Variance to Stage 2 of California’s Roadmap to Modify the Stay-at-Home Order

COVID-19 Variance Attestation Form

For Kern County

May 18, 2020

Background

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

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

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

Now, 11 days after the first variance opportunity announcement, the state has further built up capacity in testing, contact tracing and the availability of PPE. Hospital surge capacity remains strong overall. California has maintained a position of stability with respect to hospitalizations. These data show that the state is now at a higher level of preparedness, and many counties across the state, including those that did not meet the first variance criteria are expected to be, too. For these reasons, the state is issuing a second variance opportunity for certain counties that did not meet the criteria of the first variance attestation. This next round of variance is for counties that can attest to meeting specific criteria indicating local stability of COVID-19 spread and specific levels of county preparedness. The criteria and procedures that counties will need to meet in order to attest to this second variance opportunity are outlined below. It is recommended that counties consult with
cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

Local Variance

A county that has met the criteria in containing COVID-19, as defined in this guidance or in the guidance for the first variance, may consider modifying how the county advances through Stage 2, either to move more quickly or in a different order, of California’s roadmap to modify the Stay-at-Home order. Counties that attest to meeting criteria can only open a sector for which the state has posted sector guidance (see Statewide industry guidance to reduce risk). Counties are encouraged to first review this document in full to consider if a variance from the state’s roadmap is appropriate for the county’s specific circumstances. If a county decides to pursue a variance, the local health officer must:

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

2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the health care coalition or health care systems in said county. In the event that the county does not have a health care coalition or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable. The full submission must be signed by the local health officer.

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

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

County Name: Kern County

County Contact: Jason Wiebe

Public Phone Number: 661-868-3180

Readiness for Variance

The county’s documentation of its readiness to modify how the county advances through Stage 2, either to move more quickly or in a different order, than the California’s roadmap to modify the Stay-at-Home order, must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including, for example, the elderly and those with specific co-morbidities, and those residing in long-term

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1 If a county previously sought a variance and submitted a letter of support from the health care coalition or health care systems but did not qualify for the variance at that time, it may use the previous version of that letter. In contrast, the County Board of Supervisors must provide a renewed letter of support for an attestation of the second variance.
care and locally controlled custody facilities and other congregate settings, continue to be protected as a county progresses through California’s roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

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

As a best practice, if not already created, counties will also attest to plan to develop a county COVID-19 containment strategy by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors.

It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen to reinstitute restrictions in advance of any state action.

Readiness Criteria

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

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by reintroducing features of the stay at home order and using capacity within the health care delivery system to provide care to the sick. Given the anticipated increase in cases as a result of modifying the current Stay-At-Home order, this is a foundational parameter that must be met to safely increase the county’s progression through Stage 2. The county must attest to:

  o Demonstrated stable/decreasing number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients of <=+5% -OR- no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.

  Kern County meets this criteria:

  - As of May 18, 2020, Kern County has a stable number of patients hospitalized for COVID-19. Kern County’s 7-day average of daily percent change in the total number of hospitalizations for confirmed COVID-19 patients is -0.83%
• 14-day cumulative COVID-19 positive incidence of <25 per 100,000 - OR - testing positivity over the past 7 days of <8%.

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

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

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

Kern County meets this criteria:
• Over the past 7 days, Kern County has performed 3,552 tests with 218 positive results for a percentage of residents testing positive at 6.14%.

• 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, as a separate attachment, copies of the guidance(s).

Kern County Public Health has been providing clear guidance and resources to all essential workers and employers in the public, non-profit and private sectors since the Stay Home Except for Essential Needs order was issued on March 19, 2020. This guidance includes the importance of PPE availability, providing a list of suppliers/vendors and the availability of assistance from Kern County Public Health. Outreach and education have been continuous for employers and critical infrastructure workplaces on how to structure physical environments and how to follow industry or sector specific guidance provided by CDPH. Locally, this has also included the formation of a Kern County Board of Supervisors ad hoc committee to establish best practices for the safe and responsible re-opening of specific businesses and industries. Below are two links containing information that has been provided to employers and essential critical infrastructure workplaces: a resource
guide from Kern County Public Health and industry guidance from the California Department of Public Health. Although not an exhaustive record, a comprehensive list of guidance documents is attached. The guidance documents provided through State and County resources are found within the following links: https://kernpublichealth.com/coronavirus-information-for-businesses-and-workers/ https://covid19.ca.gov/industry-guidance/ 

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

Kern County Public Health and Kern County Office of Emergency Services are in weekly contact with essential workers and their employers to assess the availability of supplies. A spreadsheet is maintained and updated to monitor and evaluate inventories in addition to a regular assessment of the State's available inventory. In the event that any essential employers or workers are low on inventories and their regular supply chain cannot accommodate their request, a list of suppliers and vendors is provided to secure the necessary supplies. The list of suppliers is frequently updated to provide an accurate picture of current availability and Kern County Public Health maintains an adequate back-up supply as a safety net.

- **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:
  
  o Minimum daily testing capacity to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Provide the number of tests conducted in the past week. A county must also provide a plan to reach the level of testing that is required to meet the testing capacity levels, if the county has not already reached the required levels.
Kern County currently has a testing capacity in excess of 1.5 per 1,000 residents and, in fact, has a testing capacity in excess of 2 per 1,000 residents. With an estimated population of 900,000, Kern County meets this requirement through the availability of over 2,800 tests per day.

The most recent testing data shows Kern County has tested 16,273 individuals and performed an average of over 432 tests per day over the past 7-days. Kern County is in the process of bringing on two more testing sites, which will further increase Kern’s available testing capacity.

- Testing availability for at least 75% of residents, as measured by the presence of a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county and indicate if there are any geographic areas that do not meet the criteria and plans for filling these gaps if they exist. If the county depends on sites in adjacent counties, please list these sites as well.

Kern County’s 51 testing sites provide accessibility to all of our residents. 95.94% of all Kern County residents live within a 30-mile drive of a testing site. In addition to testing sites in metropolitan Bakersfield areas, Kern County has proactively established testing sites in all of our desert, mountain and valley geographic areas of the County to ensure accessibility and convenience. This includes the recent addition of six new testing sites, all of which have no screening criteria for symptomatic individuals, four state operated testing sites which have no screening criteria for symptomatic individuals, and a testing response team to increase support of state agencies and to protect vulnerable populations, and a Kern County Skilled Nursing Facility testing response team. The following is a listing of specimen collection sites in Kern County:
Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID-19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact covCommunitySurveillance@cdph.ca.gov for any guidance in setting up such systems in their county.]
Kern County's 51 testing sites provide accessibility to all of our residents. 95.94% of all Kern County residents live within a 30-mile drive of a testing site. In addition to testing sites in metropolitan Bakersfield areas, Kern County has proactively established testing sites in all of our desert, mountain and valley geographic areas of the County to ensure accessibility and convenience. This includes the recent addition of six new testing sites, all of which have no screening criteria for symptomatic individuals, four state operated testing sites which have no screening criteria for symptomatic individuals, and a testing response team to increase support of state agencies and to protect vulnerable populations, and a Kern County Skilled Nursing Facility testing response team.

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

With a population of approximately 900,000 residents, Kern County has a minimum of 135 staff to conduct contact tracing, which equates to at least 15 staff per 100,000 county population. Currently Kern County Public Health has 70 staff trained and ready to perform contact tracing and is capable of training an additional 65 staff in a matter of days. Newly trained staff will consist of Kern County employees that serve as Disaster Service Workers and have backgrounds in working with vulnerable populations, interviewing techniques and/or healthcare.

  o Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county’s plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a separate bathroom, or a process in place that provides the ability to sanitize a shared bathroom between uses), for the duration of the necessary isolation or quarantine period. Rooms acquired as part of Project Roomkey should be utilized.
The 2020 Point-in-Time (PIT) Count showed there are 1,580 individuals experiencing homelessness in Kern County. Our ability to shelter a minimum of 15% of those individuals requires temporary housing units for at least 237 individuals. Kern County has capacity to provide temporary housing to meet that number through a minimum of 87 units via Temporary Isolation Unit Trailers provided by the State, designated isolation rooms at Kern County’s Low Barrier Navigation Center and local homeless shelters, and the ability to secure up to 150 rooms through Project Roomkey, bringing the total to a minimum of 237 units, or 15% of our 2020 PIT Count.

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

Kern County has ten acute care hospitals with 1,381 licensed hospital beds (1,171 in-patient beds), 228 ICU beds and 277 mechanical ventilators. As of May 16, there are 33 COVID-19 hospitalizations and 17 in the ICU with 9 ventilators currently in use. As of May 16, 2020, Kern County’s 10 hospitals had 509 hospital beds, 76 ICU beds and 228 ventilators available and not in use. The additional back-up surge capacity resources are available and standby, if needed: 552 hospital beds (not ICU), 250 Alternative Care Site (ACS) beds (not ICU) and an additional 42 ventilators available for deployment. A 35% surge on COVID-19 patients would require capacity for 12 additional hospitalizations, 6 ICU beds and 4 ventilators. These numbers clearly demonstrate Kern County’s capacity for a 35% surge of COVID-19 patients. Kern County’s hospitals have resumed elective surgeries and have attested that they will cease such procedures in the event of a surge.

- 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.

Each of Kern County’s ten (10) acute care hospitals have sufficient Personal Protective Equipment (PPE) and a plan to protect their clinical and nonclinical workforce with PPE. All 10 hospitals have a stable supply chain and an ability to requisition additional supplies through their respective procurement systems.

Kern County continually assesses PPE supplies through the daily hospital bed poll survey and requests for supplies through the MHOAC system. By monitoring the survey, Kern County is able to identify a possible interruption in the PPE supply chain.
and provide alternative suppliers or utilize its own back-up inventory. Recently there
have been minimal requests for PPE supplies through MHOAC and we have seen a
significant decrease in requests since the onset of COVID-19 in Kern County.

• **Vulnerable populations.** A determination must be made by the county that the
  proposed variance maintains protections for vulnerable populations, particularly
  those in long-term care settings. The county must attest to ongoing work with Skilled
  Nursing Facilities within their jurisdiction and describe their plans to work closely with
  facilities to prevent and mitigate outbreaks and ensure access to PPE:

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

Kern County Public Health has been and will continue to be in daily contact and
consultation with our local CDPH district representative. We have provided two virtual
trainings with representatives from all Kern County Skilled Nursing Facilities (SNFs) to
ensure the facilities have appropriate intake processes, sanitization/disinfection
procedures, infection control procedures, and plans to address visitation and
congregate areas such as eating and socialization. Additionally, these trainings
addressed proper personal protective equipment (PPE) and appropriate donning
and doffing of PPE. In addition, we have provided on-site demonstration of donning
and doffing of PPE for SNF staff. The County has a dedicated staff member who is in
weekly communication with all of our SNFs, surveying staffing levels, staffing needs,
PPE inventory levels, and PPE needs. Our Public Health Department Operations
Center communicates with many of our SNFs with positive COVID residents and/or
staff on a daily basis. We have recently provided all of our local SNFs with sufficient
testing materials and training on testing procedures to ensure they test all of their
residents every 14 days. The County has also provided a dedicated team to test all
SNF staff every 14 days and provide other virtual and in-person training to ensure
appropriate infection control measures are sustained.

  o Skilled nursing facilities (SNF) have >14-day supply of PPE on hand for staff, with
    established process for ongoing procurement from non-state supply chains.
    Please list the names and contacts of all SNFs in the county along with a
    description of the system the county must track PPE availability across SNFs.
Kern County has a standardized process in place to maintain protections for vulnerable populations, including those in long-term care settings. The process for skilled nursing facilities (SNF) is for staff of the Emergency Operations Center to make weekly contact with SNFs to ensure a greater than 14-day supply of PPE. This is tracked through a spreadsheet containing up-to-date data for supplies/PPE for all SNFs in the County. Currently, all but 3 have an adequate 14-day supply. Those 3 SNFs have been provided with a supply chain list that will adequately provide PPE equipment and supplies to cover a 14-day period. As an additional resource, Kern County Public Health has a supply that can be provided to ensure a consistent 14-day supply. Below is a listing of Kern County's SNFs.

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<tr>
<th>NAME</th>
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<tr>
<td>Bella Sera</td>
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<tr>
<td>Brookdale Riverwalk SNF (CA)</td>
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<tr>
<td>Delano District Skilled Nursing Facility</td>
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<tr>
<td>Delano Regional Medical Center D/P SNF</td>
</tr>
<tr>
<td>Golden Living Center – Shafter</td>
</tr>
<tr>
<td>Height Street Skilled Care</td>
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<tr>
<td>Kern River Transitional Care</td>
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<tr>
<td>Kern Valley Healthcare District D/P SNF</td>
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<tr>
<td>Kingston Healthcare Center, LLC</td>
</tr>
<tr>
<td>Parkview Julian Convalescent</td>
</tr>
<tr>
<td>Ridgecrest Regional</td>
</tr>
<tr>
<td>Rosewood Health Facility</td>
</tr>
<tr>
<td>San Joaquin Nursing Center</td>
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<tr>
<td>The Orchards Post-Acute</td>
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<tr>
<td>The Rehabilitation Center of Bakersfield</td>
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<tr>
<td>Valley Convalescent Hospital</td>
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<tr>
<td>Valley View Care Center</td>
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<tr>
<td>Windsor Post-Acute Center of Arvin</td>
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<tr>
<td>Windsor Post-Acute Center of Bakersfield</td>
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**Sectors and timelines.** Please provide details on the county’s plan to move through Stage 2. These details should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state’s order. Any sector that is reflective of Stage 3 should not be included in this variance because it is not allowed until the State proceeds into Stage 3. For additional details on sectors and spaces included in Stage 2, please see [https://covid19.ca.gov/industry-guidance/](https://covid19.ca.gov/industry-guidance/) for sectors open statewide and [https://covid19.ca.gov/roadmap-counties/](https://covid19.ca.gov/roadmap-counties/) for sectors available to counties with a variance.
Following the State's acceptance and posting of Kern County's attestation, businesses within the later phase of Stage 2 will be permitted to reopen immediately upon their implementation of State of California guidance for industry and business sectors. An ad hoc committee has been created to work directly with these sectors to ensure compliance and attestation to the Statewide industry guidance to reduce risk. The businesses and sectors to open include:

* Destination retail, including shopping malls and swap meets.
* Dine-in restaurants

Kern County staff will sustain our education and collaboration efforts with our businesses to ensure their ongoing compliance with State of California guidance and requirements.

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

Kern County will use the following metrics to determine if it will slow the pace through Stage 2 or require tighter modifications. Kern County will immediately notify the CDPH Duty Officer of any trends leading toward the triggers listed below. A final decision to return to previous phases, stages or any other modifications will be made by the County in consultation with CDPH.

- An increase of greater than 8% COVID-19 tests returning positive over the past seven (7) days
- An increase of greater than 5% COVID-19 hospitalizations over the past seven (7) days
- Falling below a 35% surge capacity for hospital and ICU beds

- **COVID-19 Containment Plan**

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

The components of Kern County’s containment plan are listed in the sections below. This provides a summary of those actions. Kern County will continue to mitigate the spread of COVID-19 and be prepared to contain the virus through a testing capacity in excess of 2 per 1,000 residents, having a minimum of 15 contact tracers per 100,000 residents, working closely with our acute care hospitals to ensure they have a minimum of 35% surge capacity for hospital/ICU beds, PPE and other supplies, continue our daily communication, collaboration and training for SNFs and other facilities that house vulnerable populations, and working with cities, businesses, chambers of commerce, healthcare providers and all stakeholders to train and educate on State guidelines for all industries, businesses and sectors.
While not exhaustive, the following areas and questions are important to address in any containment plan and may be used for guidance in the plan’s development. This containment plan should be developed by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors. Under each of the areas below, please indicate how your plan addresses the relevant area. If your plan has not yet been developed or does not include details on the areas below, please describe how you will develop that plan and your timeline for completing it.

Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <8% and stable or declining?
- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

Kern County is increasing its capacity to 2,800 residents per day at 51 locations in all geographical regions of Kern County. This equates to over 2 tests per 1,000 residents with over 95% of all County residents living within a 30 minute drive to a testing site. The average percentage of positive tests over the past 7 days is 6.14% and has been declining during this time frame. Specific contacts and collaborative relationships have been established with all 51 testing sites, and each have contracts with specimen processing labs and a systematic process for reporting of COVID-19 related data in place.

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?

