAPACITY

Testing in Humboldt County occurs in multiple venues including the Humboldt County Public Health Laboratory (HCPHL), St. Joseph Health Care System-Eureka, United Indian Health Services Clinic (UIHS) and K'ima:w Medical Center. Other private clinics offer Point of Care (POC) testing and/or send outs to commercial labs and the HCPHL depending upon priority for testing. Other area hospitals are also developing POC testing capability on site.

Testing also occurs through our Optum site, which became operational on April 27, 2020. Our regional Federally Qualified Health Center (FQHC), Open Door Community Health Centers, and some private practices offer drive-through or drive-up specimen collection with provider orders. Some of these collected specimens go to commercial labs and some to the HCPHL. Humboldt County clearly has testing availability for greater than 75 percent of residents within 60 minutes of drive time in our rural area.

The average testing volume from May 2 to May 8 was 171 tests per day. Humboldt County Public Health Lab numbers and the Optum site include occasional non-Humboldt County residents, but Humboldt County residents make up the vast majority. Humboldt County's Optum testing site is still new, and it is expected that testing volume from this site will increase as community members learn about the test site and COVID-19 activity increases locally.

COVID-19 (SARS-CoV-2) RT-PCR Laboratory Testing in Humboldt County

Average Volume	5/2	5/3	5/4	5/5	5/6	5/7	5/8	DAILY AVG
OptumServe Site Testing (Monday–Friday)	N/A	N/A	121	116	120	109	119	83
Humboldt County Public Health Laboratory (Monday–Saturday)	139	N/A	87	46	52	63	38	61
Commercial lab (non-Optum), POC testing at hospital and out-patient sites (estimated daily average)	27	27	27	27	27	27	27	27
Overall								171

Testing Capacity	Per day
OptumServe State Testing, Monday–Friday	132
HCPHL (maximum response capacity), Monday–Saturday	80
Commercial polymerase chain reaction (PCR) + Hospital POC with adequate reagents for Abbott and Biofire + Tribal and Private clinic POC (Abbott)	100
Total	302

Current capacity is 2.2 per 1,000 population. Current volume is 1.3 per 1,000 population. The current capacity has not been utilized fully. This is likely due to low levels of circulating respiratory illness prompting testing and our Optum site just recently becoming accessible to the public via on-line scheduling. With commercial testing capacity not exceeded at this time and the Optum site ability to double or triple tests per day based upon need, Humboldt will easily be able to routinely meet or exceed the two per 1,000 population daily testing capacity that is goal for our containment strategy.

Note: The testing capacity of the Public Health Lab and hospitals depends on continued and improved availability of test kits.

Healthcare Settings Submitting Specimens to Commercial Labs (Some also have POC and/or submit to HCPHL)

Name	Address	Operation
Healthcare (non-hospital)		
Open Door Community Health Centers-10 Primary Care Sites in Humboldt	Multiple Locations. Collection occurring at: 2426 Buhne Street Eureka, CA 95501	Screen and obtain specimen
United Indian Health Services (UIHS)	5 Locations in Humboldt County	Screen and obtain specimen
K'ima:w Medical Center	1200 airport Road Hoopa, CA 95546	Screen and obtain specimen
Karuk Tribal Health Clinic	39051 Ca Hwy 96 Orleans, CA 95556	Screen and obtain specimen
Redwoods Rural Health Center	101 West Coast Road Redway, CA 95560	Screen and obtain specimen
Eureka Veteran's Clinic	930 West Harris Street Eureka, CA 95503	Screen and obtain specimen
Fortuna Family Health	874 Main Street Fortuna, CA 95540-1926	Screen and obtain specimen
Full Circle Center for Integrative Medicine	4641 Valley East Blvd Ste 2 Arcata, CA 95521	Screen and obtain specimen
Mad River Health Care Clinic (Multiple clinics on one campus)	3798 Janes Road Arcata, CA 95521	Screen and obtain specimen
Redwood Renal Associates	2505 Lucas Street Eureka, CA 95501	Screen and obtain specimen
Priority Care Center	2316 Harrison Avenue Eureka, CA 95501	Screen and obtain specimen
Redwood Pediatrics	3305 Renner Drive Fortuna, CA 95540	Screen and obtain specimen
Scotia Bluffs Community Health Center	500 B Street Scotia, CA 95565	Screen and obtain specimen
Six Rivers Medical Clinic	850 Hwy 96 Willow Creek, CA 95573	Screen and obtain specimen
Southern Humboldt Community Clinic	509 Elm Street Garberville, CA 95542-3204	Screen and obtain specimen

Southern Trinity Health Services	321 Van Duzen Road Mad River, CA 95552	Screen and obtain specimen
St Joseph Hospital Medical Group- Family Medicine (Multiple clinics on one campus)	2280 Harrison Avenue Eureka, CA 95501	Screen and obtain specimen
Hospitals		
St Joseph Hospital-Eureka	2700 Dolbeer Street Eureka, CA 95501	Screen and obtain specimen
Redwood Memorial Hospital, Fortuna	3300 Renner Drive Fortuna, CA 95540	Screen and obtain specimen
Mad River Community Hospital	3800 Janes Road Arcata, CA 95521	Screen and obtain specimen
Jerold Phelps Community Hospital	733 Cedar Street Garberville, CA 95542	Screen and obtain specimen

CONTAINMENT CAPACITY

In order to respond to COVID-19, Humboldt County has increased its contact investigation team from two nurses and one investigator at baseline to our current model with three contact tracers, six investigators, two taskforce leaders and one investigation unit supervisor. We are training additional staff from within and outside the agency to be able to expand to a structure of 59 individuals, including 44 contact tracers, 11 investigators, 3 taskforce leaders and a unit supervisor.

We have utilized investigators from the Sheriff's Office, environmental health, social services, and public health to expand our teams. We are training remaining nurses within our agency on communicable disease investigation on a rotating basis, and plan to leverage the expertise of retired local healthcare workers by training them as investigators or task force leaders.

To date, we have more than 18 per 100,000 trained personnel to respond, exceeding the CDPH requirement of 15 per 100,000 population.

In addition to the ongoing training detailed above, Humboldt County plans to utilize state resources for contact tracing training and staff if local contact tracing needs exceed capacity.

