

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



~~COVID-19 VARIANCE ATTESTATION FORM~~
FOR Kings County

May 18, 2020

Background

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

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

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

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

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

Local Variance

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

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

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

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

County Name: Kings County

County Contact: Milton Teske, MD

Public Phone Number: 559-852-2876

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.

Our local hospital 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients is currently at 4%.

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

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

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

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

During the last seven days (5/13/2020-5/19/2020), in total, Kings County providers and testing sites have collected 1,153 samples and have only 91 (7.89%) cases which meets the 8% threshold for this criteria.

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

The County has provided guidance to all businesses and employers, including all public and private entities. Part of that guidance includes the necessity for employers to have PPE available and have an established supply chain. Guidance has been provided to all essential industry sectors on how to obtain supplies from vendors and how to obtain assistance from the EOC or Public Health DOC when necessary. The Public Health Officer has provided guidance to all citizens on the procedure for quarantine/isolation and the circumstances when these measures are appropriate. There are a number of programs to support quarantined individuals that do not already have in-home support or access the health care system. We are continuously searching and distributing new guidance for employers as it becomes available and as other business sectors reach out to us for assistance with implementing mitigation processes.

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

Availability of PPE has been and will continue to be assessed in two ways:

1. Number of completed and valid resource requests for PPE received by the MHOAC each week.
2. Maintain a list of vendors and check status of product availability each week. When contacting vendors, we will inquire about the following items specific to COVID-19.
 - a. Cleaning and Disinfecting (including those not EPA-approved)
 - b. Eye Protection/Face Shields
 - c. Face coverings (cloth)
 - d. Gloves
 - e. Gowns
 - f. Hand Sanitizer
 - g. N95 Respirators
 - h. Surgical Masks

We have been successful at identifying vendors with available inventories and share this information with our priority sectors.

- **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.

When coupled with private testing availability, Public Health's testing capacity, and the OptumServe testing center, the County's daily testing volume is 300 tests per day, which exceeds this criteria's calculated value for our county which is 228. We have been able to achieve this as more testing resources have become available. We are also requesting an additional lane be established at our one State testing site.

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

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

Kings County's is classified as a small county and testing sites are available within one hour of all locations in the County. Additionally, we have pretender with our local public transit organizations (Kings Area Rural Transit) to transport anyone who needs to be tested to the OptumServe testing site.

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

In Kings County, Public Health initially assisted the community by providing collection and testing of samples from symptomatic individuals in the community based on the CDPH Testing Guidelines as a need was identified to allow providers and clinics to prepare their sites. As providers and clinics became equipped to collect samples on their patients, Public Health shifted to case management, contact tracing and consultation with the community to slow the spread of the virus.

We will now be shifting our focus again to increase testing capabilities in our community, by again including collection of specimens and testing to all individuals in Kings County regardless of insurance status as well as our on-going focus on managing cases and contacts of those that are positive in Kings County. Our surveillance plan for Kings County Department of Public Health to ensure a robust testing capacity along with our State facilitated testing site will include collection of samples of 120-150/day (up to 300/day between the two sites) Monday to Friday, 9am-4pm. A streamlined process for data collection will be implemented and it will be in a drive through format to ensure more efficiency in collection and service to those who need to be tested in our community. This site will be in Hanford but we will consider moving throughout the county on different days to ensure access to a wider range of individuals. Data for the lab requisitions will be collected and information will be reported to the state through CalREDIE on a daily basis. Specimens will be transported to the Tulare County lab for testing with approximate turnaround time of 48-72 hrs.

To accomplish this, a staffing shift will need to occur moving nurses to collection roles and bringing contact tracers in to assist with our case management; a soft start will begin on Thursday, May 21, 2020 moving to full capacity by Tuesday, May 26, 2020.

- **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).

Kings County is classified as a "small county" but we do have expanded contact tracing capacity. We currently have 24 staff members who are trained and seven performing contact tracing. We also have the ability to expand this capacity an additional nine members through intergovernmental cooperation and training. By this Friday, May 22, 2020 we will have an additional ten staff trained and engaged with contract tracing. We are currently evaluating the State's platform for contact tracing and will work to implement that system when approved and deployed by the State.

- 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.

According to the Continuum of Care 2019 point in time report, Kings County's homeless population is 250 individuals and 15% of this population equates to 38 needed rooms for this purpose. Through Project Roomkey the County was able to obtain 45 rooms with a local hotel with expansion to additional rooms currently planned. The rooms include a private bathroom, refrigerator and a microwave. Laundry services and three meals a day are provided to all residents. We currently provide all wrap around services to include medical care through a partnership with the County's Behavioral Health, Human Services Agency, and Public Health Departments. The partnership also includes the local COC and other community and faith-based organizations.

- **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.

There is one hospital in Kings County; Adventist Health, Hanford. This hospital has 173 licensed beds and a scalable surge plan which would allow them to surge an additional 50 beds internally. Additionally, through a partnership with a local hotel, this facility has made arrangements to expand its surge capacity an additional 125 beds with County and State support.

Staffing for this facility will be provided through a contract with the Westhills College Nursing program as well as local volunteers and through the Disaster Healthcare Volunteer system.

Finally, this facility is part of the Adventist Health family and has surge capacity on a regional basis just within this organization. Additionally, the CCHCC has a four (4) county MOU between all 16 hospitals to share resources and assist during disasters. The FMS resource has also been deployed to Fresno as a regional asset and currently remains empty and without any patients. This regional resource has a 125 bed capacity which is currently available. Tulare County is also hosting a state-sponsored Alternate Care Site at the Porterville Development Center which possesses a capacity of 350 beds.

- o 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.

Currently the local hospital has been able to procure PPE through normal channels. Additionally, the local hospitals have been implementing optimization measures which have extended their use and decreased their demand for N95 respirators and other PPE.

Finally, the County PHEP program has been able to secure and maintain a 60 day supply of N95 masks and gloves for both the hospital and local SNFs. The local PHEP program also has a 14 day supply of gowns which are in short supply throughout the nation. Both the local hospital and SNFs have the ability to use reusable/washable gowns if needed. If PPE shortages occur secondary to a patient surge all the local healthcare facilities are well versed in ordering medical/health resources through the MHOAC program.

- **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.

Kings County Department of Public Health has a proactive relationship with each SNF in Kings County including the CDPH district office in Fresno. Each SNF in Kings County participated in a COVID-19 readiness assessment with a representative from CDPH licensing and then consulted with our department on their respective mitigation plans. These mitigation plans included targeted testing, patient cohorting plans, infection control precautions, access to PPE, staffing contingency plans and facility communications plans. The Kings County Department of Public Health Lab has supplied each SNF with a batch of sample collection supplies to immediately provide targeted testing should the need arise. Each SNF has also identified areas of their facility where they can isolate and cohort patients. They have policies and procedures in collaboration with the hospital to test each receiving patient and also isolate them for 14 days in specific wings of their facility before moving them with non COVID-19 patients. In addition, each SNF has been assigned a team of Infection Prevention nurses from the LHD to be of immediate assistance or provide consultation in regards to infection control. Each SNF has a Communication plan which includes 24 hour contact with the LHD and the MHOAC program for emergency needs.

The LHD engages weekly, to include PHEP and nursing communications, with each SNF. The LHD has ensured that SNFs are reminded of the weekly SNF Infection Prevention COVID-19 call on Thursdays at noon hosted by CDPH. These calls are used as bridges to discuss and share best practices and address urgent matters.

- 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.

FEMA has provided each SNF with a 14 day supply of PPE on hand for staff. This is on top of the seven day supply of PPE that the MHOAC program has supplied. The MHOAC program maintains weekly contact with SNFs requesting situational updates. This ensures that situational awareness is maintained and puts the MHOAC program in a more favorable position to provide support. SNFs in Kings County are well versed in the resource requesting process and PPE optimization strategies are regularly discussed and shared among them. SNFs have been able to procure PPE, with the exception of gowns, through non-state supply chains. Finally as stated above, our PHEP program has been able to build a 60 day supply of N95 masks and gloves for our local healthcare system. Even when items have been backlogged, the MHOAC program has been able to provide assistance.

In addition the MHOAC program has a cache of PPE supplies specifically designated to support the SNFs as they burn through PPE.

Hacienda Post Acute, Barbara Bennett- _____
 Hanford Post Acute, Kurt Adams- _____
 Kings Nursing and Rehabilitation, Mike Owen - _____

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

The County's plan to move through Stage 2 will consist of following the State's timeline and will strictly adhere to only sectors which State has issued guidance for. As the State continues to release new sectors the County will communicate this, along with the developed guidance to these sectors and assist them with the reopening process.

- 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.

Indicators and data points obtained from federal, state, and local sources will be used to conduct epidemiologic surveillance and will be monitored daily as Kings County progresses through Stage 2. As identified data are reported, the Health Officer will work with the Public Health Department Operations Center (DOC) and County Emergency Operations Center (EOC), to implement more stringent mitigation actions and shift back into early Stage 2 and even Stage 1 conditions as appropriate.

Plan to implement containment strategies if activation points are reached:
The Health Officer will issue new Health Officer Orders

Sources include:

- Thresholds for trigger values will be determined based on available seasonal influenza data and likely seasonality of Influenza Like Illness (ILI) reporting. A warning produced by hitting the trigger value will be investigated by the public health department
- EMS call data will be monitored by the Central California Emergency Medical Services Agency via existing patient care reporting software. The LEMSA will notify the Health Officer and Communicable Disease team for further investigation and updates. EMS trigger point for activation will be established at 25% increase in ILI calls for service.
- Laboratory data will be monitored by the Kings County Public Health. At present, any increase in the rolling averages will produce a notification to the Health Officer and Communicable Disease team that may lead to further investigation.

- Contact tracing unit capacity will be monitored by the Health Officer and DOC Operations Section Chief. When capacity is near being exceeded or exceeded, notification to the Health Officer and Communicable Disease team will be made to conduct further investigation.
- Hospital data will be monitored by Kings County Public Health and Adventist Health, Hanford. Any increase will be investigated.
- CalREDIE data

Points of Activation Indicators:

SYMPTOMS

- Increase in Febrile Respiratory Illness (FRI) reported by Healthcare Providers
- OR
- Increase in FRI reported by employers or as noted through automated reporting
- OR
- Increase in Influenza Like Illness (ILI) calls responded to by EMS
- OR
- Increase in febrile or respiratory diagnoses in hospital syndromic surveillance and ILI reports
- OR
- The 7-day rolling average for positive tests exceed 10% of total tests
- OR
- The capacity of the contact tracing unit to conduct tracing and isolation and quarantine operations is exceeded
- OR
- Hospital total ICU admits for management of COVID-19 patients reaches 18 beds
- OR
- Hospital reaches 60% of their internal surge capacity for management of non-acute COVID-19 patients
- OR
- Demand for healthcare staff exceeds existing resources
- OR
- Demand for healthcare worker PPE exceeds existing resources

• **COVID-19 Containment Plan**

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

Please see our information below outlining containment plans and processes.

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?