There are currently 70 staff trained and available to do contact tracing, with an additional 65 that will be trained and available within a matter of days. Staff are primarily public health staff and supplemented by County staff with expertise and knowledge of interviewing techniques. Staff is representative of our community’s diverse racial, ethnic and linguistic makeup and the additional 65 available and ready to be trained will accommodate a three-fold increase in COVID-19 cases. Kern County has secured 15 TIU trailers for low income individuals to self-isolate in addition to nearly 20 isolation beds at our existing homeless shelters and the potential for dozens more through hotel vouchers.
Living and Working in Congregate Settings

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Is there a plan to track and notify local public health of COVID-19 case rate within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals?
- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
- Does the workforce have access to locations to safely isolate?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

There are currently 19 Skilled Nursing Facilities (SNFs) and 134 Assisted Living Facilities (ALFs) in Kern County

The following is a listing of Kern County and municipal correctional/holding facilities:

**Central Receiving Facility (CRF)** - 1415 Truxtun Avenue, Bakersfield, CA. 93301
Board Rated Capacity- 292
Average Daily Population- 159

**Lerdo Justice Facility** - 17801 Industrial Farm Road, Bakersfield, CA. 93308
Board Rated Capacity- 796
Average Daily Population- 630

**Lerdo Pre-Trial Facility** - 17695 Industrial Farm Road, Bakersfield, CA. 93308
Board Rated Capacity- 1344
Average Daily Population- 718

**Lerdo Max-Med Facility** - 17645 Industrial Farm Road, Bakersfield, CA. 93308
Board Rated Capacity- 408
Average Daily Population- 0 (Unpopulated and unstaffed)

**Lerdo Minimum Facility** - 17635 Industrial Farm Road, Bakersfield, CA. 93308
Board Rated Capacity- 696
Average Daily Population- 0 (Unpopulated and unstaffed)

**Mojave Substation** - 1771 Highway 58, Mojave, CA. 93501
Board Rated Capacity- 14
Average Daily Population- 0 (Type 1 Facility-Arrestees do not stay longer than 96 hours)
Ridgecrest Substation- 128 E. Coso Avenue, Ridgecrest, CA. 93555  
Board Rated Capacity- 14  
Average Daily Population- 0 (Used for court holding only)

Taft Police Department Jail- 320 Commerce Way Taft, CA. 93268  
Board Rated Capacity- 13  
Average Daily Population- 0 (Type 1 Facility-Arrestees do not stay longer than 96 hours)

Delano Police Department Jail- 2330 High Street, Delano, CA. 93215  
Average Daily Population- Does not house overnight

The following is a listing of Kern County homeless shelters/facilities and bed capacity:

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Total Beds</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance Ag. Family Violence</td>
<td>24</td>
<td>Delano Shelter Project</td>
</tr>
<tr>
<td>Alliance Ag. Family Violence</td>
<td>16</td>
<td>Emergency Shelter Project</td>
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<tr>
<td>Alliance Ag. Family Violence</td>
<td>16</td>
<td>Transitional Housing Project</td>
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<tr>
<td>ALPHA House</td>
<td>10</td>
<td>Women’s &amp; Children’s Shelter</td>
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<td>556</td>
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<td>Women’s Beds</td>
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<td>Covey Cottages</td>
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<td>26</td>
<td>CVA Bridge</td>
</tr>
<tr>
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<td>6</td>
<td>Intensive Transitional Housing</td>
</tr>
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<td>9</td>
<td>Low Barrier</td>
</tr>
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<td>SSVF Rapid Re-Housing</td>
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<td>Transition in Place</td>
</tr>
<tr>
<td>City of Bakersfield</td>
<td>150</td>
<td>Bakersfield Homeless Navigation Center</td>
</tr>
<tr>
<td>Clinica Sierra Vista</td>
<td>12</td>
<td>HIV/AIDS Homeless Project</td>
</tr>
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<td>County of Kern Low-Barrier Homeless Navigation Center</td>
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<td>Rural Motel Voucher Program</td>
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<td>Haven Cottages</td>
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<tr>
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<td>Bridge Housing</td>
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15
| Housing Authority of the County of Kern | 18 | Bridge Housing |
| Housing Authority of the County of Kern | 49 | Casa Bella |
| Housing Authority of the County of Kern | 498 | Casitas De Esperanza |
| Housing Authority of the County of Kern | 68 | CESH PSH |
| Housing Authority of the County of Kern | 442 | Dulce Hogar TB/S+C |
| Housing Authority of the County of Kern | 443 | Family Stabilization Program Vouchers |
| Housing Authority of the County of Kern | 101 | Green Gardens Apts. S+C/SRO |
| Housing Authority of the County of Kern | 7 | HEAP Homeless Youth - City |
| Housing Authority of the County of Kern | 10 | HEAP Homeless Youth - State |
| Housing Authority of the County of Kern | 50 | Home at Last |
| Housing Authority of the County of Kern | 44 | Home First |
| Housing Authority of the County of Kern | 25 | Homeless Youth Voucher Program |
| Housing Authority of the County of Kern | 36 | No Place Like Home |
| Housing Authority of the County of Kern | 43 | OMS Bridge |
| Housing Authority of the County of Kern | 23 | Plymouth Rock |
| Housing Authority of the County of Kern | 148 | PSB Consolidated |
| Housing Authority of the County of Kern | 22 | Residences at East Hills |
| Housing Authority of the County of Kern | 15 | VASH Voucher Program #10 |
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| Housing Authority of the County of Kern | 14 | VASH Voucher Program #11 |
| Housing Authority of the County of Kern | 46 | VASH Voucher Program #2 |
| Housing Authority of the County of Kern | 36 | VASH Voucher Program #3 |
| Housing Authority of the County of Kern | 31 | VASH Voucher Program #4 |
| Housing Authority of the County of Kern | 22 | VASH Voucher Program #5 |
| Housing Authority of the County of Kern | 14 | VASH Voucher Program #6 |
| Housing Authority of the County of Kern | 11 | VASH Voucher Program #7 |
| Housing Authority of the County of Kern | 11 | VASH Voucher Program #8 |
| Housing Authority of the County of Kern | 32 | VASH Voucher Program #9 |
| Kern Medical | 30 | Respite Care |
COVID-19 positive cases have been confirmed for the following facilities: 12 in our county/municipal correctional facilities and 8 in our homeless shelters. We track cases among SNFs and ALFs and estimate between 85-95 cases in SNFs. We have not been able to confirm an exact case rate for either type of facility and seek to further our collaboration with the State and their regulatory authority over these facilities to acquire accurate case rate data.

Each of Kern County’s SNFs and ALFs have the ability to safely isolate and quarantine COVID-19 positive individuals. Capacity exists within each of these facilities to varying degrees with supplemental isolation capacity at our acute care hospitals, TIU Trailers and motel rooms through Project Roomkey.

All jail and correctional facilities in Kern County have nursing staff and a nursing director on-site that follows strict isolation and quarantine protocols. Surveillance for illness in staff and inmates is in place and testing is readily available for any symptomatic inmates or staff.

Kern County Public Health prioritizes testing for individuals living or working in these settings as a critical containment measure. A recently deployed COVID-19 testing response team is available to support testing residents and staff of these facilities in addition to several accessible testing locations.

These settings are educated in the use of guidance documents by the CDC, CDPH and local Public Health Department. Kern County’s Emergency Operations Center additionally serves as a COVID-19 information resource for staff of these facilities which includes monitoring for sufficient PPE staff and ensuring access to a reliable and consistent supply chain.

Kern County’s congregate care facilities, including skilled nursing facilities, have access to all Kern County resources such as County staff and private staffing agencies in the case of staff shortages.

Protecting the Vulnerable

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

Resources and interventions within Kern County are prioritized to address the vulnerable. The deployment of PPE through the MHOAC system is prioritized for hospitals and those facilities that are caring for the vulnerable. County and State operated testing sites prioritize those who are in high risk categories and most vulnerable to more severe illness due to COVID-19. Furthermore, the County has created and deployed a testing team, performing testing of staff within our skilled nursing facilities (SNFs) and providing supplies and training for staff to perform testing of residents within our SNFs every 14 days.

Kern County’s Homeless Collaboration and Kern County Public Health Services meet on a weekly basis in an effort to identify any COVID issues and/or trends within our homeless population early and Kern County has isolation units available for at least 15% of our homeless population, should we have a COVID outbreak within our homeless population.

Kern County Aging and Adult Services provides In-Home Supportive Services, Adult Protective Services, Volunteer Senior Outreach Program, Congregate Meal Sites (currently take-out) and Meals on Wheels. During the COVID-19 pandemic they have added additional assistance by shopping for those who need groceries, a Senior Donations program and partnerships with industry associations, church and non-profit groups to support their wellbeing, provide nutrition, in-home services, social connections and telehealth through a partnership with local hospitals.

Kern County Public Health Services has worked with essential businesses to encourage creation of special hours of operation for our vulnerable populations.

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?

Kern County maintains daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity. Kern County also analyzes 7 and 14 day averages in all of these measures to identify trends and promptly take containment measures to mitigate any trends. Hospitals are relying on traditional supply chains with county MHOAC as a safety net for PPE, screening all patients prior to admission to their hospital and each has a plan for tracking and addressing occupational exposure.

Essential Workers

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

Kern County has an estimated 20,907 essential workplace establishments based on Industry Group Classifications listed with the State’s Employment Development Department. Kern County has provided guidance to all of these businesses, employers and sectors since the Governor’s Stay at Home Order and continues to provide updated guidance on a regular basis. Kern County has also been in regular communication with these businesses and employers about adequate supplies and PPE, availability of testing and support for additional resources should employees need to isolate/quarantine.

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?

Kern County relies heavily on its agriculture and petroleum industries. Special consideration and additional education has been emphasized for these two essential sectors of Kern County’s economy by providing information on the following topics: What is COVID-19 and how it is spread; preventing the spread if you are sick; symptoms of COVID-19 and when to seek medical attention; additional COVID-19 resources including information in Spanish; the importance of frequent hand-washing with soap and water; methods to avoid touching eyes, nose, and mouth; coughing and sneezing etiquette; safely using cleaners and disinfectants on surfaces and objects; limiting close contact through physical distancing; the importance of not coming to work if they exhibit any symptoms.

Community Engagement

• Has the county engaged with its cities?
• Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?
• Have virtual community forums been held to solicit input into the variance plan?
• Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?
Kern County has been and continues to engage with all cities in the County on a regular basis regarding various aspects of the COVID-19 pandemic. A few examples of this engagement include daily conference calls between the County and all City Managers, coordination of countywide needs through the County Emergency Operations Center, the planning and implementation of COVID-19 testing sites and a pathway for re-opening additional business and sectors.

Key specific stakeholders for the formulation and implementation of the variance plan will evolve as we move into additional phases and stages. The County and its Public Health Department has engaged all cities, other governmental entities, hospitals, local health care providers, and private industry on the coordination of COVID-19 protocols and responses. The Kern County Board of Supervisors has created an ad hoc committee to provide the necessary State guidance for safely re-opening. This committee has already began engaging with these stakeholders and is working on these plans.

Community forums and input has been provided through various methods. The Kern County Board of Supervisors has solicited input from the community through several meetings to discuss our circumstances and a path going forward. Daily teleconference calls have occurred with various stakeholders that include cities, non-profits, community-based organizations and private industry. All of these forums and methods for input have reflected the diverse racial, ethnic, and linguistic diversity of Kern County and accommodations have been provided for individuals with special needs.

Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California’s roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- What systems or plans are in place to coordinate with surrounding counties (e.g. health care coalitions, shared EOCs, other communication, etc.) to share situational awareness and other emergent issues.
- How will increased regional and state travel impact the county’s ability to test, isolate, and contact trace?

Central Valley counties have maintained a regional adherence to the State’s public health order and strict reinforcement of its directives in order to mitigate the spread of COVID-19. The proposed plan for these counties within our region are to accelerate through Stage 2 based on these guiding factors:
* Counties in the Central Valley have had stable or decreasing case rates and projections have fallen well short of our capacity to mitigate and contain through hospital/ICU beds, contact tracing, testing, and providing PPE/supplies
* Our region of counties is the most economically challenged in the State and more restrictive measures are detrimental to the Central Valley than more affluent area
* Community transmission has been low to moderate compared to other areas of the State
* Mutual aid agreements exist with our surrounding counties to better handle emergent issues. There is regular communication also in place to share information and trends.
As demonstrated in other sections of this form, Kern County has more than enough capacity to test, isolate and perform contact tracing due to any travel impacts. We have prepared our community based on projections that have fallen short but retain that preparation should it be required during our re-opening process.

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

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

Printed Name Kristopher Lyon, MD

Signature [Signature]

Position/Title Health Officer

Date Tuesday, May 19, 2020
VARIANCE TO STAGE 2 OF CALIFORNIA’S ROADMAP TO MODIFY THE STAY-AT-HOME ORDER

COVID-19 VARIANCE ATTESTATION FORM

FOR Kern County

May 18, 2020

Background

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

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

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

Now, 11 days after the first variance opportunity announcement, the state has further built up capacity in testing, contact tracing and the availability of PPE. Hospital surge capacity remains strong overall. California has maintained a position of stability with respect to hospitalizations. These data show that the state is now at a higher level of preparedness, and many counties across the state, including those that did not meet the first variance criteria are expected to be, too. For these reasons, the state is issuing a second variance opportunity for certain counties that did not meet the criteria of the first variance attestation. This next round of variance is for counties that can attest to meeting specific criteria indicating local stability of COVID-19 spread and specific levels of county preparedness. The criteria and procedures that counties will need to meet in order to attest to this second variance opportunity are outlined below. It is recommended that counties consult with
cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

Local Variance

A county that has met the criteria in containing COVID-19, as defined in this guidance or in the guidance for the first variance, may consider modifying how the county advances through Stage 2, either to move more quickly or in a different order, of California’s roadmap to modify the Stay-at-Home order. Counties that attest to meeting criteria can only open a sector for which the state has posted sector guidance (see Statewide industry guidance to reduce risk). Counties are encouraged to first review this document in full to consider if a variance from the state’s roadmap is appropriate for the county’s specific circumstances. If a county decides to pursue a variance, the local health officer must:

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

2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the health care coalition or health care systems in said county. In the event that the county does not have a health care coalition or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable. The full submission must be signed by the local health officer.

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

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

County Name: Kern County
County Contact: Jason Wiebe
Public Phone Number: 661-868-3180

Readiness for Variance

The county’s documentation of its readiness to modify how the county advances through Stage 2, either to move more quickly or in a different order, than the California’s roadmap to modify the Stay-at-Home order, must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including, for example, the elderly and those with specific co-morbidities, and those residing in long-term

1 If a county previously sought a variance and submitted a letter of support from the health care coalition or health care systems but did not qualify for the variance at that time, it may use the previous version of that letter. In contrast, the County Board of Supervisors must provide a renewed letter of support for an attestation of the second variance.
care and locally controlled custody facilities and other congregate settings, continue to be protected as a county progresses through California’s roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

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

As a best practice, if not already created, counties will also attest to plan to develop a county COVID-19 containment strategy by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors.

It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen to reinstitute restrictions in advance of any state action.

Readiness Criteria

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

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

Kern County meets this criteria:
- As of May 18, 2020, Kern County has a stable number of patients hospitalized for COVID-19. Kern County’s 7-day average of daily percent change in the total number of hospitalizations for confirmed COVID-19 patients is -0.83%
14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

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

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

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

Kern County meets this criteria:
- Over the past 7 days, Kern County has performed 3,552 tests with 218 positive results for a percentage of residents testing positive at 6.14%.

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, as a separate attachment, copies of the guidance(s).

Kern County Public Health has been providing clear guidance and resources to all essential workers and employers in the public, non-profit and private sectors since the Stay Home Except for Essential Needs order was issued on March 19, 2020. This guidance includes the importance of PPE availability, providing a list of suppliers/vendors and the availability of assistance from Kern County Public Health. Outreach and education have been continuous for employers and critical infrastructure workplaces on how to structure physical environments and how to follow industry or sector specific guidance provided by CDPH. Locally, this has also included the formation of a Kern County Board of Supervisors ad hoc committee to establish best practices for the safe and responsible re-opening of specific businesses and industries. Below are two links containing information that has been provided to employers and essential critical infrastructure workplaces: a resource
guide from Kern County Public Health and industry guidance from the California Department of Public Health. Although not an exhaustive record, a comprehensive list of guidance documents is attached. The guidance documents provided through State and County resources are found within the following links: https://kernpublichealth.com/coronavirus-information-for-businesses-and-workers/ https://covid19.ca.gov/industry-guidance/

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

Kern County Public Health and Kern County Office of Emergency Services are in weekly contact with essential workers and their employers to assess the availability of supplies. A spreadsheet is maintained and updated to monitor and evaluate inventories in addition to a regular assessment of the State's available inventory. In the event that any essential employers or workers are low on inventories and their regular supply chain cannot accommodate their request, a list of suppliers and vendors is provided to secure the necessary supplies. The list of suppliers is frequently updated to provide an accurate picture of current availability and Kern County Public Health maintains an adequate back-up supply as a safety net.

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

  - Minimum daily testing capacity to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Provide the number of tests conducted in the past week. A county must also provide a plan to reach the level of testing that is required to meet the testing capacity levels, if the county has not already reached the required levels.
Kern County currently has a testing capacity in excess of 1.5 per 1,000 residents and, in fact, has a testing capacity in excess of 2 per 1,000 residents. With an estimated population of 900,000, Kern County meets this requirement through the availability of over 2,800 tests per day.

The most recent testing data shows Kern County has tested 16,273 individuals and performed an average of over 432 tests per day over the past 7-days. Kern County is in the process of bringing on two more testing sites, which will further increase Kern’s available testing capacity.

- Testing availability for at least 75% of residents, as measured by the presence of a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county and indicate if there are any geographic areas that do not meet the criteria and plans for filling these gaps if they exist. If the county depends on sites in adjacent counties, please list these sites as well.

Kern County’s 51 testing sites provide accessibility to all of our residents. 95.94% of all Kern County residents live within a 30-mile drive of a testing site. In addition to testing sites in metropolitan Bakersfield areas, Kern County has proactively established testing sites in all of our desert, mountain and valley geographic areas of the County to ensure accessibility and convenience. This includes the recent addition of six new testing sites, all of which have no screening criteria for symptomatic individuals, four state operated testing sites which have no screening criteria for symptomatic individuals, and a testing response team to increase support of state agencies and to protect vulnerable populations, and a Kern County Skilled Nursing Facility testing response team. The following is a listing of specimen collection sites in Kern County:

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<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
<tr>
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<td>93301</td>
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<td>CA</td>
<td>93312</td>
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<td>4871 White Lane</td>
<td>Bakersfield</td>
<td>CA</td>
<td>93309</td>
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<td>Clinica Sierra Vista</td>
<td>815 Dr Martin Luther King Jr Blvd</td>
<td>Bakersfield</td>
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<td>93307</td>
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<tr>
<td>Clinica Sierra Vista</td>
<td>1611 1st St</td>
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Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID-19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact covCommunitySurveillance@cdph.ca.gov for any guidance in setting up such systems in their county.]
Kern County’s 51 testing sites provide accessibility to all of our residents. 95.94% of all Kern County residents live within a 30-mile drive of a testing site. In addition to testing sites in metropolitan Bakersfield areas, Kern County has proactively established testing sites in all of our desert, mountain and valley geographic areas of the County to ensure accessibility and convenience. This includes the recent addition of six new testing sites, all of which have no screening criteria for symptomatic individuals, four state operated testing sites which have no screening criteria for symptomatic individuals, and a testing response team to increase support of state agencies and to protect vulnerable populations, and a Kern County Skilled Nursing Facility testing response team.