Type	Number & Notes
Investigation Unit Supervisor	One supervisor oversees the investigation unit.
Taskforce Leaders	Two public health nurses currently act as taskforce leaders, with a third able to oversee a team as the program expands. Taskforce leaders provide oversight to three to four investigators.
Investigators	Six investigators are currently available to be assigned cases, with staffing seven days a week. An additional five investigators are trained to allow the investigation unit to expand to eleven investigators, each overseeing a team of contact tracers.
Contact Tracers	Two contact tracers are currently working in the investigation unit, taking on all of the contact tracing activities for six investigators. An additional 20 contact tracers are trained and available to be pulled into the investigation unit to increase capacity. Over the next four weeks, an additional 30 investigators will be trained to provide enough capacity to handle for 25 new cases per day.
Unit Structure	The Investigation unit is divided into taskforces, each of which is led by a public health nurse, who offers support and oversight to three to four investigators. Each taskforce is divided into three to four investigation teams, each of which is led by

	<p>an investigator, who provides oversight of each investigation being handled by the team.</p> <p>Each team includes four contact tracers who make phone calls, manage data, and report to the investigator for their team.</p>
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Isolation and quarantine wraparound services

- The Humboldt County EOC’s Health and Welfare Branch provides food, needed household supplies and prescription pickup for families isolated or quarantined and needing assistance. This includes both homeless individuals and those with domiciles.
- Instructions for symptom monitoring are provided, both verbally and in writing, to all infected or exposed individuals by our contact investigation team members. A system is in place to ensure that symptoms are checked regularly and that new onset or worsening of symptoms is reported to a nurse.
- Individuals infected with or exposed to COVID-19 are instructed on resources to support them including links to state benefits such as unemployment and Family and Medical Leave Act (FMLA) assistance specific to COVID-19 as appropriate.

TEMPORARY HOUSING

The latest information on the number of individuals living unsheltered in Humboldt County is from the 2019 Housing and Urban Development (HUD) Point in Time count. As of January 2019, 1,702 individuals were counted as living unsheltered in Humboldt County. Fifteen percent of 1,702 is approximately 255 individuals. Currently, the County and partner agencies have the capacity to temporarily shelter a total of 280 individuals.

In March 2020, the Humboldt County Department of Health and Human Services (DHHS) entered into a lease agreement with the a Eureka hotel to provide short-term, temporary housing for people experiencing homelessness who need to be isolated or quarantined due to COVID-19, or who are at high-risk for experiencing severe COVID-19 illness.

The hotel has a total of 44 rooms available. As of May 9, 2020, 45 individuals had been isolated/quarantined for a total of 148 nights and 24 individuals in the high-risk category have been sheltered for a total of 349 nights.

The County's Emergency Operations Center's (EOC) Homeless Unit has worked with the county's largest Federally Qualified Health Centers, Open Door Community Health Centers and Providence St. Joseph's Hospital, to create a screening tool for COVID-19 utilized by the local free meal dining facility and various other homeless service provider organizations. These partners have also created a phone line for homeless individuals experiencing COVID-19 symptoms, staffed by a triage nurse who is able to screen individuals to determine if COVID-19 testing is needed. If testing is needed, 24/7 transportation is dispatched to pick up the client, take them to testing and then to lodging for isolation while they await test results. Further case management and linkage to care is provided on-site during the motel stay by DHHS' Housing, Outreach and Mobile Engagement (HOME) program.

High-risk individuals are identified and referred by provider organizations such as Arcata House Partnership (AHP), Southern Humboldt Housing Opportunities (SHO), the Eureka Rescue Mission, Affordable Homeless Housing Opportunities (AHHA), St. Vincent De Paul, Eureka Police Department's Community Safety Engagement Team (CSET). They are also identified through existing clients in DHHS' HOME program.

In addition to serving unsheltered individuals, DHHS—Public Health has also provided temporary accommodations to individuals who are unable to isolate safely from the other residents in their home (large family size in the home with elders, small children, shared bathroom, lack of isolation area) and will continue to do so on an as-needed basis.

DHHS has rented 16 portable toilets and 21 handwashing stations and placed them throughout the county to increase hygiene opportunities for people experiencing homelessness. Locations were identified in partnership with provider organizations serving the homeless. The EOC is currently distributing 1,300 reusable facial coverings to people experiencing homelessness and providing information about where used facial coverings can be collected, washed and redistributed.

Partner organizations serving people experiencing homelessness have also secured rooms at an additional four hotel and motel sites throughout the County.

In total, the County and partner agencies have the capacity to temporarily house people experiencing homelessness to 280 individuals, exceeding the 15 percent required.

HOSPITAL CAPACITY

Hospital Surge

There are four hospitals in Humboldt County. The county seat and most densely populated area is Eureka, home to St. Joseph Hospital–Eureka. Its sister hospital, Redwood Memorial Hospital in Fortuna, is a half hour drive to the south. These two hospitals are both part of the St. Joseph Health System and share a Chief Executive, Dr. Roberta Luskin-Hawk. Mad River Community Hospital is situated to the north in Arcata while Jerold Phelps Community Hospital is located in Garberville, at the southern end of Humboldt 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. Humboldt County hospitals work together and are involved in the local Redwood Coast Healthcare Coalition. 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. Jerold Phelps is more remote and does not have intensive care unit (ICU) capacity so will serve lower acuity patients. Emergency Medical Services (EMS) policies have been reviewed to ensure ambulance routing to the appropriate facility. 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.

Facility:	Licensed Beds	Surge Beds	ICU Beds	Total Vents*
St. Joseph Hospital–Eureka	153	19	12 ICU+23 surge	12 ICU, 12 OR
Redwood Memorial Hospital	25	16	4 ICU	3 ICU, 3 OR, 2 transport
Mad River Community Hospital	78	55	6 ICU + 12 surge	5 ICU, 3 OR
Jerold Phelps Hospital	9	8	0	1 Transport

Bed polling is monitored daily through CDPH.

*Humboldt County has an additional 5 full-feature ICU vents for distribution.

Examples of hospital surge plan strategies include canceling elective procedures, re-purposing 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.

Beyond in-hospital surge beds, our County has worked with the two largest hospitals to develop substantial bed capacity beyond hospital walls. Mad River Community Hospital has an alternate care site (ACS) 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. St. Joseph Hospital–Eureka will oversee operations at an ACS with EOC support on our county fairgrounds and can serve 96 additional low acuity COVID-19 patients. Our ACS capacity effectively doubles our in-hospital surge capacity.

Protecting the Hospital Workforce

Area hospitals have strict policies in place to protect patients, medical staff and non-clinical staff. 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 allowed work time for tests. The hospitals have existing mechanisms for tracking occupational exposures within their workforce. Any COVID-related exposures would be monitored through each hospital's infection control personnel and/or employee services.

All hospitals in Humboldt 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.

Humboldt County Alternate Care Sites

As noted above, Humboldt County has two alternative care sites.

Mad River Community Hospital will operate an additional 30 to 50 beds initially for non-COVID-19 Med/Surg patients, with the flexibility to transition to COVID-19 low acuity patients if needed.

Additionally, Humboldt County has a large, 96-bed ACS established and furnished. The EOC Operations Section, Medical Surge Branch anticipates completion of set up within the next seven to 14 days. Currently the ACS is planned for use as a low-acuity COVID-19 setting. If a trigger indicates we need to utilize this capacity, we would target the following:

In the first 48 hours:

- Secure and physically setup the site
- Implement the staffing and supply plans
- Communicate with hospitals that are nearing capacity

Within 5-7 days:

- Staffing operational and supply resources on hand
- Coordinate with hospitals to receive transfer patients

The County has looked to local staffing models and PPE supply chains to safely operate the facility. However, it remains

a real possibility, given impacts of illness to workforce and need to lower staffing ratios in hospitals as ICU patient census increases, that we may fall short in adequately staffing an ACS and having adequate PPE in place to do so. The County would look to regional and state support in these scenarios should the ACS become operational.