There are an estimated 152,940 residents in Kings County which equates to a recommended daily testing capacity of 306. We will be able to reach this number within the next seven days as more testing supplies have become available and through partnerships with local clinic and essential businesses. Over the past seven days there have been 1,153 tests collected in Kings County. This equates to an average of 164 tests collected daily. Between the OptumServe testing site and local providers, Kings County has the capacity to easily exceed the 306 daily tests and the necessary supplies to do so. The OptumServe testing site has the capacity to administer 132 tests daily which is over 43% of the recommended capacity. Additionally, the Department of Public Health has over 6,000 specimen collection swabs and will be distributing them in partnership with our local clinics as well as conducting testing ourselves.

Testing in Kings County has ramped up since the OptumServe site was established. It has been operating at near capacity for the past seven business days (5/13-5/19) over which time 795 total samples were collected. Until now, testing has been focused on symptomatic individuals and close contacts to positive COVID-19 patients. Because of this, our percentage of positive tests is not declining. However, as we expand testing throughout the county it is anticipated this will change.

Specimen collection locations have been established within 25 miles of every area of the county. At least 76% of residents are within 10 miles of a specimen collection location. We also have processes in place with our local public transit provider, Kings Area Rural Transit (KART), to provide transportation to the state testing site for individuals without transportation.

Local providers have established contracts and/or relationships with specimen processing labs as part of their standard business operations. Similarly, the OptumServe testing site has a contract with Quest Diagnostics. The Kings County Public Health Laboratory has established relationships with the local Public Health Laboratory processing COVID-19 samples in Tulare and with the Viral and Rickettsial Disease Laboratory (VRDL).

Yes, please see surveillance plan above.

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?

We have eight public health staff that are completely trained and currently contact tracing all positive cases in Kings County. Our Public Health Nurses can also assist in contact tracing when the testing operations decrease.

We have completed a virtual training with the District Attorney's office and the Kings County Sheriff's office. These employees will become a part of the contact tracing team once they have completed the HIPAA training and confidentiality forms.

We have a combination of staff that will be able to accommodate our community when it comes to racial, ethnic and linguistic diversity. Over 50% of our contact tracers are bilingual which will play a critical role when assisting with contact tracing positive cases and their contacts in Kings County.

Other Kings County departments have offered assistance by providing staff that would be able to become a part of the contact tracing team. We have already requested additional staff and will begin the training process by May 20, 2020. This training will consist of virtual training on contact training, HIPAA, and completion of confidentiality forms.

Kings County Department of Public Health has partnered with local Community Based Organizations to safely deliver food, hygiene and household items. For individuals who may not have a safe way to isolate, the plan is to identify local hotels/motels to accommodate such individuals. Support will be provided by Kings County Human Services and Behavioral Health Agencies which have established a specific hotline to support individuals in isolation. Additional support and direction will be provided by the Kings County Department of Public Health as to safety precautions that should be observed to protect individuals that have not been infected and reside in the same location.

Through case management, resources are identified to help meet the needs of individuals that may have significant economic challenges as a result of isolation. Information and assistance accessing resources regarding unemployment insurance, paid family leave, disability insurance, relief from financial institutions, the statewide moratorium on evictions, disaster relief assistance for immigrants and other local resources is provided.

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?

Kings County has identified about 45 congregate care facilities. These include Homeless Service Settings, Adult Day and Senior Day Centers, Retirement Communities, Jails and Correctional Settings, Housing and Licensed Residential and Non-Residential Settings.

Kings County has two state prisons, one county jail, and one substance abuse treatment facility. Corcoran State Prison has a population of ~3,719. Avenal State Prison has a population of about ~4,000. Kings county jail has a population of ~434. The Corcoran Substance Abuse Treatment Facility has a population of ~4,844.

There are six Homeless Shelters in Kings County: Champions Hannah's House 20 Beds; Barbara Saville KCAO Shelter 38 Beds; Kings Gospel Mission Men's Shelter 13 Beds; Kings Gospel Women's Shelter six Beds; Project Room Key 64 Beds and Champions Samuel's House 49 Beds.

COVID-19 case rate in congregate living facilities is minimal and has been isolated to staff. Through immediate actions by the respective agencies, there has been no spread to the inmate population. Currently these events can be addressed with internal county resources.

The Kings County Department of Public Health maintains regular contact with local correctional facilities. We have established lines of communication so these facilities can track and notify us of COVID-19 case rates. Since local correctional facilities are primarily state facilities, they are up to date with CDPH recommendations regarding notifying any receiving facilities upon the transfer of individuals. They also have plans in place and are adequately and safely isolating COVID-19 positive individuals as well as those who have been exposed.

Kings County Department of Public Health is working diligently to increase overall testing in our community. If an outbreak were identified in any of these facilities we would work to assist with testing. In addition, these facilities' employees have access to testing through our OptumServe testing site.

Long Term Care facilities have 21 days supply of PPE on hand at their facilities. They have reported delays in receiving items, but nonetheless they are getting them. They also

have access to the MHOAC program.

Facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures. The LHD is constantly sharing best practices and lessons learned from the CDC and CDPH. The LHD also provides these facilities with on-call nursing staff to support infectious control questions and provide advice.

The workforce has access to the Hotels for Healthcare initiative to safely isolate.

Staffing has been reported as a barrier to surge operations in Kings County SNFs, however access to supplemental staffing is available through the MHOAC program through the MHCC resource request process.

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.)?

Kings County Department of Public Health has assembled a Vulnerable Populations Task Force to provide resources and recommend interventions that intentionally address inequities and prioritize those needy populations. These include older adults, homeless and the socioeconomically vulnerable.

Kings County resident's who are older, have access and functional needs, and people with underlying health conditions are at greater risk of serious illness. The task force has compiled research and mitigation strategies to share with these populations. We have partnered with key stakeholders who already serve these populations to conduct outreach and education. For example, The Kings County Commission on Aging, Kings United Way, Kings County Human Services Agency, Kings Community Action Organization, and Faith Based communities. These agencies provide list of special hours for senior shopping, in home support services, and provide other tele-services.

The Task Force also shares up to date CDC and CDPH guidance and this information is disseminated through those key stakeholders.

Acute Care Surge

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

As stated above, our hospital participates in a healthcare MOU compact with 16 hospitals within the CCEMSA region. As such, we, along with Fresno, Tulare, Madera, and Merced monitor hospital capacity on a daily bases. We monitor for not only COVID-19 cases but also all hospital census to include ICU, ventilator availability, staffing and surge capacity.

Currently hospitals are capable of sustaining their PPE supplies on their own with only minimal support from the MHOAC program. They continue to do this even though the County maintains a healthy supply of PPE (60 days worth).

Hospitals are testing all patients prior to admission to the hospital.

Our local hospital does have a plan for tracking and addressing occupational exposures.

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?

The County has approximately 1,755 essential work places.

In addition to several press releases put out by the County Health Officer, the Department of Public Health and the County have provided COVID-19 operating guidance to the community including essential workplaces through the development of the Health Officer Guide for Re-opening along with a corresponding checklist, as well as, the development of a County informational website that includes general guidance links for businesses. These sector specific guides include modifications that businesses and industry can take to ensure the safety of their employees, customers and the community. The County is continually seeking additional guidance and best practices from the State of CA and other State and Federal partners to ensure our essential workplaces are prepared to operate safely.

Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and safety as well as community well being. Certain critical infrastructure industries have a special responsibility in these times to continue operations. The Public Health Department has shared a list of suppliers who are able to provide these key products to businesses and essential workplaces. In addition, the Department’s Public Health Emergency Preparedness team has provided PPE to many essential workplaces in the medical/health arena to ensure they are protected and ready to help provide surge capacity for the County.

We currently have a State facilitated testing site operated by OptumServe that offers testing where we have directed large numbers of essential workers. These workers will receive the same or next day testing. Distancing is strictly enforced while individuals are waiting for their testing. Public Health has the capability to test symptomatic workers at our site in a drive-thru fashion where they remain in their car so they do not have to

expose others during testing. Additionally the LHD has received a large shipment of testing swabs and media which will be used to expand testing at these facilities.

Currently, the City of Hanford allows First Responders to park RV's or other alternative housing units on city streets without fines to allow these essential workers to isolate from their family members to keep them safe. For essential workers that are not able to find alternate housing, Public Health Nurses provide guidance if isolating in the family home is required. Measures are put in place so the individual isolating can distance in a way to not put their family at risk. This would include ensuring a separate bedroom and bathroom are used for the worker and food and essentials are delivered to the door so transmission is considered to be low risk. Additional resources and services are linked to individuals during isolation if needed. The County of Kings is also participating in the Hotel for Health Workers initiative and has provided CAL-OES a signed letter by the Health Officer with a list of qualifying agencies.

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?

Kings County's primary industries include agriculture, manufacturing and food processing. We are in constant communication with these industries. We have reached out to all employers with over 200 employees and provided direct contact information to LHD staff for mitigation purposes. Additionally, LHD staff is currently engaged with mitigation and testing processes for the largest businesses in these sectors and are in frequent communications with their respective leadership.

Larger organizations within the county (County Departments, Lemoore Naval Air Station, School Districts, Community Colleges, etc.) have all switched to telework models and have indicated this will be sustained until the threat of COVID-19 diminishes.

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?

During this event the County has continuously engaged with our local cities and they have been regular members of our Emergency Operations Center activation. Additionally, the County has included the following representatives on the variance workgroup: public health staff (including Health Officer), city managers, hospital administration and clinical staff, skilled nursing facility administration, local daycare representation, faith-based representation, business sector representation, and County Superintendent of Schools.

We have had virtual community forums for the homelessness population which included all of their service providers as well as the abovementioned representatives and the Board of Supervisor meetings. There is still a need for greater input from a larger, more diverse, representation of the county's population. This will be accomplished through a partnership with our many CBOs and their participants. This will be scheduled to begin on Thursday, May 21, 2020 and will continue as we move through the State's Roadmap to Resilience.

The CBO's participants are made up of a diverse group of citizenry which includes representatives from all racial and ethnic groups as well as low socioeconomic populations.

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?

Our surrounding counties (Kern, Tulare, and Fresno) are all experiencing varying degrees of fluctuations in case loads. Our most adjacent neighbor, Tulare County, is currently experiencing an increase in cases while the other two counties appear to be heading towards a more stable case rate. Both Fresno and Kern Counties are planning to increase their pace through Stage 2 as soon as they can get approval of their respective attestations. We coordinate with these counties in various ways. We are on a weekly regional healthcare system call with Tulare County and the local hospitals. Additionally, Tulare, Fresno, and Kings Counties are part of the San Joaquina Valley Public Health Consortium which has multiple coordination calls each week. At least one member of the Kings County PH Administration attends these calls on a regular basis. This information is then shared at our DOC morning briefings and planning sessions. Additionally, the PH Directors from each respective county have ad hoc calls on a regular basis to share intelligence.