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:
  - Enough contact tracing. There should be at least 15 staff per 100,000 county population trained and available for contact tracing. Please describe the county’s contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge. Indicate which data management platform you will be using for contact tracing (reminder that the State has in place a platform that can be used free-of-charge by any county).

With a population of approximately 900,000 residents, Kern County has a minimum of 135 staff to conduct contact tracing, which equates to at least 15 staff per 100,000 county population. Currently Kern County Public Health has 70 staff trained and ready to perform contact tracing and is capable of training an additional 65 staff in a matter of days. Newly trained staff will consist of Kern County employees that serve as Disaster Service Workers and have backgrounds in working with vulnerable populations, interviewing techniques and/or healthcare.

- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county’s plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a separate bathroom, or a process in place that provides the ability to sanitize a shared bathroom between uses), for the duration of the necessary isolation or quarantine period. Rooms acquired as part of Project Roomkey should be utilized.
The 2020 Point-in-Time (PIT) Count showed there are 1,580 individuals experiencing homelessness in Kern County. Our ability to shelter a minimum of 15% of those individuals requires temporary housing units for at least 237 individuals. Kern County has capacity to provide temporary housing to meet that number through a minimum of 87 units via Temporary Isolation Unit Trailers provided by the State, designated isolation rooms at Kern County’s Low Barrier Navigation Center and local homeless shelters, and the ability to secure up to 150 rooms through Project Roomkey, bringing the total to a minimum of 237 units, or 15% of our 2020 PIT Count.

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

Kern County has ten acute care hospitals with 1,381 licensed hospital beds (1,171 inpatient beds), 228 ICU beds and 277 mechanical ventilators. As of May 16, there are 33 COVID-19 hospitalizations and 17 in the ICU with 9 ventilators currently in use. As of May 16, 2020, Kern County’s 10 hospitals had 509 hospital beds, 76 ICU beds and 228 ventilators available and not in use. The additional back-up surge capacity resources are available and standby, if needed: 552 hospital beds (not ICU), 250 Alternative Care Site (ACS) beds (not ICU) and an additional 42 ventilators available for deployment. A 35% surge on COVID-19 patients would require capacity for 12 additional hospitalizations, 6 ICU beds and 4 ventilators. These numbers clearly demonstrate Kern County's capacity for a 35% surge of COVID-19 patients. Kern County's hospitals have resumed elective surgeries and have attested that they will cease such procedures in the event of a surge.

- 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.

Each of Kern County’s ten (10) acute care hospitals have sufficient Personal Protective Equipment (PPE) and a plan to protect their clinical and nonclinical workforce with PPE. All 10 hospitals have a stable supply chain and an ability to requisition additional supplies through their respective procurement systems.

Kern County continually assesses PPE supplies through the daily hospital bed poll survey and requests for supplies through the MHOAC system. By monitoring the survey, Kern County is able to identify a possible interruption in the PPE supply chain.
and provide alternative suppliers or utilize its own back-up inventory. Recently there have been minimal requests for PPE supplies through MHOAC and we have seen a significant decrease in requests since the onset of COVID-19 in Kern County.

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to ongoing work with Skilled Nursing Facilities within their jurisdiction and describe their plans to work closely with facilities to prevent and mitigate outbreaks and ensure access to PPE:
  
  o Describe your plan to prevent and mitigate COVID-19 infections in skilled nursing facilities through regular consultation with CDPH district offices and with leadership from each facility on the following: targeted testing and patient cohorting plans; infection control precautions; access to PPE; staffing shortage contingency plans; and facility communication plans. This plan shall describe how the county will (1) engage with each skilled nursing facility on a weekly basis, (2) share best practices, and (3) address urgent matters at skilled nursing facilities in its boundaries.

Kern County Public Health has been and will continue to be in daily contact and consultation with our local CDPH district representative. We have provided two virtual trainings with representatives from all Kern County Skilled Nursing Facilities (SNFs) to ensure the facilities have appropriate intake processes, sanitization/disinfection procedures, infection control procedures, and plans to address visitation and congregate areas such as eating and socialization. Additionally, these trainings addressed proper personal protective equipment (PPE) and appropriate donning and doffing of PPE. In addition, we have provided on-site demonstration of donning and doffing of PPE for SNF staff. The County has a dedicated staff member who is in weekly communication with all of our SNFs, surveying staffing levels, staffing needs, PPE inventory levels, and PPE needs. Our Public Health Department Operations Center communicates with many of our SNFs with positive COVID residents and/or staff on a daily basis. We have recently provided all of our local SNFs with sufficient testing materials and training on testing procedures to ensure they test all of their residents every 14 days. The County has also provided a dedicated team to test all SNF staff every 14 days and provide other virtual and in-person training to ensure appropriate infection control measures are sustained.

  o Skilled nursing facilities (SNF) have >14-day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county must track PPE availability across SNFs.
Kern County has a standardized process in place to maintain protections for vulnerable populations, including those in long-term care settings. The process for skilled nursing facilities (SNF) is for staff of the Emergency Operations Center to make weekly contact with SNFs to ensure a greater than 14-day supply of PPE. This is tracked through a spreadsheet containing up-to-date data for supplies/PPE for all SNFs in the County. Currently, all but 3 have an adequate 14-day supply. Those 3 SNFs have been provided with a supply chain list that will adequately provide PPE equipment and supplies to cover a 14-day period. As an additional resource, Kern County Public Health has a supply that can be provided to ensure a consistent 14-day supply. Below is a listing of Kern County's SNFs.

NAME
Bella Sera
Brookdale Riverwalk SNF (CA)
Delano District Skilled Nursing Facility
Delano Regional Medical Center D/P SNF
Golden Living Center – Shafter
Height Street Skilled Care
Kern River Transitional Care
Kern Valley Healthcare District D/P SNF
Kingston Healthcare Center, LLC
Parkview Julian Convalescent
Ridgecrest Regional
Rosewood Health Facility
San Joaquin Nursing Center
The Orchards Post-Acute
The Rehabilitation Center of Bakersfield
Valley Convalescent Hospital
Valley View Care Center
Windsor Post-Acute Center of Arvin
Windsor Post-Acute Center of Bakersfield

- **Sectors and timelines.** Please provide details on the county’s plan to move through Stage 2. These details should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state’s order. Any sector that is reflective of Stage 3 should not be included in this variance because it is not allowed until the State proceeds into Stage 3. For additional details on sectors and spaces included in Stage 2, please see [https://covid19.ca.gov/industry-guidance/](https://covid19.ca.gov/industry-guidance/) for sectors open statewide and [https://covid19.ca.gov/roadmap-counties/](https://covid19.ca.gov/roadmap-counties/) for sectors available to counties with a variance.
Following the State's acceptance and posting of Kern County's attestation, businesses within the later phase of Stage 2 will be permitted to reopen immediately upon their implementation of State of California guidance for industry and business sectors. An ad hoc committee has been created to work directly with these sectors to ensure compliance and attestation to the Statewide industry guidance to reduce risk. The businesses and sectors to open include:

* Destination retail, including shopping malls and swap meets.
* Dine-in restaurants

Kern County staff will sustain our education and collaboration efforts with our businesses to ensure their ongoing compliance with State of California guidance and requirements.

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

  Kern County will use the following metrics to determine if it will slow the pace through Stage 2 or require tighter modifications. Kern County will immediately notify the CDPH Duty Officer of any trends leading toward the triggers listed below. A final decision to return to previous phases, stages or any other modifications will be made by the County in consultation with CDPH.

  - An increase of greater than 8% COVID-19 tests returning positive over the past seven (7) days
  - An increase of greater than 5% COVID-19 hospitalizations over the past seven (7) days
  - Falling below a 35% surge capacity for hospital and ICU beds

- **COVID-19 Containment Plan**

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

  The components of Kern County's containment plan are listed in the sections below. This provides a summary of those actions. Kern County will continue to mitigate the spread of COVID-19 and be prepared to contain the virus through a testing capacity in excess of 2 per 1,000 residents, having a minimum of 15 contact tracers per 100,000 residents, working closely with our acute care hospitals to ensure they have a minimum of 35% surge capacity for hospital/ICU beds, PPE and other supplies, continue our daily communication, collaboration and training for SNFs and other facilities that house vulnerable populations, and working with cities, businesses, chambers of commerce, healthcare providers and all stakeholders to train and educate on State guidelines for all industries, businesses and sectors.
While not exhaustive, the following areas and questions are important to address in any containment plan and may be used for guidance in the plan’s development. This containment plan should be developed by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors. Under each of the areas below, please indicate how your plan addresses the relevant area. If your plan has not yet been developed or does not include details on the areas below, please describe how you will develop that plan and your timeline for completing it.

**Testing**

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <8% and stable or declining?
- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

Kern County is increasing its capacity to 2,800 residents per day at 51 locations in all geographical regions of Kern County. This equates to over 2 tests per 1,000 residents with over 95% of all County residents living within a 30 minute drive to a testing site. The average percentage of positive tests over the past 7 days is 6.14% and has been declining during this time frame. Specific contacts and collaborative relationships have been established with all 51 testing sites, and each have contracts with specimen processing labs and a systematic process for reporting of COVID-19 related data in place.

**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?

There are currently 70 staff trained and available to do contact tracing, with an additional 65 that will be trained and available within a matter of days. Staff are primarily public health staff and supplemented by County staff with expertise and knowledge of interviewing techniques. Staff is representative of our community’s diverse racial, ethnic and linguistic makeup and the additional 65 available and ready to be trained will accommodate a three-fold increase in COVID-19 cases. Kern County has secured 15 TIU trailers for low income individuals to self-isolate in addition to nearly 20 isolation beds at our existing homeless shelters and the potential for dozens more through hotel vouchers.
Living and Working in Congregate Settings

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Is there a plan to track and notify local public health of COVID-19 case rate within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals?
- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
- Does the workforce have access to locations to safely isolate?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

There are currently 19 Skilled Nursing Facilities (SNFs) and 134 Assisted Living Facilities (ALFs) in Kern County

The following is a listing of Kern County and municipal correctional/holding facilities:

**Central Receiving Facility (CRF)- 1415 Truxtun Avenue, Bakersfield, CA. 93301**
Board Rated Capacity- 292
Average Daily Population- 159

**Lerdo Justice Facility - 17801 Industrial Farm Road, Bakersfield, CA. 93308**
Board Rated Capacity- 796
Average Daily Population- 630

**Lerdo Pre-Trial Facility - 17695 Industrial Farm Road, Bakersfield, CA. 93308**
Board Rated Capacity- 1344
Average Daily Population- 718

**Lerdo Max-Med Facility - 17645 Industrial Farm Road, Bakersfield, CA. 93308**
Board Rated Capacity- 408
Average Daily Population- 0 (Unpopulated and unstaffed)

**Lerdo Minimum Facility - 17635 Industrial Farm Road, Bakersfield, CA. 93308**
Board Rated Capacity- 696
Average Daily Population- 0 (Unpopulated and unstaffed)

**Mojave Substation - 1771 Highway 58, Mojave, CA. 93501**
Board Rated Capacity- 14
Average Daily Population- 0 (Type 1 Facility-Arrestees do not stay longer than 96 hours)
Ridgecrest Substation- 128 E. Coso Avenue, Ridgecrest, CA. 93555  
Board Rated Capacity- 14  
Average Daily Population- 0 (Used for court holding only)

Taft Police Department Jail- 320 Commerce Way Taft, CA. 93268  
Board Rated Capacity- 13  
Average Daily Population- 0 (Type 1 Facility-Arrestees do not stay longer than 96 hours)

Delano Police Department Jail- 2330 High Street, Delano, CA. 93215  
Average Daily Population- Does not house overnight

The following is a listing of Kern County homeless shelters/facilities and bed capacity:

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<tr>
<th>Organization Name</th>
<th>Total Beds</th>
<th>Project Name</th>
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COVID-19 positive cases have been confirmed for the following facilities: 12 in our county/municipal correctional facilities and 8 in our homeless shelters. We track cases among SNFs and ALFs and estimate between 85-95 cases in SNFs. We have not been able to confirm an exact case rate for either type of facility and seek to further our collaboration with the State and their regulatory authority over these facilities to acquire accurate case rate data.

Each of Kern County’s SNFs and ALFs have the ability to safely isolate and quarantine COVID-19 positive individuals. Capacity exists within each of these facilities to varying degrees with supplemental isolation capacity at our acute care hospitals, TIU Trailers and motel rooms through Project Roomkey.

All jail and correctional facilities in Kern County have nursing staff and a nursing director on-site that follows strict isolation and quarantine protocols. Surveillance for illness in staff and inmates is in place and testing is readily available for any symptomatic inmates or staff.

Kern County Public Health prioritizes testing for individuals living or working in these settings as a critical containment measure. A recently deployed COVID-19 testing response team is available to support testing residents and staff of these facilities in addition to several accessible testing locations.

These settings are educated in the use of guidance documents by the CDC, CDPH and local Public Health Department. Kern County’s Emergency Operations Center additionally serves as a COVID-19 information resource for staff of these facilities which includes monitoring for sufficient PPE staff and ensuring access to a reliable and consistent supply chain.

Kern County’s congregate care facilities, including skilled nursing facilities, have access to all Kern County resources such as County staff and private staffing agencies in the case of staff shortages.

Protecting the Vulnerable

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

Resources and interventions within Kern County are prioritized to address the vulnerable. The deployment of PPE through the MHOAC system is prioritized for hospitals and those facilities that are caring for the vulnerable. County and State operated testing sites prioritize those who are in high risk categories and most vulnerable to more severe illness due to COVID-19. Furthermore, the County has created and deployed a testing team, performing testing of staff within our skilled nursing facilities (SNFs) and providing supplies and training for staff to perform testing of residents within our SNFs every 14 days.

Kern County’s Homeless Collaboration and Kern County Public Health Services meet on a weekly basis in an effort to identify any COVID issues and/or trends within our homeless population early and Kern County has isolation units available for at least 15% of our homeless population, should we have a COVID outbreak within our homeless population.

Kern County Aging and Adult Services provides In-Home Supportive Services, Adult Protective Services, Volunteer Senior Outreach Program, Congregate Meal Sites (currently take-out) and Meals on Wheels. During the COVID-19 pandemic they have added additional assistance by shopping for those who need groceries, a Senior Donations program and partnerships with industry associations, church and non-profit groups to support their wellbeing, provide nutrition, in-home services, social connections and telehealth through a partnership with local hospitals.

Kern County Public Health Services has worked with essential businesses to encourage creation of special hours of operation for our vulnerable populations.

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?

Kern County maintains daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity. Kern County also analyzes 7 and 14 day averages in all of these measures to identify trends and promptly take containment measures to mitigate any trends. Hospitals are relying on traditional supply chains with county MHOAC as a safety net for PPE, screening all patients prior to admission to their hospital and each has a plan for tracking and addressing occupational exposure.

Essential Workers

- How many essential workplaces are in the county?
What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?

Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?

Is there a testing plan for essential workers who are sick or symptomatic? Is there a plan for supportive quarantine/isolation for essential workers?

Kern County has an estimated 20,907 essential workplace establishments based on Industry Group Classifications listed with the State’s Employment Development Department. Kern County has provided guidance to all of these businesses, employers and sectors since the Governor's Stay at Home Order and continues to provide updated guidance on a regular basis. Kern County has also been in regular communication with these businesses and employers about adequate supplies and PPE, availability of testing and support for additional resources should employees need to isolate/quarantine.

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?

Kern County relies heavily on its agriculture and petroleum industries. Special consideration and additional education has been emphasized for these two essential sectors of Kern County's economy by providing information on the following topics: What is COVID-19 and how it is spread; preventing the spread if you are sick; symptoms of COVID-19 and when to seek medical attention; additional COVID-19 resources including information in Spanish; the importance of frequent hand-washing with soap and water; methods to avoid touching eyes, nose, and mouth; coughing and sneezing etiquette; safely using cleaners and disinfectants on surfaces and objects; limiting close contact through physical distancing; the importance of not coming to work if they exhibit any symptoms.

Community Engagement

Has the county engaged with its cities?

Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?

Have virtual community forums been held to solicit input into the variance plan?

Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?
Kern County has been and continues to engage with all cities in the County on a regular basis regarding various aspects of the COVID-19 pandemic. A few examples of this engagement include daily conference calls between the County and all City Managers, coordination of countywide needs through the County Emergency Operations Center, the planning and implementation of COVID-19 testing sites and a pathway for re-opening additional business and sectors.

Key specific stakeholders for the formulation and implementation of the variance plan will evolve as we move into additional phases and stages. The County and its Public Health Department has engaged all cities, other governmental entities, hospitals, local health care providers, and private industry on the coordination of COVID-19 protocols and responses. The Kern County Board of Supervisors has created an ad hoc committee to provide the necessary State guidance for safely re-opening. This committee has already began engaging with these stakeholders and is working on these plans.

Community forums and input has been provided through various methods. The Kern County Board of Supervisors has solicited input from the community through several meetings to discuss our circumstances and a path going forward. Daily teleconference calls have occurred with various stakeholders that include cities, non-profits, community-based organizations and private industry. All of these forums and methods for input have reflected the diverse racial, ethnic, and linguistic diversity of Kern County and accommodations have been provided for individuals with special needs.

Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California’s roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- What systems or plans are in place to coordinate with surrounding counties (e.g. health care coalitions, shared EOCs, other communication, etc.) to share situational awareness and other emergent issues.
- How will increased regional and state travel impact the county’s ability to test, isolate, and contact trace?