VULNERABLE POPULATIONS

Humboldt County has four Skilled Nursing Facilities (SNFs) and 41 Assisted Living Facilities (ALFs). There is one county jail (400 capacity) and one juvenile hall (50 to 60 capacity). The community has three homeless shelters. The Humboldt County Public Health Laboratory (HCPHL) prioritizes testing specimens for individuals living or working in these settings as an important containment measure. These settings utilize guidance documents created by the CDC and CDPH as well as industry-specific guidance. The EOC's Joint Information Center, staffed by health educators and nurse advisors, also serves as a COVID-19 information resource staff serving these populations.

The EOC Operations Section has a branch working with SNFs and ALFs. The County has the capacity to support testing congregate facilities and has been working extensively with SNFs to screen employees, and to develop plans to isolate and quarantine residents on-site in the absence of a COVID-19-specific facility. The County performs surveillance on their direct patient-care workforce and tests all new admits to SNFs and ALFs.

ALFs have been targeted for assistance in identifying capacity to isolate and quarantine on-site or to identify off-site options, such as motel lodging with appropriate supportive services.

The local jail has a nursing director on-site who has developed a robust isolation and quarantine plan within the jail, including a 14-day quarantine for new arrivals. Surveillance for illness in staff and inmates is in place; the HCPHL is able to offer testing for any symptomatic inmates or staff. The Optum test site has also been utilized to screen corrections staff. Public Health and the jail have been able to work well on a consultative basis to meet needs.

Humboldt County DHHS has been actively engaged with entities and coalitions serving the homeless community. Front-line workers are encouraged to access the Optum screening site for surveillance and ill members would be prioritized for specimen testing within the HCPHL.

In the event of an outbreak in a facility that were to exceed the facilities' PPE capacity, the PPE contingency plan includes Healthcare Coalition and Public Health/MHOAC support. All entities are encouraged to reach out to the MHOAC for assistance in identifying sources for PPE if needed. Specifically, all four SNFs currently have a 14-day supply of PPE and have non-state supply chains available. ALFs vary in their PPE supply caches and the Operations Section is working with them one-on-one to ascertain need and on-going supply chain access

SECTORS AND TIMELINES AND PLAN FOR MOVING THROUGH STAGE 2

STAGE 2	SECTORS	TIMELINE
	<p>Healthcare sector is slowly adding back deferred preventive and elective services and procedures. This will continue throughout Stage 2 based on capacity of individual facilities.</p>	<p><i>May 4, 2020</i></p>
	<p>Low-risk workplaces that have been pre-planning their reopening: Retail to begin with the option of curbside pickup, including but not limited to: Bookstores, jewelry stores, toy stores, clothing stores, shoe stores, home and furnishing stores, sporting goods stores, antique stores, music stores, florists. Supply chains supporting the above businesses, in manufacturing and logistical sectors</p>	<p><i>May 9, 2020</i></p>
	<p>Retail including customer foot traffic Personal services, limited to: car washes, pet grooming, tanning facilities, and landscape gardening.</p> <p>Office-based businesses (telework remains strongly encouraged) Outdoor dining Destination retail, including shopping malls and swap meets without on-site dining Dine-in restaurants (other facility amenities, like bars or gaming areas, are not permitted) Outdoor museums and open gallery spaces</p>	<p><i>With CDPH posting of attestation <u>and</u> approval from EOC</i></p> <p><i>To Follow as determined by Health Officer</i></p>
	<p>Childcare will expand from serving children of essential service workers only to broader workforce. Childcare may be broadened to include summer day camps that are able to operate in accordance with childcare safety protocols outlined in Humboldt County's Health Order.</p>	<p><i>Anticipated May to June</i></p>

TRIGGERS FOR ADJUSTING MODIFICATIONS

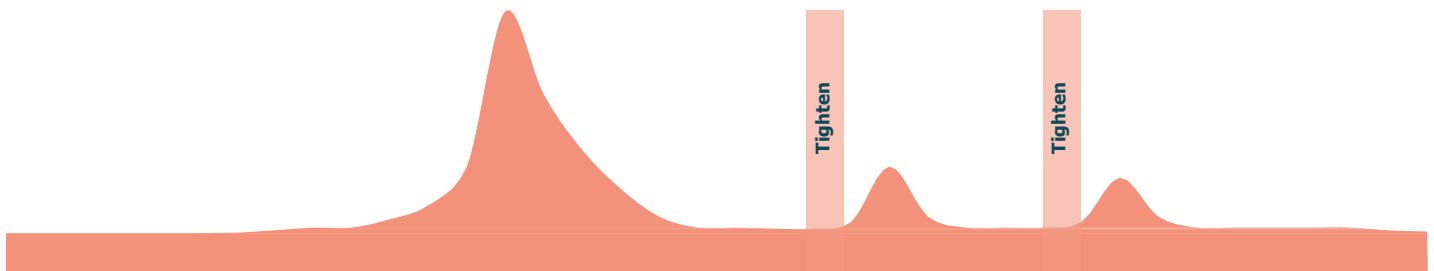
Resolve to Save Lives (RSL), an Initiative of Vital Strategies, describes the [Adaptive Response to the COVID-19 pandemic](#), represented in Figure 1. Humboldt County plans to adopt this framework to help guide our local response efforts. The RSL report contains detailed criteria by which to loosen and tighten restrictions. Namely, it emphasizes three sub-categories of criteria, all of which have measurable benchmarks:

1. Epidemiology
2. Healthcare
3. Public health

FIGURE 1. The Adaptive Response to COVID-19. (REPRODUCED FROM RESOLVE TO SAVE LIVES)

The RSL report indicates that COVID-19 physical distancing measures can be loosened when all criteria are met referenced in Figure 2 (below), *When and How to Open After COVID-19*, largely in line with CDPH guidance on the issue. Once these criteria are met, loosening restrictions can happen over time to reopen. Strict mitigation measures are needed when one or more criteria in at least two of three categories are met. If the criteria are met, tightening of restrictions should occur. (See Figure 3 below *When and How to Close due to COVID-19 Spread*.) The report underscores that retightening restrictions should remain an option for the foreseeable future.

When and How to Close due to COVID-19 Spread



We have adapted this foundational framework to implementable criteria as seen below.