Open movement throughout the state will necessitate greater collaboration and coordination throughout the state. Fortunately, our county is not considered a tourist destination. The deployment of the state's contact tracing software will facilitate this 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 Milton Teske MD, hereby attest that I am duly authorized to sign and act on behalf of Kings County. I certify that Kings 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 Kings 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 Milton Teske, MD

Signature 

Position/Title Health Officer

Date May 19, 2020



JOE NEVES – DISTRICT 1
LEMOORE & STRATFORD

RICHARD VALLE – DISTRICT 2
AVENAL, CORCORAN, HOME GARDEN
& KETTLEMAN CITY

DOUG VERBOON – DISTRICT 3
NORTH HANFORD, ISLAND DISTRICT
& NORTH LEMOORE

CRAIG PEDERSEN – DISTRICT 4
ARMONA & HANFORD

RICHARD FAGUNDES – DISTRICT 5
HANFORD & BURRIS PARK

COUNTY OF KINGS BOARD OF SUPERVISORS

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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
California Department of Public Health
P.O. Box 997377, MS 0500
Sacramento, CA 95899-7377

Re: Board Support for Accelerated Stage 2 Attestation

Dear Governor Newsom and Dr. Angell:

The Kings County Board of Supervisors (the “Board”) hereby commends you for the swift action the State took in March that has allowed California a fighting chance against the COVID-19 pandemic. Your foresight and quick action served the State well in preserving the availability of healthcare resources for those who would suffer the worst of this disease. It is in that context, and following the State’s new variance criteria released on May 18, 2020, we affirm our support for the Attestation of Dr. Milton Teske, Public Health Officer, recommending that Kings County (the “County”) be allowed to accelerate into the second phase of the State’s Resilience Roadmap Stage 2. However, acknowledging that Kings County does not meet all of the State’s prior or revised criteria, we request that you consider the County’s unique characteristics and ability to meet and manage the disease, and that you approve our Stage 2 acceleration based on those considerations.

The County declared both a public health emergency and a local emergency on March 17, 2020, even though our first confirmed case of COVID-19 did not occur until 10 days later. Thanks to our residents and businesses who have voluntarily adhered to the State restrictions and guidance for two months, as of May 18, 2020, Kings County has had only 399 confirmed cases with a known recovery rate of nearly 30 percent. Of these cases, 233 were related directly to close contacts, three were travel related, and only 46 were found to be community transmission. Notably, 124 of the 399 cases have recovered from the Novel Coronavirus. In addition, hospitalizations of Kings County residents are currently limited to only five patients, with two of them admitted to the ICU and two deaths to-date. This represents a hospitalization rate of less than two percent of the County’s positive cases.

Further, we have realized only an 11 percent infection rate for those who have been tested. Statistically, because the tests so far have been targeted to those who are symptomatic or have been in close contact with a confirmed case, the data would naturally be skewed toward a higher infection rate than would likely be shown in the County’s general population. Testing on a much wider scale is preferred and will produce a more accurate picture of the presence of the virus in our communities, but was limited

initially due to shortages of resources. Given the availability of additional testing resources, our true infection rate will likely prove to be much lower. Despite these limitations, we have been able to test over 3,500 individuals with only 293 tests pending. Given that the State testing site is now fully functional, and that we will be able to test a more representative sample of our population, the results will reflect a more accurate picture of the virus's presence in the County, which will likely be lower than the current data shows.

It is on this basis that the County attests to its readiness to accelerate into the strategic reopening of our businesses and our economy.

Our County

California, as you know, is a huge, diverse state with every type of geography – mountains, deserts, valleys, bays and ocean – and demographics. The State is bigger than most countries in the world, with nearly 40 million people spread across 58 counties and over 163,000 square miles, covering both densely urban and rural areas. It should come as no shock that a single solution or approach to containing the spread of a virus can have only limited success and, over time, should be tailored to the unique characteristics of defined areas to be effective from the public health, safety, economic and policy perspectives. It is in this context that the State should approve our qualification to accelerate the reopening of our businesses.

Risk of Spread

Kings County is one of eight counties in the San Joaquin Valley. Unlike our immediately adjacent counties (Fresno, Tulare and Kern), Kings County residents have not experienced a significant number of COVID-19 cases or a significant rate of hospitalization because of the disease, and only two deaths. In contrast, as of May 18, 2020, Fresno County has confirmed 1,263 cases and 17 deaths; Tulare County has confirmed 1,436 cases and 67 deaths; and Kern County has confirmed 1,537 cases and 25 deaths. Notably, all three of those counties border on the Highway 99 corridor between Los Angeles and Sacramento.

Kings County, in contrast, is rural and comparatively isolated. Based on its geographic characteristics, the County is removed from the Highway 99 corridor, and its residents are already somewhat isolated from the population vectors that spread the disease. Although Interstate 5 does pass through a small section of the western border of our County, we experience more visitors there than residents in that small community. As a result, there have been no confirmed cases in that area.

The County is located in the heart of California's richest agricultural area, which brings the challenges of an economy largely impacted by seasonal agriculture and low wages, but also the benefits of many outdoor, socially distanced workers. There is a good reason why Kings County has not suffered the growth in COVID-19 cases or the corresponding number of deaths, and why it is reasonable to expect Kings County will continue to remain behind the curve of this disease's spread that is experienced elsewhere in the State.

Testing

From March through mid-April, the County had limited availability of testing supplies or capacity, which did not have a significant impact because the case count was so low. In or about mid-April, the State authorized private labs throughout the State to begin COVID-19 testing and that served our community for a time. However, on May 7, 2020, in partnership with the State and OptumServe, the County established a dedicated COVID-19 testing center across from the Government Center in Hanford, California. Supplementing the preexisting private testing efforts, the site can test up to 132 subjects each day, and tests citizens without regard to their ability to pay. As of the date of this letter, over 3,500 people have been tested in Kings County. In addition, in the last few days, we received a supply of 6000 testing swabs and expect an additional delivery of 3000 more within the next week that will allow us to further expand testing beyond just those who are symptomatic, those who have been in close contact with an infected person, and those who have proven vulnerabilities to the disease. We are opening up our testing program to the entire County population and have added the capacity of up to 350 additional test per day.

Given the County's population of 153,000 residents and our expanded testing capacity and resources, it will not take long to complete the testing of a majority of our residents, certainly not as long as it will take larger counties with denser populations. This effort is already showing results as reflected by the increase in the number of newly confirmed cases. The identification of new cases through testing should be encouraging as it means we are actively isolating infected persons; tracing, testing and isolating their contacts; and better containing the spread of the disease. The more active cases we contain, the lower the need to isolate, quarantine or shelter healthy people.

Surge Protection

To the extent the primary purpose of quarantining, isolating and sheltering in place is to limit the number of human exposures that could result in spread of the disease, which could then overwhelm our healthcare systems, Kings County stands apart with excess capacity to serve hundreds of the most demanding COVID-19 cases simultaneously. Our local hospital has 173 regular hospital beds, 12 ICU beds, and 40 available ventilators ready to serve the community if and when the pandemic actually challenges our resources. In addition, Kings County has access to regional hospital resources in the event our own facilities become overextended. The federal medical station facility in Fresno County has 125 alternate-care-site surge beds that Kings County residents could access, if necessary. In addition, the regional facility in Porterville, California – approximately 50 miles away – has 350 alternate-care-site surge beds which are available in the event Kings County experiences a significant unexpected surge in the number of critical COVID-19 cases. So far, Kings County has not needed more than 22 beds to treat COVID-19 patients at one time.

What concerns us about the County's current healthcare capacity is not the inability to meet a surge demand, but, instead, the loss of available healthcare capacity due to uncommonly low demand. On or about April 23, 2020 – just seven weeks following the State shelter-in-place order – our local hospital announced that it was furloughing 22 healthcare workers because current service demands could not support them. Although the State has since opened up hospitals for elective surgeries, if the current restrictions on human circulation in the County are not relieved, Kings County could lose a significant amount of its healthcare capacity. Such a loss would hinder our ability to respond to other common ailments and injuries and could last long after the pandemic is contained. This loss of

capacity would certainly diminish what is currently an adequate capability to respond to a surge in COVID-19 cases here.

Our Compliance

We appreciate that the State is allowing local health officers, based on data-driven metrics and an attestation, to begin a phased reopening of some lower-risk businesses and activities at the local level. On behalf of the County of Kings, and at the recommendation of our Health Officer, Public Health Director, Sheriff and County Administrative Officer, the Board hereby expresses its support for the attached Attestation as proof that our County is prepared to move into the expanded Stage 2 phase of reopening local businesses. We request that you accept Dr. Teske's current Attestation as a foundation for working with Kings County to accelerate Stage 2 openings in light of the County's unique characteristics.

The New Criteria for Accelerated Stage 2

Given increased statewide and local capacity to respond to COVID-19, including stronger preparedness, continued stability in the number of COVID-19 hospitalizations, and increased ability to provide adequate personal protection equipment ("PPE") to workers in essential sectors, the CDPH announced a new set of attestation criteria for counties to move through Stage 2, opening additional sectors of their economy. Those criteria include the requirements that: hospitalization and test-positivity rates are stable or declining; the county has a significant level of preparedness with testing, contact tracing, PPE and hospital surge; and they have adequate plans related to county-wide containment.

As shown in Dr. Teske's Attestation, Kings County meets all of the State's criteria except for one: Specifically, the County does not yet meet the positive incidence/positive testing criterion. That result will likely change within the next week as the County significantly increases testing in the general population as opposed to testing populations that are known to have higher positivity rates (*i.e.*, symptomatic and close-contact persons). Regardless of that deviation from the uniform application of the criteria, Kings County is committed to managing and containing the spread of the virus in a responsible way while opening our economy as soon as possible, and hopes the State will work with us to ensure that happens.

Testing Positivity

The May 18th variance criteria provides that a county may accelerate Stage 2 if it has a 14-day cumulative positive incidence of less than 25 per 100,000, or out of all those tested over the preceding seven days, less than eight percent (8%) test positive. Unfortunately, largely because of a single hot spot – a meat processing plant – Kings County does not meet either of these alternate criteria. For the period May 3rd through May 17th, Kings County had a total of 213 new confirmed cases (positive tests). That certainly exceeds the appropriate Kings County incidence threshold of 38 (less than 25 positive tests per 100,000 population) over that period. Further, the 110 confirmed cases over the last seven days results in a nine percent (9%) testing positivity rate for the 1,153 of total tests performed for that same period, which is above the eight percent (8%) allowed under the variance criterion. However, depending on today's or tomorrow's positive case numbers, we are so close to meeting the new variance criterion that we could qualify for the variance in a matter of days.

Finally, if the 167 positive cases from the meat processing plant hot spot are removed from the count, as would be fair given that the County was preempted from using its best resource to controlling the spread there (shutting down the plant), it is very likely the positive testing incidence would fall below the eight percent threshold. Unfortunately, we cannot compute that incidence rate with any accuracy, because we do not collect data in the testing process that would allow us to calculate it.