Central Valley counties have maintained a regional adherence to the State’s public health order and strict reinforcement of its directives in order to mitigate the spread of COVID-19. The proposed plan for these counties within our region are to accelerate through Stage 2 based on these guiding factors:

* Counties in the Central Valley have had stable or decreasing case rates and projections have fallen well short of our capacity to mitigate and contain through hospital/ICU beds, contact tracing, testing, and providing PPE/supplies
* Our region of counties is the most economically challenged in the State and more restrictive measures are detrimental to the Central Valley than more affluent area
* Community transmission has been low to moderate compared to other areas of the State
* Mutual aid agreements exist with our surrounding counties to better handle emergent issues. There is regular communication also in place to share information and trends.
As demonstrated in other sections of this form, Kern County has more than enough capacity to test, isolate and perform contact tracing due to any travel impacts. We have prepared our community based on projections that have fallen short but retain that preparation should it be required during our re-opening process.

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

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

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

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

Printed Name ________________________________
Signature ________________________________
Position/Title ________________________________
Date __________
May 19, 2020

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

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

Re: Support for Kern County’s Variance Attestation Form

Governor Newsom and Dr. Angell,

The Kern County Board of Supervisors expresses gratitude for the leadership and efforts of Governor Newsom, the California Department of Public Health, and 57 other counties to help keep California’s COVID-19 trends below potential projections. We also thank the businesses and residents of Kern County for doing their part to practice physical distancing and proper hygiene, which has helped us prepare for re-opening some of our businesses and sectors.

On May 19, 2020 the Kern County Board of Supervisors held a meeting with Kern County’s Public Health Officer, Director of Public Health and County Administrative Office staff to review and discuss the enclosed Kern County Attestation Form for an accelerated move through Stage 2 of California’s Resilience Roadmap. The Attestation outlines the readiness and containment measures that prove Kern County’s readiness to progress further into Stage 2. Kern County has demonstrated that it meets the criteria designed to determine a relatively low prevalence of COVID-19 and that Kern County’s readiness, containment and response practices meet the guidelines for acceleration to progress through Stage 2.

The Kern County Board of Supervisors has approved Kern County’s Variance Attestation Form and plan to open up our economy to the businesses and sectors listed later within Stage 2. Please accept this letter of support for Kern County’s Attestation to the County’s Readiness for Variance.

Respectfully,

Leticia Perez, Chairperson  
Kern County Board of Supervisors
Coronavirus Disease 2019 (COVID-19)

Information for Businesses and Workers

• Cleaning Agents for COVID-19 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

Workplace Signage


Get In Touch!

📞 (661) 321-3000 (tel:6613213000)
✉️ publichealth@kerncounty.com

Additional Resources

Contact Us (https://kernpublichealth.com/contact-us/)
(https://www.facebook.com/kernpublichealthservices/)

(https://twitter.com/KCPublichealth)

(https://www.instagram.com/kernpublichealthservices/)

(https://www.youtube.com/user/KernPublicHealth)


**About Us**

Our mission is to protect and safeguard the health and safety of the community.

Learn More (https://kernpublichealth.com/about-us/)

Leadership (https://kernpublichealth.com/leadership/)

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Statewide industry guidance to reduce risk

Last updated May 18, 2020 at 12:28 PM

As California moves into stage 2 of our Resilience Roadmap, every business should take steps to reduce the risk of COVID-19 and create a safer environment for workers and customers.

Below is statewide guidance for businesses to follow, if they’re permitted to open per county health rules. Learn more and find industry guidance for counties that have received state approval to move faster into stage 2 on the County Variance page.

Businesses may use effective alternative or innovative methods to build upon the guidelines. Review the guidance that is relevant to your workplace, prepare a plan based on the guidance for your industry, and put it into action.

When complete, you can post the industry-specific checklist (below) in your workplace.

Before reopening, all facilities must:

1. Perform a detailed risk assessment and implement a site-specific protection plan
2. Train employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay home if they have them
3. Implement individual control measures and screenings
4. Implement disinfecting protocols
5. Implement physical distancing guidelines

It is critical that employees needing to self-isolate because of COVID-19 are encouraged to stay at home, with sick leave policies to support that, to prevent further infection in your workplace. See additional information on government programs supporting sick leave and worker's compensation for COVID-19.
Auto dealerships

Child care

Communications infrastructure

Construction

Delivery services

Energy and utilities

Food packing

Hotels and lodging

Life sciences

Limited services
Logistics and warehousing facilities

Manufacturing

Mining and logging

Outdoor museums

Office workspaces

Ports

Public transit and intercity passenger rail

Real estate transaction

Retail

To provide your input on future industry guidance, fill out the California Recovery Roadmap survey.
COVID-19 INDUSTRY GUIDANCE: Dine-In Restaurants

May 12, 2020
covid19.ca.gov
OVERVIEW

On March 19, 2020, the State Public Health Officer and Director of the California Department of Public Health issued an order requiring most Californians to stay at home to disrupt the spread of COVID-19 among the population.

The impact of COVID-19 on the health of Californians is not yet fully known. Reported illness ranges from very mild (some people have no symptoms) to severe illness that may result in death. Certain groups, including people aged 65 or older and those with serious underlying medical conditions, such as heart or lung disease or diabetes, are at higher risk of hospitalization and serious complications. Transmission is most likely when people are in close contact with an infected person, even if that person does not have any symptoms or has not yet developed symptoms.

Precise information about the number and rates of COVID-19 by industry or occupational groups, including among critical infrastructure workers, is not available at this time. There have been multiple outbreaks in a range of workplaces, indicating that workers are at risk of acquiring or transmitting COVID-19 infection. Examples of these workplaces include long-term care facilities, prisons, food production, warehouses, meat processing plants, and grocery stores.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:
✓ physical distancing to the maximum extent possible,
✓ use of face coverings by employees (where respiratory protection is not required) and customers/clients,
✓ frequent handwashing and regular cleaning and disinfection,
✓ training employees on these and other elements of the COVID-19 prevention plan.

In addition, it will be critical to have in place appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.

PURPOSE

This document provides guidance for dine-in restaurants, brewpubs, craft distilleries, breweries, bars, pubs, and wineries to support a safe, clean environment for workers and customers. The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA. Stay current on changes to public health guidance and state/local orders as the COVID-19 situation continues. Cal/OSHA has more comprehensive guidance on their Cal/OSHA Interim General Guidelines on Protecting Workers from COVID-19 webpage. The U.S. Food and Drug Administration has guidance for restaurants and the CDC has additional requirements in their guidance for businesses and employers.
• Brewpubs, breweries, bars, pubs, craft distilleries, and wineries should remain closed until those establishments are allowed to resume modified or full operation unless they are offering sit-down, dine-in meals. Alcohol can only be sold in the same transaction as a meal.

• Dine-in restaurants, brewpubs, breweries, bars, pubs, craft distilleries, and wineries that provide sit-down meals should follow the restaurant guidance below and should continue to encourage takeout and delivery service whenever possible.

• Brewpubs, breweries, bars, pubs, craft distilleries, and wineries that do not provide sit-down meals themselves, but can contract with another vendor to do so, can serve dine-in meals provided both businesses follow the guidance below and alcohol is only sold in the same transaction as a meal.

• Venues that are currently authorized to provide off sale beer, wine, and spirits to be consumed off premises and do not offer sit-down, dine-in meals should follow the guidance for retail operations and offer curbside sales only, until local and/or statewide rules allow additional retail activity.

• Producers of beer, wine, and spirits should follow the guidance for manufacturing operations.

• This guidance is not intended for concert, performance, or entertainment venues. Those types of establishments should remain closed until they are allowed to resume modified or full operation through a specific reopening order or guidance. Establishments that serve full meals must discontinue this type of entertainment until these types of activities are allowed to resume modified or full operation.
Workplace Specific Plan

- Establish a written, worksite-specific COVID-19 prevention plan at every location, perform a comprehensive risk assessment of all work areas, and designate a person at each establishment to implement the plan.

- Identify contact information for the local health department where the restaurant is located for communicating information about COVID-19 outbreaks among employees or customers.

- Train and communicate with employees and employee representatives on the plan.

- Regularly evaluate the establishment for compliance with the plan and document and correct deficiencies identified.

- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.

- Identify close contacts (within six feet for 15 minutes or more) of an infected employee and take steps to isolate COVID-19 positive employee(s) and close contacts.

- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.

Topics for Employee Training

- Information on COVID-19, how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.

- Self-screening at home, including temperature and/or symptom checks using CDC guidelines.

- The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with have been diagnosed with COVID-19.

- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on CDC’s webpage.
• The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol or 70% isopropanol when employees cannot get to a sink or handwashing station, per CDC guidelines).

• The importance of physical distancing, both at work and off work time (see Physical Distancing section below).

• Proper use of face coverings, including:
  o Face coverings do not protect the wearer and are not personal protective equipment (PPE).
  o Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
  o Employees should wash or sanitize hands before and after using or adjusting face coverings.
  o Avoid touching the eyes, nose, and mouth.
  o Face coverings should be washed after each shift.

• Information on employer or government-sponsored leave benefits the employee may be entitled to receive that would make it financially easier to stay at home. See additional information on government programs supporting sick leave and worker’s compensation for COVID-19, including employee’s sick leave rights under the Families First Coronavirus Response Act and the Governor’s Executive Order N-51-20, and employee’s rights to workers’ compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor’s Executive order N-62-20.

**Individual Control Measures and Screening**

• Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or other workers entering the establishment. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible. Both screeners and employees should wear face coverings for the screening.

• If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving the home for their shift and follows CDC guidelines, as described in the Topics for Employee Training section above.
• Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.

• Employers should provide and ensure workers use all required protective equipment, including face coverings and gloves where necessary.

• Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items. Workers should wear gloves when handling items contaminated by body fluids.

• Face coverings are strongly recommended when employees are in the vicinity of others. Workers should have face coverings available and wear them when at work, in offices, or in a vehicle during work-related travel with others. Face coverings must not be shared.

• Establishments must take reasonable measures, including posting signage in strategic and highly-visible locations, to remind the public that they should use face coverings and practice physical distancing while waiting for service and take-out.

• Servers, bussers, and other workers moving items used by customers (dirty cups, plates, napkins, etc.) or handling trash bags should use disposable gloves (and wash hands before putting them on and after removing them) and provide aprons and change frequently.

• Dishwashers should use equipment to protect the eyes, nose, and mouth from contaminant splash using a combination of face coverings, protective glasses, and/or face shields. Dishwashers must be provided impermeable aprons and change frequently. Reusable protective equipment such as shields and glasses should be properly disinfected between uses.

Cleaning and Disinfecting Protocols

• Perform thorough cleaning in high traffic areas, such as customer waiting areas and lobbies, break rooms, lunch areas and areas of ingress and egress including host stands, entry ways, stairways, stairwells, escalators, handrails, and elevator controls. Frequently disinfect commonly used surfaces including doors, door handles, crash bars, light switches, waiting area chairs, credit card terminals, ATM PIN pads, receipt trays, bus tubs, serving trays, water pitcher handles, phones, toilets, and handwashing facilities.
- Frequently clean items touched by patrons, especially those that might attract contact from children including candy and toy vending machines, decorative fish tanks, display cases, decorative fountains, etc.

- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to working surfaces, phones, registers, touchpads/touchscreens, tablets, timeclocks, appliances, kitchen and bar utensils and implements, oven doors, grill and range knobs, carts and trolleys, keys, etc.

- Avoid sharing audio equipment, phones, tablets, laptops, desks, pens, and other work supplies wherever possible. Never share PPE.

- Discontinue shared use of audio headsets and other equipment between employees unless the equipment can be properly disinfected after use. Consult equipment manufacturers to determine appropriate disinfection steps, particularly for soft, porous surfaces such as foam earmuffs.

- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the employees' job duties.

- Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.

- Equip spaces such as dining rooms, bar areas, host stands, and kitchens with proper sanitation products, including hand sanitizer and sanitizing wipes to all staff directly assisting customers.

- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.

- When choosing cleaning chemicals, employers should use products approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide employees training on manufacturer’s directions and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves as required by the product instructions.

- Restaurants should increase fresh air circulation by opening windows or doors, if possible to do so.

- Consider installing portable high-efficiency air cleaners, upgrading the building’s air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
• Provide disposable menus to guests and make menus available digitally so that customers can view on a personal electronic device, if possible. If disposable menus cannot be provided, properly disinfect menus before and after customer use. Consider options for customers to order ahead of time.

• Discontinue pre-setting tables with napkins, cutlery, glassware, food ware, etc. These should be supplied individually to customers as needed. Do not leave card stands, flyers, napkin holders, or other items on tables.

• Suspend use of shared food items such as condiment bottles, salt and pepper shakers, etc. and provide these foods in single serve containers, if possible. Where this is not possible, shared items such as condiment bottles, shakers, etc., should be supplied as needed to customers and disinfected after each use.

• Pre-roll utensils in napkins prior to use by customers. Employees must wash hands before pre-rolling utensils in napkins. The pre-roll should then be stored in a clean container. After customers are seated, the pre-roll should be put on the table by an employee who recently washed their hands.

• Reusable customer items including utensils, food ware, breadbaskets, etc., must be properly washed, rinsed, and sanitized. Cleaned flatware, stemware, dishware, etc., must be properly stored away from customers and personnel until ready for use. Use disposable items if proper cleaning of reusable items is infeasible.

• Takeout containers must be filled by customers and available only upon request.

• Dirty linens used at dining tables such as tablecloths and napkins should be removed after each customer use and transported from dining areas in sealed bags. Employees should wear gloves when handling dirty linens.

• Thoroughly clean each customer dining location after every use. This will include disinfecting tables, chairs, booster seats, highchairs, booths, etc. and allowing adequate time for proper disinfection, following product instructions. Many EPA-approved disinfectants require minimal contact time (seconds to one minute) against human coronavirus.

• Close areas where customers may congregate or touch food or food ware items that other guests may use. Provide these items to guests individually and discard or clean and disinfect after each use, as appropriate. This includes but is not limited to:
  o Self-service areas with condiment caddies, utensil caddies, napkins, lids, straws, water pitchers, to-go containers, etc.
- Self-service machines including ice, soda, frozen yogurt dispensers, etc.
- Self-service food areas such as buffets, salsa bars, salad bars, etc.
- Discontinue tableside food preparation and presentation such as food item selection carts and conveyor belts, guacamole preparation, etc.
- Do not leave out after-meal mints, candies, snacks, or toothpicks for customers. Offer them with the check or provide only on request.
- Install hand sanitizer dispensers, touchless if possible, at guest and employee entrances and contact areas such as driveways, reception areas, in dining rooms, near elevator landings, etc.
- Discontinue use of shared entertainment items such as board games, pool tables, arcade games, vending machines, etc. Close game and entertainment areas where customers may share items such as bowling alleys, etc.
- Continue to follow existing codes regarding requirements for sanitizing (rather than disinfecting) food contact surfaces.

**Physical Distancing Guidelines**

- Prioritize outdoor seating and curbside pickup to minimize cross flow of customers in enclosed environments. Restaurants can expand their outdoor seating, and alcohol offerings in those areas, if they comply with local laws and regulations.
- Provide takeout, delivery, and drive through options for customers when possible.
- Encourage reservations to allow for time to disinfect restaurant areas and provide guidance via digital platforms if possible to customers for physical distancing while at the restaurant.
- Consider allowing dine-in customers to order ahead of time to limit the amount of time spent in the establishment.
- Ask customers to wait in their cars or away from the establishment while waiting to be seated. If possible, alert patrons through their mobile phones when their table is ready to avoid touching and use of “buzzers.”
- Implement measures to ensure physical distancing of at least six feet between workers and customers. This can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate to where employees and/or guests should stand).
- Install physical barriers or partitions at cash registers, bars, host stands, and other areas where maintaining physical distance of six feet is difficult.

- Any area where guests or employees queue should also be clearly marked for appropriate physical distancing. This includes check-stands and terminals, deli counters and lines, restrooms, elevator lobbies, host stands and waiting areas, valet drop off and pickup, and any other area where customers congregate.

- Physical distancing protocols should be used in any office areas, kitchens, pantries, walk-in freezers, or other high-density, high-traffic employee areas. Face coverings are required where employees cannot maintain physical distancing including in kitchens, storage areas, etc.

- Employee pre-shift meetings and trainings should be conducted virtually or in areas that allow for appropriate physical distancing between employees. Food, beverages, food ware, etc., should not be shared.

- Stagger employee breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.

- Consider offering workers who request modified duties options that minimize their contact with customers and other employees (e.g., managing inventory rather than working as a cashier or managing administrative needs through telework.

- Reconfigure office spaces, lobbies, beverage bars, kitchens and workstations, host stand areas, and other spaces wherever possible to allow for at least six feet of distance between people dining, working, and passing through areas for entry and exit.

- Remove tables and chairs from dining areas so that six feet of physical distance can be maintained for customers and employees. If tables, chairs, booths, etc., cannot be moved, use visual cues to show that they are not available for use or install Plexiglas or other types of impermeable physical barriers to minimize exposure between customers.

- Bar areas should remain closed to customers.

- Discontinue seating of customers where customers cannot maintain six feet of distance from employee work and food and drink preparation areas.

- Adjust maximum occupancy rules inside the establishment based on its size to limit the number of people inside and/or use impermeable barriers between service tables to protect customers from each other and employees. For outdoor seating, maintain physical distancing standards outlined above.

- Limit the number of patrons at a single table to a household unit or patrons who have asked to be seated together. People in the same
party seated at the same table do not have to be six feet apart. All members of the party must be present before seating and hosts must bring the entire party to the table at one time.

- Limit the number of employees serving individual parties, in compliance with wage and hour regulations.

- Face coverings are strongly encouraged for all employees; however, they are required for any employee (e.g., server, manager, busser, food runner, etc.) who must be within six feet of customers. All restaurant workers should minimize the amount of time spent within six feet of guests.