CATEGORY 1 - Epidemiology

- Significant* increase in new cases over three consecutive calendar or workdays in the context of no substantial increase in testing
- Doubling time of cases less than five days (from most recent nadir)
- More than three unlinked chains of transmission in a 14-day period
- High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (greater than five days) from a -mass gathering or long- term care facility
- Concerning, persistent increase in influenza-like illnesses in syndromic surveillance**
- Increasing number of new health care worker infections for five consecutive days

CATEGORY 2 - Health Care

- Inability to scale up to double the number of ICU patients from current census (including staffing)
- Can no longer screen significant* numbers of symptomatic patients safely (including staffing)
- Inadequate availability of PPE for healthcare workers
- Insufficient face masks to provide to all patients seeking care
- Unacceptable ratio* of admissions to discharges for COVID-19
- Health care facilities can no longer be structured to reduce possibility of exposure at triage and all other locations

CATEGORY 3 - Public Health Response

- Cannot elicit contacts for 20 percent or more of cases
- 10 percent or more of symptomatic contacts fail to get tested or get tested in more than 24 hours of symptom onset
- Insufficient hand sanitizer to place at entry of buildings including workplaces
- No designated facilities for non-hospitalized COVID-19 infected people who can't be safely cared for at home (e.g., because of space constraints, medically vulnerable household members, or otherwise)

These metrics and trigger points are subject to change should the COVID-19 situation dictate.

It is important to note that the availability and fidelity of local data would be fundamental to objective assessment against the criteria. Humboldt County monitors epidemiologic data and reports out daily, at which time we also assess our continued ability to fulfill public health response criteria. We have also developed *Humboldt County Medical Resources* (see Figure 4 below) as a dashboard to collate relevant hospital system information, loosely guiding thresholds and triggers for movement along our continuum of county-wide response summarized in our *Medical Response Matrix for COVID-19* (see Figure 5 below). This continuum also seeks to guide systems level situational awareness, county-wide healthcare operations, and the opening of alternate care sites. These markers include COVID-19 hospitalization census, bed status, ICU bed status, negative pressure room occupancy, and vent occupancy rates. In this same spirit, the County regularly communicates with hospital partners to assess Health Care criteria, involving the Regional Disaster Medical Health Specialists (RDMHS) and regional County partners as needed to inform them of changes in status, particularly of any emerging concerns identified. As we further expand our plan, we will look to develop an approach incorporating regional metrics.

*Epidemiologist to be relied upon to identify findings of possible significance and bring them to full local Health Expert Panel for review

**if syndromic surveillance data are available

FIGURE 2. When and How to Reopen After COVID-19. (Reproduced from Resolve to Save Lives)

When and How to Reopen After COVID-19

COVID-19 PHYSICAL DISTANCING MEASURES CAN BE LOOSENED WHEN ALL OF THE FOLLOWING CRITERIA ARE MET:

Epidemiology	Health Care	Public Health
<ul style="list-style-type: none"> ✓ Decreasing cases in the context of increasing testing (or stable testing with decreasing positivity) for at least 14 days ✓ Decreasing numbers and proportions of cases not linked to a source case (goal less than 3 unlinked cases per 2-week period) ✓ Steady decrease in ILI in syndromic surveillance for at least 14 days ✓ Decline in deaths for at least 14 days ✓ Decreasing health care worker infections such that infections are now rare 	<ul style="list-style-type: none"> ✓ Ability – including staffing – to double number of patients treated in intensive care units from current census ✓ Ability – including staffing – to screen large numbers of symptomatic patients safely (e.g., outdoor tents, drive through) ✓ Sufficient PPE for all health care workers even if cases double ✓ Sufficient face masks to provide to all patients seeking care even if cases double ✓ More discharges than admissions for COVID-19 ✓ Ensure at least baseline capacity in general health services, including through expansion of telemedicine for Covid-19 and usual care ✓ Health care facilities enforce policies and redesign to minimize possibility of exposure at triage and all other locations 	<ul style="list-style-type: none"> ✓ All cases interviewed for contact elicitation ✓ Contacts elicited for at least 90% of cases ✓ 100% of symptomatic contacts and others with symptoms undergo testing within 12 hours of identification of symptoms ✓ Enough hand sanitizer to place at entry and strategically placed in buildings including workplaces ✓ Designated facilities for non-hospitalized covid-infected people who can't be safely cared for at home (e.g., because of space constraints, homelessness, medically vulnerable household members, or otherwise) ✓ Demonstrated ability to convey physical distancing recommendations that change behavior in most residents



ONCE THE LOOSEN CRITERIA ARE MET, THE FOLLOWING ACTIONS CAN HAPPEN OVER TIME TO REOPEN:

Action	Initial re-opening only if all criteria above met	4-8 weeks later if no significant increase in cases and criteria remain met	8-16 weeks later if no significant increase in cases and criteria remain met
Wash hands often	Continue	Continue	Continue
Cover coughs	Continue	Continue	Continue
Don't go out if ill	Continue	Continue	Continue
Face mask if ill persons go out	Continue	Continue	Continue
Surface and object cleaning	Continue	Continue	Continue
Enhanced ventilation	Continue	Continue	Continue
Isolation of cases	Continue	Continue	Continue
Quarantine of contacts of cases	Continue	Continue	Continue
Physical distancing to 6 feet when possible – avoid crowding	Continue	Pause physical distancing	Pause physical distancing
Stop visits to nursing homes, hospitals, congregate facilities	Continue	Continue	Continue
Ban all gatherings including religious (above 10, 50 people)	Continue – 10	50	Allow all gatherings
Restaurant closures	Reopen with physical distancing*	Reopen	Reopen
Bar closures	Continue	Reopen with physical distancing*	Reopen
General business closures	Partial reopening*	Additional phased reopening	Reopen
Special situation business closures**	Partial reopening*	Reopen	Reopen
Post-secondary ed closures	Continue	Consider reopening	Reopen
K-12 in-person closures	Reopen*	Reopen*	Reopen
Day care closures	Reopen*	Reopen*	Reopen
Quarantine of travelers from high-prevalence areas	Continue, informed by data on spread	Continue, informed by data on spread	Continue, informed by data on spread

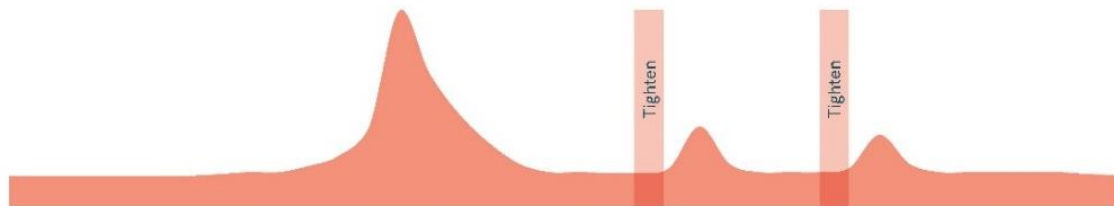
*People over age 60, including employees and those who are medically vulnerable continue to shelter in place, including employees. Online education/work encouraged wherever possible.

**Special business situations include strategically important entities (e.g., infrastructure); entities which can reopen while ensuring safe commute, physical distancing, exclusion of anyone ill, and mandatory handwashing/sanitizing at entry and periodically during day.

Note: Decisions on both when and what to open must be made based on evolving knowledge (e.g., infectivity of children), availability of treatment, community acceptance and adherence, and other evolving knowledge and experience. Other restrictions, such as limitations on crowding in public transport, also necessary with graduated reopening.