Kings County is challenged to meet the testing positivity criterion, largely because of the expanded testing at a single hot spot in the County. One would expect that, where testing is focused on a single hot spot of known cases, the data is going to be skewed such that it does not accurately reflect the prevalence of the virus in the general population. Of the County's approximately 399 confirmed cases, 167 (42%) of them are associated with an outbreak at the meat packing plant. Under ordinary circumstances, the Public Health Officer's first response would have been to pursue a process that included shutting the operations down until the localized outbreak could be managed. However, due to the President invoking the Defense Production Act and requiring the meat industry to remain open, closing the plant to limit further spread was not an option. Nor has the County received any assistance from CalOSHA, whose responsibility it is to ensure worker safety while the plant is open. Consequently, the County's ability to respond and manage that particular contributor to the number of new cases was hindered by no fault of the County.

It is important for you to understand the impact this sentinel event has had on the County's ability to show its substantial compliance with the new variance criteria. The reality is that the numbers from that hot spot will likely grow before they plateau due to the limitations on the County's ability – other than to test, track and trace – to contain further spread as a result of the presidential executive order.

Yet, even with the localized outbreak at that one hot spot, there has been no significant impact on the County's healthcare system, which is currently operating at approximately 80 percent of its normal capacity. If the confirmed cases from that one hot spot could have otherwise been mitigated, the County's case count would only be approximately 232 as of May 18, 2020. In addition, if hospitalizations are reflective of the virulence of the disease in any given region, Kings County has been virtually untouched. Notably, the local hospital is a regional resource that accepts admissions from surrounding counties, which – as noted above – are experiencing higher COVID-19 infection rates than is the County. Consequently, in measuring hospitalization admission rates, the highest admission of COVID-19 cases at our local hospital in a single day was 22. Of those 22 admissions, 17 were from outside the County. While the County did experience more than 20 hospitalizations over a couple of days, it was not based on the County's admissions, and the County should not be punished for the fact that its hospital serves as a regional medical center.

In addition to managing our one known hot spot of new cases, the County is using that engagement to preempt future hot spots from developing. Specifically, the County has developed a strategy of public outreach and mitigation to preempt the development of other hot spots that are flaring up in other communities around the country. For instance, Kings County is home to three State-run prisons, and is working with them to keep their case counts down. The County will continue to work with them, as well as processing facilities in the agriculture industry that are just coming online with the harvesting season, to ensure that potential new hot spots are mitigated before a significant number of new cases associated with them develops.

Finally, with respect to the other criteria that need to be achieved to secure a variance allowing Stage 2 acceleration, Dr. Teske's Attestation shows why Kings County has met the required thresholds. In considering Kings County's unique characteristics, it should be apparent that the County has dedicated the resources necessary to do broad testing, contact tracing and monitoring throughout the County. In addition, Dr. Teske has included a well-defined surveillance and monitoring plan which shows that a variance can be responsibly managed to preclude further spread of the virus while allowing defined economic sectors to reopen.

Our Concerns

The primary purpose of California counties is to protect the health and safety of our residents. Health and safety is all encompassing, and as you are aware, it is a constant challenge to balance the competing threats and interests to ensure that we are doing all we can to mitigate risks to the public. There is no doubt that the COVID-19 virus has taken its toll across the world, including hard hit communities throughout the nation and some in our own State. In protecting the public from COVID-19, which we cannot eradicate at this time but can only manage through containment and mitigation, we must not lose sight of other threats to public health and safety.

- Economic hardship has serious public health and safety impacts, especially when so many have lost their sources of income and healthcare coverage.

As noted above, Kings County is largely a rural, agricultural-based economy. As such, the majority of our citizens earn lower wages and live paycheck to paycheck. It is unquestionable that the unprecedented numbers of the unemployed everywhere, including Kings County, has led to a recession from which we will recover slowly. Even those who have been able to develop the capital necessary to start their own businesses are suffering from the forced closure that may have been necessary in March for the State and the counties to respond to the COVID-19 threat before adequate testing and containment strategies could be implemented, but which we submit is no longer necessary in our rural area. Those entrepreneurs may never be able to recover their losses or to rebuild the capital necessary to open a new business if the shutdown continues.

The import of this is that severe economic losses resulting from the immediate and unforeseen shutdown of our rural economy, coupled with what is rapidly becoming a loss of hope for a timely recovery, is threatening the physical, mental and emotional wellbeing of our community. As a government of the people, we are obligated to consider that threat to the public health and wellbeing and to balance it against what appears to be a well-mitigated containment effort in our County related to the current Coronavirus. Please be as certain as we are that the emotional and physical impacts of the current shutdown on the public health and safety will lead to deaths just as certainly as the virus we are committed to fighting.

- Isolation, along with reduced in-person physical and mental health services, has significant public health and safety impacts.

Our County is more economically challenged at baseline than any of the urban areas in California and even as compared to our immediately adjacent counties that are home to the State's fifth and ninth largest cities (Fresno and Bakersfield). Consequently, the early closure and later reopening of our businesses and economy will be more detrimental to our citizens than to those who are more

affluent. While the Resilience Road Map you have put forward projects a rational, strategic approach to reopening the State, it would be an unforced public policy error to apply the criteria for reopening without accounting for the unique characteristics of individual counties and regions that warrant unique strategic approaches as outlined above.

- Isolation and economic insecurity lead to an increased level of violence, especially domestic violence against women and children.

Across the country, anecdotal evidence has shown that isolation and the economic downturn are leading to increased reporting of domestic violence primarily against women and children. A review of the data from Kings County's Human Services Agency and its Child Protective Services reflects that, initially, reports of child abuse and neglect went down immediately following the shutdown, which is attributed to the increased engagement of teachers through the transition to remote learning. However, since April when the lower referral numbers were reflected, the numbers have gone back up reflecting that any benefits of more direct contact from outsiders through remote teaching are being outweighed largely by the effects of anxiety and stress resulting from job and economic losses.

With respect to domestic violence against women, a review of the County's arrest records since March 19, 2020, reveal that arrests in Kings County for felony domestic violence under Penal Code Section 273.5 went up 50 percent following the shutdown as compared to the immediate three months prior, and misdemeanor assault and batteries against a spouse under Penal Code Section 243(e)(1) increased by 17 percent during that same period.

For these reasons and based on immediate data and observation, the County has a duty to balance the deaths and life-long harms of domestic violence against women and children in our community with the immediate, though serious and short-term effects of the pandemic.

- Continuing the shutdown beyond its usefulness can only taint public confidence in State and local health officials and foster non-compliance.

Finally, in balancing the competing public interests in health and safety, it is important to consider the inevitable impacts these decisions will have on the public's confidence in the State and local public health systems. Initially, during this event, Californians saw public health for its true role: to protect the health of our citizens and communities. However, now, more and more individuals and businesses are beginning shift in their perceptions and, instead, blame public health officials and elected representatives for this event and its long-term effects. That decreasing level of confidence is reflected in the numbers of citizens and businesses around the State who are defying the shelter-in-place order despite the serious legal and health consequences of doing so. In allowing this to continue, we will be putting future public health efforts in jeopardy as the public's confidence in our ability to balance their needs and interests falls.

Our Support

The mandatory, statewide shelter-in-place order was necessary in March to assist the State in responding to a pandemic that only became visible when people were hospitalized and dying around the world. We did not have any significant testing ability at that time, and consequently, there was no ability to focus isolation and quarantining on those who were infected or in close contact with the infected. That is not the case now.

Our County's partnership with the State, coupled with private testing and the influx of significant new testing resources into our own Public Health Department, make COVID-19 testing more ubiquitously

available, so we can laser-focus our identification, isolation, tracking and containment strategy more effectively. By being able to identify and isolate even asymptomatic carriers, we can free non-infected citizens from isolation and businesses who are willing to open and operate safely from economic hardship and serious, if not equally bad, public health outcomes.

Our County and its residents are suffering, and we simply cannot sustain a shutdown of so many businesses and jobs any longer. The County will continue to express through our outreach and public health measures the important message set forth on our website that everyone should:

- Wash your hands often with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose, and mouth with unclean hands.
- Stay in your home as much as possible. The only exceptions should be for getting food and/or necessary household supplies, medications and medical treatments.
- Wear a face mask or covering, and practice social distancing of at least six feet if it is necessary to leave your home.
- Limit close contact, like kissing and sharing cups or utensils, with people who are sick.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Cover your cough or sneeze with a tissue or your elbow.

We believe that these personally responsible measures, along with the County's continued mitigation, containment and surveillance efforts, will better keep our County safe from the multiple, imminent threats to our public health and safety.

We implore you to support our residents and businesses by approving a variance from the Resilience Road Map testing positivity criterion that would allow them to safely get back to work and to support themselves and their families. Of course, the criterion variance would only allow acceleration into the remaining phase of Stage 2 of the plan. While businesses know they will have to modify their operations to comply with necessary mitigation measures, we are confident, based on our extensive public outreach, that the private and public sectors in Kings County are up to the challenge of containing the spread of the virus, mitigating the demands on our healthcare system, and simultaneously providing much needed economic relief to our citizens and communities.

The next equally critical step, which the County will pursue at the earliest opportunity, is the reopening of the Stage 3 businesses as well. Libraries, for instance, are included in Stage 3, and they serve the vulnerable population as cooling shelters in the hot summer months when temperatures can reach 105 degrees and beyond in the Valley for days at a time. Some Stage 3 operations are critical to the health and wellbeing of many County residents.

We recognize and appreciate your efforts to protect all Californians from COVID-19, under the greatest stresses and uncertainty. We look forward to working with you toward grant of our requested relief so that, with appropriate safety measures, we can begin a strategic, phased reopening of our economy, our community and our homes.

Governor Gavin Newsom

Dr. Sonia Y. Angell

May 19, 2020

Page 9

Sincerely,

A handwritten signature in blue ink that reads "Doug Verboon". The signature is written in a cursive style with a large, looped initial "D".

Doug Verboon, Chair

Kings County Board of Supervisors

cc: Congressman T.J. Cox
 Senator Melissa Hurtado
 Assemblymember Rudy Salas

[PL316208]



Adventist Health Hanford
115 Mall Drive
Hanford, CA 93230
559-582-9000

May 19, 2020

Kings County Department of Public Health
Edward Hill, Public Health Director, Kings County
330 Campus Drive
Hanford, CA 93230
559-584-1401

Dear community partner:

In response to your request, Adventist Health Hanford:

- Is prepared to accommodate a surge of 35% due to COVID-19 cases in addition to providing care to non COVID-19 patients; and
- Has adequate PPE to protect our associates and clinicians.
- Has stable hospitalizations on a 7-day average of daily percent change of less than 5%.

We understand Kings County will use this letter to apply for a variance to move through the stages to lift certain California stay-at-home orders.