- Close breakrooms, use barriers, or increase distance between tables/chairs to separate workers and discourage congregating during breaks. Where possible, create outdoor break areas with shade covers and seating that ensures physical distancing.

- Reconfigure kitchens to maintain physical distancing in those areas where practical and if not practical stagers shifts if possible to do work ahead of time.

- Discourage food preparation employees from changing or entering others' work stations during shifts.

- Discourage employees from congregating in high traffic areas such as bathrooms, hallways, bar areas, reservation and credit card terminals, etc.

- Establish directional hallways and passageways for foot traffic, if possible, to eliminate employees from passing by one another.

- Require employees to avoid handshakes and similar greetings that break physical distance.

- Eliminate person-to-person contact for delivery of goods whenever possible. Designate drop-off locations to receive deliveries away from high traffic areas. Maintain physical distance of at least six feet with delivery drivers.

- Guests should enter through doors that are propped open or automated, if possible. Hand sanitizer should be available for guests who must touch door handles.

- Implement peak period queueing procedures, including a host to remind guests to queue with at least six feet of distance between parties outside or in waiting areas.

- Employees should not open the doors of cars or taxis.

- Takeout food items should be made available using contactless pick-up and delivery protocols.
• Avoid touching others' pens and clipboards. If possible, install transfer-aiding materials, such as shelving and bulletin boards, to reduce person-to-person hand-offs.

**Considerations for Restaurants**

• Display a set of clearly visible rules for customers and restaurant personnel at the restaurant entrance(s) that are to be a condition of entry. The rules could include instructions to use hand sanitizer, maintain physical distance from other customers, avoid unnecessary touching of restaurant surfaces, contact information for the local health department, and changes to restaurant services. Whenever possible, the rules should be available digitally, include pictograms, and included on/with menus.

• Guests and visitors should be screened for symptoms upon arrival, asked to use hand sanitizer, and to bring and wear a face covering when not eating or drinking. Appropriate signage should also be prominently displayed outlining proper face covering usage and current physical distancing practices in use at all entrances and throughout the property.

• Licensed restaurants may sell “to-go” alcoholic beverages, prepared drinks, and pre-mixed cocktails provided they are sold and delivered to customers in conjunction with the sale and delivery of a meal/meals.

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1Additional requirements must be considered for vulnerable populations. Dine-in restaurants, breweries, brewpubs, craft distilleries, and wineries that provide meals must comply with all Cal/OSHA standards and be prepared to adhere to its guidance as well as guidance from the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH). Additionally, employers should be prepared to alter their operations as those guidelines change.
Cal/OSHA COVID-19 General Checklist
for Dine-in Restaurants
May 12, 2020

This checklist is intended to help dine-in restaurant employers implement their plan to prevent the spread of COVID-19 in the workplace and is supplemental to the Guidance for Dine-in Restaurants. This checklist is a summary and contains shorthand for some parts of the guidance; familiarize yourself with the guidance before using this checklist.

Contents of Written Worksite Specific Plan

- The person(s) responsible for implementing the plan.
- A risk assessment and the measures that will be taken to prevent spread of the virus.
- Training and communication with employees and employee representatives on the plan.
- A process to check for compliance and to document and correct deficiencies.
- A process to investigate COVID-cases, alert the local health department, and identify and isolate close workplace contacts of infected employees until they are tested.

Topics for Employee Training

- Information on COVID-19, preventing spread, and who is especially vulnerable.
- Self-screening at home, including temperature and/or symptom checks using CDC guidelines.
- The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with have been diagnosed with COVID-19.
- When to seek medical attention.
- The importance of hand washing.
- The importance of physical distancing, both at work and off work time.
- The proper use of face coverings.
- Information on leave benefits and workers’ compensation for employees.

Individual Control Measures & Screening

- Symptom screenings and/or temperature checks.
Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.

Encourage frequent handwashing and use of hand sanitizer.

Provide disposable gloves to workers using cleaners and disinfectants if required. Consider gloves a supplement to frequent hand washing for other cleaning tasks such as handling commonly touched items or conducting symptom screening.

Strongly recommend cloth face covers.

Provide disposable gloves to staff handling dirty dishes and impermeable aprons and eye and face protection to dishwashers. Change and/or disinfect frequently.

Close or increase distance between tables/chairs in breakrooms or provide break areas in open space to ensure physical distancing.

Communicate frequently to customers that they should use face masks/coverings.

**Cleaning and Disinfecting Protocols**

- Perform thorough cleaning in high traffic areas.
- Frequently disinfect commonly used surfaces and surfaces touched by patrons.
- Clean touchable surfaces between shifts or between users, whichever is more frequent.
- Equip spaces such as dining rooms, bar areas, host stands, and kitchens with proper sanitation products, including hand sanitizer and sanitizing wipes and ensure availability.
- Ensure that sanitary facilities stay operational and stocked at all times.
- Use products approved for use against COVID-19 on the [Environmental Protection Agency (EPA)-approved](https://www.epa.gov/coronavirus/disinfectants) list and follow product instructions and Cal/OSHA requirements.
- Provide time for workers to implement cleaning practices during shifts and consider third-party cleaning companies.
- Install hands-free devices if possible.
- Consider upgrades to improve air filtration and ventilation.
- Provide disposable or digitally available menus.
- Provide table settings (napkins, cutlery, glassware, etc.) to customers only as needed.
- Supply shared condiments only as needed or supply single serve containers.
- Pre-roll utensils in napkins prior to use by customers and store in a clean container.
- Provide takeout containers as needed and ask customers to pack their own leftovers.
- Remove dirty linens from dining tables from dining areas in sealed bags.
- Thoroughly clean each customer dining location after each use.
- Provide mints, candies, snacks, and toothpicks only as needed. Do not leave out these or other items such as games.
- Provide hand sanitizer at guest and employee entrances and contact areas.
Physical Distancing Guidelines

- Prioritize outdoor seating and curbside pickup.
- Provide takeout, delivery, and drive through options for customers.
- Encourage customer reservations.
- Ask customers to wait in their cars away from the establishment and alert them that their table is ready through their mobile phones. Avoid using "buzzers."
- Implement measures to physically separate workers and customers by at least six feet using measures such as reconfiguring space, installing physical partitions or visual cues (e.g., floor markings, colored tape, or signs to indicate to where workers should stand).
- Implement required use of face covers in working areas where physical distancing cannot be maintained.
- Adjust in-person meetings, if they are necessary, to ensure physical distancing.
- Stagger employee breaks, in compliance with wage and hour regulations, if needed.
- Reconfigure, restrict, or close common areas, like employee break rooms, provide alternative where physical distancing can be practiced, and discourage employees from congregating in high traffic areas.
- Reconfigure kitchens to maintain physical distancing in those areas where practical and if not practical stagers shifts if possible to do work ahead of time.
- Remove tables and chairs from dining areas, use visual cues to show they are unavailable, or install Plexiglas or other physical barriers to separate customers.
- Close bar areas.
- Screen guests for symptoms.
- Limit the number of patrons at a single table.
- Show parties to their tables one party at a time.
- Face coverings are required for any employee who must be within six feet of customers.
- Do not seat customers where they cannot be six feet away from employee work and food and drink preparation areas.
- Prop open doors or automate opening if possible.
- Post physical distancing rules.
- Implement peak period queueing procedures, including a host to remind customers to practice physical distancing.
- Use contactless pick-up and delivery protocols to provide takeout food.
COVID-19 INDUSTRY GUIDANCE:
Shopping Malls, Destination Shopping Centers, Strip and Outlet Malls, and Swap Meets

May 12, 2020
covid19.ca.gov
OVERVIEW

On March 19, 2020, the State Public Health Officer and Director of the California Department of Public Health issued an order requiring most Californians to stay at home to disrupt the spread of COVID-19 among the population.

The impact of COVID-19 on the health of Californians is not yet fully known. Reported illness ranges from very mild (some people have no symptoms) to severe illness that may result in death. Certain groups, including people aged 65 or older and those with serious underlying medical conditions, such as heart or lung disease or diabetes, are at higher risk of hospitalization and serious complications. Transmission is most likely when people are in close contact with an infected person, even if that person does not have any symptoms or has not yet developed symptoms.

Precise information about the number and rates of COVID-19 by industry or occupational groups, including among critical infrastructure workers, is not available at this time. There have been multiple outbreaks in a range of workplaces, indicating that workers are at risk of acquiring or transmitting COVID-19 infection. Examples of these workplaces include long-term care facilities, prisons, food production, warehouses, meat processing plants, and grocery stores.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:

✓ physical distancing to the maximum extent possible,
✓ use of face coverings by employees (where respiratory protection is not required) and customers/clients,
✓ frequent handwashing and regular cleaning and disinfection,
✓ training employees on these and other elements of the COVID-19 prevention plan.

In addition, it will be critical to have in place appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.

PURPOSE

This document provides guidance for shopping malls, destination shopping centers, strip and outlet malls, and swap meets (referred to collectively as “shopping center operators”) to support a safe, clean environment for workers, customers, and the public. Shopping center operators should ensure that lessees, including retail tenants and vendors, be made aware of the guidance that applies to their operations. Those entities are responsible for implementing the guidance, but shopping center operators should do what they can to encourage such action is taken. Shopping center operators must acknowledge that retail tenants and vendors should only open when they are
ready and able to implement the necessary safety measures to provide for the safety of their employees and customers.

**NOTE:** Shopping centers with movie theaters, bars, spas, salons, or other personal care services should keep those areas closed until each of those types of establishments are allowed to resume modified or full operation. When allowed to reopen to modified or full operation, shopping centers with these establishments should refer those retail tenants to guidance on such industries as it becomes available on the [COVID-19 Resilience Roadmap website](#). Shopping center food courts, dining areas, or dine-in restaurant tenant operations must follow the [guidelines for restaurants on the COVID-19 Resilience Roadmap website](#). All public events or concentrated gatherings, including musical or other performances at shopping centers must be cancelled or postponed.

The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA. Cal/OSHA has more safety and health guidance on their Cal/OSHA Guidance on Requirements to Protect Workers from Coronavirus [webpage](#). CDC has additional guidance for businesses and employers and specific guidance for [grocery and food retailers](#). FDA has best practices for [retail food stores, restaurants, and food pick-up/delivery services](#).
Worksite Specific Plan

- Establish a written, worksite-specific COVID-19 prevention plan for the shopping center facility, perform a comprehensive risk assessment of all work areas, and designate a person at the facility to implement the plan. The plan should include considerations for retail tenants and vendors operating within the shopping center.

- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among employees.

- Train and communicate with employees, and employee representatives on the plan and, wherever possible, engage retail tenants and vendors to help ensure those stakeholders are adequately prepared.

- Regularly evaluate the facility for compliance with the plan and document and correct deficiencies identified. If personnel capacity allows, consider developing a quality assurance team to ensure retail tenants and other vendors are also abiding by the COVID-19 prevention plan.

- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.

- Identify close contacts (within six feet for 15 minutes or more) of an infected employee and take steps to isolate COVID-19 positive employee(s) and close contacts.

- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.

- Shopping center lessees, including retail establishments and restaurants, should refer to specific guidelines for their operations available on the COVID-19 webpage.
Topics for Employee Training

- Information on COVID-19, how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.

- Self-screening at home, including temperature and/or symptom checks using CDC guidelines.

- The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with have been diagnosed with COVID-19.

- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on CDC’s webpage.

- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol or 70% isopropanol when employees cannot get to a sink or handwashing station, per CDC guidelines).

- The importance of physical distancing, both at work and off work time (see Physical Distancing section below).

- Proper use of face coverings, including:
  - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
  - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
  - Employees should wash or sanitize hands before and after using or adjusting face coverings.
  - Avoid touching the eyes, nose, and mouth.
  - Face coverings should be washed after each shift.

- Ensure temporary or contract workers at the facility are also properly trained in COVID-19 prevention policies and have necessary PPE. Discuss these responsibilities ahead of time with organizations supplying temporary and/or contract workers.

- Information on employer or government-sponsored leave benefits the employee may be entitled to receive that would make it financially easier to stay at home. See additional information on government
programs supporting sick leave and worker’s compensation for COVID-19, including employee’s sick leave rights under the Families First Coronavirus Response Act and employee’s rights to workers’ compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor’s Executive Order N-62-20.

Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or other workers entering the establishment. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible. Both screeners and employees should wear face coverings for the screening.

- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving the home for their shift and follows CDC guidelines, as described in the Topics for Employee Training section above.

- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.

- Employers should provide and ensure workers use all required protective equipment, including face coverings and gloves where necessary.

- Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.

- Face coverings are strongly recommended when employees are in the vicinity of others. Workers should have face coverings available and wear them when interfacing with other workers or the public, including within retail tenant facilities, in breakrooms and offices, loading docks/delivery areas, or in a vehicle for work-related travel when traveling with others. Face coverings must not be shared.

- Shopping centers must take reasonable measures, including posting signage in strategic and highly-visible locations, to remind workers, retail tenants, vendors, and the public that they should use face coverings and maintain physical distancing.
Cleaning and Disinfecting Protocols

- Perform thorough cleaning in high traffic areas, such as restrooms, employee break rooms, and entrances and exits, including doors and door handles, stairways, escalator handrails, and elevator controls.

- Frequently disinfect commonly used surfaces, including benches, counters, ATM PIN pads, registers, water fountains (spout, button/lever, and nozzle), guardrails, displays, hand-held devices, shelving, customer assistance call buttons, handwashing and sanitation facilities, mall seating, touch screens, facility maps, vending machines, etc.

- Turn off public water drinking fountains and put signs informing customers they are inoperable.

- Regularly clean and sanitize shared equipment between each use, such as time clocks, radios, and headsets for workers as well as wheelchairs, strollers, mobilized devices, carts, baskets, or other equipment frequently used by shoppers.

- Regularly wipe down touchable surfaces, including but not limited to working surfaces, registers, touchscreens, computer monitors, and stationary and mobile equipment controls.

- Avoid sharing audio equipment, phones, tablets, laptops, desks, pens, and other work supplies wherever possible. Never share PPE.

- Discontinue shared use of audio headsets and other equipment between workers unless the equipment can be properly disinfected after use. Consult equipment manufacturers to determine appropriate disinfection steps, particularly for soft, porous surfaces such as foam earmuffs.

- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the workers’ job duties. Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.

- Equip customer entrances and exits, promenades, and other common-space areas with proper sanitation products, including hand sanitizer. Display signage indicating where the nearest hand sanitizer dispenser is located. Check hand sanitizer dispensers periodically and refill before they run out.

- When choosing cleaning chemicals, employers should use products approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens.
diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide employees training on manufacturer’s directions and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves as required by the product instructions.

- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.

- Encourage the use of credit cards at retail tenant and vendor locations and install hands-free devices, if possible, including motion sensor lights, contactless payment systems, automatic faucets, soap, and paper towel dispensers, and timecard systems.

- Consider installing portable high-efficiency air cleaners, upgrading the building’s air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in offices and other spaces.

- Adjust or modify shopping center hours to provide adequate time for regular deep cleaning and product stocking.

### Physical Distancing Guidelines

- Implement measures to ensure physical distancing of at least six feet between and among workers and customers in all shopping center locations. This can include use of physical partitions or visual cues (e.g., floor markings, colored tape, or signs to indicate to where workers and/or employees should stand).

- Take measures at customer service desks or other areas where physical distancing cannot be maintained to minimize exposure between workers and customers, such as Plexiglas or other barriers. Where barriers are not feasible, employees should wear face coverings and customers are strongly recommended to wear face coverings as well. Some jurisdictions already require face coverings outside the home.

- Consider offering workers who request modified duties options that minimize their contact with customers and other employees (e.g., managing inventory rather than working as a cashier or managing administrative needs through telework).

- On-property security staff should actively remind and encourage customers and the public to comply with the physical distancing standards.
• Create clearly-marked curbside or outside pickup points, that maintain physical distance with visual cues or other measures, and have purchased goods available there or available through home delivery.

• Shopping center operators, retail tenants, and vendors should also identify additional strategies to increase pickup and delivery service options for customers to help minimize in-store contact and maintain physical distancing, such as online ordering and returns-processing from shoppers’ vehicles with no direct hand-off of items.

• Develop and implement controlled foot traffic and crowd management strategies that enable at least six feet physical distancing between customers. This can include requiring foot traffic be one-directional and guiding customers with visual cues, physical props, and signage. Provide clearly designated entrances and separate exits, if feasible and appropriate for the space, to help maintain physical distancing and support crowd control. Wherever possible, doors should be left open if they do not open and close automatically. Work with tenants to create queue systems for customers outside individual stores while still maintaining physical distance, if necessary.

• Shopping center operators, retail tenants, and vendors should collaborate to develop store entry queuing systems that do not disrupt foot traffic or violate physical distancing requirements. Consider and encourage alternate entry to retail tenant facilities, including digital reservations for entry and pre-order guidelines.

• Vendor carts or kiosks should only be permitted to operate in shopping center aisles or walking areas if they do not interfere with updated foot traffic measures or inhibit physical distancing requirements. Reconfigure vendor carts or kiosks, where necessary, to ensure queuing does not impede physical distancing requirements.

• Adjust maximum occupancy rules based on the size of indoor facilities and individual stores to limit the number of people in the shopping center at one time. Capacity limits should be low enough to ensure physical distancing but in no case more than 50% maximum occupancy of overall indoor shopping center capacity. Limit parking availability, where feasible, to further enforce the revised maximum occupancy limits.

• Maximum occupancy rules for outdoor shopping centers should be evaluated to ensure physical distancing requirements can be maintained. Open-air shopping centers, such as swap meets, should ensure that vendors space tables, tents, and other displays are in accordance with appropriate physical distancing requirements or ensure other impermeable barriers are in place.
• Shopping center operators should collaborate with retail tenants and vendors to identify opportunities that make use of unused or reconfigured real estate for revenue-generating opportunities in accordance with local regulations and that support physical distancing requirements. This could include expanding restaurant dining space in real estate managed by the shopping center operator, e.g. promenades or modified parking spaces.