FIGURE 3. When and How to Close due to COVID-19 Spread. (Reproduced from Resolve to Save Lives)

When and How to Close due to COVID-19 Spread



STRICT MITIGATION MEASURES ARE NEEDED WHEN ONE OR MORE CRITERIA IN AT LEAST 2 OF 3 COLUMNS ARE MET:

Epidemiology	Health Care	Public Health
<ul style="list-style-type: none"> ✓ Increasing new case counts of at least 10% for 3 consecutive days in the context of no substantial increase in testing ✓ Doubling time of cases less than 5 days (from most recent nadir) ✓ More than 3 unlinked chains of transmission in a 14-day period ✓ High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (>5 days) from a mass gathering or long-term care facility) ✓ Steady increase in ILI in syndromic surveillance for at least 10 days above seasonal average ✓ Increasing number of new health care worker infections for 5 consecutive days 	<ul style="list-style-type: none"> ✓ Inability to scale up to 2x the number of ICU patients from current census (including staffing) ✓ Can no longer screen large numbers of symptomatic patients safely (e.g., outdoor tents, drive through) (including staffing) ✓ Less than 4 weeks supply of PPE for double the current case load ✓ Insufficient face masks to provide to all patients seeking care even if cases double ✓ More admissions than discharges for COVID-19 over 3 consecutive days ✓ Do not have baseline capacity in general health services, including through expansion of telemedicine for Covid-19 and usual care ✓ Health care facilities can no longer be structured to reduce possibility of exposure at triage and all other locations 	<ul style="list-style-type: none"> ✓ Cannot elicit contacts for 20% or more of cases ✓ 10% or more of symptomatic contacts fail to get tested or get tested in more than 24 hours of symptom onset. ✓ Insufficient hand sanitizer to place at entry of buildings including workplaces ✓ No designated facilities for non-hospitalized COVID-19 infected people who can't be safely cared for at home (e.g., because of space constraints, medically vulnerable household members, or otherwise) ✓ No longer have the ability to convey physical distancing recommendations which change behavior in residents



ONCE THE CLOSURE CRITERIA ARE MET, THE FOLLOWING ACTIONS SHOULD BE TIGHTENED OVER TIME:

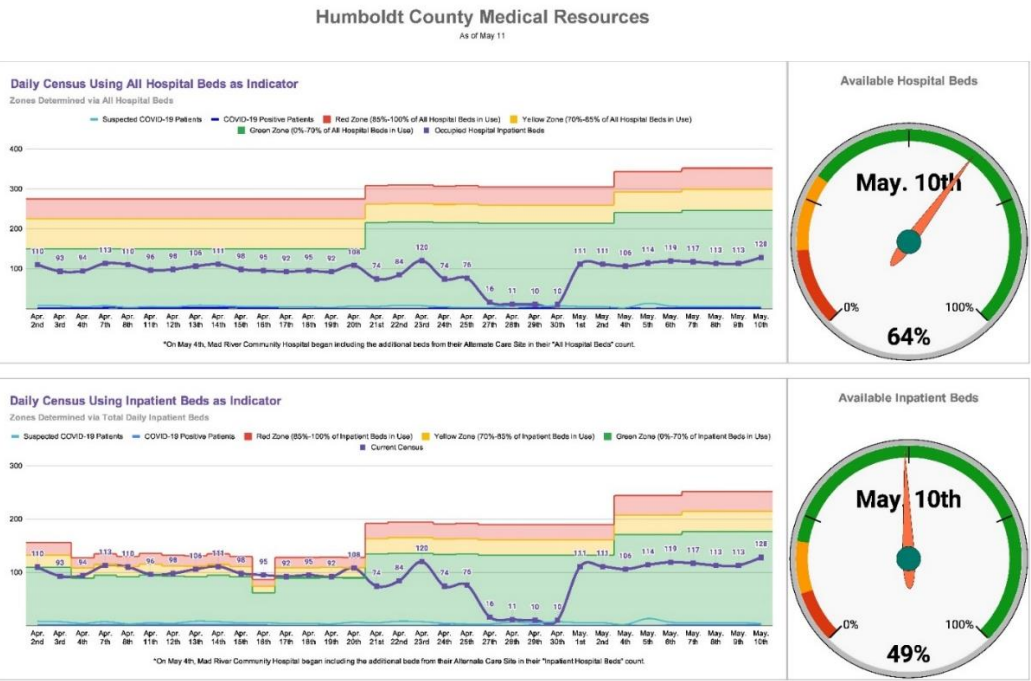
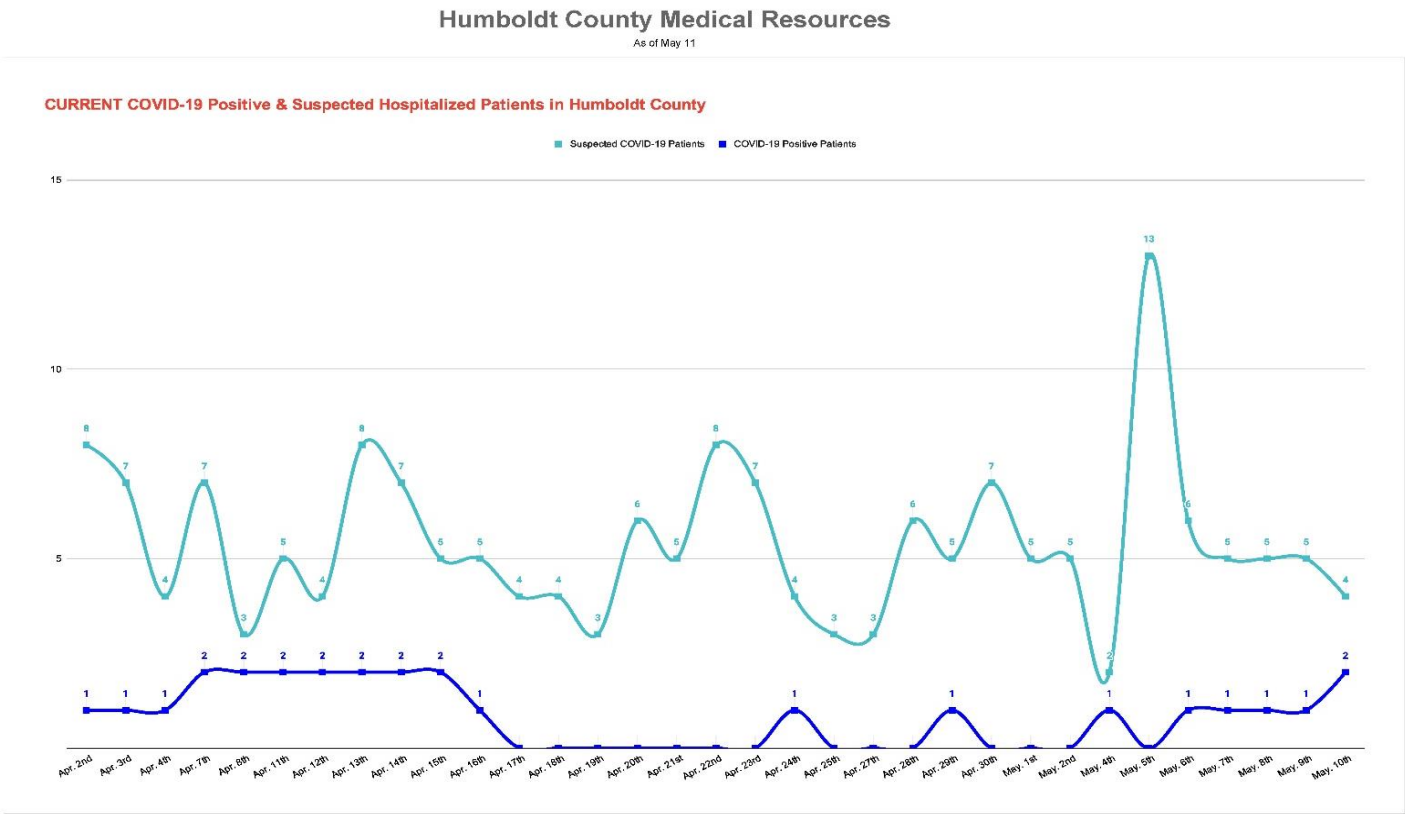
Action	Tighten immediately (if not already on)	Maximum tightening
Wash hands often	Already on	Continue
Cover coughs	Already on	Yes
Don't go out if ill	Already on	Yes
Face mask if ill go out	Already on	Yes
Face mask for all in community	No	Consider
Surface and object cleaning	Already on	Yes
Increase ventilation	Already on	Yes
Quarantine of contacts of cases	Already on	Yes
Physical distancing to 6 feet when possible – avoid crowding	Turn on	Yes
Stop visits to nursing homes, hospitals, congregate facilities	Already on	Yes
Ban all gatherings including religious (above 10, 50 people)	Yes for 50 or more*	Yes, all non-household
Restaurant closures	Open – only delivery/to go	Open – only delivery/to go
Bar closures	Open – only delivery/to go	Turn on
Special situation business closures**	Partial closure*	Yes, all
General business closures (non-essential)	Turn on	Yes
University closures	Yes (online encouraged)	Yes (online encouraged)
K-12 closures	Yes (online encouraged)	Yes (online encouraged)
Day care closures	Yes	Yes
Quarantine of travelers from high-prevalence areas	Yes, voluntary	Yes, mandatory