Sincerely,

Dr. Frank Gavini, medical officer

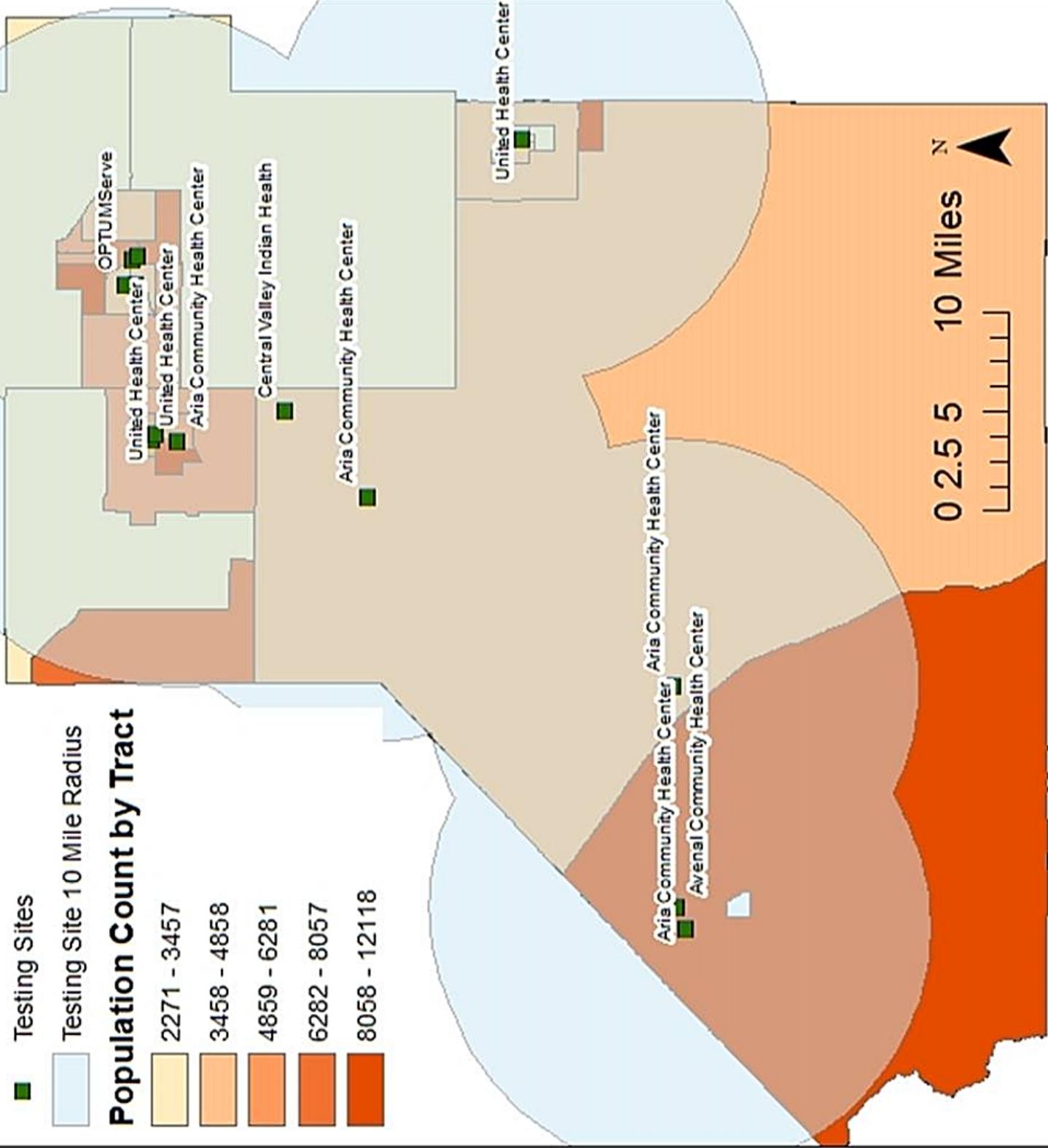
A handwritten signature in black ink that reads "Frank Gavini". The signature is written in a cursive, flowing style.

Adventist Health in the Central Valley



Kings County
 Department of Public Health
 A Healthy Place to Live, Work, & Play

Kings County Population Access to COVID19 Testing Sites



Population within 10 miles of a testing site: at least 117,220

Kings County Sector Scoring Sheet

Sector	Contact Intensity			Contact Score	Modification		Modification Score	Total Score
	Contact proximity	Contact length	# Contacts		Social distancing	Disinfection		
Paint Ball Facility	1	1	1	1.0	1	1	1	1.0
Personal Service Car Wash	1	1	1	1.0	1	1	1	1.0
Landscape Gardening	1	1	1	1.0	1	1	1	1.0
Outdoor Museums	1	1	1	1.0	1	1	1	1.0
Open Gallery Spaces	1	1	1	1.0	1	1	1	1.0
Surf Ranch Private Operations	1	1	1	1.0	1	1	1	1.0
Personal Service pet grooming	1	1	2	1.3	1	1	1	1.2
Shopping Malls (Modified Curbside)	2	1	2	1.7	1	1	1	1.3
Service Organization / Non profit board meetings	2	2	1	1.7	1	1	1	1.3
Tanning Facilities	1	2	1	1.3	1	2	1.5	1.4
Sound Recording	1	2	1	1.3	1	2	1.5	1.4
Religious groups (In-home small group services)	1	2	1	1.3	1	2	1.5	1.4
Museums, zoos, and botanical gardens	1	2	3	2.0	1	1	1	1.5
Nature parks, beaches, and other outdoor spaces	1	1	1	1.0	2	2	2	1.5
Non-essential manufacturing	1	2	3	2.0	1	1	1	1.5
Surf Ranch Non-Spectator Sports	1	2	2	1.7	1	2	1.5	1.6
Shopping Malls (Limited In Store Operations)	2	1	2	1.7	1	2	1.5	1.6
Art Classes/Expanded Learning (Limited Attendance)	1	2	1	1.3	2	2	2	1.7
Retail Sector (Limited In Store Operations)	2	2	2	2.0	1	2	1.5	1.8
Restaurants (Dine-in with Modifications)	2	2	2	2.0	2	1	1.5	1.8
Company sponsored training conferences	2	2	2	2.0	2	1	1.5	1.8
Spectator Sports (No Spectators)	2	2	2	2.0	2	2	2	2.0

Close contact services (personal grooming)	3	2	2	2.3	2	2	2	2.2
Performing Arts (Limited attendance)	2	3	2	2.3	2	2	2	2.2
Dance/Gymnastics	2	2	2	2.0	2	3	2.5	2.3
Spector Sports (Limited Attendance)	2	3	2	2.3	2	3	2.5	2.4
Restaurants (Normal Capacity)	3	2	3	2.7	3	2	2.5	2.6
Childcare (with modifications)	3	3	2	2.7	3	2	2.5	2.6
Contact Fitness/Sports	3	3	1	2.3	3	3	3	2.7
Indoor and Outdoor Fundraising Events - brewfests	3	3	3	3.0	3	2	2.5	2.8
Higher education	3	2	3	2.7	3	3	3	2.8
Primary / secondary education	3	3	3	3.0	3	3	3	3.0
Amusement & Gambling	3	3	3	3.0	3	3	3	3.0
Sponsored social events - Evening Under the Stars	3	3	3	3.0	3	3	3	3.0
Swap Meets	3	3	3	3.0	3	3	3	3.0
Motion Picture	3	3	3	3.0	3	3	3	3.0
Fitness and recreation centers	3	3	3	3.0	3	3	3	3.0
Childcare (normal operations)	3	3	3	3.0	3	3	3	3.0
Bars	3	3	3	3.0	3	3	3	3.0
Nightclubs	3	3	3	3.0	3	3	3	3.0
Performing Arts (Normal Operations)	3	3	3	3.0	3	3	3	3.0
Spectator Sports	3	3	3	3.0	3	3	3	3.0
Art Classes/Expanded Learning (Normal Operations)	3	3	3	3.0	3	3	3	3.0
Private Events - weddings, funerals	3	3	3	3.0	3	3	3	3.0



COVID-19 TESTING BY APPOINTMENT

OPEN TO THE PUBLIC

The Kings County Department of Public Health is partnering with the State of California and OptumServe to offer COVID-19 testing to those who live and/or work in the County of Kings that meet the current state prioritization of COVID-19 testing.

For information regarding COVID-19 testing from the California Testing Task Force, please visit www.testing.covid19.ca.gov. See 'Expanding Access to Testing' for updated state prioritization of COVID-19 testing.

COVID-19 testing is available by appointment only and registration is required. Register online by visiting www.lhi.care/covidtesting or by calling (888) 634-1123.

Information regarding COVID-19 updates will be posted on the County website at www.countyofkings.com/community/covid-19-updates when available.

Testing Facility: Kings County Day Reporting Center

1520 Kings County Drive, Hanford, CA 93230

Facility Hours: Monday—Friday, 7:00 AM—7:00 PM

(Closed 12:00 PM—12:30 PM and 5:00 PM—5:30 PM)

COVID-19 testing will be offered regardless of insurance or immigration status.



COVID-19 TESTING BY APPOINTMENT

OPEN TO THE PUBLIC

KINGS COUNTY DAY REPORTING CENTER



1520 Kings County Drive

ONLY THOSE WITH APPOINTMENTS WILL BE TESTED.

Testing Facility: Kings County Day Reporting Center

1520 Kings County Drive, Hanford, CA 93230

Facility Hours: Monday—Friday, 7:00 AM—7:00 PM

(Closed 12:00 PM—12:30 PM and 5:00 PM—5:30 PM)

COVID-19 testing will be offered regardless of insurance or immigration status.

ATTACHMENT A

Pandemic Safety Measures for Business Re-Openings

Public Health Officer Milton Teske, M.D., has concluded that, in response to the pandemic and as long as a major surge in COVID-19 infections, hospitalizations, or deaths do not occur, businesses could reopen if they follow the actions listed below. These actions are necessary to continue to slow the spread of COVID-19 and to protect the health of the public, employees, third-party personnel, and customers.

As California moves into Stage 2 of our [Resilience Roadmap](#), owners and operators must ensure that all operational decisions appropriately balance public safety, the health and safety of their workforce, customers, and the continued delivery of goods, and services.

Businesses in Kings County must follow early Stage 2 statewide guidance, where retail (curbside and delivery only), related logistics, manufacturing, office workplaces, limited personal services, outdoor museums, and essential businesses can open with modifications.

Therefore, the following minimum requirements are required to protect the public health for the businesses that are covered under the CA Stage 2 reopening guidance.

FACILITIES

- **Opening** -All facilities should open in phases to allow for any necessary staff training or adjustments to new policies.
- **Hours of Operation** – Extended hours should be considered to limit the number of customers on the business premises at any given time. Special or reserved hours should also be considered for elderly or immunocompromised individuals to minimize their risk of infection.
- **Social Distancing** - Maintain and enforce a "social distance" of 6 feet of separation between people. Floor markings are good for visualizing the appropriate distancing. For example, in a seated dining area, remove seating or tables as necessary to maintain 6 feet of separation between patrons.