• Work with retail tenants and vendors to consider dedicated shopping hours for vulnerable populations, including seniors and those medically vulnerable, preferably at a time following a complete cleaning.

• Display signage at entrances, customer service counters, or other appropriate areas to remind workers and shoppers at every opportunity of physical distancing requirements, updated foot traffic patterns, face covering requirements, and modified store hours.

• Children’s play areas and other amenities like carousels, rides, or arcades must be closed.

• Chairs, seating, benches and other public spaces should be reconfigured to enable physical distancing requirements.

• Hold meetings over the phone or via webinar for employees wherever possible. If not feasible, adjust staff meetings to ensure physical distancing and use smaller individual meetings at facilities to maintain physical distancing guidelines. Place additional limitations on the number of workers in enclosed areas to ensure at least six feet of separation to limit transmission of the virus.

• Close breakrooms, use barriers, or increase distance between tables/chairs to separate workers and discourage congregating during breaks. Where possible, create outdoor break areas with shade covers and seating that ensures physical distancing. Stagger employee breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.

• Implement physical distancing requirements at loading bays and move to contactless signatures for deliveries.

• Require vendors who are required to enter the facility have their employees follow the guidance of local, state and federal governments regarding wearing face coverings.
Additional requirements must be considered for vulnerable populations. Shopping center operators must comply with all Cal/OSHA standards and be prepared to adhere to its guidance as well as guidance from the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH). Additionally, employers should be prepared to alter their operations as those guidelines change.
COVID-19 General Checklist
for Swap Meets, Strip and Outlet Malls, Shopping Malls, and Destination Shopping Centers
May 12, 2020

This checklist is intended to help shopping center operators implement their plan to prevent the spread of COVID-19 in the workplace and is supplemental to the Guidance for Shopping Center Employers. This checklist is a summary and contains shorthand for some parts of the guidance; familiarize yourself with the guidance before using this checklist.

Contents of Written Worksite Specific Plan

☐ The person(s) responsible for implementing the plan.
☐ A risk assessment and the measures that will be taken to prevent spread of the virus.
☐ Training and communication with employees and employee representatives on the plan.
☐ A process to check for compliance and to document and correct deficiencies.
☐ A process to investigate COVID-cases, alert the local health department, and identify and isolate close workplace contacts of infected employees until they are tested.

Topics for Employee Training

☐ Information on COVID-19, preventing spread, and who is especially vulnerable.
☐ Self-screening at home, including temperature and/or symptom checks using CDC guidelines.
☐ The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with have been diagnosed with COVID-19.
☐ When to seek medical attention.
☐ The importance of hand washing.
☐ The importance of physical distancing, both at work and off work time.
☐ Proper use of cloth face covers.
☐ Information on leave and workers’ compensation benefits.
Individual Control Measures & Screening

- Symptom screenings and/or temperature checks.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Provide disposable gloves to workers using cleaners and disinfectants when required. Consider gloves as a supplement to frequent hand washing for other cleaning, tasks such as handling commonly touched items or conducting symptom screening.
- Strongly recommend cloth face covers.
- Post signage to communicate to customers that they should use face masks/coverings and maintain physical distancing.

Cleaning and Disinfecting Protocols

- Perform thorough cleaning in high traffic areas.
- Frequently disinfect commonly used surfaces.
- Turn off public drinking fountains and place out of operation signs.
- Clean and sanitize shared equipment between each use.
- Clean touchable surfaces.
- Equip customer entrances and exits, promenades, food courts, and other common-space areas with proper sanitation products, including hand sanitizer.
- Ensure that sanitary facilities stay operational and stocked at all times.
- Use products approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list and follow product instructions and Cal/OSHA requirements.
- Adjust or modify shopping center hours to provide adequate time for thorough cleaning and stocking.
- Allow workers time during their shifts to meet additional cleaning requirements.
- Install hands-free devices if possible.
- Encourage the use of debit or credit cards by customers.
- Consider upgrades to improve air filtration and ventilation.

Physical Distancing Guidelines

- Implement measures to physically separate people by at least six feet using measures such as physical partitions or visual cues (e.g., floor markings, colored tape, or signs to indicate to where workers should stand).
- Minimize exposure between workers and customers. Where physical distancing cannot be maintained, use barriers such as Plexiglas. Where barriers are not feasible, strongly recommend that employees and customers wear face covers.
- Consider reassignment of vulnerable workers who request modified duties to reduce contact with others.
- Have on-property security staff remind customers of physical distancing.
Display signage to remind workers and shoppers of physical distancing requirements, updated foot traffic patterns, face covering requirements, and modified store hours.

- Place additional limitations on the number of workers in enclosed areas to ensure at least six feet of separation.
- Clearly mark curbside or outside pickup points that maintain physical distancing.
- Dedicate shopping hours for seniors and other vulnerable populations.
- Increase pickup and delivery service options such as online ordering for curbside pickup.
- Use controlled foot traffic and crowd management strategies, and provide separate, designated entrances and exits.
- Ensure kiosks do not impede physical distancing. Move or remove if necessary.
- Prop doors open if they do not open and close automatically.
- Limit the number of people to ensure physical distancing, in no case more than 50% maximum occupancy, for indoor shopping centers; evaluate maximum occupancy rules for outdoor shopping centers to ensure physical distancing.
- Rearrange chairs and benches, including ones in food courts, to enable physical distancing requirements.
- Close play areas and reconfigure benches for physical distancing.
- Use store entry queueing systems that do not disrupt foot traffic while maintaining physical distancing requirements.
- Adjust staff meetings to ensure physical distancing or hold via phone or webinar.
- Close breakrooms and use outdoor break areas with shade, or increase distance between chairs to maintain physical distancing during breaks.
- Stagger employee breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.
- Encourage and train employees to practice physical distancing during pickup and delivery.
- Implement physical distancing at loading bays and use contactless signatures for deliveries.
- Coordinate with tenants to dedicate shopping hours for vulnerable patrons.
- Ask non-employee vendors who are required to enter the facility to have their employees follow the guidance of local, state, and federal governments regarding wearing face coverings.
Non-Essential Business Guidance

On March 19, 2020, California Governor Newsom, in conjunction with the State Public Health Officer, issued a Stay at Home order for California. In addition, on April 2, 2020, the Kern County Health Officer issued a Health Officer order for Kern County. Both orders require that non-essential businesses close their doors until such time as the orders have been lifted. We are aware that this may present a hardship to many small business owners and self-employed individuals. Questions regarding if your business is essential, if modifications can be made to your business operations and more have come up. In response, the Kern County Public Health Services Department has developed the following guidance for non-essential businesses.

Under the Governor’s and Kern County Health Officer’s order businesses cannot change their operations to be considered essential, but may conduct minimum basic operations which are defined as:

i. The minimum necessary activities to maintain and protect the value of the business’ inventory and facilities; ensure security, safety, and sanitation; process payroll and employee benefits; provide for the delivery of existing inventory directly to residences or businesses; and related functions.

ii. The minimum necessary activities to facilitate owners, employees, and contractors of the business being able to continue to work remotely from their residence, and to ensure that the business can deliver its service remotely.

iii. The minimum necessary to fulfill orders of existing inventory or essential services to customers or businesses. All transactions shall be completed by phone or electronic means.

Other than to maintain minimum basic operations, employees may only work remotely from their residence. Any employees who are onsite must strictly follow the Order’s social distancing requirements, including maintaining a distance of six feet from one another (employees shall wear a face covering if social distancing is incompatible with the job duty), frequently washing hands with soap and water for at least 20 seconds, wear a cloth face covering, covering coughs and sneezes, and staying home when sick.

Businesses that include an essential business component (as defined by the Essential Critical Infrastructure Workers) at their facilities alongside non-essential components must scale down their in-person operations to the essential business component only. For instance, if 20% of manufacturing capacity in the business is devoted to essential products, and 80% of capacity is devoted to non-essential products, you should only operate at 20% capacity. The one exception to this rule is that retail businesses that sell
a significant amount of essential products like food, personal hygiene, and consumer household products may keep their entire retail storefronts open even if some of the products they sell are non-essential.

During this time, non-essential businesses may choose to shift from traditional storefront operations to phone and/or online sales. If a business chooses to do so, phone and online sales shall include a contactless means of payment and may only be delivered to customers. Curbside or pick up options are discouraged. Businesses which choose this option must adhere to the social distancing requirements as outlined in the order. If social distancing cannot be managed, use of cloth face coverings and frequent handwashing should be encouraged.
COVID-19 Guidance for Pet Grooming Businesses and / or Mobile Pet Grooming Businesses

On March 19, 2020, Governor Newsom issued a stay at home order, requiring individuals to stay at home and practice social distancing except as needed to maintain continuity of operations of essential critical infrastructure. Social distancing is a practice recommended by public health officials to stop or slow the spread of a contagious disease. It requires the creation of physical space between individuals who may spread certain contagious diseases. At least 6 feet of space between individuals is advisable. With this Order, the Governor issued a list of essential critical infrastructure sectors, which does not specifically include pet grooming businesses and / or mobile pet grooming businesses.

The easiest way to obtain compliance with the stay at home order and to maintain social distancing is for pet grooming businesses and / or mobile pet grooming businesses to close. However, if the pet grooming business and / or mobile pet grooming business is to remain open, the following must be followed:

- Limit the number of client appointment times to allow for greater social distancing and limiting the number of people who are at the business at once.
- Ensure no clients are waiting for their pets on site.
- Preferably, bring clients pets in from outside utilizing curbside service.
- Close all public restrooms to clients.
- Once in possession of clients pet; immediately take pet to washing station.
- Do not let pets interact with other pets.
- Call client when the pet is ready.
- Take payment outside and release pet to the owner.
  - If possible, implement electronic payment systems for customers.
- Limit customer contact to just the exchange of payment methods and accepting or returning pet.
- Have increased cleaning and disinfection of “high-touch” areas and items like counters, grooming equipment, employee bathrooms, credit card machines, computer mouse, and phones.
- Provide disinfectant hand sanitizer stations in multiple locations throughout the business, if curbside isn’t utilized.
- Ensure there is signage around the business to show best practices to prevent exposure to COVID-19.
- Enforce social distancing amongst employees.
- Ensure grooming stations are set at least 6 feet apart.
- Provide all employees with face coverings and gloves.
- Provide all employees with hand sanitizer and access to handwashing, including soap and water.
- If any employee is feeling ill, let them know not to come to work. If they become ill at work, require them to return home.
RETAIL FOOD AND BEVERAGE ESTABLISHMENT GUIDANCE

In March 2020, the Kern County Environmental Health Division provided guidance to local retail food and beverage establishments regarding the Governors Executive Order, which stated that all retail food and beverage establishments should not have in person dining available to patrons.

We would like to remind all our permitted businesses that the Governor’s Executive Order remains in effect even though our local order has been rescinded. Retail food and beverage establishments may continue to operate for carry out or delivery of items in accordance with the Governor’s order.

We are hopeful that retail food and beverage establishments will be able to open sometime during Stage 2 of the Governor’s reopening plan, which will begin soon. At this time we do not know what the reopening criteria will be for dine in services to resume or when it will be allowed by the Governor but we are actively participating in working groups to address this issue.

At this time we ask that all retail food and beverage establishments continue to adhere to the Governor’s orders regarding in person dining. We look forward to providing your facility with guidance so that you can safely open and resume servicing your customers and restarting the economy.

MOBILE FOOD FACILITY GUIDANCE

Background
COVID-19 is a respiratory illness caused by a coronavirus. It is primarily spread through the air via droplets from an infected person or by touching contaminated surfaces. Symptoms include fever, cough, and shortness of breath.

At this time, community transmission of COVID-19 has occurred in California. Venues where people gather for drinking, dining, or entertainment should prepare for possible impacts of COVID-19 and take precautions to prevent the spread of COVID-19 as well as other infectious disease, including influenza and gastroenteritis.

Context
Retail food, beverage, and other related service venues bring people from multiple communities into close contact with each other, in enclosed spaces, thereby increasing in-person interaction, and the ease by which COVID-19 may be transmitted.

This document describes the steps that mobile food vehicle owners and management should take for the protection of both food service workers and patrons to prevent potential COVID-19 transmission.

Mobile Food Vehicles should:

- Increase frequency of cleaning of menus, cash registers, receipt trays, condiment holders, writing instruments and other non-food contact surfaces frequently touched by patrons and employees.
- Ensure that social distancing of six feet per person for non-family members is maintained and make clear that family members can participate together, stand in line together, etc.
- Limiting the number of people in line.
- Remind employees of best hygiene practices including washing their hands often with soap and water for at least 20 seconds.

Kern County Public Health, the CDC, FDA, and CDPH are not aware of any reports at this time that suggest COVID-19 can be transmitted by food or food packaging. This message will be updated as more information is obtained, and guidance is effective until further notice.

For continued updates, visit https://kernpublichealth.com/2019-novel-coronavirus/

FREQUENTLY ASKED QUESTION
Q) Will I still be able to operate out of my commissary?
A) Yes, if your commissary is able to remain open under the guidance provided to them, you may continue to operate. Mobile food vehicles by nature prepare food in a facility for use off site.

Q) Can I continue to provide seating for customers?
A) No. The Governor and CDPH have issued guidance to traditional restaurants, which strongly encourages that dining rooms be closed to customers. You are strongly encouraged to remove any seating and provide to-go or pick up services only.
How to clean and disinfect

Clean
- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water, then use disinfectant.
- Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.
- Practice routine cleaning of frequently touched surfaces.
  - More frequent cleaning and disinfection may be required based on level of use.
  - Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.
- High touch surfaces include:
  - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect
- Recommend use of EPA-registered household disinfectant.
  - Follow the instructions on the label to ensure safe and effective use of the product.
  - Keeping surface wet for a period of time (see product label).
  - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- Diluted household bleach solutions may also be used if appropriate for the surface.
  - Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
  - Unexpired household bleach will be effective against coronaviruses when properly diluted. Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
  - Leave solution on the surface for at least 1 minute.

To make a bleach solution, mix:
- 5 tablespoons (1/3rd cup) bleach per gallon of water
- OR
- 4 teaspoons bleach per quart of water

- Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.
Soft surfaces
For soft surfaces such as carpeted floor, rugs, and drapes

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items** (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#) meet EPA’s criteria for use against COVID-19.
- **Vacuum as usual.**

Electronics
For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer’s instruction** for cleaning and disinfecting.
  - If no guidance, use **alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.

Laundry
For clothing, towels, linens and other items

- Launder items according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people’s items.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the person who is sick.
  - Companies do not necessarily need to close operations, if they can close off affected areas.
- **Open outside doors and windows** to increase air circulation in the area.
- **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- **Vacuum the space if needed.** Use vacuum equipped with high-efficiency particular air (HEPA) filter, if available.
  - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
  - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been appropriately disinfected, it can be opened for use.
- **Workers without close contact** with the person who is sick can return to work immediately after disinfection.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  - Continue routing cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

### Cleaning and disinfecting outdoor areas
- Outdoor areas, like **playgrounds in schools and parks** generally require **normal routine cleaning**, but **do not require disinfection**.
  - Do not spray disinfectant on outdoor playgrounds; it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
  - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
  - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- **Sidewalks and roads should not be disinfected**.
  - Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

### When cleaning
- **Regular cleaning staff** can clean and disinfect community spaces.
  - Ensure they are trained on appropriate use of cleaning and disinfection chemicals.
- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash**.
  - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.
  - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to wash hands** include:
  - After blowing one’s nose, coughing, or sneezing.
  - After using the restroom.
  - Before eating or preparing food.
  - After contact with animals or pets.
  - Before and after providing routine care for another person who needs assistance (e.g., a child).

### Additional considerations for employers
- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions on what to do if they develop **symptoms** within 14 days after their last possible exposure to the virus.
- **Develop policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
  - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200). 


### Alternative disinfection methods

- The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against COVID-19 virus is not known.
  - EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.

- CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.

- CDC only recommends use of the surface disinfectants identified on List N against the virus that causes COVID-19.

### For facilities that house people overnight

- Follow CDC's guidance for colleges and universities. Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.

- For guidance on cleaning and disinfecting the bedroom/bathroom for someone who is sick, review CDC's guidance on disinfecting your home if someone is sick.

More details: Detailed Disinfection Guidance for Community Facilities

### More information

- Transport Vehicles

Page last reviewed: April 14, 2020
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like Covid-19.

Avoid close contact with people who are sick.

Avoid touching your eyes, nose, and mouth.

Cover your cough or sneeze with a tissue, and then throw the tissue in the trash.

When in public, wear a cloth face covering over your nose and mouth.

Clean and sanitize hands if you have touched an object.
Feeling Sick?
Stay home when you are sick!

If you feel unwell or have the following symptoms please leave the building and contact your health care provider. Then follow-up with your supervisor.

DO NOT ENTER if you have:

FEVER
COUGH
SHORTNESS OF BREATH

cdc.gov/CORONAVIRUS
1. Wet
2. Get Soap
3. Scrub

Wash Your Hands!
Food Safety and the Coronavirus Disease 2019 (COVID-19)

The following are resources available to industry members and consumers on Coronavirus Disease 2019 (COVID-19) and food safety.


Contact FDA


COVID-19 is a priority for FDA. Submitting your question online enables us to appropriately and efficiently triage and respond to each inquiry, allowing us to improve our overall customer service and increase our ability to provide accurate and timely responses.


For additional assistance from the Center for Food Safety and Applied Nutrition (CFSAN) on food safety matters, visit Industry and Consumer Assistance from CFSAN (/food/resources-you-food/industry-and-consumer-assistance-cfsan).