*People over age 60 and those who are medically vulnerable, including employees, continue to shelter in place, including employees.

**Special business situations include strategically important entities (e.g., infrastructure), entities which can reopen while ensuring safe commute, physical distancing, exclusion of anyone ill, and mandatory handwashing/sanitizing at entry and periodically during day.

Note: Decisions should be made based on evolving knowledge (e.g., infectivity of children), availability of treatment, community burden, acceptance and adherence, and other factors.

FIGURE 4. Humboldt County Medical Resources

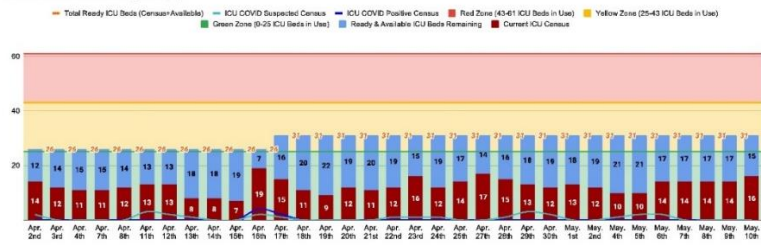


Humboldt County Medical Resources

As of May 11

Daily ICU Census & Ready ICU Beds

Zones Determined via Max Surge-Plan (51)

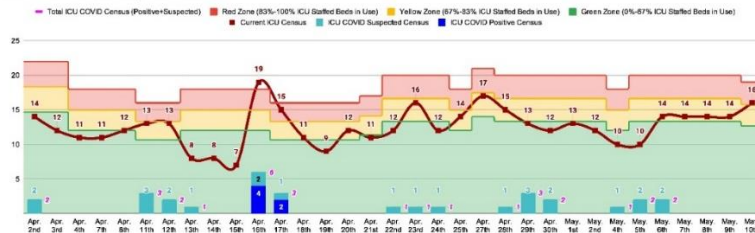


Ready & Available ICU Beds + Planned Avail. "Surge-Plan ICU Beds"



Daily ICU Census

Zones Determined via Total Daily Staffed ICU Beds



Available Staffed ICU Beds

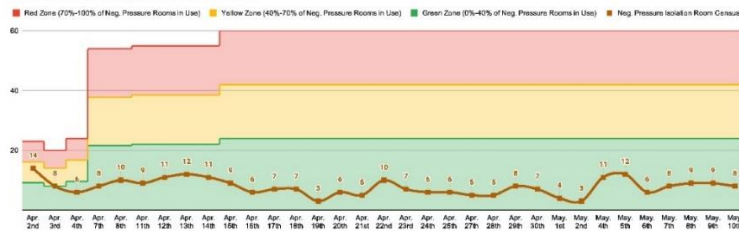


Humboldt County Medical Resources

As of May 11

Daily Negative Pressure Isolation Room Usage

Zones Determined via Total Negative Pressure Isolation Rooms

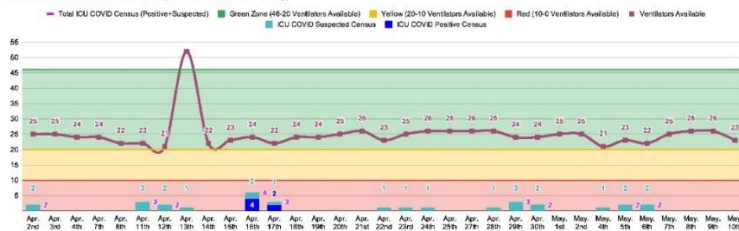


Available Neg. Pressure Rooms



Daily Available Ventilators

Zones Determined via Total Ventilators (20 Full / 21 Limited / 5 County)



Available Ventilators



*Please note variations due to reporting inconsistencies which have been remedied.

FIGURE 5. Humboldt County Medical Response Matrix

MEDICAL RESPONSE MATRIX FOR COVID-19				
	No outbreak	Mild impact	Severe impact	Critical impact
Description	<p>Fundamental Precautions and Preparedness. Minor Risk. No definitive risk or only a minor risk to the public's health has been identified within a jurisdiction.</p> <p>Conditions:</p> <ul style="list-style-type: none"> Small number of positive cases with no known cases of community transmission 	<p>Enhanced precautions for those at elevated risk and serious illness for COVID-19. Potential Widespread incident. Situation likely to progress increasing the risk for the community and requires additional specialized intervention by certain types of organizations.</p> <p>Conditions:</p> <ul style="list-style-type: none"> Evidence suggesting regional community transmissions a.) Uptick in influenza like illness (ILI) monitoring; and b.) community transmission documented in multiple communities outside of the jurisdiction, in particular, in counties surrounding the County Verified Humboldt County community transmission Social distancing implemented School closures <p>Continue action items implemented in Level Green, add the following:</p> <ul style="list-style-type: none"> Prepare alternate care sites 	<p>Enhanced precautions broadly. Widespread incident.</p> <p>Conditions:</p> <ul style="list-style-type: none"> Definitive evidence of significant Humboldt County community transmission exists Social distancing implemented One or more criteria in 2 or more categories for high oncoming criteria are met: epidemiology, health care, public health response <p>Continue action items implemented in Level Yellow as appropriate, add the following:</p> <ul style="list-style-type: none"> Shift and activate alternate care sites Consider EMSA approval of ACS as alternate destination Institute more strict mitigation measures 	<p>Extensive community mitigation. Critical incident. Infection has not been contained by other less restrictive measures.</p> <p>Conditions:</p> <ul style="list-style-type: none"> Rapid community transmission persists despite aggressive mitigation efforts Widespread disruption to normal life <p>Continue action items implemented in Level Red, add the following:</p> <ul style="list-style-type: none"> Consider activation of alternate care sites as alternate EMS transport destination Consider activating outpatient clinic converting to Urgent Care model
Indicators	<ul style="list-style-type: none"> Normal system levels Normal ambulance patient offload times Baseline sick calls Normal ED/EMS volume Normal EMS volume Isolation beds generally available Normal staffing Isolating sick and asymptomatic PSC stable and fully operational 	<ul style="list-style-type: none"> Occasional system level depletion 12-15 minute ambulance patient offload times Increased ED volume Increased EMS volume but within routine surge capacity Isolation beds in short supply ICU bed occupancy no greater than 2/3 max capacity Vent occupancy <50% Increased sick and asymptomatic managed by callbacks and overtime PSC stable but concerned about staffing or other structural challenges 	<ul style="list-style-type: none"> Frequent system level depletion 15-30 minute ambulance patient offload times Isolation beds unavailable Vent occupancy 50-80% ED volume exceeds routine surge capacity EMS volume exceeds routine surge capacity Increased sick and asymptomatic difficult to manage by callbacks and overtime PSC impacted by staffing or structural challenges 	<ul style="list-style-type: none"> Persistent system level depletion >30 minute ambulance patient offload times Isolation beds unavailable Vent occupancy >80% ED volume exceeds routine surge capacity despite modified prioritization and response configuration EMS volume exceeds routine surge capacity despite modified prioritization and response configuration Widespread sick and asymptomatic unable to be managed by callbacks and overtime PSC significantly impacted by staffing or structural challenges
INTERVENTIONS				
Entity	No outbreak	Mild impact	Severe impact	Critical impact
Clinics	<ul style="list-style-type: none"> Prepare for staffing shortages/continuity plans Plan for modified patient flow Plan for social distancing Prepare for surge volume 	<ul style="list-style-type: none"> Consider contracting for temporary staffing Prepare for increased patient volume Implement social distancing Adapt PPE use consistent with best available guidance 	<ul style="list-style-type: none"> Prepare to receive consider urgent care model Organize current staff around providing acute care Formalize partner facility staff agreements Consider CA/Med request and/or disaster healthcare volunteers 	<ul style="list-style-type: none"> "Urgent Care" model non-respiratory walk-ins Consider "Teler" or respiratory clinics
Emergency Departments	<ul style="list-style-type: none"> Prepare for staffing shortages/continuity plans Plan for modified patient flow Plan for social distancing Prepare for surge volume 	<ul style="list-style-type: none"> Consider contracting for temporary staffing Plan for modification of admissions criteria Begin implementing surge plan Implement social distancing Adapt PPE use consistent with best available guidance 	<ul style="list-style-type: none"> Modify admissions criteria implemented Surge plan implemented Develop and finalize crisis standard of care protocols for appropriate use criteria of limited critical care resources 	<ul style="list-style-type: none"> Implement crisis standard of care protocols for appropriate use criteria of limited critical care resources
Hospitals	<ul style="list-style-type: none"> Prepare for staffing shortages/continuity plans Plan for modified patient flow Plan for social distancing Prepare for surge volume 	<ul style="list-style-type: none"> Consider contracting for temporary staffing Prepare for modification of admissions criteria Begin implementing surge plan Implement social distancing, mandatory facial covering Adapt PPE use consistent with best available guidance 	<ul style="list-style-type: none"> Modify admissions criteria implemented Surge plan implemented 	<ul style="list-style-type: none"> Implement crisis standard of care protocols for appropriate use criteria of limited critical care resources
EMS	<ul style="list-style-type: none"> Assess personnel, PPE & resource availability Assess scope of practice increase Prepare for surge volume Plan to modify patient flow Plan for modified staff staffing Plan to modify dispatch protocols Plan for social distancing Disseminate PMS guidelines Secure EMSA approval for EMT/medic testing 	<ul style="list-style-type: none"> Authorize modified dispatch protocols Authorize changes to protocols to mitigate risk Implement enhanced PPE protocols, secure PPE supply Implement isolation de-escalation Plan to increase staffing and ambulance increase Prepare to implement triage and intake protocol Implement EMT/paramedic COVID testing/training Review patient transport and transfer practices Assess options for paramedic or hospital RN transfer of very sick patients Plan for non-ambulance transport for low acuity patients to ACS Prepare for referral to alternate destination 	<ul style="list-style-type: none"> Prepare for non-dispatch or low acuity admissions Assess and implement dispatch changes as needed Authorize dispatch and refer protocol disposition and destination Implement EMT/paramedic testing Increase ambulance staff and ambulance availability Implement ambulance dispatch guidelines per consensus plan Support use of hospital RNs on transfer of very sick patients Implement non-ambulance transport for low acuity patients to ACS Consider requesting EMSA approval of COVID focused COT training Duty Officer to directly support county EOC 	<ul style="list-style-type: none"> Authorize centralized triage for acute respiratory patients per consensus plan Continue to authorize dispatch changes as needed Authorize single paramedic first response as needed Support non-ambulance transport for low acuity patients to ACS per consensus plan Implement MCI triage of patients EMS Duty Officer available to M-EOC and county EOC 24/7

CRITICAL SUPPLIES

Personal Protective Equipment Quantities in Humboldt County

As of May 11, 2020, the Humboldt County EOC had distributed approximately 53,000 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 69 agencies/facilities.

To determine burn rates of EOC-distributed supplies, we require weekly reporting of each agency's usage. According to the self-reporting of these 69 agencies/facilities, as of May 11, 2020, there are still approximately 44,000 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. 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.

Lab Testing Quantities at Humboldt County Public Health Lab

		Swabs	VTM	VTM + Swab Kits
Total on Hand	Quantity on Hand:	2,070	1,380	280

CONTAINMENT PLAN

The surveillance metrics and the framework described above will guide much of Humboldt County's decision-making as the County moved forward into Stage 2 of the reopening process, ensuring that Humboldt's COVID-19 response continues to be driven by data and public health science. Humboldt is still working with partners from many sectors to determine specific containment protocols ongoing with the COVID-19 response. As triggers are met or concerns identified, Humboldt County will immediately inform the state and request technical support as needed. The County regularly communicates with its regional County partners and will inform them of changes or concerns identified.

The Health Officer and Deputy Health Officer participate in the Rural Association of Northern California Health Officers (RANCHO). Health Officers from multiple counties including Mendocino, Lake, Shasta, Siskiyou, Del Norte, Tehama and Humboldt participate regularly. This entity was established to ensure regional communication and planning capacity across the region during the COVID-19 pandemic. Currently, Humboldt County is working with CDPH and Del Norte County on developing a regional approach to testing that could help expand capacity in Del Norte and possibly Trinity County. It is important that all counties in the region have robust testing capacity to respond to the COVID pandemic.



**BOARD OF SUPERVISORS
COUNTY OF HUMBOLDT**

825 5th Street, Suite 111, Eureka, CA 95501-1153
Telephone (707) 476-2390 Fax (707) 445-7299

May 13, 2020

Jake Hanson
California Department of Public Health
jake.hanson@cdph.ca.gov
PO Box 997377, MS 0500
Sacramento, CA 95899-7377

Re: Humboldt County's Request for Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order

To Mr. Hanson:

In accordance with Governor Newsom's Executive Order N-60-20 and the May 7, 2020 guidance issued by the California Department of Public Health, the Humboldt County Board of Supervisors submits the following letter of support.

Humboldt County Health Officer Dr. Teresa Frankovich has fully apprised the Board of Supervisors of efforts that have been and will be taken to mitigate the spread of COVID-19.

The Humboldt County Board of Supervisors fully supports the attestation by Dr. Frankovich that the County has met the readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Resilience Roadmap. The Board of Supervisors supports the reopening of businesses and spaces in the County in the most expeditious manner possible, consistent with the protection of the public and essential workers.

Thank you,

Estelle Fennel, Chair
Board of Supervisors
County of Humboldt
State of California



May 11th, 2020

To Whom It May Concern:

As one of four local hospitals in Humboldt County, Mad River Community Hospital understands that the County Health Officer Dr. Terry Frankovich is affirming that the County has met the California Department of Public Health's readiness criteria designed to mitigate the spread of COVID-19. All four Humboldt County Hospitals have been working closely with Public Health, and are regularly involved in the Redwood Coast Healthcare Coalition (RCHC). The coalition has served as an invaluable platform for educational updates, resource sharing, coordination of response, and identification of healthcare gaps in the COVID-19 response.

Dr. Frankovich and designees meet regularly with the hospitals and healthcare systems to build consensus and coordinate surge planning. We strongly agree with her assessment that Humboldt County is actively monitoring infection through epidemiology, implementing containment measures when needed, offering an adequate amount of testing, monitoring hospital capacity and plans for surge, and protecting vulnerable populations.

Mad River Community Hospital supports this attestation by Dr. Frankovich that the County has met the readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

As CEO of Mad River Community Hospital, I support the need to protect vulnerable populations, continue social distancing, and mandatory facial coverings, all-the-while maintaining a heightened sense that we may ultimately need to reinstate protective measures. A healthy business community and a healthy community are one and the same. Humboldt County's plan for reopening is good for health, good for business and good for our community.

Sincerely,

Douglas A. Shaw
CEO

May 11, 2020

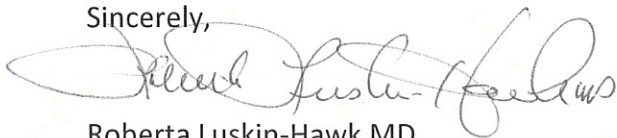
To Whom It May Concern:

As the leader of St Joseph Health – Humboldt County, I am responsible for St. Joseph Hospital in Eureka and Redwood Memorial Hospital in Fortuna, CA. I understand that the County Health Officer, Dr. Terry Frankovich, is affirming that the County has met the California Department of Public Health's readiness criteria designed to mitigate the spread of COVID-19. All four Humboldt County Hospitals have been working closely with Public Health and are regularly involved in the Redwood Coast Healthcare Coalition (RCHC). The coalition has served as an invaluable platform for educational updates, resource sharing, coordination of response, and identification of healthcare gaps in the COVID-19 response.

Dr. Frankovich and designees meet regularly with the hospitals and healthcare systems to build consensus and coordinate surge planning. We strongly agree with her assessment that Humboldt County is actively monitoring infection through epidemiology, implementing containment measures when needed, offering an adequate amount of testing, monitoring hospital capacity and plans for surge and protecting vulnerable populations. St. Joseph Health – Humboldt County supports this attestation by Dr. Frankovich that the County has met the readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap. The hospitals have a surgeon plan and can accommodate a 35 percent surge due to COVID-19. We have the availability of anesthesia machines and have ordered additional ventilators. In addition, both SJE and RMH have, at minimum, a 14-day supply of PPE with commercial access to more supplies.

As Chief Executive of St. Joseph Hospital in Eureka and of Redwood Memorial Hospital in Fortuna, I support the need to protect vulnerable populations, continue social distancing, and mandatory facial coverings, all-the-while maintaining a heightened sense that we may ultimately need to reinstate protective measures. A healthy business community and a healthy community are one and the same. Humboldt County's plan for reopening is good for health, good for business and good for our community.

Sincerely,



Roberta Luskin-Hawk MD
Chief Executive

3300 Renner Drive • Fortuna, CA 95540 • T: (707) 725-3361
2700 Dolbeer Street • Eureka, CA 95501 • T: (707) 445-8121



Southern Humboldt
Community Healthcare District

May 11, 2020

To Whom It May Concern:

As one of four local hospitals in Humboldt County, Jerold Phelps Community Hospital understands that the County Health Officer Dr. Terry Frankovich is affirming that the County has met the California Department of Public Health's readiness criteria designed to mitigate the spread of COVID-19. All four Humboldt County Hospitals have been working closely with Public Health, and are regularly involved in the Redwood Coast Healthcare Coalition (RCHC). The coalition has served as an invaluable platform for educational updates, resource sharing, coordination of response, and identification of healthcare gaps in the COVID-19 response.

Dr. Frankovich and designees meet regularly with the hospitals and healthcare systems to build consensus and coordinate surge planning. We strongly agree with her assessment that Humboldt County is actively monitoring infection through epidemiology, implementing containment measures when needed, offering an adequate amount of testing, monitoring hospital capacity and plans for surge, and protecting vulnerable populations.

Jerold Phelps Community Hospital supports this attestation by Dr. Frankovich that the County has met the readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

As CEO of Jerold Phelps Community Hospital, I support the need to protect vulnerable populations, continue social distancing, and mandatory facial coverings, all-the-while maintaining a heightened sense that we may ultimately need to reinstate protective measures. A healthy business community and a healthy community are one and the same. Humboldt County's plan for reopening is good for health, good for business and good for our community.

Sincerely,

Matt Rees, CEO
Southern Humboldt Community Healthcare District
Garberville, CA

MR/slg

Jerold Phelps Community Hospital
733 Cedar Street
Garberville, CA 95542

Southern Humboldt Community Clinic
509 Elm Street
Garberville, CA 95542