- **Hand Washing** - Practice proper hand hygiene. This is an important infection control measure. Wash your hands regularly with soap and water for at least 20 seconds. An alcohol-based hand sanitizer containing at least 60% alcohol can be used, but not as a substitute for cleaning hands with soap and water.
- **Face Coverings-** Require the use of face coverings. Face coverings are recommended by the Kings County Department of Public Health, the California Department of Public Health (CDPH) and the Centers for Disease Control (CDC) to slow the spread of COVID-19 transmission. When a person talks, sneezes, and coughs, the act of wearing cloth face coverings decreases the release of infectious particles into the air. This includes the release of particles from a COVID-19 positive person who feels well and does not show signs or symptoms of a respiratory illness. The use of face coverings is recommended in addition to, not a substitute for, the implementation of physical distancing of at least 6 feet and frequent hand washing.
- **Cleaning and Sanitizing** - Clean and disinfect frequently touched surfaces such as workstations, cash registers, payment terminals, door handles, tables, and countertops on a routine basis. Follow the directions on the cleaning product's label and clean hands afterwards.
- Use EPA-approved and recommended sanitizers.
(<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)
- Place or install partitions with a pass-through opening at the bottom of the barrier in customer contact areas such as checkout lanes, customer service desks, pharmacy and retail store counters as a barrier shield, if possible.

EMPLOYEES

- Stay home if you are sick. Notify your management and stay home if you have symptoms (fever, cough, or shortness of breath). Management should instruct sick employees to stay home.
- Implement employee temperature screenings. Check employee

temperatures when they report to work. Employees with a temperature greater than 100.00° F should be sent home.

- Limit close contact with others and maintain a distance of at least 6 feet, when possible.
- Remind customers to maintain 6 feet distance from workers and other customers with verbal announcements on the loudspeaker, visually with floor markings, and written signage as appropriate.
- Require the use of cloth face coverings in public settings, especially where social distancing measures are difficult to maintain, Cloth face coverings may prevent people who don't know they have the virus from transmitting it to others.
- If possible, stagger employee schedules (shift and break times) to promote social distancing. Take special care to avoid having several employees present in the break areas during meal times when masks must be removed.
- Encourage customers to use touchless payment options, when available. Minimize handling cash, credit cards, reward cards, and mobile devices, where possible.
- When exchanging paper and coin money:
 - Do not touch your face afterward.
 - Ask customers to place cash on the counter rather than directly into your hand.
 - Place money directly on the counter when providing change back to customers.
 - Disinfect counters between each customer at checkout.
- Key times to clean hands include:
 - Before, during, and after preparing food
 - Before eating food
 - After using the toilet

- o After blowing your nose, coughing, or sneezing
- o After putting on, touching, or removing cloth face coverings
- o Additional workplace-specific times to clean hands include:
 - Before and after work shifts and periodically throughout shift
 - Before and after work breaks
 - After touching money or objects that have been handled by customers, such as reusable grocery bags, and
 - Before putting on and taking off disposable gloves when performing food prep

MAINTAINING A HEALTHY WORK ENVIRONMENT

Re-opened businesses should implement measures to physically separate and increase the distance between employees, other coworkers, and customers. These measures should include:

- Require customer face coverings be worn at all times (unless eating).
- Configuring partitions with a pass-through opening at the bottom of the barrier in checkout lanes, customer service desks, pharmacy and store counters as a barrier shield.
- Use every other check-out lane to aid in distancing.
- Move the electronic payment terminal/credit card reader farther away from the cashier in order to increase the distance between the customer and the cashier, if possible.
- Use verbal announcements on the loudspeaker and place signage throughout the establishment, at entrances, in restrooms, and in breakrooms to remind employees and customers to maintain distances of 6 feet from others.
- Place visual cues such as floor decals, colored tape, or signs to indicate to customers where they should stand during check out.

- Shift primary stocking activities to off-peak or after hours when possible to reduce contact with customers.
- Remove or rearrange chairs and tables or add visual cue marks in employee break rooms to support social distancing practices between employees. Identify alternative areas such as closed customer seating spaces to accommodate overflow volume.
- Provide remote shopping alternatives for customers, including drive through, delivery, pick-up, and order by phone to limit customers in the establishment. Set up designated pick-up areas.
- Control the flow of traffic into the establishment by ensuring that maximum capacity plans are adjusted and managed at the front door.
- Provide tissues and no-touch disposal receptacles for use by employees.
- Clean and disinfect frequently touched surfaces within the establishments. If the surfaces are visibly dirty, clean them prior to disinfecting.
- To disinfect, use products that meet EPA's criteria for use against SARS-CoV-2^{external icon}, diluted household bleach solutions prepared according to the manufacturer's label for disinfection, or alcohol solutions with at least 70% alcohol, and are appropriate for the surface. Follow manufacturer's directions for use.
- Clean frequently touched shelving, displays, and reach-in refrigerator units nightly when closed to the public.
- Conduct frequent cleaning of employee break rooms, rest areas, and other common areas.
- Clean facility equipment (i.e. grocery carts and baskets) on a frequent basis.
- Require employees to clean out lockers nightly to facilitate overnight deep cleaning processes.
- Provide disposable disinfectant wipes, cleaner, or spray so employees can wipe down frequently touched surfaces such as workstations, cash registers, credit card touch pad, door handles, conveyer belts, tables, cart handles, and countertops.

- Follow all applicable local, state, and federal regulations and public health agency guidelines.
- Implement a system in which relief workers rotate into the cashier station to allow cashiers to leave the station to wash their hands regularly.
- Consider decreasing open business hours to perform more frequent deep cleans.

Statewide sector-specific directives are jointly issued by CDPH and CalOSHA and are available at [covid19.ca.gov/industry-guidance/](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Industry-Guidance.aspx) and will inform employers about providing their employees and patrons a safe and healthy work environment.

Checklist of Pandemic Safety Measures for Kings County Business Re-openings

Kings County Public Health Officer Milton Teske, M.D., has concluded that, in response to the pandemic and as long as a major surge in COVID-19 infections, hospitalizations, or deaths do not occur, businesses added by the state as part of a stage progression could reopen if they follow the actions listed below. These actions are necessary to continue to slow the spread of COVID-19 and to protect the health of the public, employees, third-party personnel, and customers.

While adhering to the relevant public health guidance, owners and operators must ensure that all operative decisions appropriately balance public safety, the health and safety of their workforce, customers, and the continued delivery of goods, and services.

Therefore, the following minimum requirements must be required to protect the public health while businesses reopen.

Opening - All facilities should open in phases to allow for any necessary staff training or adjustments to new policies.

Hours of Operation - Extended hours should be considered to limit the number of customers on the business premises at any given time. Special or reserved hours should also be considered for elderly or immunocompromised individuals to minimize their risk of infection.

Social Distancing – Maintain and enforce a “social distance” of 6 feet of separation between people. Floor markings are good for visualizing the appropriate distancing. For example, in a seated dining area, remove seating or tables as necessary to maintain 6 feet of separation between patrons.

Hand Washing - Practice proper hand hygiene. This is an important infection control measure. Wash your hands regularly with soap and water for at least 20 seconds. An alcohol-based hand sanitizer containing at least 60% alcohol can be used, but not as a substitute for cleaning hands with soap and water.

Face Coverings - Require the use of face coverings. Face coverings are recommended by the Kings County Department of Public Health, the California Department of Public Health (CDPH) and the Centers for Disease Control (CDC) to slow the spread of COVID-19 transmission. When a person talks, sneezes, and coughs, the act of wearing cloth face coverings decreases the release of infectious particles into the air. This includes the release of particles from a COVID-19 positive person who feels well and does not show signs or symptoms of a respiratory illness. The use of face coverings is recommended in addition to, not a substitute for, the implementation of physical distancing of at least 6 feet and frequent hand washing.

Cleaning and Sanitizing - Clean and disinfect frequently touched surfaces such as workstations, cash registers, payment terminals, door handles, tables, and countertops on a routine basis. Follow the directions on the cleaning product's label and clean hands afterwards and use EPA-approved and recommended sanitizers. (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)

FACILITIES CHECKLIST

SOCIAL DISTANCING

(Check All Recommended Measures You Plan to Implement)

- Maintain and enforce a “social distance” of 6 feet of separation between people.
- Floor markings that are good for visualizing the appropriate distancing are installed. For example, in a seated dining area, remove seating or tables as necessary to maintain 6 feet of separation between patrons.
- Will limit occupancy to 50% of capacity.
- Place or install partitions with a pass-through opening at the bottom of the barrier in customer contact areas such as checkout lanes, customer service desks, pharmacy and retail store counters as a barrier shield.
- Will limit tables to groups of 6.
- Will arrange tables so they are 10 feet apart OR affix closed signs on tables that cannot be moved.
- Other measure (specify):

WAITING AREAS

(Check All Recommended Measures You Plan to Implement)

- Will use a reservation model or call ahead appointment methods.
- Will close the lobby and waiting areas (if applicable), or limit their occupancy to 50% of capacity.
- If the establishment cannot eliminate a waiting area or lobby completely, describe how you will ensure that groups in the waiting area are socially distanced from each other. (attach additional page if needed):

CLEANING AND DISINFECTION

(Check All Recommended Measures You Plan to Implement)

- Clean and disinfect frequently touched surfaces such as workstations, cash registers, payment terminals, door handles, tables, and countertops on a routine basis. Follow the directions on the cleaning product's label and clean hands afterwards.
- Use EPA-approved and recommended sanitizers. (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)
- Will train employees on cleaning and disinfecting procedures, and protective measures, per CDC and FDA guidance and ensure implementation.

- Will have dedicated staff sanitize tables and high contact surfaces between uses.
 - Will frequently clean and disinfect high touch surfaces (e.g., menus, mobile order devices, door handles, floors, bathrooms) during operation.
 - Will not use the same pens, payment touch pads without sanitizing after each use.
 - Will clean and disinfect coolers, to-go containers, and delivery vehicles frequently.
 - Other measure (specify):
-
-

RESTAURANT DINING AREAS

(Check All Recommended Measures You Plan to Implement)

- Will keep the bar area closed (if applicable).
 - Will keep the playground area closed (if applicable).
 - Will use a board or sign to display menu items that will not be touched by patrons. Will have an app or website for patrons to view menus on a personal device.
 - Will use disposable menus that will be discarded after each use.
 - Will disinfect menus between each use.
 - Will use a contactless payment and non-signature methods.
 - Will require staff to wash or sanitize their hands before helping the next patron or handling of food after accepting payment.
 - Will require staff to sanitize check holders and pens after use by patrons.
 - Will use the same methods for outdoor seating section, if applicable.
 - Describe other plans below (attach additional page if needed):
-
-

EMPLOYEE HEALTH AND HYGIENE

(Check All Recommended Measures You Plan to Implement)

- Stay home if you are sick. Notify your management and stay home if you have symptoms (fever, cough, or shortness of breath). Management should instruct sick employees to stay home.
- Implement employee temperature screenings. Check employee temperatures when they report to work. Employees with a temperature greater than 100.0°F should be sent home.
- Limit close contact with others and maintain a distance of at least 6 feet, when possible.
- Remind customers to maintain 6 feet distance from workers and other customers with verbal announcements on the loudspeaker, visually with floor markings, and written signage as appropriate.
- Require the use of cloth face coverings in public settings, especially where social distancing measures are difficult to maintain, Cloth face coverings may prevent people who don't know they have the virus from transmitting it to others.