What’s New

- What to Do if You Have COVID-19 Confirmed Positive or Exposed Workers in Your Food Production, Storage, or Distribution Operations Regulated by FDA (/food/food-safety-during-emergencies/what-do-if-you-have-covid-19-confirmed-positive-or-exposed-workers-your-food-production-storage-or)
Constituent Updates

- FDA Further Extends Comment Period for the Laboratory Accreditation Program Proposed Rule Due to COVID-19 (/food/cfsan-constituent-updates/fda-further-extends-comment-period-laboratory-accreditation-program-proposed-rule-due-covid-19) April 3, 2020
- FDA Provides Flexibility Regarding Menu Labeling Requirements for Chain Restaurants and Similar Retail Food Establishments During the COVID-19 Pandemic (/food/cfsan-constituent-updates/fda-provides-flexibility-regarding-menu-labeling-requirements-chain-restaurants-and-similar-retail) April 1, 2020

For Consumers

FAQs for Consumers


Avoiding Foodborne Illness

Currently there is no evidence of food or food packaging being associated with transmission of COVID-19.

Foodborne gastrointestinal (GI) viruses, like norovirus and hepatitis A, can make people ill through contaminated food. SARS-CoV-2, which causes COVID-19, is a virus that causes respiratory illness.

FDA advises we all adopt everyday safe food handling and hygiene practices to avoid foodborne illness:

- Safe Food Handling (/food/buy-store-serve-safe-food/safe-food-handling)
- Food Safety in Your Kitchen (/food/buy-store-serve-safe-food/food-safety-your-kitchen)
- Everyday Food Safety for Young Adults (/food/buy-store-serve-safe-food/everyday-food-safety-young-adults)
- Handling Flour Safely (/food/buy-store-serve-safe-food/handling-flour-safely-what-you-need-know)
For Industry

Factsheets

- What to Do if You Have COVID-19 Confirmed Positive or Exposed Workers in Your Food Production, Storage, or Distribution Operations Regulated by FDA (/food/food-safety-during-emergencies/what-do-if-you-have-covid-19-confirmed-positive-or-exposed-workers-your-food-production-storage-or)

Guidance


en Español (Spanish)

La FDA trabaja con agencias del gobierno, incluyendo los CDC y socios internacionales para abordar el brote de la enfermedad por coronavirus 2019 (COVID-19)


Questions & Answers for Industry
Food Supply Chain

Social Distancing, Disinfecting & Other Precautions

Temporary Policy

Workers Testing Positive


Food Supply Chain

Where should the food industry go for guidance about business operations? (Updated April 20, 2020)

Food facilities, like other work establishments, need to follow protocols set by local and state health departments, which may vary depending on the amount of community spread of COVID-19 in a particular area. We encourage coordination with local (https://www.naccho.org/membership/lhd-directory) (http://www.fda.gov/about-fda/website-policies/website-disclaimer) health officials for all businesses so that timely and accurate information can guide appropriate responses in each location where they have operations. Also see the CDC's What Grocery and Food Retail Workers Need to Know about COVID-19 (https://www.cdc.gov/-coronavirus/2019-ncov/community/organizations/grocery-food-retail-workers.html).

Why are there empty shelves at the local grocery store, while we see reports of food being dumped or crops being plowed under? (Posted April 14, 2020)

In some cases the inventory of certain foods at your grocery store might be temporarily low before stores can restock. Based on our ongoing communication with industry, we understand this is largely an issue of unprecedented demand from the retail sector – not a lack of capacity to produce, process and deliver.

Food production and manufacturing are widely dispersed throughout the United States; however, there is a significant shift in where consumers are buying food, because of the pandemic. While food use in large-scale establishments, such as hotels, restaurants, sports arenas/stadiums and universities suddenly declined, the demand for food at grocery stores increased. FDA has issued temporary guidance (https://www.fda.gov/food/guidance-regulation-food-and-dietary-supplements/guidance-documents-regulatory-information-topic-food-and-dietary-supplements#y2020) to provide flexibility in packaging and labeling requirements to support food supply chains and get foods to the consumer retail marketplace.

Where should I send questions if we are having problems moving food or getting food through areas that have curfews and restrictions because of the coronavirus? (Posted March 20, 2020)

If you are experiencing issues regarding your supply chain, delivery of goods, or business continuity, please contact the FEMA National Business Emergency Operations Center at NBEOC@fema.dhs.gov. This is a 24/7 operation and they can assist in directing your inquiry to the proper contact.

What measures are FDA (and CDC, state partners, etc.) taking to ensure that we remain able to address foodborne illness outbreaks during the COVID-19 pandemic? (Posted March 17, 2020)

Unlike foodborne gastrointestinal (GI) viruses like norovirus and hepatitis A that often make people ill through contaminated food, SARS-CoV-2, which causes COVID-19, is a virus that causes respiratory, not gastrointestinal, illness. Foodborne exposure to this virus is not known to be a route of transmission.

With respect to foodborne pathogens, CDC, FDA, and FSIS continue to work with state and local partners to investigate foodborne illness and outbreaks. FDA’s Coordinated Outbreak Response and Evaluation (CORE) Network manages outbreak response, as well as surveillance and post-response activities related to incidents involving multiple illnesses linked to FDA-regulated human food products, including dietary supplements, and cosmetic products. During this coronavirus outbreak, CORE’s full-time staff will continue to operate to prepare for, coordinate and carry out response activities to incidents of foodborne illness.

FDA’s Center for Veterinary medicine manages outbreak response for animal food and is similarly staffed and prepared to respond to incidents of foodborne illness in animals.
Social Distancing, Disinfecting & Other Precautions

Do you have best practices to share with retail food stores, restaurants, and food pick-up and delivery services that cover safe food handling, as well as employee health? (Updated April 20, 2020)

FDA is sharing information about best practices to operate retail food stores, restaurants, and associated pick-up and delivery services during the COVID-19 pandemic to safeguard workers and consumers. The information in two convenient formats addresses key considerations for how foods offered at retail and restaurants can be safely handled and delivered to the public, as well as key best practices for employee health, cleaning and sanitizing, and personal protective equipment (PPE). See Best Practices for Retail Food Stores, Restaurants, and Food Pick-Up/Delivery Services During the COVID-19 Pandemic (/food/food-safety-during-emergencies/best-practices-retail-food-stores-restaurants-and-food-pick-up-delivery-services-during-covid-19). Also see the CDC's What Grocery and Food Retail Workers Need to Know about COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/grocery-food-retail-workers.html).

How do I maintain social distancing in my food production/processing facility and food retail establishment where employees typically work within close distances? (Updated April 5, 2020)

To prevent spread of COVID-19, CDC is recommending individuals employ social distancing or maintaining approximately 6 feet from others, when possible. In food production/processing facilities and retail food establishments, an evaluation should be made to identify and implement operational changes that increase employee separation. However, social distancing to the full 6 feet will not be possible in some food facilities.

The risk of an employee transmitting COVID-19 to another is dependent on distance between employees, the duration of the exposure, and the effectiveness of employee hygiene practices and sanitation. When it’s impractical for employees in these settings to maintain social distancing, effective hygiene practices should be maintained to reduce the chance of spreading the virus. Also, see Should Employees in retail food and food production settings wear face coverings to prevent exposure to COVID-19? (Posted April 4, 2020).

IMPORTANT: Maintaining social distancing in the absence of effective hygiene practices may not prevent the spread of this virus. Food facilities should be vigilant in their hygiene practices, including frequent and proper hand-washing and routine cleaning of all surfaces.

Because the intensity of the COVID-19 outbreak may differ according to geographic location, coordination with state and local officials is strongly encouraged for all businesses so that timely and accurate information can guide appropriate responses in each location where their operations reside.


Should employees in retail food and food production settings wear face coverings to prevent exposure to COVID-19? (Posted April 4, 2020)

On April 3, the CDC released an updated recommendation (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html) regarding the use of cloth face coverings to help slow the spread of COVID-19. CDC recommends the use of simple cloth face coverings as a voluntary public health measure in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies).

For workers on farms, and in food production, processing, and retail settings who do not typically wear masks as part of their jobs, consider the following if you choose to use a cloth face covering to slow the spread of COVID-19:

- Maintain face coverings in accordance with parameters in FDA’s Model Food Code (/food/retail-food-protection/fda-food-code) sections 4-801.11 Clean Linens and 4.802.11 Specifications.
- Launder reusable face coverings before each daily use.
- CDC also has additional information on the use of face coverings (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html), including washing instructions and information on how to make homemade face covers.

NOTE: The cloth face coverings recommended by CDC are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

How and when should workers in food retail and processing wear gloves during a pandemic? (Posted April 1, 2020)
FDA's Food Code recommendations for hand washing and glove use in food service and retail food stores have not changed as a result of the pandemic. (Food Code 2017 (/food/fda-food-code/food-code-2017) Section 2-301.11). Per the Food Code: with limited exceptions, employees may not contact exposed, ready-to-eat foods with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single use-gloves, or dispensing equipment (Food Code 2017 (/food/fda-food-code/food-code-2017) Section 3-301.11). Gloves are not a substitute for hand washing or hand hygiene.

If your task requires direct contact with ready-to-eat food, wash your hands and the exposed portions of your arms for 20 seconds prior to donning gloves and before touching food or food-contact surfaces. Wash your hands immediately after removing gloves.

Will FDA/EPA approve off-label use of quaternary ammonium sanitizer at 200 ppm as a hand sanitizer for checkers and customers? It is currently on the EPA approved list for use in retail to sanitize food prep areas, dishes etc., and we would like to use it instead of gel hand sanitizer due to the lack of availability. (Posted March 23, 2020)

We are aware of temporary out-of-stock conditions of alcohol-based hand sanitizers. Several manufacturers of these products have indicated that they are working to replenish supplies. In addition, the FDA has issued guidance for the temporary compounding of certain alcohol-based hand sanitizers by pharmacists in state-licensed pharmacies or federal facilities and registered outsourcing facilities. See Immediately in Effect Guidance for Industry: Policy for Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency (/media/136218/download). FDA has also issued guidance for the temporary preparation of certain alcohol-based hand sanitizer products by firms during the public health emergency (COVID-19). See Guidance for Industry: Temporary Policy for Preparation of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency (COVID-19) (/media/136289/download).

Hand sanitizers are not intended to replace handwashing in food production and retail (/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook) settings. Instead, hand sanitizers may be used in addition to or in combination with proper hand washing. CDC recommends that everyone wash their hands with plain soap and water. Alcohol-based hand sanitizers may be used if plain soap and water are not available.

As an interim measure, we understand some food establishments have set up quaternary ammonium hand-dip stations and sprays at 200 ppm concentration. These products are intended for use on surfaces, and as such, may not be formulated for use on skin. FDA is aware of adverse event reports from consumers using such products as a replacement for hand sanitizers and advises against using these products as replacements for hand sanitizers.

Are workers in the human and animal food and feed sector considered part of the essential critical infrastructure workforce? (Posted March 20, 2020)

Yes, in a guidance issued by Department of Homeland Security on March 19 Guidance on the Essential Critical Infrastructure workforce: Ensuring Community and National Resilience in COVID-19 (https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19), workers in the Food and Agriculture sector – agricultural production, food processing, distribution, retail and food service and allied industries – are named as essential critical infrastructure workers. Promoting the ability of our workers within the food and agriculture industry to continue to work during periods of community restrictions, social distances, and closure orders, among others, is crucial to community continuity and community resilience.

What steps do I need to take to clean the facility/equipment to prevent the spread of COVID-19? (Posted March 17, 2020)

FDA-regulated food manufacturers are required to follow Current Good Manufacturing Practices (CGMPs) and many have food safety plans (/food/food-safety-modernization-act-fsma/food-safety-plan-builder) that include a hazards analysis and risk-based preventive controls. CGMPs and food safety plans have requirements for maintaining clean and sanitized facilities and food contact surfaces. See: FSMA Final Rule for Preventive Controls for Human Food (/food/food-safety-modernization-act-fsma/fsma-final-rule-preventive-controls-human-food).

- Food facilities are required to use EPA-registered “sanitizer” products in their cleaning and sanitizing practices.
- In addition, there is a list of EPA-registered “disinfectant” products for COVID-19 on the Disinfectants for Use Against SARS-CoV-2 list (https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf) that have qualified under EPA’s emerging viral pathogen program (https://www.epa.gov/pesticide-registration/guidance-registrants-process-making-claims-against-emerging-viral-pathogens) for use against SARS-CoV-2, the coronavirus that causes COVID-19.
- IMPORTANT: Check the product label guidelines for if and where these disinfectant products are safe and recommended for use in food manufacturing areas or food establishments.
- We encourage coordination with local (https://www.naccho.org/membership/lhd-directory) and state health officials for all businesses so that timely and accurate information can guide appropriate responses in each location where their operations reside.
- Food facilities may want to consider a more frequent cleaning schedule.

How do I handle self-service food buffets such as salad bars in a retail setting related to COVID-19? (Posted March 17, 2020)

Restaurants and retail food establishments are regulated at the state and local level. State, local, and tribal regulators use the Food Code (/food/retail-food-protection/fda-food-code) published by the FDA to develop or update their own food safety rules. Again, there is no current evidence to support the transmission of COVID-19 associated with food or food packaging.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their mouth, nose, or possibly eyes, but this is not thought to be the main way the virus spreads. The coronavirus is mostly spread from one person to another through respiratory droplets. However, it’s always critical to follow the 4 key steps of food safety—clean, separate, cook, and chill—to prevent foodborne illness.

As an extra precaution to help avoid the transmission of COVID-19 through surface contact, we recommend frequent washing and sanitizing of all food contact surfaces and utensils. Food-service workers also must practice frequent hand washing and glove changes before and after preparing food. Include frequent cleaning and sanitizing of counters and condiment containers. Consumers should wash their hands after using serving utensils.

In communities with sustained transmission of COVID-19, state and local health authorities have implemented social-distancing measures which discourage or prohibit dining in congregate settings. We also recommend discontinuing self-service buffets and salad bars until these measures are lifted.

Unlike foodborne gastrointestinal (GI) viruses like norovirus and hepatitis A that often make people ill through contaminated food, SARS-CoV-2, which causes COVID-19, is a virus that causes respiratory illness. Foodborne exposure to this virus is not known to be a route of transmission.

Do I need to recall food products produced in the facility during the time that the worker was potentially shedding virus while working? (Posted March 17, 2020)

We do not anticipate that food products would need to be recalled or be withdrawn from the market because of COVID-19, as there is currently no evidence to support the transmission of COVID-19 associated with food or food packaging.

Additionally, facilities are required to control any risks that might be associated with workers who are ill regardless of the type of virus or bacteria. For example, facilities are required to maintain clean and sanitized facilities and food contact surfaces.

Temporary Policy

How does FDA’s temporary flexibility regarding the Egg Safety Rule help during COVID-19? (Posted April 6, 2020)

The Temporary Policy Regarding Enforcement of 21 CFR Part 118 (the Egg Safety Rule) During the COVID-19 Public Health Emergency (/regulatory-information/search-fda-guidance-documents/temporary-policy-regarding-enforcement-21-cfr-part-118-egg-safety-rule-during-covid-19-public-health) provides producers of shell eggs that normally would be sent to facilities for further processing, the flexibility to sell their eggs for distribution to retail locations, such as supermarkets, when certain conditions are present. This flexibility will help egg producers meet increased demand for shell eggs by consumers at retail locations while still ensuring the safety of eggs.

See the Constituent Update (FDA Provides Temporary Flexibility Regarding the Egg Safety Rule During COVID-19 Pandemic While Still Ensuring the Safety of Eggs) (/food/food-safety-focus/egg-safety-rule-during-covid-19-pandemic-while-still) for more information.

How does the temporary guidance regarding packaging and labeling of shell eggs help during COVID-19? (Posted April 6, 2020)

FDA issued this guidance to provide temporary flexibility regarding certain packaging and labeling requirements for shell eggs (/regulatory-information/search-fda-guidance-documents/temporary-policy-regarding-packaging-and-labeling-shell-eggs-sold-retail-food-establishments-during) sold in retail food establishments so that industry can meet the increased demand for shell eggs during the COVID-19 pandemic.
How does the temporary policy on Preventive Controls and FSVP Food Supplier Verification Onsite Audit Requirements help during the COVID-19 public health emergency? (Posted April 6, 2020)

In this temporary guidance for receiving facilities and FSVP importers (/regulatory-information/search-fda-guidance-documents/temporary-policy-regarding-preventive-controls-and-fsvp-food-supplier-verification-onsite-audit), the FDA made clear its intent in certain circumstances related to impact of the coronavirus outbreak (COVID-19), not to enforce requirements in three foods regulations to conduct onsite audits of food suppliers if other supplier verification methods are used instead. The three regulations are:


Is FDA providing flexibility regarding the nutrition labeling of packaged food for restaurants and other businesses? (Posted March 27, 2020)

As a result of the COVID-19 pandemic, restaurants and food manufacturers may have food not labeled for retail sale that they wish to sell at retail. The FDA has released a guidance document to provide restaurants and other businesses with flexibility regarding nutrition labeling (/food/cfstan-constituent-updates/fda-provides-temporary-flexibility-regarding-nutrition-labeling-certain-packaged-food-response-covid) so that they can sell certain packaged food during the COVID-19 pandemic.

Workers Testing Positive

What if a worker reports being in close contact with another worker on the job tested positive for COVID-19? (Posted April 14, 2020)


- **Pre-Screen:** Employers should measure the employee’s temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.

- **Regular Monitoring:** As long as the employee doesn’t have a temperature or symptoms, they should self-monitor under the supervision of their employer’s occupational health program.

- **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees’ supplied cloth face coverings in the event of shortages.

- **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.

- **Disinfect and Clean Work Spaces:** Routinely clean and disinfect areas such as offices, bathrooms, common areas, and shared electronic equipment.


Additional Resources

The Food and Beverage Issues Alliance has developed protocols (https://static.squarespace.com/static/57d1107dace6a6b3eb577/1586487346649/FBIA+COVID19+%20Case+Reco) for (1) when an employee of a firm is a confirmed or presumptive case
of COVID-19 and (2) when a facility employee/facility visitor/customer has been in close contact with an individual with COVID-19. This protocol is specific to food manufacturing facilities, distribution centers, and wholesale and retail outlets.

**A worker in my food production/processing facility/farm has tested positive for COVID-19. What do I need to do to continue operations while protecting my other employees? (Updated April 14, 2020)**

All components of the food industry are considered critical infrastructure and it is vital for the public health that they continue to operate.


**Federal Government Resources**

Businesses should consult the CDC’s Interim Guidance for Business and Employers to Plan and Respond to Coronavirus Disease 2019 (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html), which is frequently updated.

The Occupational Safety and Health Administration (OSHA) also issued Guidance on Preparing Workplaces for COVID-19 (https://www.osha.gov/Publications/OSHA3990.pdf) that includes information on how a COVID-19 outbreak could affect workplaces and steps all employers can take to reduce workers’ risk of exposure to SARS-CoV-2 (COVID-19).

**Additional Resources**

The Food and Beverage Issues Alliance has developed protocols (https://static1.squarespace.com/static/57e7d1077ae06b3e3f998d/1/t/5e86e034108751091e9eb577/1586487346649/FBIA+COVID19%2BCase+Recor [https://www.fda.gov/about-fda/website-policies/website-disclaimer] for (1) when an employee of a firm is a confirmed or presumptive case of COVID-19 and (2) when a facility employee/facility visitor/customer has been in close contact with an individual with COVID-19. This protocol is specific to food manufacturing facilities, distribution centers, and wholesale and retail outlets.

**If a worker in my food processing facility has tested positive for COVID-19, should I test the environment for the SARS-CoV-2 virus? (Posted March 27, 2020)**

Currently there is no evidence of food or food packaging being associated with transmission of COVID-19. Therefore, we do not believe there is a need to conduct environmental testing in food settings for the virus that causes COVID 19 for the purpose of food safety. Cleaning and sanitizing the surfaces is a better use of resources than testing to see if the virus is present.

Facilities are required to use personnel practices that protect against contamination of food, food contact surfaces and packaging and to maintain clean and sanitized facilities and food contact surfaces. Although it is possible that the infected worker may have touched surfaces in your facility, FDA-regulated food manufacturers are required to follow Current Good Manufacturing Practices (CGMPs). Maintaining CGMPs in the facility should minimize the potential for surface contamination and eliminate contamination when it occurs. With the detection of the coronavirus in asymptomatic people and studies showing survival of coronavirus on surfaces for short periods of time, as an extra precaution, food facilities may want to consider a more frequent cleaning and sanitation schedule for high human contact surfaces.

**A worker in my food processing facility/farm has tested positive for COVID-19. What steps do I need to take to ensure that the foods I produce are safe? (Posted March 17, 2020)**

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently, there is no evidence to support transmission of COVID-19 by food. Unlike foodborne gastrointestinal (GI) viruses like norovirus and hepatitis A that often make people ill through contaminated food, SARS-CoV-2, which causes COVID-19, is a virus that causes respiratory illness. Foodborne exposure to this virus is not known to be a route of transmission.

If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality. Sick employees should follow the CDC’s What to do if you are sick with coronavirus disease 2019 (COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf)). Employers should consult with the local health department for additional guidance.
While the primary responsibility in this instance is to take appropriate actions to protect other workers and people who might have come in contact with the ill employee, facilities should re-double their cleaning and sanitation efforts to control any risks that might be associated with workers who are ill regardless of the type of virus or bacteria. For example, facilities are required to maintain clean and sanitized facilities and food contact surfaces.


- Food facilities are required to use EPA-registered “sanitizer” products in their cleaning and sanitizing practices.
- In addition, there is a list of EPA-registered “disinfectant” products for COVID-19 on the Disinfectants for Use Against SARS-CoV-2 list (https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf) that have qualified under EPA’s emerging viral pathogen program (https://www.epa.gov/pesticide-registration/guidance-registrants-process-making-claims-against-emerging-viral-pathogens) for use against SARS-CoV-2, the coronavirus that causes COVID-19.;
- IMPORTANT: Check the product label guidelines for if and where these disinfectant products are safe and recommended for use in food manufacturing areas or food establishments

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**Do I need to ask other workers who may have been exposed to a worker who tested positive for COVID-19 to self-quarantine for 14 days? (Posted March 17, 2020)**

Employers need to follow guidelines set by state and local authorities. If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality. Sick employees should follow the CDC’s What to do if you are sick with coronavirus disease 2019 (COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-ncov-fact-sheet.pdf)). Employers should consult with the local health department for additional guidance.

---

**If a worker in my food processing facility/farm has tested positive for COVID-19, Should I close the facility? If so, for how long? (Posted March 17, 2020)**

Food facilities need to follow protocols set by local and state health departments, which may vary depending on the amount of community spread of COVID-19 in a given area. These decisions will be based on public health risk of person-to-person transmission – not based on food safety.
An official website of the United States government.

We've made some changes to EPA.gov. If the information you are looking for is not here, you may be able to find it on the EPA Web Archive or the January 19, 2017 Web Snapshot.

List N: Disinfectants for Use Against SARS-CoV-2

NEW View List N's information in our new tool

All products on this list meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19.

Finding a Product

To find a product, enter the first two sets of its EPA registration number into the search bar below. You can find this number by looking for the EPA Reg. No. on the product label.

For example, if EPA Reg. No. 12345-12 is on List N, you can buy EPA Reg. No. 12345-12-2567 and know you're getting an equivalent product.

Search by EPA registration number

Using Other Products
If you can’t find a product on this list to use against SARS-CoV-2, look at a different product’s label to confirm it has an EPA registration number and that human coronavirus is listed as a target pathogen.

**Follow the Label**

When using an EPA-registered disinfectant, follow the label directions for safe, effective use. Make sure to follow the contact time, which is the amount of time the surface should be visibly wet, listed in the table below. Read our infographic on how to use these products.

**These products are for use on surfaces, NOT humans.**

**Additional Resources**

- Still have questions? See our FAQs about this list.
- My company has a product it would like included on this list.
- Read our Guidance for Cleaning and Disinfecting Public Spaces.
- Use EPA’s COVID-19 hub to find other resources.

Note: Inclusion on this list does not constitute an endorsement by EPA. Additional disinfectants may meet the criteria for use against SARS-CoV-2. EPA will update this list with additional products as needed.

List N was last updated on May 14, 2020.

EPA Registration Number 12345-12

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**Other Search Options**

Show 25 entries  

Export to PDF  

Export to CSV

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List N: Products with Emerging Viral Pathogens AND Human Coronavirus claims for use against SARS-CoV-2

<table>
<thead>
<tr>
<th>EPA Registration Number</th>
<th>Active Ingredient(s)</th>
<th>Product Name</th>
<th>Follow the disinfection directions and preparation for the following virus</th>
<th>Contact Time (minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1677-21</td>
<td>Quaternary ammonium</td>
<td>Mikro-Quat</td>
<td>Norovirus</td>
<td>10</td>
</tr>
<tr>
<td>5813-121</td>
<td>Sodium hypochlorite</td>
<td>CRB I</td>
<td>Canine parvovirus; Feline parvovirus; Feline panleukopenia virus</td>
<td>10</td>
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<tr>
<td>9150-3</td>
<td>Chlorine dioxide</td>
<td>Carnebon 200</td>
<td>Canine parvovirus</td>
<td>15</td>
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<tr>
<td>EPA Registration Number</td>
<td>Active Ingredient(s)</td>
<td>Product Name</td>
<td>Follow the disinfection directions and preparation for the following virus</td>
<td>Contact Time (minute)</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------</td>
<td>---------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------</td>
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<tr>
<td>34810-37</td>
<td>Citric acid</td>
<td>Wexford Disinfectant Wipes</td>
<td>Rhinovirus</td>
<td>5</td>
</tr>
<tr>
<td>5813-76</td>
<td>Sodium hypochlorite</td>
<td>Clorox MTOC</td>
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</tr>
<tr>
<td>10772-21</td>
<td>Hydrogen peroxide</td>
<td>Hydra</td>
<td>Rotavirus; Rhinovirus</td>
<td>5</td>
</tr>
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<td>75277-2</td>
<td>Citric acid</td>
<td>Freak</td>
<td>Rhinovirus</td>
<td>10</td>
</tr>
<tr>
<td>1043-119</td>
<td>Hydrogen peroxide; Peroxyacetic acid</td>
<td>SPOR-KLENZ Ready To Use</td>
<td>Murine norovirus</td>
<td>10</td>
</tr>
<tr>
<td>58300-25</td>
<td>Peroxyacetic acid; Hydrogen peroxide</td>
<td>Stericide</td>
<td>Use this product according to the directions for use for sterilization</td>
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</tr>
<tr>
<td>69470-37</td>
<td>Sodium dichloroisocyanurate</td>
<td>Clearon Bleach Tablets</td>
<td>Canine parvovirus</td>
<td>10</td>
</tr>
<tr>
<td>4822-592</td>
<td>Lactic acid</td>
<td>Hygeia</td>
<td>Rotavirus</td>
<td>5</td>
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<tr>
<td>1839-174</td>
<td>Quaternary ammonium</td>
<td>Stepan Towelette</td>
<td>Norovirus</td>
<td>10</td>
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<tr>
<td>1043-129</td>
<td>Quaternary ammonium; Isopropanol</td>
<td>Vesta-Syde SQ64 Ready-to-Use Disinfectant</td>
<td>Feline calicivirus</td>
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<tr>
<td>71654-5</td>
<td>Glycolic acid</td>
<td>Glyclean Hard Surface Cleaner</td>
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<tr>
<td>70271-34</td>
<td>Quaternary ammonium</td>
<td>KIK Antibacterial Multipurpose Cleaner I</td>
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<td>71355-2</td>
<td>Hydrogen peroxide; Peroxyacetic acid</td>
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<td>Avian reovirus</td>
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<td>4822-530</td>
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<td>Fantastik® All-Purpose Cleaner</td>
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<td>67619-42</td>
<td>Hypochlorous acid</td>
<td>Galaxy</td>
<td>Canine parvovirus; Rhinovirus</td>
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<tr>
<td>6836-245</td>
<td>Quaternary ammonium</td>
<td>CSP-46</td>
<td>Feline calicivirus; Norovirus</td>
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</tr>
<tr>
<td>6836-379</td>
<td>Quaternary ammonium</td>
<td>Nugen NR Disinfectant Wipes</td>
<td>Norovirus</td>
<td>5</td>
</tr>
<tr>
<td>EPA Registration Number</td>
<td>Active Ingredient(s)</td>
<td>Product Name</td>
<td>Follow the disinfection directions and preparation for the following virus</td>
<td>Contact Time (minutes)</td>
</tr>
<tr>
<td>------------------------</td>
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<td>------------------------</td>
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<td>6836-372</td>
<td>Quaternary ammonium</td>
<td>Nugen 2m Disinfectant Wipes</td>
<td>Rotavirus</td>
<td>1.5 (90 seconds)</td>
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<tr>
<td>8383-12</td>
<td>Hydrogen peroxide; Peroxyacetic acid</td>
<td>Peridox</td>
<td>Norovirus; Rhinovirus</td>
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<tr>
<td>1677-158</td>
<td>Hydrogen peroxide; Peroxyacetic acid; Octanoic acid</td>
<td>Vortexx</td>
<td>Reovirus</td>
<td>10</td>
</tr>
<tr>
<td>1677-209</td>
<td>Hydrogen peroxide; Peroxyoctanoic acid; Octanoic acid</td>
<td>Octave FS</td>
<td>Feline calicivirus</td>
<td>10</td>
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<tr>
<td>4822-613</td>
<td>Quaternary ammonium</td>
<td>Scrubbing Bubbles® Disinfectant Bathroom Grime Fighter</td>
<td>Rotavirus</td>
<td>5</td>
</tr>
</tbody>
</table>

Showing 1 to 25 of 420 entries

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LAST UPDATED ON MAY 14, 2020
Essential Critical Infrastructure Workers During COVID-19 Response

Chemical

Food and Agriculture Sector
- Workers supporting groceries, pharmacies, and other retail that sells food and beverages products
- Restaurant carry-out and quick service food
- Food manufacture employees
- Farm Workers and support service workers in include those who field crops
- Workers supporting the sanitation of all food processes
- Company Cafeterias
- Workers essential for assistance programs
- Animal agriculture workers to include those employed in veterinary health

Law Enforcement, Public Safety, First Responders
- Law enforcement
- Emergency management
- Public Safety
- EMS
- Fire and Rescue

Energy

Financial Services
- Processing financial transactions and services, Providing consumer access to banking

Other Community-Based Government Operation and Essential Functions

Healthcare and Public Health

Public Works

Hazardous Materials

Transportation and Logistics Systems
- Aviation
- Auto repair and maintenance facilities
- Maritime
- Mass transit and passenger rail
- Pipeline systems
- Freight Rail
- Postal and shipping

Water and Wastewater Systems

For more information on these Critical Infrastructures please visit https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf
May 19, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt Vernon Ave
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Adventist Health Tehachapi Valley has the necessary hospital bed/ICU capacity and adequate PPE to handle standard health care and COVID-19 cases. We also have sufficient capacity to handle a potential surge of COVID-19 cases.

Adventist Health Tehachapi Valley supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Sincerely,

Jeffrey Lingerfelt, MBA
President
May 19, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt Vernon Ave
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department's attestation that Good Samaritan Hospital has the necessary hospital bed/ICU capacity and adequate PPE to handle standard health care and COVID-19 cases. We also have sufficient capacity to handle a potential surge of COVID-19 cases.

Good Samaritan Hospital supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Sincerely,

Amandeep Basra
Chief Executive Officer
Good Samaritan Hospital, LP
May 18, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt. Vernon Avenue
Bakersfield, CA 9306

Re: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Adventist Health Bakersfield has the necessary hospital bed/ICU capacity and adequate PPE to handle standard health care and COVID-19 cases. We also have sufficient capacity to handle a potential surge of COVID-19 cases.

Adventist Health Bakersfield supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Respectfully submitted,

Adventist Health Bakersfield

By: Sharlet M. Briggs
   Its Market President & CEO
May 19, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt Vernon Ave
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Adventist Health Delano Regional Medical Center has the necessary hospital bed/ICU capacity and adequate PPE to handle standard health care and COVID-19 cases. We also have sufficient capacity to handle a potential surge of COVID-19 cases.

Adventist Health Delano Regional Medical Center supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Sincerely,

[Signature]

David A. Butler
President
Adventist Health Delano Regional Medical Center
May 19, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt Vernon Ave
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Ridgecrest Regional Hospital has the necessary hospital bed/ICU capacity and adequate PPE to handle standard health care and COVID-19 cases. We also have sufficient capacity to handle a potential surge of COVID-19 cases.

Ridgecrest Regional Hospital supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Sincerely,

James A. Suver
CEO and President
Ridgecrest Regional Hospital
May 19, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt Vernon Ave
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for Stay At Home Orders

Dear Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Bakersfield Memorial Hospital has the necessary hospital bed/ICU capacity and adequate PPE to handle standard health care and future COVID-19 cases referred to this facility. We also have sufficient additional inpatient and ICU capacity to handle a potential surge of COVID-19 cases.

Bakersfield Memorial Hospital supports Kern County in their request to move forward with the plan for re-opening the County.

Thank you for your attention to this matter and ongoing support.

Sincerely,

[Signature]

Ken Keller
President & CEO
Bakersfield Memorial Hospital
May 19, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt Vernon Ave
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Bakersfield Heart Hospital has the necessary hospital bed/ICU capacity and adequate PPE to handle standard health care and COVID-19 cases. We also have sufficient capacity to handle a potential surge of COVID-19 cases.

Bakersfield Heart Hospital supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Sincerely,

Michelle Oxford, FACHE
President and CEO
Bakersfield Heart Hospital
3001 Sillect Ave
Bakersfield, CA 93308
May 19, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt Vernon Ave
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Kern County Hospital Authority has the necessary hospital bed/ICU capacity and adequate PPE to handle standard health care and COVID-19 cases. We also have sufficient capacity to handle a potential surge of COVID-19 cases.

Kern County Hospital Authority supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Sincerely,

Russell V. Judd
Chief Executive Officer
Kern County Hospital Authority
May 19, 2020

Matt Constantine, Director  
Kern County Public Health Department  
1800 Mt Vernon Ave  
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Mercy Hospitals has the necessary hospital bed/ICU capacity and adequate PPE to handle standard health care and COVID-19 cases. We also have sufficient capacity to handle a potential surge of COVID-19 cases.

Mercy Hospitals supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Sincerely,

Bruce Peters  
President/CEO  
Mercy Hospitals of Bakersfield
May 19, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt Vernon Ave
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Kern Valley Healthcare District has the necessary hospital bed/ICU capacity, and adequate PPE to handle standard health care and COVID-19 cases. We also have sufficient capacity to handle a potential surge of COVID-19 cases.

Kern Valley Healthcare District supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Sincerely,

Timothy E. McGlew
Chief Executive Officer
May 19, 2020

Matt Constantine, Director
Kern County Public Health Department
1800 Mt Vernon Ave
Bakersfield, CA 93306

RE: Request for Variance to Stage 2 of the California Roadmap for stay at home orders

Mr. Constantine:

I am writing to you in support of Kern County Public Health Department’s attestation that Encompass Health Rehabilitation Hospital has the necessary hospital bed capacity and adequate PPE to handle standard health care and COVID-19 cases not requiring Intensive Care level of service. We also have sufficient capacity to handle a potential surge of COVID-19 recovering cases.

Encompass Health Rehabilitation Hospital supports Kern County in their request to move forward with their re-opening plan. Thank you for your attention to this matter.

Sincerely,

[Signature]

Martha Samora
Chief Executive Officer
Encompass Health Rehabilitation Hospital of Bakersfield