- If possible, stagger employee schedules (shift and break times) to promote social distancing. Take special care to avoid having several employees present in the break areas during meal times when masks must be removed.
- Encourage customers to use touchless payment options, when available. Minimize handling cash, credit cards, reward cards, and mobile devices, where possible.
- When exchanging paper and coin money:
 - Do not touch your face afterward.
 - Ask customers to place cash on the counter rather than directly into your hand.
 - Place money directly on the counter when providing change back to customers.
 - Disinfect counters between each customer at checkout.
- Key times to clean hands include:
 - Before, during, and after preparing food
 - Before eating food
 - After using the toilet
 - After blowing your nose, coughing, or sneezing
 - After putting on, touching, or removing cloth face coverings
 - Additional workplace-specific times to clean hands include:
 - Before and after work shifts and periodically throughout shift
 - Before and after work breaks
 - After touching money or objects that have been handled by customers, such as reusable grocery bags, and
 - Before putting on and taking off disposable gloves when performing food prep
- Other measure (specify):

MAINTAINING A HEALTHY WORK ENVIRONMENT

(Check All Recommended Measures You Plan to Implement)

Re-opened businesses should implement measures to physically separate and increase the distance between employees, other coworkers, and customers.

- Require customer face coverings be worn at all times (unless eating).
- Configuring partitions with a pass-through opening at the bottom of the barrier in checkout lanes, customer service desks, pharmacy and store counters as a barrier shield.
- Use every other check-out lane to aid in distancing.
- Move the electronic payment terminal/credit card reader farther away from the cashier in order to increase the distance between the customer and the cashier, if possible.
- Use verbal announcements on the loudspeaker and place signage throughout the establishment, at entrances, in restrooms, and in breakrooms to remind employees and customers to maintain distances of 6 feet from others.
- Place visual cues such as floor decals, colored tape, or signs to indicate to customers where they should stand during check out.
- Shift primary stocking activities to off-peak or after hours when possible to reduce contact with customers.

- Remove or rearrange chairs and tables or add visual cue marks in employee break rooms to support social distancing practices between employees. Identify alternative areas such as closed customer seating spaces to accommodate overflow volume.
- Provide remote shopping alternatives for customers, including drive through, delivery, pick-up, and order by phone to limit customers in the establishment. Set up designated pick-up areas.
- Control the flow of traffic into the establishment by ensuring that maximum capacity plans are adjusted and managed at the front door.
- Provide tissues and no-touch disposal receptacles for use by employees.
- Clean and disinfect frequently touched surfaces within the establishments. If the surfaces are visibly dirty, clean them prior to disinfecting.
- To disinfect, use products that meet EPA's criteria for use against SARS COV-2external icon, diluted household bleach solutions prepared according to the manufacturer's label for disinfection, or alcohol solutions with at least 70% alcohol, and are appropriate for the surface. Follow manufacturer's directions for use.
- Clean frequently touched shelving, displays, and reach-in refrigerator units nightly when closed to the public.
- Conduct frequent cleaning of employee break rooms, rest areas, and other common areas.
- Clean facility equipment (i.e. grocery carts and baskets) on a frequent basis.
- Require employees to clean out lockers nightly to facilitate overnight deep cleaning processes.
- Provide disposable disinfectant wipes, cleaner, or spray so employees can wipe down frequently touched surfaces such as workstations, cash registers, credit card touch pad, door handles, conveyer belts, tables, cart handles, and countertops.
- Follow all applicable local, state, and federal regulations and public health agency guidelines
- Implement a system in which relief workers rotate into the cashier station to allow cashiers to leave the station to wash their hands regularly.
- Consider decreasing open business hours to perform more frequent deep cleans.

Other measures (specify):



STAY HOME. SAVE LIVES. CHECK IN.



Call, text, and (safely) knock on doors to make sure our neighbors, friends, and family are connected and have the support we all need! Use this Community Check-In Checklist, then share it with at least five people you know.

DO YOU OR SOMEONE YOU KNOW NEED:

- **GROCERIES OR MEALS?** If YES, call 211 to connect to food banks and more.
- **MEDICINE OR MEDICAL ATTENTION?** If YES, call your health plan or doctor's office for help. In an emergency call 911.
- **COMMUNITY CONNECTION?** If YES, reach out to 5 people for regular check-in calls, or call Friendship Line CA at 1-888-670-1360 for someone to listen 24/7.
- **PROTECTION FROM ABUSE, NEGLECT, OR EXPLOITATION?** If YES call Adult Protective Services at 1-833-401-0832.



Kings County
Department of Public Health
A Healthy Place to Live, Work, & Play



QUÉDESE EN CASA. SALVE VIDAS. CONÉCTESE CON VECINOS.



¡Esten concetados, llame, envíe mensajes de texto y con seguridad toque a la puerta de que sus vecinos, amigos y parientes para asegurarse de que tengan el apoyo que necesitan! Use esta lista de verificación de comunicación comunitaria y luego compártala con al menos cinco personas que conozca.

USTED O ALGUIEN QUE USTED CONOCE NECESITA:

- **¿COMIDAS O ALIMENTOS?** Si la respuesta es Sí, llame al 211 para conectarse con los bancos de alimentos y otros recursos.
- **¿MEDICINA O CUIDADOS DE SALUD?** Si la respuesta es Sí, llame a la farmacia de su plan de salud. En caso de emergencia, llame al 911.
- **¿APOYO COMUNITARIO?** Si la respuesta es Sí, comuníquense con cinco personas con las que pueda conectar de forma regular.
- **¿PROTECCIÓN CONTRA EL ABUSO Y LA NEGLIGENCIA?** En caso afirmativo, llame a los Servicios de Protección para Adultos: 833-401-0832.





Edward D. Hill
Director

Milton Teske, M.D.
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



Confirmed COVID-19 at a Food Facility (Requirements)

Upon notification that a food facility employee has tested positive for COVID-19 or is presumed positive based on symptoms associated with COVID-19, the food operator is required to take the following actions:

1. Ensure affected employee is excluded from the food facility and adheres to the CA State (State of California) Governor's Executive Order N-33-20 and the State of California Health Officer Order (HOO) for the Control of COVID-19:

<https://covid19.ca.gov/img/Executive-Order-N-33-20.pdf>

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Health%20Order%203.19.2020.pdf>

⇒ Additional guidance for those confirmed with COVID-19 can be found at:

<https://covid19.ca.gov/stay-home-except-for-essential-needs/>

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx#What%20if%20I'm%20sick?>

<https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>

2. Clean and sanitize the facility according to CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

⇒ Existing cleaning and sanitizing requirements for food-contact surfaces are effective

3. Retail food facilities should require personnel identified as a close contact of an employee who has been identified as a COVID-19 case to self-quarantine in compliance with the CA State Health Officer Order.

<https://www.fda.gov/food/food-safety-during-emergencies/best-practices-retail-food-stores-restaurants-and-food-pick-updelivery-services-during-covid-19>

The Department of Public Health's Environmental Health Division will work with the food operator to provide guidance and ensure that all required actions are completed. For any questions, contact our office at 559-584-1411.



Edward D. Hill
Director

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Health Officer

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INFORMATION FOR RESTAURANTS THAT OFFER DELIVERY/TAKE-OUT/PICK-UP SERVICES

Foods from restaurants are often consumed immediately. Delivery or take-out foods may be purchased in advance for eating at a later time, such as sandwiches or a cooked meal. Proper food handling during the preparation, holding, pick-up and delivery of the food is essential in ensuring food is safe for consumption.

COLD AND HOT FOOD HANDLING

Cold foods must be held at an internal temperature of 41°F or below. **Hot foods** must be held at an internal temperature of 135°F or above. Once food is cooked it should be held hot at an internal temperature of 135°F or above. Just keeping food warm (between 41°F and 135°F) is not safe. If not consumed, refrigerate all perishable foods as soon as possible, always within two hours after purchase or delivery.

DELIVERY

When delivery time exceeds 30 minutes, food must be held either cold (below 41°F) or hot (above 135°F). Delivery food must be transported or held in containers made of smooth, washable and impervious materials that are able to withstand frequent cleaning. Containers should be leak-proof and maintain food at proper holding temperatures.

PROPER FOOD HANDLING PROCEDURES

Protect food from contamination during the pick-up and delivery process. Food should be packaged/covered and maintained as not to be exposed to potential contamination from delivery personnel or food handlers. Only packaged/covered food is to be delivered/picked-up.

LEFTOVER FOOD

Discard all perishable foods, such as meat, poultry or eggs left at room temperature longer than two hours. This includes leftovers taken home from a restaurant. Refrigerate or freeze leftovers in shallow containers. Wrap or cover the food.

FOOD SOURCES

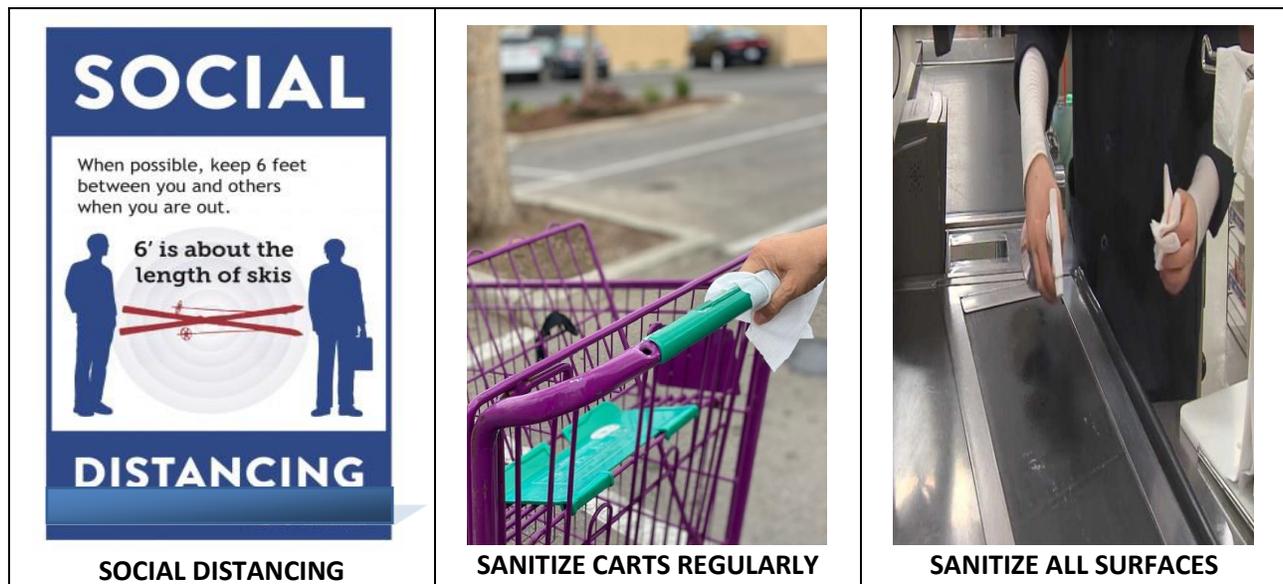
Food should be delivered/received from food facilities permitted with Kings County Department of Public Health, Division of Environmental Health Services.

If you have any questions regarding this information, please call (559) 584-1411 or visit our website at: www.countyofkings/ehs.

GROCERY STORE GUIDANCE FOR PUBLIC HEALTH & SAFETY

All Markets (Including Grocery Stores, Farmer's Markets, Charitable Food Distribution Sites, etc.)

- Limit the number of customers at the market at any given time.
- Ensure “social distancing” of six (6) feet per person for non-family members.
- Ensure employees are washing their hands with water and soap for at least 20 seconds, paying particular attention to fingertips and thumbs.
- Increase the cleaning and sanitizing of restrooms and high-contact locations.
- If possible, provide additional hand washing or sanitizing stations.
- All stores are encouraged to switch to online ordering with outside pick-up or delivery if these are not yet in place.





Senior Shopping Hours in Kings County

Armona

Dollar General (10817 14th Ave) - Daily: 8:00am - 9:00am

Avenal

Family Dollar (601 Skyline Blvd) - Daily: 8:00am - 9:00am

State Foods Supermarket (708 Skyline Blvd) - Daily: 7:00am-8:00am

Corcoran

Dollar Tree (1100 Whitley Ave) - Mon - Sat: 8:00am - 9:00am, Sun: 9:00am - 10:00am

Family Dollar (2217 Whitley Ave) - Daily: 8:00am - 9:00am

Dollar General (1802 Dairy Ave) - Daily: 8:00am - 9:00am

Hanford

Aldi (1789 W Lacey Blvd) - Tuesdays and Thursdays: 8:30- 9:30am

Foods Co (1850 W Lacey Blvd) - Daily: 6:00am - 7:00am

Dollar Tree (2 Locations: 1818 W Lacey Blvd, 2584 N 10th Ave) -
Mon - Sat: 8:00am - 9:00am, Sun: 9:00am - 10:00am

Save Mart (715 W Grangeville Blvd) - Tuesdays and Thursdays: 6:00am - 9:00am

Best Buy Market (1798 N 10th Ave) - Daily: 7:00am-8:00am

Smart & Final (552 N 11th Ave) - Tuesdays and Thursdays 6:00am - 8:00am

99 Cent Only Store (550 N 11th Ave) - Tuesday and Thursdays, 7:00am-8:00am

Lemoore

Best Buy Market (1135 W Bush St) - Daily: 7am-8am

Save Mart (105 W Hanford Armona Rd) - Tuesdays and Thursdays 6AM - 9AM

Dollar General (2 Locations: 1148 N Lemoore Ave, 155 S 19th Ave) - Daily: 8:00am - 9:00am

Dollar Tree (95 W Hanford Armona Rd) - Mon - Sat: 8:00am - 9:00am, Sun: 9:00am - 10:00am



We're ready to

REOPEN RESPONSIBLY



**Reopen
Kings** >>>



*Written
Worksite Plan*



*Employee
Training*



*Control Measures
& Screening*



*Cleaning &
Disinfecting*



*Physical
Distancing*

[countyofkings.com/reopen](https://www.countyofkings.com/reopen)

Working hard to

**KEEP YOU
HEALTHY**



Learn more about reopening responsibly:
countyofkings.com/reopen

*Reopen
Kings* 

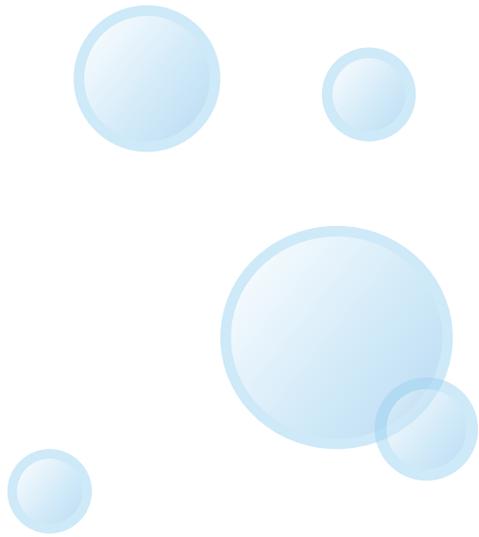
Keep Kings Healthy

**THANK YOU
FOR STAYING
6 FEET APART.**



Learn more about reopening responsibly:
countyofkings.com/reopen

*Reopen
Kings* 



*We're stepping up
sanitation to*

**KEEP OUR
COMMUNITY
HEALTHY**

Learn more about reopening responsibly:
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Reopen
Kings 

*If you are
feeling unwell,*

**STAY
HOME.**



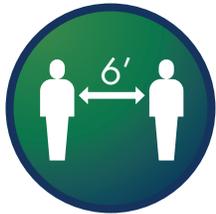
**Reopen
Kings** >>>

Learn more about reopening responsibly:
[countyofkings.com/reopen](https://www.countyofkings.com/reopen)

We are working hard to
KEEP YOU HEALTHY



Routinely sanitizing
high-touch surfaces



Supporting 6' of physical
distancing between people



Reminding people to stay
home if they feel unwell



Encouraging the use of
face coverings in public



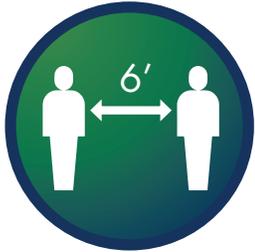
Implementing Public Health
recommendations

Learn more about reopening responsibly:
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**Reopen
Kings** 



Providing a safe WORKPLACE



Maintain six feet of distance between individuals, whether they are employees or customers



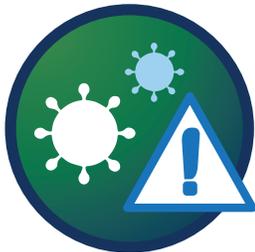
Encourage employees and customers to wash or sanitize their hands often



Recommend face coverings when physical distancing is not feasible



Avoid unnecessary physical contact such as shaking hands



Check employees and visitors for signs or symptoms of illness, including fever, before entering the facility



Limit the need for employees to share phones, desks and other equipment



Emphasize the importance of staying home if an employee is feeling sick



Avoid in-person meetings in favor of video conferencing, email or phone communication



Frequently clean and disinfect high-touch areas and shared equipment

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Kings



Edward D. Hill
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COVID-19 Cleaning Recommendations For Home & Residential Settings With Persons With Known or Suspected COVID-19 Infections

February 27, 2020

These recommendations are based on what is currently known about the Coronavirus Disease 2019 (COVID-19) and will be updated as needed and as additional information becomes available.

Recommendations are given below for:

- Cleaning,
- Laundry, and
- Disposal of Waste

Intended audience: Persons with known or suspected COVID-19 infections, Persons Under Investigation (PUIs), persons in voluntary or involuntary quarantine, and persons caring for such persons or living in the same household.

RECOMMENDATIONS

Cleaning: Clean All “High Touch” Surfaces Every Day:

- High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day.
- Also clean any surfaces that may have blood, stool, or body fluids on them. This cleaning should be done immediately.
- Use a household cleaning spray or wipe.

No additional disinfection beyond routine cleaning is recommended. Neither the US Centers for Disease Control and Prevention (CDC) nor the Kings County Department of Public Health (KCDPH) recommends that additional or special disinfection procedures or products be used at this time.

When cleaning, follow the label instructions for safe and effective use of your cleaning product.

- Pay particular attention to the safety equipment such as gloves which are specified on the label.
- For concentrated products requiring dilution, do not use more of the product than is specified on the label. Using more product does not improve cleaning, and can cause problems for users or room occupants.
- Make sure you have good ventilation during the use of the product.
- Household bleach, ammonia, “pine oil”, and perfumed products can cause respiratory irritation to persons with coughs or respiratory illnesses. Consider using alternate, lower

odor cleaning products when such persons are present.

Laundry:

- Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
- Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.

Waste Disposal:

- Place all used disposable gloves, facemasks, and other possibly contaminated items in a plastic bag or lined container. Tie the bag off or close the lined container disposing of it with other household waste.
- Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.

RESOURCES

CDC: **Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>



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COVID-19 Cleaning Recommendations for Non-Healthcare Businesses and Organizations Serving the Public

February 27, 2020

These recommendations are based on what is currently known about the Coronavirus Disease 2019 (COVID-19) and will be updated as needed and as additional information becomes available.

Intended audience: non-healthcare businesses and organizations that serve the public, including (but not limited to) public transportation, city agencies, offices, and stores.

RECOMMENDATIONS

Perform routine environmental cleaning:

- Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

No additional disinfection beyond routine cleaning is recommended at this time.

Neither the US Centers for Disease Control and Prevention (CDC) nor the Kings County Department of Public Health (KCDPH) recommends that additional or special disinfection protocols or products be used at this time.

If an agency or business chooses to purchase a new or different disinfectant for COVID-19, consideration should be given to purchasing one for which the manufacturer has stated “has demonstrated effectiveness against viruses similar to COVID-19 / 2019-nCoV on hard, non-porous surfaces”. If no product with that statement is available, then consider purchasing a product which has a human coronavirus claim on the label.

Always use disinfectants in accordance with label instructions, paying attention to the required personal protective equipment (PPE) and the contact time needed to achieve disinfection.

RESOURCES

CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID19), February 2020

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>



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COVID-19 Cleaning Recommendations for Businesses, Organizations, and Their Employees Serving the Public

March 9, 2020

These recommendations are based on what is currently known about the Coronavirus Disease 2019 (COVID-19) and will be updated as needed and as additional information becomes available.

Intended audience: Businesses and organizations and their employees that serve the public, including (but not limited to) food facilities, gas stations, public swimming pools, hotel-motels, health clubs and stores.

RECOMMENDATIONS

- It is highly recommended that any employees who are showing flu-like symptoms should be excluded from the business operations until they are symptom free.

Perform routine environmental cleaning:

- Routinely clean and sanitize all frequently touched surfaces in the business, such as prep stations, countertops, weight handles and bars, customer tabletops, bathroom fixtures, toilets, keyboards, tablets, pool lounges, benches and door handles. Use the cleaning agents and sanitizers that are usually used in these areas and follow the directions on the label.
- Provide disposable wipes so that commonly used surfaces (for example, door handles, keyboards, remote controls, desks can be wiped down by employees before each use.)

Laundry:

- Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands with soap and water, or an alcohol-based hand sanitizer, immediately after removing your gloves.
- For lodging facilities, immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them as per normal cleaning procedures.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.

Waste Disposal:

- Place all used disposable gloves, facemasks, and other possibly contaminated items in a plastic bag or lined container. Tie the bag off or close the lined container disposing of it with other household waste.
- Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.

No additional disinfection beyond routine cleaning is recommended at this time.

The US Centers for Disease Control and Prevention (CDC) does not recommend that additional or special disinfection protocols or products be used at this time.

If an agency or business chooses to purchase a new or different disinfectant for COVID-19, consideration should be given to purchasing one that has demonstrated effectiveness against viruses similar to COVID-19 / 2019-nCoV. See EPA link below for specific product information.

Always use disinfectants in accordance with label instructions, paying attention to the required personal protective equipment (PPE) and the contact time needed to achieve disinfection.

For more information visit our website at <https://www.countyofkings.com/departments/health-welfare/public-health/coronavirus-disease-2019-covid-19> or contact our Department at 559-584-1401.

RESOURCES

CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID19), February 2020

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>

https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf