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

COVID-19 VARIANCE ATTESTATION FORM

FOR County of Los Angeles

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: County of Los Angeles

County Contact: Dr. Muntu Davis

Public Phone Number: (213) 288-8768

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.

Los Angeles County reported a 7-day average of daily percent change in the total number of hospitalized cases as -1%.
7 Day Average Hospitalization with Daily Percent Change (day over day) in Los Angeles County

Date	# confim_cases_hosp	% change	prev_date	# prev confirm_cases_hosp
5/24/2020	1443	0%	5/23/2020	1440
5/23/2020	1440	-3%	5/22/2020	1490
5/22/2020	1490	0%	5/21/2020	1491
5/21/2020	1491	-1%	5/20/2020	1506
5/20/2020	1506	-1%	5/19/2020	1517
5/19/2020	1517	-1%	5/18/2020	1531
5/18/2020	1531	-1%	5/17/2020	1549

*Source: California Department of Public Health COVID-19 Tracking Tool, the Reddinet HAvBED data, and the COVID-19 Hospital Daily Assessment Poll data from the California Hospital Association (CHA)

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

The County of Los Angeles reports a 7-day testing positivity rate of 6.7% and a 14-day cumulative COVID-19 positive incidence rate was 98.7 (10,148 cases based on COVID-19 episode date; Population 10,278,834) per 100,000.

Date 7 Day Average Positivity Rate

Collection date	daily_tests	daily_positive	%_pos
5/18/2020	16942	989	5.8%
5/19/2020	11844	747	6.3%
5/20/2020	8921	693	7.8%
5/21/2020	8357	589	7.0%
5/22/2020	8606	590	6.9%
5/23/2020	4119	273	6.6%
5/24/2020	2875	223	7.8%
	61664	4104	6.7%

*****Data is from electronic laboratory reports, provider reports, and manually entered laboratory reports from the cities of Pasadena and Long Beach and County of Los Angeles Departments of Public Health

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

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

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

We are not using this exception.

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

Los Angeles County distributed a guidance document to all businesses with essential workers that described safety practices and requirements for structuring the physical environment to protect essential workers. Since April 10, 2020, the County has required Essential Businesses to implement a Social Distancing Protocol. The "Social (Physical) Distancing Protocol" that must be implemented and posted must demonstrate how the following infection control measures are being implemented and achieved, as applicable:

a) Limiting the number of people who may enter into the facility at any one time to ensure that people in the facility can easily maintain a minimum six (6) foot physical distance from others, at all times, except as required to complete a business activity or transaction. Members of a single household or living unit may stand or move together but must be separated from others by a physical distance of at least six (6) feet.

b) Where lines may form at a facility, marking six (6) foot increments at a minimum, establishing where individuals should stand to maintain adequate Social (Physical) Distancing, whether inside or outside the facility.

c) Providing hand sanitizer, soap and water, or effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and employees, and in locations where there is high-frequency employee interaction with members of the public (e.g., cashiers). Restrooms normally open to the public shall remain open to the public.

d) Posting a sign in a conspicuous place at all public entries that instructs the public not to enter if they are experiencing symptoms of respiratory illness, including fever or cough, to wear face coverings, and to maintain Social (Physical) Distancing from one another.

e) Providing for the regular disinfection of high-touch surfaces, and disinfection of all payment portals, pens, and styluses after each use. All businesses are encouraged to also offer touchless payment mechanisms, if feasible.

f) Providing cloth-face coverings to employees and contracted workers whose duties require close contact with other employees and/or the public.

g) Requiring that members of the public who enter the facility wear a face-covering, which reduces the risk of “asymptomatic” or “pre-symptomatic” transmission to workers and others, during their time in the facility.

h) Adhering to communicable disease control protocols provided by the

Los Angeles County Department of Public Health, including requirements for cleaning and disinfecting the site. See protocols posted at www.publichealth.lacounty.gov/media/Coronavirus/

Guidance is available for essential workplaces available in the following locations:

LA County: www.publichealth.lacounty.gov/media/Coronavirus/
Pasadena: https://www.cityofpasadena.net/public-health/health-order/covid-19/
Long Beach: http://www.longbeach.gov/health/diseases-and-condition/information-on/coronavirus/

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

We are utilizing California Department of Public Health COVID-19 Tracking Tool, the Reddinet HAvBED data, and the COVID-19 Hospital Daily Assessment Poll data from the California Hospital Association (CHA) and are identifying the percentage of hospitals that have 15+ days of available PPE, including N95 masks, other masks, eye protection, face shields, gloves, and gowns.

As of 5/24/20, 84% of LA County hospitals had adequate N95 supply, 79% had adequate supply of other masks, 72% had adequate eye protection, 77% had adequate face shields, 64% had adequate gloves, and 53% had adequate gowns.

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

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

On 5/26/2020, The County Los Angeles reports the total number of tests conducted in the past 7 days was 148,835 (over population of 10,278,834), which is approximately 2.07 tests per 1,000 residents per day.

  - 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.

Los Angeles County attests to testing availability for more than 75% of residents, as measured by 30 minutes driving time in urban areas, and 60 minutes in rural areas. See list below of all testing locations, which includes hospitals, urgent care clinics, outpatient clinics, and drive-thru and pop-up clinics. Testing is also available at shelters and encampments for persons experiencing homelessness.

- Alexandria Care Center
- Antelope Valley Mall
- Ararat Convalescent Hospital
- Baldwin Hills Crenshaw Plaza - Drive Thru Only
- Bellflower City Hall
- Beverly Hills Carmel Assisted Living
- Bonnie Brae Convalescent Hospital
- Brier Oak on Sunset
- Brookdale Senior Living
- Buena Ventura Post-Acute Care Center
- Cabrillo High School- Long Beach
- Carbon Health - Echo Park - Walk-Up Only
- Carson/Torrance
- ChapCare on Lake Avenue- Pasadena
- Charles R. Drew Campus
- Country Manor Healthcare
- Country Villa North Rehabilitation and Wellness Centre
- Country Villa Sheraton
- Crenshaw Christian Center - Drive Thru Only
- Culver West
- Dodger Stadium drive-thru testing
- East, Country Villa
- East LA College
- Foothill Retirement
- Granada Hills Convalescent
- Grancell Village of the Jewish Homes for the Aging
- Grand Park Convalescent Hospital
- Hansen Dam Recreation Center - Drive Thru Only
- Hollywood Premier
- Hotchkin Memorial Training Center - Drive Thru Only
- Jordan High School- Long Beach
- Joyce Eisenberg Keefer Medical Center
- Kedren Community Health Center - Walk Up Only
- Kei Ai Los Angeles Health Center
- Kennedy Post Acute
- Kingsley Manor Care Center
- La Brea Rehabilitation Center
- Lincoln Park - Drive Thru Only
- Longwood Manor Convalescent Hospital
- Lynnwood
- Long Beach City College-Pacific Coast Campus
- Long Beach City College- Veteran's Stadium
- Mid Wilshire Healthcare Center
- Mugunghwa Silvertown
- Northridge Care Ctr.
- Northridge Fashion Center - Drive Thru Only
- Northridge Hospital Medical Center
- Pomona Fairplex Gate 17

- Rehab Center of Beverly Hills
- Rose Bowl Testing Site- Paadena
- Sakura Intermediate Care Facility
- San Gabriel Valley Airport
- Santa Clarita
- Sherman Oaks Health & Rehab
- Solheim Senior Community
- South Bay Galleria
- St. John of God Retirement & Care Center
- Sunray Healthcare Center
- Tarzana Health & Rehabilitation Center
- The Forum
- The Meadows Post-Acute
- UHRC
- UHRC 39TH STREET
- UHRC 3rd and Rose
- UHRC Alvarado
- UHRC CABRITO
- UHRC CIVIC CENTER
- UHRC GLOBE
- UHRC GOWER
- UHRC Harbor City
- UHRC Oakwood
- UHRC PENMAR
- UHRC SELMA
- UHRC Sepulveda
- UHRC VENICE BOARDWALK
- VA Parking Lot 15 (at corner of Constitution and Davis) - Drive Thru Only
- Veterans Home - West LA
- Villa Scalabrini
- Virgil Rehabilitation & Skilled Nursing Center
- West Covina - AltaMed Medical and Dental Group
- West Hills Health and Rehab Center
- West Valley - Drive Thru Only
- West Valley Post-Acute
- Windsor Terrace Healthcare Center

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

LA County has been conducting community wide testing at hospitals, mobile testing sites, skilled nursing facilities, jails and shelters. Local health jurisdiction testing and surveillance guidance and updates are provided to health care providers and facilities as needed. Currently we are testing on average 18K people a day representing more than 5% of the population monthly including an effort to test all SNF residents and staff. As mentioned above, LA County positivity rate is 6.6% and is being monitored and reported daily. Efforts are being made to increase testing going forward, including reintegrating mobile sites into the healthcare system. We have a plan for testing contacts if cases are identified at worksites, congregate facilities as well as the medical care system and supporting SNFs to do their own testing. We will embed teams with outreach workers to test persons experiencing homelessness to do testing in shelters and encampments and an effort will be made to make sure our FQHCs have access to testing to increase testing among communities especially hard hit by COVID. We are also working closely with jails and prisons to do testing. We report all case and electronic lab reporting (ELR) data to CDPH daily by noon. Case data include demographic characteristics, clinical characteristics, known hospitalization data and data related to deaths. ELR data include ordering and performing facility, specimen characteristics, collection data, and result data.

- **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).

On 5/26/2020, the County of Los Angeles has a total of 1759 contact tracers, 17.1 staff per 100,000 county population, which exceeds the 15 per 100,000 requirement.

  - 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.

Los Angeles County is working in collaboration with the City of Los Angeles and homeless service providers throughout the County to implement strategies to prevent and mitigate the spread of COVID-19 among unsheltered people experiencing homelessness (PEH). To date, we have established and continue to build out motel/hotel options (through Project RoomKey) for medically vulnerable PEH totaling 4,700 units. The County has established medical sheltering for COVID+, suspect, or exposed individuals who are unable to safely isolate and currently have 791 occupiable units available at five motel/hotel locations. Additionally, the Department of Public Health's Environmental Health team conducted inspections at over 300 homeless shelter facilities. There are 983 beds among existing shelter capacity that can and currently function as isolation beds. In addition, there are 295 City trailers that may be accessed. This totals 6,769 units that may be occupied. Given that a 2019 survey found 45,000 unsheltered persons experiencing homelessness, the County can attest that it currently has sufficient temporary housing units to shelter 15% of this population, who may require isolation and quarantine. In June, a medical sheltering hotel location may be discontinued, which would decrease the percent to 14.4% of the population.

- **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.

Los Angeles County attests that hospitals have substantial capacity to meet the current number of COVID-19 positive patients and the ability to surge up to 50% of their normal capacity. Los Angeles County EMS Agency MHOAC monitors hospital capacity on a daily basis.

Eighty (80) hospitals operating in the county participate in the Hospital Preparedness Program (HPP) which has provided enhanced disaster planning, preparedness and equipment. The County Departments, Health Services (DHS), Emergency Medical Services (EMS) Agency and Public Health (DPH), have consistently monitored and communicated with the licensed acute care facilities throughout the County.

Hospital bed capacity for 70, 9-1-1 receiving hospitals is tracked and posted on the EMS Agency and DPH web sites daily. COVID-19 admissions have consistently decreased since mid-April 2020. This data demonstrates excess bed capacity throughout the system with the ability of the hospitals to surge, if necessary, to approximately 40-50 percent. The 70 9-1-1 receiving hospitals have a total licensed non-ICU bed capacity of 17,000 and the ability to surge within the hospital an additional 11,400. Their ICU bed capacity of 2,500 can be surged to 4,069. There are

2,320 ventilators within the hospital system and an additional 3,211 that could be brought into use as needed.

In addition to the surge capacity within the facilities, hospitals have identified areas for non-traditional bed and care, such as tent structures, hard shell mobile facilities and area such as out-patient surgical centers. Following "Disaster Plans", hospitals demonstrated the ability to rapidly create surge capacity. In discussion with the hospitals, there is agreement that the recent experience has enabled the hospitals to rapidly repeat and re-institute the process to create capacity as needed.

The Disaster Resource Center (DRC) program established in Los Angeles County, allow hospitals and the EMS Agency to support each other and move, loan and share equipment and supplies. The established system of communication between hospitals and the EMS Agency, ReddiNet, allows for hospitals to communicate needs and the ability to handle EMS 9-1-1 ambulance transports, allowing for emergency department personnel to regroup and adjust to the demands of incoming patients. Through experience of treating COVID-19 patients, hospitals have modified their processes and locations of care to conserve personal protective equipment and staff utilization. Policies for screening and testing patients and staff have been put into place. Patient are triaged and directed to areas of care for symptomatic and asymptomatic areas to limit patient and employee exposure. Hospitals have expanded their capacity to cohort patients in ICU, telemetry and wards.

Staffing expansion is addressed through cross training existing staff, reallocation of staff from closed departments, new hires, registry and reactivation of retired employees. Our hospital systems have the ability to move staff, equipment and supplies to sister facilities experiencing a greater impact.

Link to hospital data and bed capacity:
http://file.lacounty.gov/SDSInter/dhs/1070690_HospitalLicensedBeds03-25-20.pdf

- County (or regional) hospital facilities have a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE. Please describe the process by which this is assessed.

Each hospital in LA County determines the type of PPE their clinical and nonclinical personnel need to wear depending on risk of exposure using CDC and LA County Public Health PPE guidelines.

All hospitals in LA County have established relationships with medical supply vendors and they have been working with these vendors to procure PPE since the onset of the Covid-19 outbreak. The major vendors LA County hospitals are using are Cardinal Health, Owens Minor, Medline, and Grainger. Due to the shortage of PPE at the onset of the pandemic, LA County hospitals promptly recognized the need to implement PPE conservation strategies using CDC guidelines.

LA County assessed the PPE burn rate for hospitals to determine allocation and distribution strategy for the operational area. After making this determination, the LA County EMS Agency MHOAC decided to take a proactive approach and distribute all PPE in its disaster cache based on a data dependent allocation methodology rather than wait for hospitals to submit resource requests. The same proactive

approach was implemented on subsequent PPE received from the State and the federal government.

Recently, some PPE has become more available in the marketplace as evidenced by PPE vendor solicitations submitted to the EMS Agency and new procurement avenues set in place through cooperative programs.

Hospitals protect workforce through:

- Test of all patients
- Screening and, as needed, testing employees
- Conversion of spaces to COVID Positive patient care areas
- Limiting access
- Dedicated staff
- Access to labor pool

PPE Distributed to hospitals as of April 28, 2020 **PPE**	**Amount**	**Unit of Measure**
N95 Masks	5,318,555	Each
Surgical Masks	894,590	Each
Face Shields	203,592	Each
Gowns	85,580	Each
Gloves	84,000	Each
Respiratory Kits	172,304	Each

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

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

Los Angeles County attests to ongoing work with Skilled Nursing facilities within Los Angeles County.

As the CDPH District Office in LA County, as authorized under CDPH/County Standard Agreement No. 19-10042 for health care facility inspections, the LA County Health Facilities Inspection Division (HFID) will continue to adhere to all CDPH guidance and mandates to help SNFs, including conducting Infection Control Assessment and Response (ICAR) surveys of SNFs with residents and/or staff with COVID-19. The ICAR survey has six areas to assess: visitor restriction; education, monitoring, and screening of healthcare personnel (HCP) and residents; ensuring availability of PPE and other supplies; ensuring adherence to recommended infection prevention and control practices, and communicating with the health department and other healthcare facilities. LA County will continue to monitor and advise on their outbreak status and the increasing numbers of cases and deaths related to COVID-19. To address any identified concerns during the ICAR survey on-site visits and the daily call monitoring, DPH will continue virtual assessment and tours of SNFs.

In addition to investigating complaints and resuming federal recertification surveys as directed, LA County will also review and verify that SNFs located in the County are implementing their mitigation plans through on-site visits every six to eight weeks. LA County will ensure that the mitigation plan includes regular testing of residents and staff; hiring and retaining an Infection Control Preventionist; ensuring vendor contracts are in place to replenish/replace PPEs; securing necessary staff by implementing staffing contingency and crisis strategies plan; ensuring dedicated space that would allow for the separation of infected residents and healthcare workers; and having in place a method for daily communication with staff, residents and family regarding the status and impact of COVID 19. The visits will also identify unsafe practices that have or are likely to cause harm to patients. When DPH finds evidence of violations, it initiates enforcement actions, including calling an immediate jeopardy situation, which may result in a State issued civil penalty.

LAC DPH is working to conduct facility-wide COVID-19 diagnostic testing for all residents and staff for the 381 SNFs in Los Angeles County (including Long Beach and Pasadena). Such testing allows the identification of all COVID-19 infected persons, including those who are asymptomatic, to facilitate more effective cohorting and greatly lower the risk of exposure and transmission to other residents and staff within the facility. This strategy also has the dual benefit of reducing illness within facilities and mitigating the risk of further transmission to facility staff, who live in the community.

LAC DPH is also prioritizing prevention interventions such as infection control, including hand hygiene, correct use of personal protective equipment, cohorting infected residents and staff, and developing dedicated COVID-19 units. Infection preventionists would complement the existing public health infrastructure by providing additional education to public health investigative staff, SNF staff, and SNF residents. The goal with this education would be to build local expertise within the SNFs so that they can better manage the current COVID-19 crisis, but also develop skills and infrastructure that can better prepare facilities to manage the day to day issue of antibiotic-resistant bacteria and future emerging pathogens.

Critical PPE will continue to be provided to the SNF sites as needed and available.

See guidance and plan for long term care facilities:
http://publichealth.lacounty.gov/acd/docs/nCoVLTCGuide.pdf

- 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.

There are 381 Skilled Nursing Facilities (SNF) in Los Angeles County. A list of all facilities can be found in *Attachment 1: List of SNF*. On May 26, the County Board of Supervisors directed county departments to design publicly available dashboards for each individual SNF to report COVID metrics, including PPE supply.

As of 5/26/20, the following data were available for all SNFs in LA County:

33% have adequate PPE (defined as more than 14 days).

- Breakdown by type:
  - 47% have adequate N95s
  - 48% have adequate face masks
  - 49% have adequate eye protection
  - 33% have adequate gowns
  - 45% have adequate gloves

The County continues to procure PPE from commercial vendors and assess PPE supply chains (see Attachment 2: *Time Critical Work Plan to Optimize Personal Protective Equipment Supply*). The County has sufficient availability of resupply for order from commercial vendors for face masks, gloves and eye protection. The County is facing issues with vendor-reduced stock for gowns and N95 respirators. With newly established contracts directly with manufacturers, the County will have sufficient amounts of gowns by mid-June and N95 respirators by August 2020.

The County has a 3-point plan in place to ensure SNFs have access to adequate PPE supply by the end of June 2020:

1. **Continue PPE Distribution to SNFs with Supply Shortages:** The County regularly distributes emergency PPE supply to SNFs that are in urgent need (<5 days supply), and organizes distribution events for SNFs facing shortages. The next PPE distribution event for SNFs is scheduled for June 4, 2020. SNFs with shortages will receive a 14-day supply of face masks, eye protection and gloves. Any available gowns and N95s at this time will also be distributed. The following distribution event for SNFs is scheduled for June 18, 2020, at which time a 14-day supply of gowns and N95s will be distributed.
2. **Provide Vendor/Pricing Resources to SNFs:** The County has been providing vendor/pricing information to SNFs so they are well positioned to procure their own PPE supply as commercial supply chains open up. The County is proactively following up with SNFs that face repeated shortages and troubleshooting barriers with facilities' management. The County will continue

to update its vendor/pricing information and distribute to SNFs, and advise all facilities to stockpile their own 30-day supply for future emergencies.

3. **PPE Supply and Usage Tracking System:** To support the County's effort to ensure SNFs have a 14-day supply of PPE on hand, the County is tracking PPE availability across SNFs using the California Department of Public Health survey data and has provided facilities with information on optimizing personal protective equipment during PPE shortages. Additionally, the County is developing its own online data system using Nintex to collect PPE inventory and calculate burn rates for all long-term care facilities. On May 26, the County Board of Supervisors directed county departments to design publicly available dashboards for each individual SNF to report COVID metrics, including PPE supply. A list of all facilities can be found in *Attachment 1: List of SNF*.

Additionally, the County is procuring PPE to stockpile 30-day supply for SNFs and other long-term care facilities that it supports. This local County cache will be used as an emergency supply after facilities exhaust their 30-day supply.

- **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 of Los Angeles reopening plan aligns with the State's reopening plan. The County has moved into Stage 2 alongside the State. The County allowed in-store retail, manufacturing, related logistics, and places of worship to resume operations contingent upon operating within State guidelines. Following successful attestation, businesses within accelerated Stage 2 will be permitted to reopen if and when they have implemented appropriate health and safety measures in accordance with an appropriate facility-specific reopening plan. These businesses include: Hair Salons, Barbershops, Dine-in restaurants. The County will continue to provide County required protocols for reopening. Reopening of Stage 2 businesses is contingent upon their readiness to implement and comply with sector-specific guidance.

- **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.

Los Angeles County attests it has sufficient metrics that will serve as triggers for slowing the pace through Stage 2 or tightening modifications. Metrics focus on two questions: 1) How capable are we of slowing the spread and 2) How effective are we in slowing the spread?

1. How capable are we of slowing the spread?

- Daily number of available ICU beds, past 3-day average
  - Target: past 3-day average number of available ICU beds has not decreased over the past 14 days and accounts for at least 10% of total ICU bed capacity
- Daily number of available ventilators, past 3-day average
  - Target: past 3-day average number of available ventilators has not decreased over the past 14 days and accounts for at least 20% of total ventilator capacity
- Percentage of hospitals that have 15+ days of available PPE, including N95 masks, other masks, eye protection, face shields, gloves, and gowns
  - Target: at least 80% of hospitals have 15+ days of available PPE
- Daily number of COVID-19 diagnostic tests per 1,000 residents
  - Target: at least 1.5 tests per 1,000 residents per day, or 15,000 tests per day, have been done over the past 7 days
- Daily percentage of new and pending COVID-19 cases that have same-day follow-up investigation
  - Target: at least 90% of new and pending COVID-19 cases have same-day follow-up investigation over the past 7 days

2. How effective are we in slowing the spread?

- Daily number of deaths, past 7-day average
  - Target: 7-day average number of deaths has not increased over the past 14 days
- Daily number of deaths, past 7-day average, by race/ethnicity and area poverty level (equity measure)
  - Target: the magnitude of disparity in 7-day average number of deaths has not increased across race/ethnic or poverty groups over the past 14 days
- Daily number of hospitalized COVID-19 patients, past 3-day average
  - Target: the 3-day average number of hospitalized patients has not increased over the past 14 days.
- Percentage of skilled nursing facilities with 1 or more COVID-19 cases reported in the past month that have offered testing to all residents and staff
  - Target: at least 90% of skilled nursing facilities with one or more COVID-19 cases reported in the past month have offered testing to all residents and staff

Los Angeles County will monitor metrics continuously and to assess conditions. If assessment identifies emerging concerns, Los Angeles will notify the state of circumstances and consult regarding mitigation strategies.

See LA County DPH Website for latest recovery dashboard:
http://www.publichealth.lacounty.gov/media/Coronavirus/covid19_recovery_dashboard.htm

- **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.

LAC DPH will work with the County Board of Supervisors, League of Cities, County Public Health Commission, County Prevention Taskforce, County Department of Health Services, County Department of Mental Health, and the Hospital Association of Southern California (HASC) to finalize the Containment Plan.

Our containment plan will be finalized by June 5th and posted on our website.

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?

The Los Angeles County current 7-day average of daily testing volume is over 2.0 per 1,000 residents. The average percentage of positive tests over the last 7 days is less than 8% and declining. Los Angeles County has developed a plan to sustain and increase testing that moves us from an early approach that has relied on drive-through test sites to a strategy that is integrated into the established health care system and increases access to the most vulnerable populations. Los Angeles County has advanced from initially being able to support less than 100 tests per day performed by its public health laboratory to where today more than 10,000 tests are collected at a wide range of sites throughout the County and are performed by a wide range of laboratories.

More than 40 public testing sites are available to members of the community throughout Los Angeles County. This means that a testing site is within a 15-minute drive of every member of the community. Even so, barriers to testing access remain to some residents. As a result, the County is exploring how to integrate tests into existing health care systems or providing testing in ways that will increase access to hard-to-reach communities. For example, the County Department of Health Services is expanding testing within its Ambulatory Care Network and partnering with Federally Qualified Health Centers to increase testing in our most vulnerable populations.

Both the city and county of Los Angeles have established multiple contracts with local laboratories to support and expand the needed testing capacity. These laboratories have been closely reviewed to assure that have been granted EUA for the tests they are using and to ensure that they are in compliance with all reporting

requirements. This approach has been very effective at greatly increasing the available of thousands of tests with reasonable turn-around-times to support the most important needs within the County.

LAC Public Health has developed a surveillance plan, to include a virtual network of sentinel surveillance laboratories, a series of seroprevalence surveys, as well as expanded surveillance testing in Skilled Nursing Facilities. Please see the section on "Surveillance" for more information on these activities.

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?

For the County, there are 1759 contract tracers.

See *Attachment 3: Contact Tracing Plan*. The County has resources to isolate and quarantine individuals who are not able to do so on their own.

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?

How many correctional facilities, of what size, are in the county?

- There are 5 correctional institutions in LA County.
- Correctional institutions and estimated population include:
    - Los Angeles County Jail - 12000
    - Juvenile Detention - 606
    - Federal Correctional Institution – Terminal Island – 1118
    - Federal Correctional Institution – Metropolitan Detention Center - 587
    - California State Prison, Los Angeles - 3188

How many homelessness shelters are in the county and what is their capacity?
There are 322 shelters and interim housing sites with 14, 686 beds.

What is the COVID-19 case rate at each of these facilities?

- Los Angeles County Jail – 7.1 %
- Juvenile Detention – 1.65%
- Federal Correctional Institution – Terminal Island – 65.1%
- Federal Correctional Institution – Metropolitan Detention Center -
- California State Prison, Los Angeles – 3.98%

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?

- LA County DPH notifies receiving congregate facilities of the COVID-19 status of the person being transferred.
- LA County DPH is notified when individuals released from correctional institutions are transferred to a congregate facility.

Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?
Yes, across the 300+ sites we identified 983 beds within existing homeless shelter capacity. We have over 1,000 individual medical sheltering units available for COVID, suspect, and exposed PEH.

Do facilities have the ability to safely quarantine individuals who have been exposed? Yes. Congregate settings encompass a wide spectrum of settings ranging from board and cares to shelters, residential substance use settings, residential mental health settings, interim housing, etc. As a result, there is variability in their abilities to quarantine exposed individuals. Based on our outreach to 500+ sites across the county, most settings have at least some ability to cohort individuals and quarantine exposed individuals, with limitations mainly being based on their physical structure (room set up, # of bathrooms, etc). We conducted technical assistance for these settings to optimize their ability to minimize transmission risks within their specific settings in order to achieve a shared understanding of how to use their space optimally with respect to infection control.

Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities? Yes.

Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs? See above.

Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures? Yes.

Does the workforce have access to locations to safely isolate? Yes.

Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur? Yes.
See attached plans and guidance documents below:

- http://publichealth.lacounty.gov/acd/docs/nCoVLTCGuide.pdf
- http://www.publichealth.lacounty.gov/media/Coronavirus/guidances.htm#congregate-living

This includes:

- congregate living facilities
- Residential substance use settings
- Persons experiencing homelessness
- Correctional and detention facilities

- http://www.ph.lacounty.gov/acd/procs/b73/B73Index.htm

This includes:

- Healthcare associated institutions and SNFs
- Community residential congregate living settings
- Congregate settings associated with people experiencing homelessness (sheltered and unsheltered)
- Correctional and detention facilities

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.)?

See the following:

- Racial, Ethnic and Socioeconomic Data and Strategies Report: http://publichealth.lacounty.gov/docs/RacialEthnicSocioeconomicDataCOVID19.pdf
- *Mitigation plan (Attachment 4)*

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?

We are tracking this using California Department of Public Health COVID-19 Tracking Tool in association with the California Hospital Association and the Reddinet HAvBED COVID-19 Hospital Daily Assessment Poll Data.

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?

See guidance and information for essential workers and workplaces.
http://www.publichealth.lacounty.gov/media/Coronavirus/guidances.htm#business
Mitigation plan.

Various materials have been developed to address availability of supplies for essential workers, including:

1. Guidance for cloth face coverings:
   http://publichealth.lacounty.gov/media/coronavirus/docs/protection/GuidanceClothFaceCoverings.pdf
2. Infographic on cloth face coverings:
   http://publichealth.lacounty.gov/media/coronavirus/docs/protection/FaceCoveringsInfographic.pdf
3. Cleaning in group settings:
   http://www.publichealth.lacounty.gov/media/Coronavirus/docs/protection/GuidanceCleaning-English.pdf
4. Cleaning and disinfection Matrix:
   http://www.publichealth.lacounty.gov/media/Coronavirus/docs/protection/CleaningMatrix.pdf
5. Steps for handwashing:
   http://www.publichealth.lacounty.gov/media/Coronavirus/docs/protection/GuidanceHandwashing-English.pdf
6. Guidance for workplace managers:
   http://www.publichealth.lacounty.gov/media/Coronavirus/guidances.htm#business

List of vendors that can be accessed to procure supplies is attached and available on our COVID-19 website.

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?

No, not at this time.

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?

Yes. We hold regular telebriefings with elected officials and city managers, business sectors, and community-based organizations. We also work with CBOs serving or representing specific racial and ethnic groups to get feedback. Live briefings are also conducted in Spanish and Armenian with weekly media availability for Korean and Chinese media outlets. The County translates its guidance documents into the following languages:

- Spanish
- Traditional Chinese
- Simplified Chinese
- Korean
- Armenian
- Tagalog
- Arabic
- Farsi
- Russian
- Japanese

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?

All surrounding have already been granted a variance. The Southern California Health Officers meet weekly to get updates and to discuss and address issues.

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, Muntu Davis, hereby attest that I am duly authorized to sign and act on behalf of County of Los Angeles. I certify that County of Los Angeles 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 County of Los Angeles, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

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

Printed Name Dr. Muntu Davis

Signature 

Position/Title County Health Officer

Date May 28, 2020

List of Skilled Nursing Facilities (5/27/20)

Facility	Contact Name	Contact Phone	Contact Email
Affinity Healthcare Center	Galeck, Mark	818-335-9998	Administrator@AffinitySNF.com
Alameda Care Center	Avila, Katherine	818-843-1771	Fac52don@longwoodmgmt.com
Alamitos Belmont Rehabilitation Hospital	Rualo, Christine	562-522-2337	crualo@alamitosbelmont.com
Alcott Rehabilitation Hospital	Green, Curtis	626-627-7002	admin@alcottrehab.com
Alden Terrance Convalescence Hospital	Vodicska, Steven	213-382-8461	FAC09ADMIN@LONGWOODMGMT.COM
Alexandria Care Center	Teroganesyan, Lusine	323-660-1800	lusine.TerOganesyan@alexandriacc.com
Alhambra Healthcare and Wellness Centre,LP	Jimenez, Michelle	626-282-3151	Administrator@alhambrahc.com
All Saints Healthcare	Sensible, John Paul	818-982-4600 x103	Jpsadm@allsaints-subacute.com
Angels Nursing Health Center	Recto, Evelyn	213-484-0784	evelyn@caravanoperations.com
Antelope Valley Care Center	Skiba, Thomas	760-807-0685	avcc.administrator@antelopevalleycarecenter.com
Ararat Convalescent hospital	Karapetian, Christine	818-720-8319	christinek@ararathome.org
Ararat Nursing Facility	Kechichian, Margarita	818-837-1800 or 818-445-8068	margaritak@ararathome.org
Arbor Glen Care Center	Johnson, Wacy	208-351-1611	wjohnson@ensignservices.net
Arcadia Health Care Center	Rivera, Daniel	626-445-2170	Drivera@arcadiahcc.com
Artesia Christian Home Inc	Robison, Michelle B	562-865-5218	micheller@achome.org
Astoria Nursing and Rehab Center	Ruiz, Emmanuel	818-798-4044	mruiz@astorianrc.com
Atherton Baptist Home - Sam B. West	Monnier, Mary	626-863-1758	mmonnier@abh.org
Atlantic Memorial Healthcare Center	Williams, Wilestela	562-424-8101	wwilliams@ensignservices.net
Autumn Hills Healthcare Center	PETROSYAN, SHUSHAN	818-246-5677	sxpetrosyan@marinerhealthcare.com
Avalon Villa Care Center	Washington, Alexis	323-756-8191	alexisw@avalonvillahealthcare.com

Facility	Contact Name	Contact Phone	Contact Email
Baldwin Gardens Nursing Center	Levine, Keith	818-284-7780	keith@baldwingardens.net
Bay Crest Care Center	Carlin, Andrea	310-371-2431	andrea.carlin@genesishcc.com
Beachwood Post-Acute & Rehab	Novitsky, Anton	310-451-9700	anovitsky@plum.com
Beacon Healthcare Center	Lords, Trevor	626-483-7556	tlords@beaconhealthcarecenter.com
Bel Tooren Villa Convalescent Hospital	Daiz, Richard	562-867-1761	richard_Daiz@lcca.com
Bel vista healthcare center	Nelson, Clark	562-494-5001	brad.jacobsen@belvista.com
Bell Convalescent Hospital	Andresen, Shelly	626-627-7719	andresenshelly4900@gmail.com
Bellflower Post Acute	Barrett, Lauren	562-925-2274	administrator@bellflowerpa.com
Berkley East Convalescent Hospital	Pyper, Benjamin	925-344-1060	bpyper@aspenskilledhealth.com
Berkley valley Convalescent hospital	Davis, Francisco	818-786-0020	frank.davis@berkleyvalley.com
BERKLEY WEST COVALESCENT HOSPITAL	Pyper, Benjamin	925-344-1060	bpyper@aspenskilledhealth.com
Beverly west healthcare	Aguilos, Robert	323-938-2451	administrator@beverlywesthc.com
Bixby Knolls Towers Healthcare & Rehab	Barrett, Karin Jean	562-715-6624	pat.holt@rhf.org
Bonnie Brae Skilled Nursing	cayton, Marlo	323-428-3369	marlo@bbch1.com
Brentwood Health Care Center	Ashcroft, Jona	310-828-5536	jashcroft@brentwoodnursing.com
Briarcrest Nursing Center	Pashapour, Irene	323- 663-3951	irene.pashapour@briaroakonsunset.com
brier Oak on Sunset	Drake, Brett	626- 798-9124	brett@brighton1836.com
Brighton Care Center	Gunnell, Dean	909-938-2532	dgunnell@broadwaybythesea.com
Broadway by the Sea	Demurjian, Chia	626-285-2165	chia.demurjian@broadwayhcc.com
Broadway Healthcare Center	Alaverdayn, Ermine	818-246-7174	fac26admin@longwoodmgmt.com
Broadway Manor Care Center	Varsenik Keshishyan	818-886-1616	vkeshishyan@brookdale.com
Brookdale northridge	Kneedy-Cayem, Kara	909-394-0304	kara.kneedy-cayem@brookdale.com
Brookdale San dimas	Howell, David	562-869-2567	dhowell@ensignservices.net
Brookfield healthcare center	Thompson, Tiana	323-268-0106	administrator@BuenaVenturaRehab.com

Facility	Contact Name	Contact Phone	Contact Email
Buena Ventura Post Acute Care Center	Tellez, Alexandra	818-843-2330	fac53admin@longwoodmgmt.com
Burbank healthcare AND REHAB CENTER	DISTEFANO, DAN	213-381-5585	fac01admin@longwoodmgmt.com
Burlington Convalescent hospital	Ramos, Lina	818-988-2501	fac95ipn@longwoodmgmt.com
California healthcare and rehab center	Dhawan-Desai, Vandana	818-988-2501	fac95admin@longwoodmgmt.com
California Post Acute	Oscherowitz, Eli	818-919-0395	
California Post Acute	Oscherowitz, Eli	818-919-0395	administrator@capostacute.com
Camellia Garden Care Center	Arlante, Nelida	626-798-6777	narlante@camelliagardenscc.com
Canyon oaks nursing and rehab center	Nagy, Jason	818-887-7050	jasonnagy@lifegen.net
Casa Bonita convalescent hospital	Escontrias, Richard	909-599-1248	fac29@admin@longwoodmgmt.com
Casitas Care Center	Valdivia, Rosa	818-368-2802	rvaldivia@casitascc.com
Catered manor nursing center	Saulietis, Nora	562-426-0394	nsaulietis@covenantcare.com
Centinela Skilled Nursing & Wellness Centre	Mobasser, Mohsen	310-674-3216	Administrator@centinelanursing.com
Century Villa, Inc	Silver, June	310-672-2012	june.silver@centuryvil.com
Chandler convalescent hospital	Diebold, Cory	818-240-1610	administrator@pacificparkhc.com
Chatsworth Park Health Care Center	Ly, Sonia J.	818-882-3200	sly@chatsworthparkcare.com
Chino valley healthcare center	Orquia, Juanita	909-628-1245	fac38admin@longwoodmgmt.com
Clara Baldwin Stocker Home	McDonald, Don	626-962-7151	donmcdonald@clarabaldwinstocker.com
Claremont Care Center	Arellano, Carla	909-593-1391	caarellano@ensignservices.net
Claremont Manor Care Center	Japenga, Diana	909-971-6154	djapenga@frontporch.net
Clear View Convalescent Center	Kooner, Sandeep	310-538-2323	skooner@clearviewcare.com
Clear view sanitarium	Towns, Mark	310-538-2323	drtowns@msn.com
COAST CARE CONVALESCENT CENTER	Invencion, Janice	626-337-7229	edwinraquel@gmail.com

Facility	Contact Name	Contact Phone	Contact Email
College Vista Post-Acute	Navarro, Jessica	323-257-8151	admin@collegevistacare.com
Colonial care center	Esguerra, Rubie Let E	562-432-5751	fac34admin@longwoodmgmt.com
Colonial Gardens Nursing Home	Stephens, Kent	562-949-2591	blown1969@hotmail.com
Community care center	O'Connor, Barbara	626-357-3207	boconnor@chms.us
Country Manor Healthcare	Venturina, John	818-899-0251	dsd@countrymanorhealthcare.com
Country Oaks Care Center	Maguet, Ryan	909-622-1067	admin@countryoakscenter.com
Country villa bay vista healthcare center	Larzaro, Lisa	562-634-4693/964-6907 ©	Administrator@CVBayVista.com
Country villa Belmont heights healthcare	Warren, Calvin	562-597-8817	Administrator@cvbelmontheightshc.com
Country Villa Claremont Healthcare center	Arias, Christina	909-624-4511	administrator@cvclaremonthc.com
Country Villa East Nursing Center	Valencia, John	323-734-1101	Administrator@CVEastNursingCenter.com
Country Villa Los Feliz Nursing Center	Brian,Marc	323-666-1544	administrator@cvlosfeliznc.com
Country villa mar vista nursing center	Montag, Memphis	310-397-2372	administrator@cvmarvistanc.com
Country Villa North Convalescent Center	Conti, Mary J	323-734-9122	info@NorthPalmsRehab.com
Country Villa Pavilion Nursing Center	Villaluz, Raymund P.	323-939-3184	administrator@cvpavilionnc.com
Country Villa Rehabilitation Center	GANS, BARRY	213-484-9730	barry.gans@losangelesrehabwc.com
Country Villa Sheraton Nursing and Rehabilitation	Lindongan, Mathew	818-892-8665	matthew.lindongan@northhillshc.com
Country villa south Convalescent center	Avi (Avraham), Saada	310-839-5201	asaada@snfoperations.com or administrator@cvsouthnc.com
Country Villa Terrace Nursing Center	Villaluz, Raymond	323-653-3980	administrator@cvterracenc.com
Country Villa Westwood Convalescence Center	Miller, Corey	310-826-0821	administrator@westwoodhwc.com
Country Villa Wilshire	Javier, John	323-653-1521	Administrator@CVWilshireNC.com

Facility	Contact Name	Contact Phone	Contact Email
Convalescent Center			
Courtyard Care Center	Bagsic, Jonah	562-494-5188	jbagsic@courtyardcarecenter.com
Covina Rehabilitation Center	Velazquez, Amy	818-632-4986	fac49admin@longwoodmgmt.com
Crenshaw Nursing Home	Garcia, John	323-933-1560	fac02admin@longwoodmgmt.com
Culver West Health Center	Sanchez, Jamie	310-390-9506	jsanchez@CulverWest.com
Del Amo Gardens Care Center	Wauke, Brent	310-378-4233	info@delamogardens.com
Del Mar Convalescence Hospital	Hovey, Alexandra	626-288-8353	admin@delmarhospital.com
Del Rio Convalescent Center	Siregar, George	562-927-6586	george.siregar@vdelrio.com
Del Rio Gardens Care Center	Siregar, George	562-927-6586	george.siregar@vdelrio.com
Downey community health center	Peterson, John	562-862-6506	jpeterson@downeycommunity.com
DOWNEY CARE CENTER	Raul Renteria	562-528-1553	rrenteria408@gmail.com
DREIER'S NURSING CARE CENTER	Haedrich, John	818-242-1183 x407	info@nursing-care.com
Driftwood Healthcare Center	Weiss, Jonathan	310)793-3000/323)481-8441	jweiss@snfoperations.com
Eastland Subacute and Rehabilitation Center	Fugate, Karen	626-444-2535	fac66admin@longwoodmgmt.com
Edgewater Skilled Nursing Center	Chapman, Jonathan	562-434-0974	jchapman@edgewaterrehab.com
Eisenberg village	Kennings-Glass, Kathleen	855-227-3745	Smadar.jal@jha.org
EISENHOWER HEALTHCARE CENTER	Turney, Christopher	626-798-9133	cturney@eisenhowerhealthcare.com
El Encanto Healthcare and Habilitation Center	Calvo, Kenneth	626-336-1274	Kenc@eehc.org
El Monte Convalescence Hospital	Telles, Jesse	626-442-1500	jtelles@pipeline.com
El Rancho Vista Health care center	Ragini Kaur	562-942-7019	administrator@elranchovista.com
elmcrest care center	White, JD	951-323-6460	jd.white@providencegrouphc.com
Emerald terrace convalescent hospital	Mendoza, Cristina	213-385-1715	Msmilow@emeraldtch.com

Facility	Contact Name	Contact Phone	Contact Email
Fidelity health care	Alex Chua	323-456-9224	achua@fidelityhcc.org
Fireside Health Care Center	Nunez, Janees	310-393-0475 x211	jnunez@firesidecare.com
Flower villa, inc	Ndiyob, Ted	310-652-3030	tedn@flvil.com
Foothills Heights Care Center	Jannat, Shahrzad	626-798-1111	administrator@foothillops.com
Fountain View Subacute and Nursing Center	Carlin, Andrea	323-461-9961	Andrea.Carlin@GenesisHCC.com
Four seasons healthcare & wellness center ,LP	Pastor, Emmanuel	818-985-1814	mannypastor@yahoo.com
Garden crest rehab center	Ice, Carol	332-6638281 707-287-8441	admin@gardencrestweb.com
GARDEN VIEW POST-ACUTE REHABILITATION	Francis, Arthur R	626-962-7095	gardenviewcarecenter@gmail.com
Gardena convalescent center	Weiss, Jonah	310-532-9460	jweiss@gardenaconvalescentcenter.com
GEM Transitional Care Center	Ruiz, Emmanuel	818-798-4044	mruiz@astorianrc.com
Gladstone care and rehabilitation center	Bautista, Christian Ryan	626-505-5204	administrator@gladstonecare.com
Glendale Transitional Care Center	Groch-Tochman, David	310-409-8207	Dagroch-tochman@marinerhealthcare.com
Glendale Healthcare Center	Caballero, Jennifer	818-246-5516	jennifer.caballero@glenadalehcc.com
Glendale Post Acute Center	Michel Seifert	310-310-5146	michel.seifert@glendalepac.com
Glendora Canyon Transitional care unit	Roberts, Jason	909-230-1455	jroberts@glendoratcu.com
Glendora Grand Inc	Mauga, Donovan	626-331-0781	donovan.mauga@glendoragrand.com
GLENHAVEN HEALTHCARE	Marks, Carrie L	818240-6720 818-427-4470	carrie@caravanoperations.com
Glenoaks Conv. Hospital	Le Vine, Henry	818-240-4300	chlevine@yahoo.com
Glenridge Center	Abigail Gonzalez	626-290-0391	abigail.gonzalez@rescare.com
Golden Cross Health Care	Arevalo, Jose	6)791-1948/379-4198 ©	joe@goldencrosshealthcare.com
Golden State Colonial Healthcare Center	Marks, Carrie L	818-763-8247 c:818-427-4470	carrie@caravanoperations.com
Good Shepard Health Care Central of Santa	Abacan-Agulto, Isidra	310-451-4800	administrator@goodshepherdhcc.com
Granada Hills Convalescent Hospital	Hibarger, David L	818-891-1745	administration@ghcarecenter.com
Grancell village of the Jewish	Mackay, James	818-774-3314	james.mackay@jha.org

Facility	Contact Name	Contact Phone	Contact Email
homes			
Grand Park Convalescent hospital	Schmukler, Yehuda	323-350-7772	yschmukler@hotmail.com
Grand Valley Healthcare Center	Garcia, Alfred	818-786-3470	alfredg@grandvalleyhcc.com
Green acres healthcare center	Orquia, Juanita	626-280-2293	fac23admin@longwoodmgmt.com
GREENFIELD CARE CENTER OF GARDENA	Tg, Jonathan	310-329-9929	admin@gccsouthgate.com
Greenfield Care Center of South Gate	Jose, Kimberly	323- 564-7761	admin@gccsouthgate.com
Griffith Park Healthcare Center	RUCIRETA, VINCENT	818-845-8507	Glendale045@aol.com
Guardian Rehabilitation Hospital	Delgado, Glennie s	323-931-1061	glennied@guardianrehab.com
Harbor Post Acute Care Center	Villanueva - Domingo, Angelica	310-320-0961	hcc.administrator@harborcarecenter.com
HARBOR VIEW BEHAVIORAL HEALTH CENTER	Thomas-Bland, Shannon	562-591-8701	sbland@hvcbh.com
Hawthorne healthcare & Wellness Center, LP	Herrera-Shipe, Rusmine	310-617-1126 310-679-9732	administrator@hawthornehc.com
Heritage Manor	Ethington, Gregory C	626-573-3141	admin.hm@mpowercom.net
Heritage Rehabilitation Center	Martinez, Roy	310-320-8714	roy.admin@heritagerehabcenter.com
HIGH VALLEY LODGE	Bolten, Joel M.	818-352-3158	jbolten@highvalleych.com
Highland Park Skilled Nursing & Wellness Centre	Esquer, Albert Duane	323-254-6125	administrator@highlandparknursing.com
Holiday Manor Care Center	Kunz,Scott #7678	818-341-9800	ait@danyonvistapa.com
Hollenbeck Palms	Shockley, Morris	323-263-6195	mshockley@holpalms.com
Hollywood Premier Healthcare Center	Oscherowitz, Eli	818-919-0395	administrator@serranopostacute.com
Hollywood Presbyterian medical center D/P SNF	Agoncillo, Jose Antonio	626-445-2421	joseantonio.agoncillo@huntingtondrivehhc.com
Huntington Drive Health and Rehabilitation Center	Morris, Monica	213-631-6197	administrator@huntingtonhcc.com
Huntington Park Nursing	Martin	323-589-5941	mlumingkewas@convenantcare.com

Facility	Contact Name	Contact Phone	Contact Email
Center	Lumingkewas		

Hyde park healthcare center	Moyle, Kenny	323-753-1354	info@hydeparkrehab.com
Imperial Care Center	Bellantuoni, Gemma M	818-980-8200	Fac47admin@longwoodmgmt.com
Imperial crest health care center	Dharwadkar, Rahul K	310-679-1461	fac42admin@longwoodmgmt.com
Imperial Healthcare Center	Gewirtz, Chonoch	562-943-7156	csalviejo@imperialhcc.com
Infinity Care of East Los Angeles	Rob, Takami	323-261-8108	samin@inifnity-care.com
Inglewood Health Care Center	Rimando, Jenny Marie A	310-677-9114	JMTAbella@marinerhealthcare.com
Inland Valley Care and Rehabilitation Center	Guevarra, Marydes	909-623-7100	administrator@pamonavalleyrc.com
Intercommunity Care Center	Reylon Tiples, NHA	562-427-8915	rtiples@iccare.org
Intercommunity healthcare center	Seifert, Michael J	562-868-4767	fac59admin@longwoodmgmt.com
Ivy Creek Healthcare & wellness center	Chazanow, Samuel	626-289-4439	administrator@ivycreekhc.com
Joyce Eisenberg Keefer Medical Center	Jeffery Gall	818-757-4402	jeffrey.gall@jha.org
Kei-Ai Los Angeles Healthcare Center	Teshima, Janie	949-233-7765c	janieT@aspenskilledhealth.com
Kei-ai Southbay healthcare center	Nordfelt, Spencer	310-532-0700	snordfelt@aspenskilledhealth.com
Kennedy post acute care center	URENA, MONICA	323-651-0043	administrator@kennedypostacute.com
KINGSLEY MANOR CARE CENTER	Rushforth, Shaun D	323-906-3301	Srushforth@frontporch.net
La Brea Rehabilitation Center	Pena, Hugo	310-971-1768c	administrator@labrearehab.com
La Crescenta Healthcare Center	Isayan, Sona	818-236-3400	sxisayan@marinerhealthcare.com
lA PAZ geropsychiatric center	Meyer, Michael	323-578-0894c	mmeyer@telecarecorp.com
Lake Balboa Care Center	Aldunate, Jose	310-709-8491	jaldunate@lakebalboacare.com
Lakeview Terrace	Weaver, DJ	323-810-8167c	dj@lakeviewsnf.com

Facility	Contact Name	Contact Phone	Contact Email
Lakewood Healthcare Center	Enriquez, Alice	562-869-0978	Administrator@lwhealthcare.com
Lancaster healthcare center	Galang, Nichole	661-942-8463	nichole.galang@desertcanyonpostacute.com
Landmark Medical Center	Campos Kilby, Rosemary	909-593-2585	r.kilby@landmarkmedicalcenter.net
LAs Flores Convalescent Hospital	Langevin, Chris	310-323-4570	clangevin@lflores.net
Laurel park behavioral health center	Chiara, Tracy	909-622-1069	tracy.chiara@genesishcc.com
Lawndale Healthcare and Wellness Centre	Mobasser, Mohsen	949-600-3446	Administrator@lawndalehc.com
LEGACY HEALTHCARE CENTER	Upthegrove, Amie	626-798-0558	medrec@legacysnf.com
Leisure Glen Post Acute Care Center	Artyunyan, Mary	818-247-4476	administrator@leisureglenrehab.com
Lighthouse Healthcare Center	Strother, David	323-564-4461	david@lhcarecenter.com
LITTLE SISTERS OF THE POOR	McCarthy, Marguerite	310-548-0625	mssanpedro@littlesistersofthepoor.org
Live oak rehabilitation center	Fugate, Karen	626-289-3763/562-7-3831c	fac33admin@longwoodmgmt.com
Lomita post acute care center	Fortin, Wayne	310-325-1970	wfortin@lomitacare.com
Long Beach care center	Siregar, Christopher	562-4266141/909-362-3270c	christopher.siregar@lbccenter.com
Long Beach healthcare center	Oscherowitz, Eli	818-919-0395	eli@beecanhealth.com
Long Beach Memorial Medical Center	Jeff Hovespian	310-874-9593	jhovespian@memorialcare.org
Long Beach Post Acute	Munoz, Carlo G	562-591-7621/562-977-7219c	administrator@lbpostacute.com
Longwood manor convalescence hospital	Gedyon, Makda	323-935-1157/323-354-2221	fac05admin@longwoodmgmt.com
Los Angeles Community hospital	Olga Meza	(323) 251-1866	olga.meza@altacorp.com
LOS PALOS POST-ACUTE CARE CENTER	Alegre, Nestor	310-832-6431	nalegre@lpconv.com
Lotus care center	Cuaresma, Roland	323-292-0748	administrator@lotuscarecenter.com
Lynwood healthcare center	Ta, Johnathan	310-537-2500	johnathan.ta@lynwoodhcc.com
Maclay Healthcare center	Dscherowitz, Eli	818-919-0395	eli@beecanhealth.com

Facility	Contact Name	Contact Phone	Contact Email
Magnolia gardens convalescent hospital	Zepeda, Rosario	818-360-1864	sac03admin@longwoodmgmt.com
Manchester Manor Cvlt Hospital	Jackson, Ethan	323-753-1789/909-213-1787c	administrator@manchestermanorch.com
Maple Healthcare Center	Ekekeulu, Chima	213-255-0265/213-747-6371	chima.ekekeulu@maplehcc.com
Marina pointe healthcare and subacute	Nguyen-Hone, Jen	310-391-7266/310-210-0240c	jenh@aspenhealth.com
MARLORA POST ACUTE REHABILITATION HOSPITAL	De La Cruz, Josefina M	562-494-3311	jo-c@marlora.com
Marycrest Manor	Flora Azinge	310-838-2778	admin@marycrestculvercity.com
Mayflower Care Center	Ayers,Shannon	626-579-1602	sayers@longwoodmgmt.com
Mayflower gardens Convalescent hospital	Altman, Craig	661-943-3212	craig.oltman@rhf.org
Maywood Skilled Nursing & Wellness Centre	Rosman, Shimon	323-560-0720	Administrator@maywoodHC.com
Meadow Behavioral Health Center	McLearie, Wendy	310-391-8266	wendy.mclearie@meadowbrookbac.com
Memorial Hospital of Gardena snf	Stevens, Steven	310-532-4200/909-270-9663c	sstevens@avantihospitals.com
Mesa Glen Care Center	Latterell, Kyle	951-565-7438	administrator@r66postacute.com
Mid-Wilshire Health Care Center	JONES, ALFRED H	213-483-9921	ajones@midwilshirehcc.com
Mirada Hills Rehabilitation	Kuizon, Kristina	562-947-8691	kristina_kuizon@lcca.com
Mission Care Center	Hatch, Mo	626-607-2400	mohatch@ensignservices.net
Monrovia Gardens Healthcare Center	Tiffany Austin	626-358-4547	tiffany.austin@monroviahcc.com
Monrovia Post Acute	Oscherowitz, Eli	818-919-0395	eli@beecanhealth.com
Monte Vista grove homes	Herbert, Deborah	626-796-6135	DHerbert@mvgh.org
Monte Vista. Healthcare center	Lazo, Genesis	626-359-8141	genesis.lazo@montevistahcc.com
Montebello care center	Hernandez, Gwendy	323-724-1315	Gwendy.Hernandez@montebellocc.com
Monteito heights healthcare & wellness center	Henry, Carl	323- 223-3441	administrator@montecitohc.com
Monterey Healthcare & Wellness Centre, LP	Kauffman, Joshua	626-280-3220	jkauffman@snfoperations.com

Facility	Contact Name	Contact Phone	Contact Email
Monterey Park Convalescent Hospital	Ethington, Gregory C	626-280-0280	admin@montereyparkcare.com
Montrose Healthcare Center	Carrera, Rogelio	818-441-4709 818-249-3925	rcarrera@longwoodmgmt.com
Montrose Springs Skilled Nursing & wellness Center	Ovsepyan, Romela	818-248-6856	administrator@verdugovalleywc.com
Motion Picture and TV Hospital	Robert Jensen	855-760-6783	robert. jensen@mptf.com
Mount San Antonio Gardens	Atilano, Lisa	909-399-1200	latilano@the-gardens.org
Mountain View convalescent hospital	Anthony Pham	818-367-1033	Apham@chms.us
New Vista Nursing and rehabilitation center	Perez, Jean	818-352-1421 x200	jean.perez@newvistanursingrehab.com
New vista post acute care center	Perez, Mary	310-477-5501	mary.perez@newvistapostacute.com
North Valley Nursing Center	Navarro, Jessica	818-352-1454	admin@northvalleynursingcenter.com
North Walk Villa Convalescent Hospital	Lawler, Emelyn	562-921-6624	emelyn_lawler@lcca.com
Northridge Care Center	ALEMI, DAUD	818-881-7414	Fac32Admin@longwoodmgmt.com
Norwalk meadows nursing center	Eileen Baltazar	562-864-2541/323-637-0259	administer@norwalkmeadows.com
Norwalk skilled nursing & wellness center	Paver, Phillis	818-334-0924	administrator@norwalkwc.com
Oak park Healthcare Center	Reinhold, Amanda	818-262-1440	admissions@oakparkhc.com
Olive vista behavioral health center	Gecse, Crystal	909-437-4712	crystal.gecse@shandinhillsbhc.com
Olympia Convalescent Hospital	Kim, Don	213-487-3000	adon@olympiacc.com
OSAGE HEALTHCARE & WELLNESS CENTER	Morgan, Ranita (ask for East Building)	310-674-3216	don@osageHCC.com
Pacific care nursing center	Rama, Vann	714-213-6851	vannr@pacificcarenc.net
Pacific Palms Healthcare	Haering, Lance	562-433-6791	lancehaering@pacificpalmshealthcare.com
Pacific Post- acute	De Jesus, Walter	909-641-1096	admin@pacificpostacute.com
Pacific villa, inc	Estavillo, Evangeline	562-595-1731	evangeline.estavillo@pacificvil.com
Pacifica Hospital of the Valley	Parra, Jim	562-242-8162/818-252-2281	jparra@pacificahospital.com

Facility	Contact Name	Contact Phone	Contact Email
Palazzo post acute	Oscherowitz, Eli	818-919-0395	administrator@serranohealth.com
Palos verdes health care center	Caro, John	310-784-5440	carolomita@aol.com
Panorama Gardens Nursing	Gamero, Alicia	818- 893-6385	agamero@ensignservices.net
Paramount Convalescent	Melander, Spencer	562-634-6877	admin@paramountconvalescent.com
Park Avenue Healthcare & Wellness Center	Ramos, Emmanuel	909-623-0791	administrator@pomonahc.com
Parkwest Healthcare Center	Pelaez, Rose	818-708-3533	assistantadministrator@parkwestrehab.com
Pasadena care center	Padama, Anthony	562-340-2009	Admin@PasadenaCareCenter.com
Pasadena Grove healthcare center	Turney, Chris	626-798-9133	cturney@eisenhowerhealthcare.com
Pasadena Meadows Nursing Center	Bartolone, Rhea	626-283-4592	Administrator@PasadenaMeadows.com
Pasadena park healthcare and wellness	Gruman, Zev	626-463-4105	administrator@pasadenaparkhc.com
Penn mar therapeutic center	Dimla, Dolores	626-401-1557	dorid@pennmartc.com
Pico Rivera healthcare center	Crowell, Caroline	562-948-1961	fac58admin@longwoodmgmt.com
Pilgrim Place Health Service Center	Rodas, Richard	909-399-5592	rrodas@pilgrimplace.org
Pine Grove Healthcare & Wellness Center, LP	Magsila, Luke A	626-285-3131	Administrator@PineGroveHC.com
Playa del Rey center	Urbina, Christian	323-346-8993	christian.urbina@genesishcc.com
Pomona Vista Care Center	Andal, Nancy	909-623-2481	don@pomonavistacarecenter.com
Primrose post acute	Lee, Samuel	951-505-0255	samlee@plum.com
Providence Holy Cross Medical Center D/P SNF	Angie Torres	(818) 496-4633	angietorres@providence.org
Providence Little Company of Mary	Oliveras, Sherry	310-732-6729	sherry.oliveras@providence.org
Providence Little Company of Mary	Shepherd, Holly	818-980-3872	holly.shepherd@providence.org
PROVIDENCE ST. ELIZABETH CARE CENTER	Baker, Jeremy	310-303-6107	jeremy.baker@providence.org
Ramona Nursing & Rehabilitation Center	Hyer, Michael	626-442-5721	mhyer@ramonarehab.com

Facility	Contact Name	Contact Phone	Contact Email
Regency oaks post acute care center	Cantore, Lourdes	562-498-3368	administrator@regencyoaksrehab.com
RINALDI CONVALESCENT HOSPITAL	Keawekane, Scott	818-360-1003	skeawekane@RinaldiCares.com
Rio hondo subacute & nursing's center	Pagela, Karen	323-724-5100	karen.pagela@genesishcc.com
Riviera Health Care center	Sonia Cardenas	562-806-2576	scardenas@rivierahealthcare.com
Rose Gardens Healthcare Center	Rosales, May Lisa	626-797-2120	administrator@rosegardensubacute.com
ROSE VILLA HEALTHCARE CENTER	Howell, David	562-925-4252	dhowell@ensignservices.net
Rosecrans care center	ESTANDARTE, NOEL N	310-323-3194	NEstandarte@Rosecranscc.com
Royal care skilled nursing center	Peralez, Jon	562-427-7493	jperalez@covenantcare.com
Royal Crest Health Care	Silverio, Olivia	626-915-5621	royalcresthc@gmail.com
Royal gardens healthcare	Oscherowitz, Eli	818-919-0395	administrator@RoyalGardenHealth.com
Royal oaks care center	Stevens, Lisa	310-963-6410	LisaT@Granadapostacute.com
Royal oaks manor _ Bradbury oaks	Pierce, Meg	818-720-8636	meg.pierce@humangood.org
Royal Palms Post Acute	Oscherowitz, Eli	818-919-0395	administrator@royalpalmshealth.com
Royal Terrace Health care	Ocherowitz, Eli	818-919-0395	administrator@royalterracehealth.com
ROYAL VISTA CARE CENTER	Nicolas, Brenda	626-289-5365	brenda.nicolas@royalvistacare.com
Royal Wood Care Center	Garcia, Gigi	310-326-9131	lisa.lazaro@genesishcc.com
Saint Vincent Healthcare	Bautista Jr., Cipriano	626-512-2595	junbautista1019@gmail.com
San Fernando post acute hospital	Galit, Mannie	818-899-9545	jcatama@goldenlegacycare.com
San Gabriel Convalescent center	De La Llana, Manuel	626-280-4820	fac24admin@longwoodmgmt.com
San Gabriel valley medical center	Inmabi, Anthony	323-422-6013	Anthony.Innabi@ahmchealth.com
San Marino Manor	Elbert, Michael (or Yolanda)	626-446-5263	administrator@sangabrielpa.com

Facility	Contact Name	Contact Phone	Contact Email
Santa Anita Convalescence Hospital	Harvey, Steve	626-579-0310	davids@gshci.com
SANTA CLARITA POST ACUTE CARE CENTER	Kim, Henry	661-259-3660	hkim@santaclaritapa.com
Santa Fe Convalescent hospital	Ramirez, Rubin	562-424-0757	hugop@santafech.com
SANTA FE HEIGHTS HEALTHCARE CENTER LLC	Perez, Roberto	310-639-8111	administrator@santafeheights.com
Santa Fe lodge	Brewer,Shannon	626-448-4248	sayers@longwoodmgmt.com
Santa Monica Convalescent Center	Batac, Madelin	213-880-7764	mbatac@smconvalescent.com
Santa Monica Convalescent Center ll	Batac, Madelin	213-880-7764	mbatac@smconvalescent.com
Santa Monica Health Care	Torres, Belinda	310-829-4301	BTorres@marinerhealthcare.com
SANTA TERESITA MANOR	Maltonado,Veronica	626-633-2342	snfadmin@santateresitainc.com
Seacrest Convalescent hospital	Alegre, Nestor	310-833-3526	nalegre@scconv.com
Seaport 17th cate center	Yang, Andrew	310- 829-5411	info@seaport17.com
Shadow Hills Convalescence Hospital	Santa Isabell, Angel	818-352-4438	none@dhs.ca.gov
Sharon care center	Ianieri, Holly	310-569-2282 323-655-2023	holly.ianieri@sharoncarecenter.com
Sherman oaks health and rehabilitation center	Haas, Steven	818- 986-7242	fac98admin@longwoodmgmt.com
Sherman village healthcare center	Posada, Elvira	818-766-6105	face46admin@longwoodmgmt.com
Shoreline healthcare center	Ortiz Luis, Sheila	562-494-4421 ext. 201	soluis@ensignservices.net; contact-shoreline@ensignservices.net
Sierra View Care Center	Kwok, Whitney (or Ditto)	626-960-1971	admin@sierraviewcarecenter.com
SKYLINE HEALTCARE CENTER LOS ANGELES	Aguirre, Vernon	323)665-1185/714)732-1168	Administrator@skylinehc.com
SoCal Post Acute Care	Laws, Jay	562-698-0451	socalpostacute@gmail.com
Solheim Senior Community	(John) Farag, Nabil	323-257-7518 x221	Jfarag@solheimsenior.org
South Pasadena care center	Miller, Julie	626-399-0358	southpas2000@yahoo.com
Southland	Matt Flake	562-868-9761	mflake@ensignservices.net

Facility	Contact Name	Contact Phone	Contact Email
ST. ANDREWS HEALTHCARE	Chivi, Nathaniel	323-731-0861	sahc.administrator@standrewshealthcare.com
St John of God Retirement and care	COSICO, JOHN P	323-731-0641 ext. 11539	jcosico@stjog.org; usaprov-office@sbcglobal.net; Rbaciarelli@stjog.org
Stoney Point Healthcare Center	Mason, Tim	818-882-8233	Mruiz@jshci.com
Studio city rehab center	shouhed, Heather	818-605-9768	fac06admin@longwoodmgmt.com
Sunny Village Care Center	Pinoliar, Reynaldo	626-576-1032	rey.pinoliar@sunnyvillagecc.com
Sunnyside Nursing Center	Dahl, Shane	714-724-1975	administrator@sunnysidenursing.com
Sunnyview Care Center	Wudneh, Alem	323-735-5146	fac22admin@longwoodmgmt.com
Sunray healthcare center	Rafael	323-734-2171	AArevalo@sunrayhc.com
Sunset Manor Convalescent Hospital	Salinas, Stuart	626-443-9425	admin@sunsetmanorcare.com
Sylmar Health and Rehabilitation Center	Friedman, Bernard	818-834-5082 x5082	bernardf@sylmashrc.com
Tarzana health & rehab center	Scantlebury, Ingrid	818-939-8724	idscantlebury@savasc.com
Temple City Healthcare	Figueroa, Joanne	626-443-3028	eden@caravanoperation.com
Temple park convalescent hospita	Zemel, Elliot (Rensel)	213-380-3210	auralterron@hotmail.com
The Californian - Pasadena Convalescent	Pages, Luis	626-739-5114 ext.15	Luis.Pages@californianch.com
The Canterbury	Hone, David L	310-265-5100	dhone@thecanterbury.org
The Earlwood	Villaluz, Robert	310-371-1228	Robert.Villaluz@GenesisHCC.com
The Ellison John transitional care Center	Carlson, Shane	661-494-8600	shane.carlson@pursuehealthllc.com
THE GARDENS OF EL MONTE	Chondala Yanguba	626-443-1351	chondalay@elmontegardens.com
The grove post acute center	Kim, Henry	818-361-0191	hkim@thegrovepa.com
Meadows Post Acute	Jennifer Haas	480-686-2856	administrator@themeadowspa.com
The Orcard - Post Acute Center	Huefner, Mathew K.	562-693-7701	mhuefner@ensignservices.net
The Rehabilitation Center of Santa Monica	Gordillo, Fredie	323-782-1500 x1504	fredie.gordillo@rehabcenter.com
The Rehabilitation Center of Beverly Hills	Jeffrey Huang	310-255-2800	carentar@marinerhealthcare.com
The Rowland	Kalomas, Anthony	626-967-2741	tkalomas@aol.com

Facility	Contact Name	Contact Phone	Contact Email
Topanga terrace	Hever, Leeron	818-883-7292	lhever@topangaterrace.com
Torrance Care Center West inc.	Lara, Susan	310-370-4561	susan.lara@torrancecare.com
Torrance Memorial Medical Center	Candace Millek	310-784-4924	candace.millek@tmmc.com
Totally kids speciality healthcare_sun valley	Michelle Nydam/Samantha Melendez	818-252-5863	don.rn@totallykidssvsh.com; administrator@totallykidssvsh.com
Two Palms Nursing Care Center	Fessenden, Martha	626-798-8991	tmfess@yahoo.com
University park healthcare center	Geraldine Tutor	213-595-7385	geraldine.tutor@universityparkhcc.com
Valley Palms Care Center	Ruby Padua	818-983-0103	rnunezpadua@valleypalms.com
Valley vista nursing transitional care lock	Martinez, Jorge A.	818-763-6275/818-471-8187	administrator@valleyvistanursing.com
Van Nuys Health Care	Mejia, Norma	818-997-1841	norma.mejia@carecenteronhazeltine.com
Vermont Healthcare Center	Tilney, Isabel	310-328-0812	ITILNEY@VermontHC.com
Vernon Healthcare Center	Hicks,Leslie	626-629-6167	Administrator@VernonHC.com
VETERANS HOME OF CALIFORNIA - WEST LOS ANGELES	McGuire, Kevin	424-832-8238	kevin.mcguire@calvet.ca.gov
Victoria Care Center	Farage, Peter	626-962-1043	admin@thevictoriacarecenter.com
View Heights convalescent hospital	Jones, John	323-757-1881	jjones@viewheights.com
View park convalescent center	Gooden, Amber	323- 295-7737	fac12admin@longwoodmgmt.com
Villa Elena healthcare center	Arrevalo, Armondo	562-714-0476	a.arrevalove@progressivecarecenters.com
VILLA GARDENS HEALTH CARE UNIT	Digerness, Paula	626-786-8063	pdigerness@frontporch.net
Villa Scalabrini Special Care	Afshar-Tavana, Ardeshir	818-768-6500	ardy@villascalabrini.com
VILLA SERENA HEALTHCARE CENTER	Jenkin, Eden A.	562-437-2797	eden@caravanoperations.com
Virgil rehabilitation and skilled nursing center	Sosing, Victorio	323-665-5793	vsosing@virgilrehab.com
Vista Del Sol Care	Lym, Teresa	626-524-5330	don@vistadelsolcare.com

Facility	Contact Name	Contact Phone	Contact Email
Wellsprings Post-Acute Center	Reyes, Rafael A	661-948-7501	Administrator@WellspringsPAC.com
W. Covina Healthcare Center	Vidales, Miguel	626-962-3368	miguel.vidalesjr@westcovinahcc.com
West Haven Healthcare	Dess, Mary	626-962-4461	memphis@caravanoperations.com
West Hills Health and Rehabilitation Center	Donohoe, Mark	818-456-2982	fac56admin@longwoodmgmt.com
West Valley Post Acute	Aguinaga, Edwardo	818)348-8422/590-0783	edward.aguinaga@westvalleyhc.com
Western Convalescence Hospital	Camanag, Emma	323-737-7778	fac07admin@longwoodmgmt.com
Westlake convalescent hospital	Perez, Emma C	213-484-0510	eperez@wechospital.com
Whittier hills health care center	Kim, Jesse	562-947-7817	jkim@ensignservices.net
Whittier nursing and wellness center, inc	Sona Bhatia	562-693-5618	sona@whittiernursingwellness.com
Whittier pacific care center	Ayers, Ramona G	562-693-5240 626-252-1667	fac20admin@longwoodmgmt.com
Windsor Care Center of Cheviot Hills	Tom	310-836-8900	jehuang@windsorcares.com; info@windsorcares.com
Windsor Convalescent center of north long	Hurtado, Miguel	562-428-4681	mhurtado@windsorcares.com
WINDSOR GARDENS CONVALESCENT CENTER OF HAWTHORNE	Henderson, Donna	310-675-3304	dhenderson@windsorcares.com
Windsor Gardens convalescent center of Long Beach	Amini, Reza H.	562-422-9219	ramini@windsorcares.com; lbcadmin@windsorcares.com
Windsor gardens convalescent hospital	Lupercio, Alejandro	323-937-5466	alupercio@windsorcares.com; lacadmin@windsorcares.com
Windsor Gardens Health Center	Ruber, Nurit	818-985-5990	VNHADMIN@Windsorcares.com
WINDSOR MANOR	Duarte, Yvette	818-660-4658	Yvette.Duarte@humangood.org
Windsor Palms Care Center of Artesia	Hagar, III, James P	562-412-7366	JHagar@windsorcares.com
Windsor Terrace Healthcare Center	Stern, Charles E	818-787-3400	cstern@windsorcares.com; teradmin@windsorcares.com
Woodland care center	Simcha A. Cyrulnih	562-309-7049	simcha.cyrulnih@genesishcc.com
Woodruff Convalescent Center	Hodomo, Henry	714-423-3030	wconvalescent@aol.com

Facility	Contact Name	Contact Phone	Contact Email
Woods Health	Wasley-Fairley, Suzanne	951-553-1982	sfairley@livingathillcrest.org; info@livingathillcrest.org
York healthcare & wellness center	Mejia, Lienna	818-645-2854	administrator@yorkhcwc.com

List of Skilled Nursing Facilities Associated with Hospitals

Facility	Contact Name	Contact Phone	Contact Email
ALHAMBRA HOSPITAL MEDICAL CENTER D/P SNF	DAHLGREN, RONALD	(626) 570-1606	
CATALINA ISLAND MEDICAL CENTER D/P SNF	GILLETTE, LEWIS	(310) 510-0700	
DEPARTMENT OF STATE HOSPITALS - METROPOLITAN	SMITH NEVINS, SHARON	(562) 863-7011	CHRISTOPHER.BLEBU@DSH.CA.GOV
EAST LOS ANGELES DOCTORS HOSPITAL D/P SNF	HAZEL, SANDY		
EMANATE HEALTH HOSPICE	HUNN, JEAN	(626) 859-2263	CBRAINERD@MAIL.CVHP.ORG
EMANATE HEALTH INTER-COMMUNITY HOSPITAL, D/P SNF	HOWARD, MELISSA	(626) 915-6215	MALBARECE@EMANATEHEALTH.ORG
ENCINO HOSPITAL MEDICAL CENTER	HOPPING, JAMIE		
GLENDALE MEMORIAL HOSPITAL AND HEALTH CTR. D/P SNF	SEAVER, ROGER	(818) 502-2201	JASON.BLACK@DIGNITYHEALTH.ORG
GOOD SAMARITAN HOSPITAL D/P SNF	CLYMER, GENEVA		
GREATER EL MONTE COMMUNITY HOSPITAL D/P SNF	CHESTER, SANDRA	(626) 579-7777	
PRESBYTERIAN INTERCOMMUNITY HOSPITAL D/P SNF	ADAMS, DANIEL	(562) 698-0811	
SAINT FRANCIS MEDICAL CENTER D/P SNF	BOYDSTON, RUSSELL	(310) 900-8261	MARYPADAMA@VERITY.ORG
SAKURA INTERMEDIATE CARE FACILITY	ITO, BEVERLY J	(323) 263-9655	BITO@ASPENSKILLEDHEALTH.COM
SHERMAN OAKS HOSPITAL	O'ROURKE, KATHLEEN	(818) 981-7111	
SOUTHERN CALIFORNIA HOSPITAL	PHELPS, RONALD	(310) 836-7000	
USC VERDUGO HILLS HOSPITAL D/P SNF	DAVEY, RONALD	(818) 790-7100	
WEST COVINA MEDICAL CENTER D/P SNF	WALLMAN, GERALD	(626) 338-8481	
WHITE MEMORIAL MEDICAL CENTER D/P SNF	CARMEN, ROBERT G		
WHITTIER HOSPITAL MEDICAL CENTER D/P SNF			

TIME CRITICAL WORK PLAN TO OPTIMIZE PERSONAL PROTECTIVE EQUIPMENT SUPPLY

Los Angeles County Department of Public Health Facilities, Certain Healthcare Facilities, and Service Providers

I. INTRODUCTION

Personal protective equipment (PPE) is a vital element of protecting healthcare workers (HCW) and other service providers that perform direct care for and routinely have prolonged, close direct contact with people with possible or confirmed COVID-19 infection or their bodily fluids. PPE is not required, however, for employees or visitors of healthcare facilities that do not perform direct patient care or enter the room(s) of patients.[1]

For COVID-19, currently recommended PPE includes gloves, gowns, eye protection, and respiratory protection. CDC recommends that a facemask should be used by people who have COVID-19 and are showing symptoms such as cough. This is to protect others from the risk of getting infected.

PPE shortages are currently posing a tremendous challenge to healthcare facilities across the nation.

The Los Angeles County Department of Public Health (DPH) provides services to over 4000 facilities, including long-term healthcare facilities (Long-Term Care: intermediate care facilities, skilled nursing facilities and congregate health living facilities; non-LTC: hospice care and dialysis center), residential care, senior living facilities, homeless and domestic violence shelters and laboratory testing centers, in addition to the needs of those within the Department of Public Health (Attachment 1). Many of these facilities are experiencing severe PPE supply shortages and requesting assistance from DPH and other County agencies. DPH is continuously working to secure additional deliveries of PPE supplies from state and national stockpiles and supply chains and will prioritize their distribution to them to facilities as they are received.

II. OBJECTIVE

Protection for HCWs, healthcare facilities, and service providers responding to COVID-19 is the highest priority. This work plan is intended to maintain the highest level of

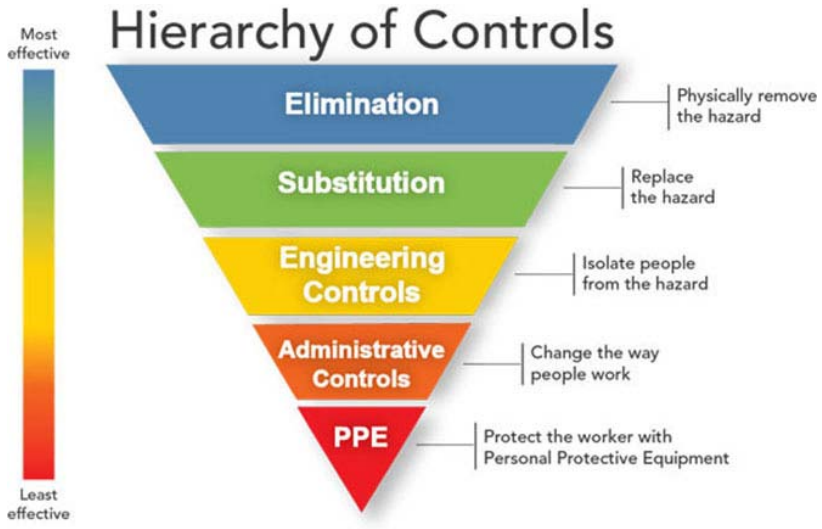
[1] CDPH "Use of Personal Protective Equipment during COVID-19 Outbreak", April 14, 2020. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/UseofPersonalProtectiveEquipmentduringCOVID19.aspx

appropriate protection while also optimizing the PPE supply, and provide the best available guidance for extending the use of PPE given current global shortages.

The process and recommended strategies presented in this work plan were developed using available information and guidance documents from the World Health Organization (WHO), U.S. Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), other local health departments, and in consultation with DPH's medical and public health experts and facility stakeholders. A summary of stakeholder feedback received through consultations with facility stakeholders is provided below. Additional stakeholder input and feedback on this work plan is welcome, and DPH will continue to update and revise its recommendations, as appropriate.

III. OPTIMIZING PPE USE

Strategies to optimize PPE begin with implementation of an appropriate hierarchy of controls for occupational exposures, as shown below:



Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

DPH places emphasis on measures to appropriately minimize PPE through implementation of initial levels within the hierarchy of controls. The WHO has emphasized that the current global stockpile of PPE is insufficient, particularly for masks and respirators; and the supply of gowns and goggles is also soon expected to be insufficient. Similarly, PPE supply shortages are being experienced at both the national and local levels.

IV. STAKEHOLDER INPUT

DPH contacted internal and external agency representatives regarding the prioritization and distribution of PPE to inform this process going forward. Overall, some of the challenges encountered were:

- Unclear communication to facilities regarding who to contact for PPE supply
- Facilities contacted multiple agencies with the same PPE request, and this may have resulted in facilities receiving multiple shipments
- Point of delivery locations were crowded with suboptimal parking and traffic flow capacity
- Facilities did not pick up their PPE supplies at the designated location and time
- Lack of PPE supplies to distribute, so minimal supplies is being divided among many facilities based on bed capacity
- Orders take several weeks to fill due to overseas shipments required.
- No existing data system to connect requests with inventory data, or run assessments on PPE usage.

The stakeholder conversations were instrumental in identifying opportunities and potential solutions going forward:

- Identify clear communication channels and present a unified front to maintain these communication channels for facilities to request PPE
- Aside from bed capacity, other key public health risk factors should be used to prioritize PPE, including outbreak status and high-risk populations.
- Work with stakeholders to stagger pick-up times so delivery locations are not overwhelmed.
- Verify correct contact information for facilities prior to pick-up.
- Identify and deploy a real-time data system that can integrate with the warehouse data system and produce dashboard reports.
- Provide resources on PPE usage and optimization to facilities and providers.

V. SUPPLY CHAIN LOGISTICS

The first step to effectively managing available PPE supply is to understand current PPE inventory, supply chain, and utilization rate, in addition to PPE optimization strategies that are already being deployed. DPH will implement a system that assesses stock levels and utilization rates daily, with projected exhaustion rates updated at least once per week. DPH will collect information on supply chain status for over 4000 facilities, and will prioritize collecting supply chain status for those facilities considered highest priority because they meet one of these criteria:

- Facilities with HCWs performing aerosol-generating procedures;
- Facilities with a current outbreak[2] of COVID-19, and with positive cases among HCWs or residents;
- Facilities with HCWs delivering direct services and who come in close contact with clients, defined as client interactions where HCWs are within 6 feet of clients for at least 10 minutes; and
- Facilities with high percentage (>50%) of HCWs and/or residents in high risk categories, including older adults 65 years and older, people with certain chronic health conditions, and pregnant women.
- Facilities that are implementing crisis capacity steps for sparing PPE.

The sections below provide specific details on how the supply chain status will be assessed and updated regularly, how facilities can request supplies when needed, and supply distribution logistics.

A. Supply Chain Assessment

Supply chain status for individual facilities will inform system-wide status for each type of PPE, and inform the level of contingency and crisis strategies needed (see Section V). Supply chain status will be assessed and described using these definitions[3]:

- **No shortage:** Adequate stock on hand with no current or expected changes in daily practice, and sufficient availability of resupply for order from commercial vendors.
- **Vendor reduced stock:** Limited or no availability of resupply for order from commercial vendors. This includes vendor determination that a product is on allocation (distribution restrictions that may include placing limitations on quantities sold, orders on hold or backordered, or limiting release to emergency-only use).
- **Facility reduced stock:** Reduced stock on hand in healthcare facility, referring to PPE conforming to established standards of care. Reduced stock represents approximately 50% or less, compared to normal stock levels on hand.
- **Facility contingency stock:** Reduced stock on hand causing changes in daily practice but without significant impact on care delivered, patient safety, or HCW safety. Contingency stock levels represent approximately 25% or less, compared to normal stock levels on hand.

[2] Outbreak defined as: residential congregate facility – 3 or more cases; SNF/LTC/Assisted Living – 1 case; other work sites – 5 or more cases (or 3 or more if vulnerable cases); Persons experiencing homelessness – 1 case

[3] Colorado Department of Public Health and the Environment, March 2020. https://cha.com/wp-content/uploads/2020/03/Mask-and-PPE-sparing-optimizing-supply.pdf

- **Facility crisis stock:** Reduced stock on hand causing changes in daily practice that are not commensurate with established standards of care.
- **Facility stock out:** Complete absence of PPE (exhaustion of disposable supplies after all available measures for alternate use have been applied; exhaustion of supplies needed to disinfect re-usable PPE; etc.)

Further detail for assessment of supply chain can be described according to the geographic spread of shortages:

- **Sporadic:** Limited numbers of facilities impacted.
- **Local:** Impact in 1 service planning area (or approximately 10% of Los Angeles County).
- **Regional:** Impact in more than 1 but less than 5 services planning areas (approximately half of the service planning areas in Los Angeles County).
  Widespread: Impact in more than half of the service planning areas.

To gain a rapid understanding of current supply chain status while more detailed information is collected, the DPH point person for each type of facility was asked to define qualitatively any urgent PPE supply needs. The qualitative assessment of PPE supply across the DPH-assigned healthcare facilities and service providers as of May 7, 2020, was:

1. Gloves: Stock out (Regional)
2. Gowns: Stock out (Regional)
3. Eye Protection: Crisis stock (Widespread)
4. Respiratory Protection – surgical mask: Contingency stock (Widespread)
5. Respiratory Protection – N95 respirators: Crisis stock (Widespread)

For a more thorough assessment of supply chain status at each facility, DPH staff will establish a PPE Tracking Center, Management Database, and Procurement Team:

> ***PPE Tracking Center:*** Each of the PPE Area Leads, listed below in Section V.b. PPE Supply Requests, will be asked to gather information from facilities on the type of PPE shortage and identify which facilities. DPH staff will enter this information into the PPE tracking database so it can be used to review their current strategies for optimizing PPE and identify any training or other outreach needs.
>
> DPH staff and PPE Area Leads will proactively follow-up with facilities that meet the highest priority criteria to inquire about PPE shortages, steps they are taking to optimize PPE supply, and their access to the commercial PPE supply. Staff will

inquire about PPE utilization rate and any shortages; collect other information to determine its risk ranking and offer guidance/reference materials. A standard script and questionnaire will be provided to staff to guide these phone calls.

PPE Management Database: Currently, there is no existing database or information collection system to gather information on PPE shortages at DPH. DPH will begin tracking PPE shortages to continually inform its guidance and recommendations for extending PPE use. Initially, information on PPE shortages will be entered into a database and used to guide immediate actions. Dependent on identifying an IT solution, a real-time inventory tracking system can be created to facilitate electronic submissions through a web-based form.** This will allow more informed forecasts to be calculated through available resources such as the CDC's burn rate calculator: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

****It is important to note that real-time tracking and assessment of PPE shortages and utilization is dependent on identifying and deploying an integrated data system. Various options are currently being explored and will be presented to DPH leadership and agency partners for consideration.**

PPE Procurement: DPH will enter PPE orders into the centralized County Operational Area Response and Recovery System (OARRS), track these orders and provide estimate arrival dates. One DPH staff person will work closely with the County Emergency Operations Center Logistics' procurement team to submit, track and receive orders.

B. PPE Supply Requests

Facilities experiencing urgent PPE shortages (less than 5 days' supply) should submit requests via email to the PPE Area Lead for their facility type:

Facility Type	PPE Area Lead
Residential Treatment Facilities	Gary Tsai gstai@ph.lacounty.gov
Domestic Violence Shelters	Angela Boger aboger@ph.lacounty.gov
Enhanced Behavior Support Home, Adult Residential Facility for Persons with Special Health Care Need	Tamara Rodriguez, tamara.rodriguez@dds.ca.gov
Residential Care Facilities for the Elderly, Residential Care Facilities for Chronically Ill,	Claire Matsushita, Claire.matsushita@dss.gov

Social Rehabilitation Community and Continuing Care Retirement Community	
Skilled Nursing Facilities, Congregate Living Healthcare Facilities, Intermediate Healthcare Facilities	Dorothy de Leon ddeleon@ph.lacounty.gov
Housing and Service Providers for People Experiencing Homelessness	Gayle Fraser-Baigelman GFraser-Baigelman@dhs.lacounty.gov

Note: EMS is providing PPE to Skilled Nursing Facilities and coordinating closely with DPH's PPE Coordinator to prioritize their needs.

The PPE Area Leads will communicate critical PPE needs to the PPE Management team, and the PPE Management team will prioritize facilities that meet one or more of the following criteria:

- Facilities with HCWs performing aerosol-generating procedures;
- Facilities with a current outbreak[4] of COVID-19, and with positive cases among HCWs or residents;
- Facilities with HCWs delivering direct services and coming in close contact with clients, defined as client interactions where HCWs are within 6 feet of clients for at least 10 minutes;
- Facilities with high percentage (>50%) of HCWs and/or residents in high risk categories, including older adults 65 years and older, people with certain chronic health conditions, and pregnant women; and
- Facilities that are implementing crisis capacity steps for optimizing PPE.

In communication materials, DPH will provide the email address, dphppecoordinator@ph.lacounty.gov, as a resource to help answer questions about the PPE request process for urgent needs and refer providers to the appropriate PPE Area Lead. To assist the PPE Area Leads with gathering information about PPE shortages, DPH has created a standard form that can be emailed directly to providers. DPH will normally provide a status update within 2-3 days and provide the PPE Area Leads with pick-up location information to distribute to facilities in their network. Immediate delivery will be made in case of sudden increase in outbreak, as long as stockpile is available, within a realistic timeline for receiving PPE.

[4] Outbreak defined as: residential congregate facility – 3 or more cases; SNF/LTC/Assisted Living – 1 case; other work sites – 5 or more cases (or 3 or more if vulnerable cases); Persons experiencing homelessness – 1 case

C. Distribution Center Logistics

DPH has a warehouse facility to receive and store PPE supply as it becomes available from state and national stockpiles and from commercial vendors from across the globe. An onsite Agency Administrator is assigned to staff the central warehouse and perform the following tasks:

- Manage delivery and pick-ups/drop-offs of PPE to the warehouse, and from the warehouse to designated Point of Delivery locations across the County. DPH facilities, health care facilities, and service providers will pick up supplies at the Point of Delivery locations.
- Report daily inventory of PPE available at the warehouse.
- Report estimates of how long the warehouse supply of PPE will last based on projected need, as determined via current inventory and a system-wide utilization rate (e.g., < 7-day supply, 7 – 14-day supply, 15 – 30-day supply, > 1-month supply).

VI. DEVELOP AND DISSEMINATE GUIDANCE DURING PPE SHORTAGES

Information from the supply chain assessment will directly inform the extent of PPE sparing measures needed (see Decision Matrix attachment). The CDC's conventional, contingency and crisis strategies are outlined below and, in consultation with medical and other clinical experts, will be refined to apply to DPH facilities, healthcare facilities and service providers. Once finalized, the contingency and crisis capacity steps drafted below will be rapidly disseminated directly to DPH's facility, healthcare facility and service provider staff.

Step 1: Conventional Strategies

Before contingency and crisis strategies can be determined and implemented, the following conventional strategy steps must be accomplished, in accordance with CDC guidance:

1. Understand PPE inventory and supply chain
2. Understand PPE utilization rate
3. Communicate with state and federal agencies regarding identification of additional supplies
4. Understand whether facilities are already implementing conventional engineering and administrative control measures to the fullest extent possible, including:
    a. Reducing face-to-face HCW encounters with patients by bundling care activities to minimize room entries and service delivery via telehealth.
    b. Excluding all HCWs not directly involved and essential in the patient's care.

c. Excluding visitors to patients with known or suspected COVID-19.
d. Limiting or prohibiting visitors at facilities with known or suspected COVID-19.
e. Prohibiting visitors at facilities housing residents who are highly vulnerable to COVID-19.
f. Using alternatives to N95 respirators, where appropriate and feasible, including other classes of filtering facepiece respirators, elastomeric half-mask and full-face piece air purifying respirators or powered air purifying respirators (PAPRs).
g. Cohorting patients.

Step 2: Contingency Capacity Steps

Given the expected PPE shortages, DPH has requested all facilities to review and immediately implement the CDC contingency capacity strategies to help optimize PPE supplies. The trigger for implementing contingency capacity steps is when the supply chain faces facility contingency (defined as approximately 25% or less of what is normally kept in stock). Specifically, DPH will provide contingency capacity guidance below to its own facilities, healthcare facilities and service providers.

- **Eye Protection:**
  - Shift eye protection supplies from disposable to re-usable devices.
  - Implement extended use of eye protection, with proper donning, doffing, and reprocessing.
- **Gowns**:
  - Shift gown use towards cloth isolation gowns.
  - Consider the use of coveralls.
  - Use of expired gowns beyond the manufacturer-designated shelf life for training.
  - Use gowns or coveralls conforming to international standards.
- **Surgical Facemasks**
  - Selectively cancel elective and non-urgent procedures and appointments for which a facemask is typically used by HCW
  - Remove facemasks for visitors in public areas.
  - Implement extended use of facemasks
  - Restrict facemasks to use by HCWs and symptomatic patients. rather than by patients for source control.
- **N95 Respirators**

  - Temporarily suspend annual fit testing[5]
  - Extending the use of N95 respirators by wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters.

Step 3: Crisis Capacity Steps – Stock Running Low

When PPE supplies are running low and the tracking of supply stock indicates facility crisis (defined as reduced stock on hand results in changes to daily practices that do not commensurate with standards of care), the following crisis capacity steps will be advised:

- **Eye Protection**
  - Use eye protection devices beyond the manufacturer-designated shelf-life during patient care activities.
  - Prioritize eye protection for select activities.
  - Consider using safety glasses that have extensions to cover the side of the eyes.
- **Gowns**
  - Extend use of gowns (disposable or reusable)
  - Re-use of cloth isolation gowns
  - Prioritize gowns for specific activities.
- **Surgical Facemasks**
  - Use surgical facemasks beyond the manufacturer-designated shelf life during patient care activities.
  - Implement limited re-use of surgical facemasks.
  - Prioritize surgical facemasks for selected activities.
- **N95 Respirators**
  - Limit use of N95 respirators for HCW providing direct patient care during aerosol-generating procedures in any patient who is COVID-positive, person under investigation or unknown COVID status.
  - Use of N95respirators beyond the manufacturer-designated shelf life for healthcare delivery.
  - Use of N95respirators under standards used in other countries that are similar to NIOSH-approved respirators.
  - Limited re-use of N95 respirators

[5] In March 2020, OSHA issued new temporary guidance regarding the enforcement of OSHA's Respiratory Protection Standard. The guidance gave OSHA field offices enforcement discretion concerning the annual fit testing requirement as long as HCP have undergone an initial fit test with the same model, style, and size.

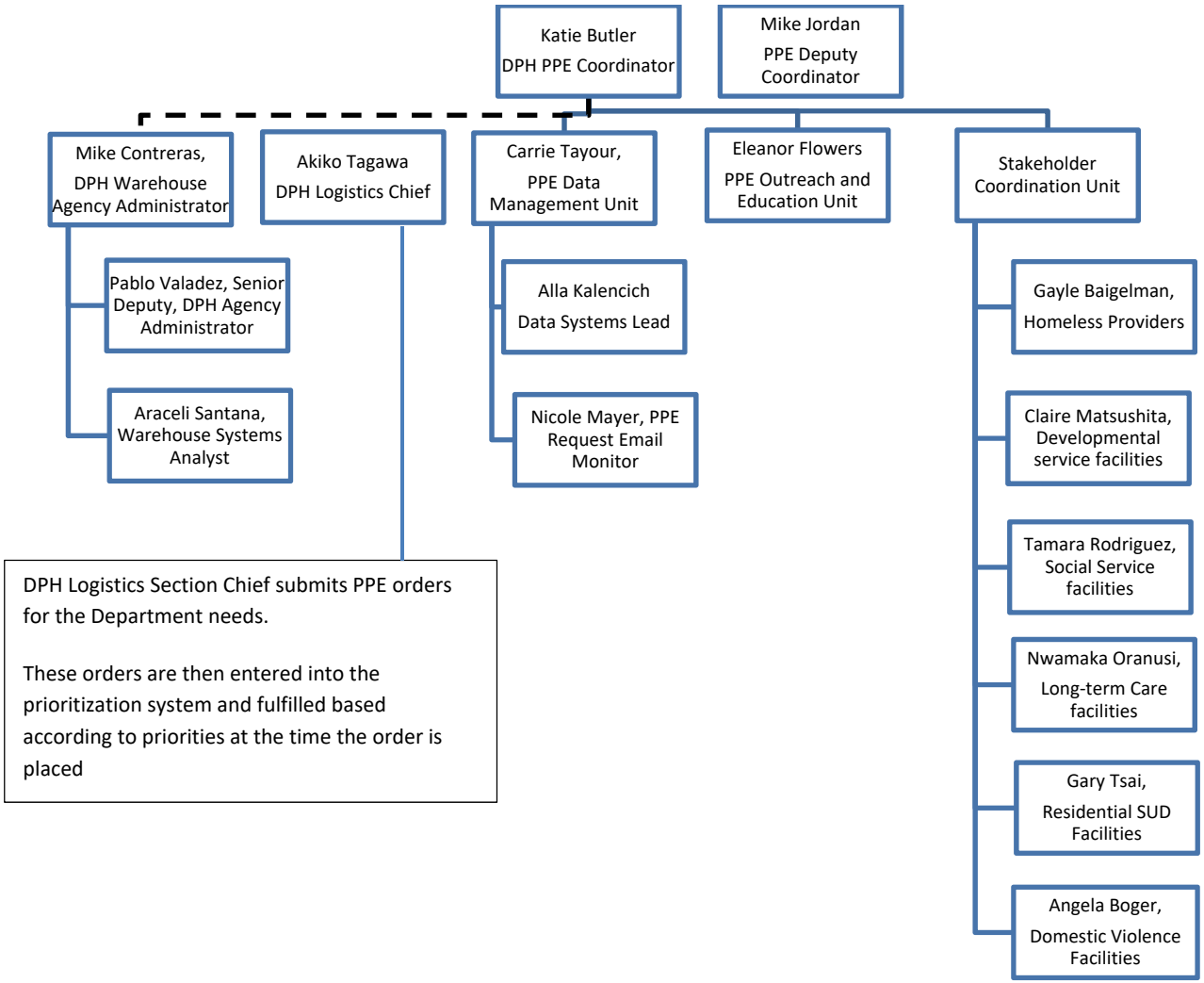
  - Use of additional N95respirators beyond the manufacture-designated shelf life for healthcare delivery that have not been evaluated by NIOSH.
  - Prioritize the use of N95 respirators and facemasks by activity type.
  - Follow CDPH instructions to have N95 respirators submitted for decontamination and returned for reuse.

Step 4: Crisis Capacity Steps – When No PPE is Available

Additional options when no PPE are available include:

- **Gowns:**
  - As a last resort for care of COVID-19 patients, the following pieces of clothing can be considered, however none of these can be considered PPE. Preferable features are long sleeves and closures that can be fastened and secured.
    - Disposable laboratory coats
    - Reusable patient gowns
    - Reusable laboratory coats
    - Disposable aprons
    - Rubber or comparable material raincoats, which can be disinfected after each use.
    - Combinations of clothing
- **Surgical Facemasks**
  - Exclude HCWs at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients
  - Designate convalescent HCP for provision of care to known or suspected COVID-19 patients.
  - Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.
  - Consider use of expedient patient isolation rooms for risk reduction.
  - Consider use of ventilated headboards
  - HCWs use of homemade masks
- **N95 Respirators**
  - Exclude HCWs at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients
  - Designate convalescent HCW for provision of care to known or suspected COVID-19 patients
  - Expedient patient isolation rooms for risk-reduction
  - Ventilated headboards

VII. ORGANIZATIONAL CHART FOR WORK PLAN IMPLENTATION



VIII. WORK FLOW FOR PRIORITIZING PPE AND DISTRIBUTING PPE TO >4,000 FACILITIES

Step 1: DPH provides PPE Area Leads with guidance on how to prioritize PPE distribution and optimize use of PPE. PPE Area Leads are critical to ensuring facilities are using PPE in accordance with CDC and DPH guidelines. DPH staff will provide support through phone and in-person consultation, as necessary, for high-risk facilities.

Step 2: DPH requests PPE Area Leads to report any urgent PPE needs (less than 5 days supply) and send requests to the PPE Management Unit (Carrie Tayour) and PPE Lead Coordinator (Katie Butler).

Step 3: PPE Management Unit records the request and enters into the database and screens urgent requests for those that require follow-up calls.

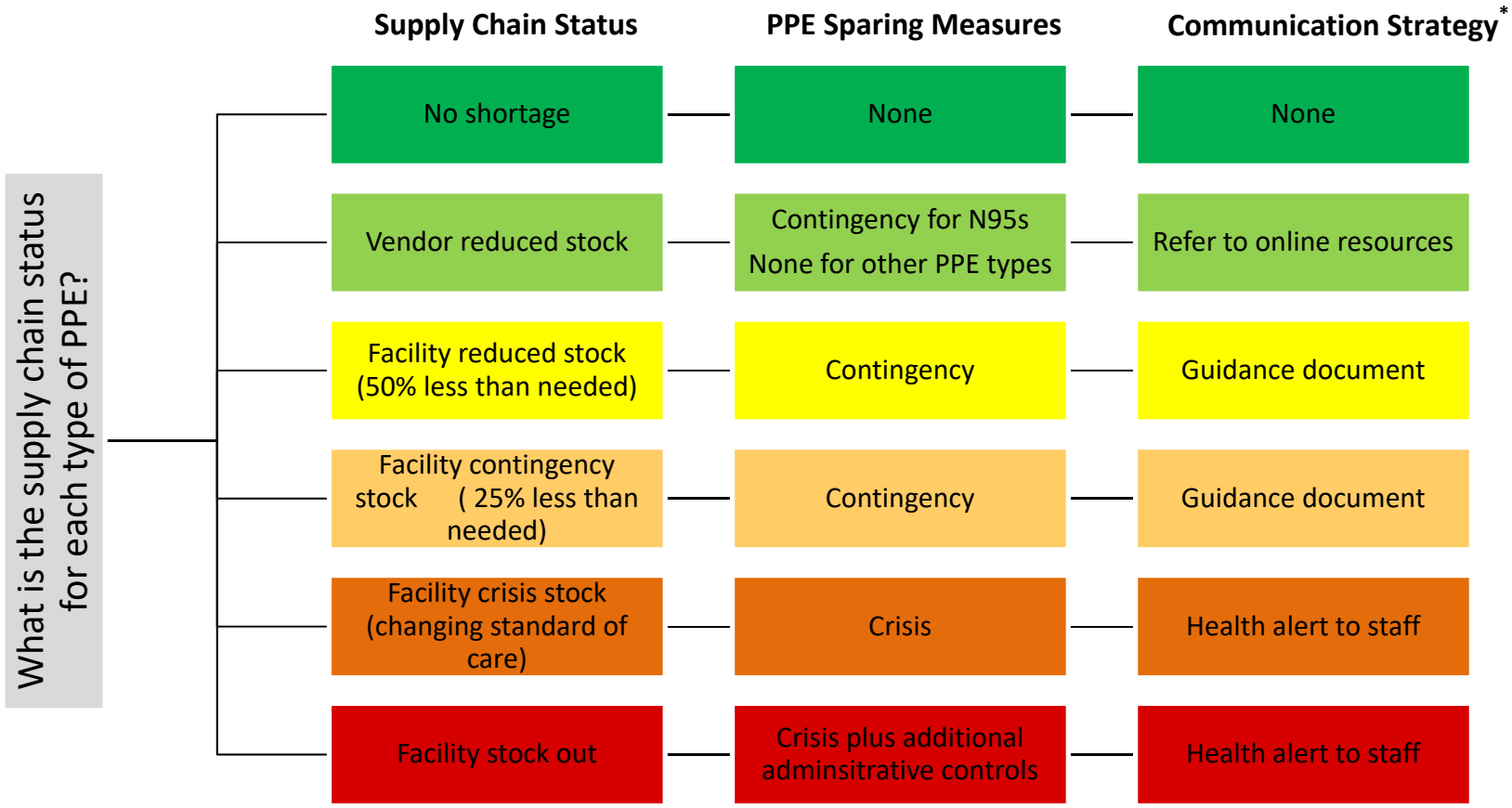
Step 4: PPE Management Unit recommends requests for approval and PPE Lead Coordinator approves requests before they are sent to the Warehouse Center.

Step 5: Warehouse Center confirms the order and delivery location with the PPE Area Lead.

Step 6: Warehouse Center pulls inventory from the floor to fill orders, and coordinates pick-up/delivery of the supplies.

Note: If any other DPH staff member receives a request for PPE, the facility should be referred to the Area Lead for their facility type. A referral sheet will be provided to the liaison unit and others, as relevant.

Facility Decision Matrix and Communication Strategy for Optimizing PPE Supply



*In addition to the communication methods listed, DPH will offer consultations through phone and email communications across all supply chain scenarios.

Attachment 1: Tiered Prioritization Table for PPE Supplies by Sector and Their Servicing Agency

Prioritization - Highest to Lowest			
	Sector	**Category**	**Serviced By**
Tier 1	Health Care Workers		
		Hospitals	**DHS**
		Clinics	**DHS**
		EMS Provider Agencies (Fire Departments and Private Ambulance Companies)	**DHS**
		Public Health	**DPH**
		Long Term Care Facilities	**DPH**
		Skilled Nursing Facilities	**DHS**
		Ambulatory Surgery Centers	**DHS**
		Dialysis Centers	**DHS**
		Urgent Care	**DHS**
		Home Health and Hospice	**DHS**
		Doctor Offices	**DHS**
		Residential Care / Adult and Senior Care Facilities	**DPH**
Tier 2	Public Safety		
		Law Enforcement	**CEOC**
		Children, Family and Social Services	**CEOC**
Tier 3	Service Providers		
		Homeless Shelters	**DPH**
		Residential Treatment Facilities	**DPH**
		DV Shelters	**DPH**
		Board and Care	**DPH**
Tier 4	City, County, Special District and Critical Infrastructure		
		Continuity of Government	**CEOC**
		Continuity of Operations	**CEOC**
		Critical Infrastructure Sections (Energy, Water)	**CEOC**

Introduction

In the fight against Coronavirus 2019 (COVID-19), contact tracing is a core communicable disease control strategy to prevent transmission of the virus from infected persons to those who are susceptible. Contact tracing is the effort to identify every person who has been in close contact with someone with a communicable disease in order to quarantine those that have been exposed and prevent further transmission of the disease.

In the absence of a vaccine or an effective treatment for COVID 19, isolation of those who are infected (cases) and quarantine of those who have been in contact with a case (contacts) is one of the most effective public health tools available. Los Angeles County Department of Public Health (DPH) has a team of personnel who conduct case investigation and contact tracing in the management of various communicable diseases, such as COVID-19. However, as the numbers of diagnosed COVID-19 cases have increased, the scale of work required has expanded beyond the capacity of the available workforce, requiring the expansion of the pool of workers to support the efforts required to investigate cases and trace contacts. Included in this report is an overview of DPH's plan for contact tracing and monitoring for COVID-19, as well as the plan to rapidly onboard, train, and deploy thousands of new workforce members to support the effort.

Overview of DPH's Plan for Expanding Contact Tracing and Monitoring

Since the initial response to COVID-19, DPH has been aggressively involved in case investigation and contact tracing. As the number of new cases has grown to over 500 diagnosed each day, DPH has focused its case investigation and contact tracing efforts on those in settings with the highest risk of rapid spread and negative health outcomes. These high-risk settings include, but are not limited to, hospitals, skilled nursing facilities and other health care settings, correctional institutions, and other congregate residential facilities. Furthermore, DPH has expanded its pool of contact tracers to allow staff with the highest level of experience to focus on those in high risk settings, while a new pool of staff has been trained and is focusing on contact tracing for all others.

Key principles of DPH's contact tracing:

- Interview each case, elicit a list of close contacts, and provide education and information.
- Interview contacts and provide education and information.
- Isolate the case and quarantine contacts:

    - Issue a health officer order to the case to require isolation for a minimum of 10 days after symptom onset or the date of the specimen collection with positive results.
    - Issue a health officer order to the contact to quarantine for 14 days after the last day of exposure to the case.
- Monitor contacts for the development of symptoms:
    - Conduct passive daily monitoring for symptoms for 14 days after the last day of exposure and attempt to have at least two telephonic interviews with the contact during the 14-day quarantine period.
    - If symptoms appear during the quarantine period, the contact is considered a presumptive case and is managed accordingly.

The following definitions are used for close contacts and infectious period:

- Close contact: household members, intimate partners, caretakers and individuals with any of the following exposures during the infectious period:
    - Presence within 6 feet of the case for more than 10 minutes, or
    - Unprotected contact with the case's body fluids or secretions.
- Infectious period:
    - Those with symptoms: 48 hours before symptom onset and up until 10 days after symptoms first appear and at least 3 days after fever is gone and respiratory symptoms have improved.
    - Those without symptoms: 48 hours before specimen collection date and up until 10 days after the specimen collection date.

DPH has developed various documents related to isolation of cases and quarantine of contacts, which are posted on the DPH website at www.publichealth.lacounty.gov. Key documents used by DPH contact tracers include:

- Cases:
    - Health Officer Order for the Control of COVID-19 Public Health Emergency Isolation Order
    - Home Isolation Instructions for People with COVID-19
- Contacts:
    - Health Officer Order for the Control of COVID-19 Public Health Emergency Quarantine Order
    - Home Quarantine Guidance for Close Contacts to COVID-19

Contact Tracing Plan - Onboarding of Surge Staff

DPH anticipates an ongoing rise in the number of confirmed COVID-19 cases that will reach or exceed 2500 cases a day. In anticipation of a rise to this level, DPH projects needing approximately 2500 additional staff to support surge response in contact tracing. This projection is based on the following information:

- Each case interview takes approximately 45 minutes to complete,
- Each contact interview takes approximately 30 minutes to complete,
- Each case identifies approximately 8 close contacts during their infectious period.
- Based on current data from completed interviews, 38% of the cases identify working or living in a high-risk setting, resulting in deployment of specialized staff to conduct more detailed outbreak investigations, which is much more extensive and time consuming.
- These activities need to occur 7 days a week, requiring different shifts or workers.

# of new cases	# of case interview staff needed (10 cases/ staff)	# of contacts (8 contacts/ case)	# of contact interview staff needed (15 contacts/ staff)	Total # of staff
1,000	100	8,000	540	640
1,500	150	12,000	800	950
2,000	200	16,000	1,070	1,270
2,500	250	20,000	1,400	1,650

- An additional 450-600 staff are needed to support institutional investigations which average 300 facilities per day.
- An additional 280 staff will be needed to manage/supervise interview teams and investigation teams at a ratio of 1 supervisor / 8 staff.

In response to the need for additional staff to support the expected surge in contact tracing, the following efforts are underway:

- LA County DPH Workforce:
  - DPH has trained and assigned over 400 DPH staff to support expanded contact tracing needs. This is in addition to the hundreds of staff supporting high risk setting contact tracing and investigations.
- LA County Workforce Support:
  - DPH submitted a request to the County Emergency Operations Center (EOC) on May 1, 2020 to request approximately 2,000 County personnel to support the contact tracing efforts over the next 6 months.
  - This option is seen as the most rapid and viable option of immediate support since county workforce members have already been live-scanned and can quickly be given access to the technology platform developed to manage contact

tracing efforts. Additionally, it's optimal to tap into our countywide Disaster Service Worker (DSW) pool, as many County workers have taken the DSW oath to serve Los Angeles County during an emergency. A plan has been developed to quickly onboard County employees to this role, including completion of HIPAA training requirements. Last week, this strategy was piloted with 150 County Library staff and lessons learned are being incorporated into the overall onboarding plan.

- State Staffing Resources:
    - California State is planning to redirect State staffing resources and hire additional staff to have up to 10,000 staff available to support local health jurisdictions in contact tracing efforts.
    - DPH has submitted a request for 2,500 staff through this effort. It is unclear whether this staffing support will be made available, and DPH is attempting to solicit clarification from the state.
- Federal Resources:
    - DPH has received $289 million in additional funding from the CDC through an augmentation to our ELC grant that will support contact tracing and other core functions including surveillance, enhanced lab capacity, electronic reporting, and testing. DPH is working with the CEO and DHS to submit budget forms to CDC. This is a multi-year grant that can support activities through 11/18/22.
- Volunteer Resources:
    - DPH has been working with EOC, DHR and other county partners to explore how other agencies could be rapidly onboarded to support contact tracing staffing needs. Promising efforts are underway with nursing schools and the Peace Corp.
    - The primary challenges with use of volunteers is lack of reliability with scheduled hours, access to technology solutions, security concerns, and training time required to properly onboard. DPH is working to identify solutions for each of these challenges.

All contact tracing workforce members will need to meet certain requirements before they can be assigned to contact tracing. Draft Job Action Sheets have been developed to provide an overview of the role and associated duties (Appendix A).

Contact tracing is a specialized skill and staff assigned to this role need to be adequately trained. A detailed curriculum is being developed to include live webinar sessions, as well as various web-based self-learning modules to assure that staff receive the necessary knowledge and skills to properly perform this new role (Appendix B). DPH is working with CDPH to leverage trainings resources the State is planning to develop for the self-learning modules over the next two weeks.

Contact Tracing Plan- Information Technology Systems Strategy

DPH has been utilizing a virtual call center and cloud-based systems since early March 2020 to manage case investigations and the issuance of quarantine and isolation orders. This solution replaced a burdensome manual process and has been successful at simplifying the data collection process and automating several key data processing steps. A workgroup met over the past two weeks to identify a systems strategy to support contact tracing efforts and the related surge in staff. The strategy is based on information gathered from current interview team leads, CDPH, CDC and vendor partners.

DPH will use the following approach:

1. Implement contact tracing workflows to support the full end-to-end work process from contact elicitation through to completion of the daily monitoring of contacts.
2. Staff will begin utilizing current contact elicitation and interview forms beginning the week of May 4th, 2020. Surge staff onboarded during the next two weeks will continue to leverage the current solution.
3. Additional technology enhancements will be implemented to support the contact tracing process including:
    a. Complete the integration of data to/from the Integrated Response, Investigation and Surveillance (IRIS) system, the technology platform used to manage communicable disease investigations;
    b. Expanded contact tracing interview form;
    c. Daily monitoring surveys that can be distributed via Short Message Service (SMS) or similar channels;
    d. Implementation of new security roles to enhance routing to teams investigating high-risk situations (e.g., skilled nursing facilities, correctional, etc.);
    e. Portal to streamline onboarding of surge staff; and
    f. Integration with tools to streamline address/email lookups for the issuance of quarantine orders, in cases where contact information cannot be located.

Challenges and Next Steps

The most significant challenges to the rapid expansion of contact tracing efforts are the ability to identify and onboard large numbers of staff and volunteers as well as overcoming technology barriers to assure that the key principles of contact tracing can be performed seamlessly and

swiftly to identify new contacts and support meaningful data collection. Public Health anticipates augmentation of staff resources discussed above and will continue in its efforts to plan to rapidly onboard and train staff and to develop technology solutions to optimize overall systems performance. Public Health will continuously monitor its performance to enhance the effectiveness of its efforts to isolation cases and quarantine contacts so as to protect as many persons as possible from infection with SARS-CoV-2 virus.

CONTACT TRACING DIVISION LEADER

County of Los Angeles Public Health

JOB ACTION SHEET

COVID-19 Response for Los Angeles County Department of Public Health

MY ROLE: Contact Tracing Division Leader

I SUPERVISE: Contact Tracing Team Leader

I REPORT TO: Case and Contact Interview Branch Director

JOB DESCRIPTION	REQUIRED MATERIALS AND EQUIPMENT
• Provide daily supervision to assigned Contact Tracing Team Leaders. • Receive contact cases from Case and Contact Interview Branch Director through a web-based, secure platform. • Distribute contact cases evenly to Contact Tracing Team Leaders who will evenly assign cases to their team of Interviewers. • Perform quality assurance checks on completeness of interviews. • Assure Contact Tracing Team Leaders are providing quality assurance checks with interview teams. • Assure all scripts, policies, and procedures provided by Los Angeles County Department of Public Health (LAC DPH) are followed. • Assure Team Leaders and Interviewers are complying with LAC DPH training regarding confidential information related to personal information. • Communicate questions, comments, concerns, and/or feedback to the Case and Contact Interview Branch Director (e.g., system issues). • Regularly check in with assigned Team Leaders as a group as well as individually in order to relay updates and coach Team Leaders on best practices. • Communicate to assigned Team Leaders any changes around quarantine procedures, testing resources, contact monitoring procedures, steps to	☐ Laptop or desktop computer with a microphone ☐ Internet Access / WiFi (if working off the County network) ☐ Amazon Web Services (AWS) Connect account ☐ AWS Connect training guide ☐ Microsoft Customer Relationship Management (CRM) account ☐ Microsoft CRM system training guide ☐ DPH Contact Tracing Standard Operating Procedure ☐ Training materials needed to perform duties (DPH website resources, etc.) ☐ Training certificates; proof of completion

JOB ACTION SHEET

COVID-19 Response for Los Angeles County Department of Public Health

follow if symptoms develop, guidance's on social distancing and infection control to assure they're providing up to date and accurate information to contacts. • Demonstrate the ability to professionally and effectively manage a team of Team Leaders during a time of crisis and distress. • Apply sound critical thinking and judgement skills. • Counsel Division Leaders on resources available to manage emotional and mental stress. • Must be flexible to work on weekends.	

JOB DUTIES

Training | Workspace Set-up | Software Installation

- ☐ Complete the Day 1 and Day 2 DPH Contact Tracing Training Program.
- ☐ Assure all Team Leaders and Interviewers complete the required training.
- ☐ Collect all course completion certificates from your Division Team Leaders and Interviewers; submit to the LAC DPH Division of Organizational Development and Training.
- ☐ Organize Division structure; identify Team Leaders (1 lead for 4- 5 Interviewers)
- ☐ Submit staffing roster to Case and Contact Interview Branch Director for review.
- ☐ Submit Division staff list complete with names and email addresses of all Team Leaders and Interviewers to Case and Contact Interview Branch Director for Amazon Web Service (AWS) Connect account set-up.
- ☐ Confirm your AWS Connect account has been created and setup as instructed for yourself and your Team Leaders; contact the Case and Contact Interview Branch Director if help is needed.
- ☐ Review and familiarize yourself with the AWS Connect training guide provided during your Day 2 training session.
- ☐ Assure your workspace or home office space is set up and ergonomically safe.
- ☐ Submit Staffing Roster of Contact Tracing Team Leaders and Interviewers for Customer Relationship Management (CRM) access.
- ☐ Confirm CRM access has been granted for yourself and your Team Leaders; set up appropriate settings in CRM as instructed.
- ☐ Complete paperwork for vCMR access.
- ☐ Obtain access to Case and Contact Interview Branch Microsoft Teams page; review Teams page.
- ☐ Distribute training materials to Interviewers, as needed.

JOB ACTION SHEET

COVID-19 Response for Los Angeles County Department of Public Health

Contact Division Supervision | Quality Assurance

- ☐ Supervise a team Division Leaders.
- ☐ Assign contacts to Team Leaders; assure even distribution.
- ☐ Monitor Team Leader issues with use of the web-based, secure CRM platform.
- ☐ Ensure accurate use of the scripts, policies and procedures provided by Los Angeles County Department of Public Health (LAC DPH) when conducting the contact interview.
- ☐ Assure team members are conducting a symptom check and referring contacts for testing and providing them with instructions for quarantine.
- ☐ Assure team members are providing education on basic information regarding disease transmission and LAC DPH isolation and quarantine information.
- ☐ Monitor and document how many interviews are conducting per shift across the division and provide an update to Case and Contact Interview Branch Director at the end of each shift.
- ☐ Lead morning, afternoon, and evening team check-in meetings, as needed.
- ☐ Hold a full team debrief at the end of the week.
- ☐ Report what is working well and areas of improvement needed to the Case and Contact Interview Branch Director.
- ☐ Assist with training new Team Leaders, as needed.
- ☐ Disseminate new materials to your Team Leaders as updates are made.
- ☐ Maintain daily communication with Case and Contact Interview Branch Director on assigned activities and tasks.
- ☐ Perform other duties as required or assigned.

NOTES:

CONTACT TRACING INTERVIEWER

County of Los Angeles Public Health

JOB ACTION SHEET

COVID-19 Response for Los Angeles County Department of Public Health

MY ROLE: Contact Tracing Interviewer

I REPORT TO: Contact Tracing Team Leader

I SUPERVISE: N/A

JOB OVERVIEW	REQUIRED MATERIALS AND EQUIPMENT
• Call and communicate in a professional and empathetic manner with household and non-household close contacts of COVID-19 patients. • Inform contacts of their encounters with a confirmed positive case and track contacts in case of symptom onset. • Conduct the contact interview by phone following scripts, policies and procedures provided by Los Angeles County Department of Public Health (LAC DPH). • Comply with LAC DPH training regarding confidential information related to personal information. • Provide contacts with information about quarantine procedures, testing resources, contact monitoring procedures and steps to follow if symptoms develop. • Provide contacts information and guidance on social distancing as well as methods for preventing infection. • Maintain a professional, positive attitude and work ethic. • Demonstrate the ability to interact professionally with culturally diverse individuals during a time of crisis and distress. • Apply sound critical thinking and judgement skills. • Must possess proficiency with computers and software programs. • Must possess the ability to type and enter information into a computer-based platform.	☐ Laptop or desktop computer with a microphone ☐ Internet Access / WiFi (if working off the County network) ☐ Amazon Web Services (AWS) Connect account ☐ AWS Connect training guide ☐ Microsoft Customer Relationship Management (CRM) account ☐ Microsoft CRM system training guide ☐ DPH Contact Tracing Standard Operating Procedure ☐ Training materials needed to perform duties (interview script, DPH website resources, etc.) ☐ Training certificates; proof of completion

JOB ACTION SHEET

COVID-19 Response for Los Angeles County Department of Public Health

• Must be flexible to work on weekends. • Demonstrate the ability to work independently. • Bilingual skills are a plus.	

JOB DUTIES

Training | Workspace Set-up | Software Installation

- ☐ Complete the Day 1 and Day 2 DPH Contact Tracing Training Program; provide your Contact Tracing Division Leader with course completion certificates to be tracked by the DPH Division of Organizational Development and Training.
- ☐ Assure your workspace or home office space is set up and ergonomically safe.
- ☐ Confirm your Amazon Web Service (AWS) Connect account has been created and setup as instructed; contact your Team Leader if help is needed.
- ☐ Review and familiarize yourself with the AWS service guide provided during your Day 2 training session.
- ☐ Confirm Customer Relationship Management (CRM) access has been granted; set up appropriate settings in CRM as instructed.
- ☐ Review your CRM training and interviewer guides provided during your Day 2 training session.
- ☐ Review the DPH Contact Tracing Standard Operating Procedure, interview scripts, policies, and procedures in preparation to begin your contact interviews.

Contact Interviews | Rapport Building | Data Entry

- ☐ Receive COVID-19 case contact assignments from Case Interviewers within the Case and Contact Interview Branch.
- ☐ Contact Tracing Interviewers should aim to conduct approximately 15 contact interviews per 7-hour shift and provide an update to the Contact Tracing Team Leader at the end of each shift.
- ☐ Using AWS Connect, call COVID-19 case contacts and inform them of their encounter with a confirmed positive case.
- ☐ Use the web-based, secure CRM platform to document all contact interview data collected.
- ☐ Obtain basic demographic and minimal clinical history needed by the LAC DPH to identify high risk individuals and settings.
- ☐ Ensure use of the scripts, policies and procedures provided by Los Angeles County Department of Public Health (LAC DPH) when conducting the contact interview.
- ☐ Conduct a symptom check; if needed, refer them for testing according to established protocols, and provide them with quarantine instructions.
- ☐ Provide education on basic information regarding disease transmission and shared LAC DPH isolation and quarantine information.
- ☐ Maintain daily communication with Team Leader on assigned activities and tasks.

JOB ACTION SHEET

COVID-19 Response for Los Angeles County Department of Public Health

☐ Perform other duties as required or assigned.
NOTES:

CONTACT TRACING TEAM LEADER

County of Los Angeles Public Health

JOB ACTION SHEET

COVID-19 Response for Los Angeles County Department of Public Health

MY ROLE: Contact Tracing Team Leader

I SUPERVISE: Contact Tracing Interviewer

I REPORT TO: Contact Tracing Division Leader

JOB DESCRIPTION	REQUIRED MATERIALS AND EQUIPMENT
• Provide daily supervision to a team of 4-5 Contact Tracing Interviewers. • Assigns cases to interviewers, considering caseload and other factors, as appropriate. • Perform quality assurance checks on completeness of interviews. • Assure team members are following all scripts, policies, and procedures provided by Los Angeles County Department of Public Health (LAC DPH). • Assure team members are complying with LAC DPH training regarding confidential information related to personal information. • Communicate questions, comments, concerns and/or feedback to the Contact Tracing Administrator (e.g., system issues). • Regularly check in with team as a group as well as individually in order to relay updates and coach interviewers on best practices. • Communicate to team members any changes around quarantine procedures, testing resources, contact monitoring procedures, steps to follow if symptoms develop, guidance on social distancing and infection control to assure they're providing up to date and accurate information to contacts. • Demonstrate the ability to professionally and effectively manage a team of interviewers during a time of crisis and distress. • Apply sound critical thinking and judgement skills.	☐ Laptop or desktop computer with a microphone ☐ Internet Access / WiFi (if working off the County network) ☐ Amazon Web Services (AWS) Connect account ☐ AWS Connect training guide ☐ Microsoft Customer Relationship Management (CRM) account ☐ Microsoft CRM system training guide ☐ DPH Contact Tracing Standard Operating Procedure ☐ Training materials needed to perform duties (DPH website resources, etc.) ☐ Training certificates; proof of completion

JOB ACTION SHEET

COVID-19 Response for Los Angeles County Department of Public Health

• Counsel team members on resources available to manage emotional and mental stress. • Must be flexible to work on weekends.	

JOB DUTIES

Training | Workspace Set-up | Software Installation

- ☐ Complete the Day 1 and Day 2 DPH Contact Tracing Training Program; provide your Contact Tracing Division Leader with course completion certificates to be tracked by the DPH Division of Organizational Development and Training.
- ☐ Ensure all team members have completed all trainings.
- ☐ Organize team structure and submit staffing roster to Contact Tracing Division Leader for review.
- ☐ Assure your workspace or home office space is set up and ergonomically safe.
- ☐ Submit staff list to Contact Tracing Division Leader with name and email addresses for Amazon Web Service accounts.
- ☐ Confirm your Amazon Web Service (AWS) Connect account has been created for yourself and your team members; setup as instructed and contact your Division Leader if help is needed.
- ☐ Review and familiarize yourself with the AWS service guide provided during your Day 2 training session.
- ☐ Submit Staffing Roster for Customer Relationship Management (CRM) access to Division Leader.
- ☐ Confirm CRM access has been granted for yourself and your team members; set up appropriate settings in CRM as instructed.
- ☐ Review the DPH Contact Tracing Standard Operating Procedure, interview scripts, policies, and procedures in preparation to begin your contact interviews.
- ☐ Complete paperwork for vCMR access.
- ☐ Obtain access to Case Interview Branch Microsoft Teams page; review Teams page.
- ☐ Distribute training materials to interviewers, as needed.

Contact Interview Supervision | Quality Assurance

- ☐ Supervise a team of 4-5 Contact Tracing Interviewers.
- ☐ Assign contacts to interviewers.
- ☐ Monitor the number of interviews each Tracer conducts per day/week to ensure an even distribution of contact assignments.
- ☐ Monitor team member issues with use of the web-based, secure CRM platform.
- ☐ Ensure team member's use of the scripts, policies, and procedures provided by LAC DPH when conducting the contact interview.

JOB ACTION SHEET

COVID-19 Response for Los Angeles County Department of Public Health

- ☐ Assure team members are conducting a symptom check and referring contacts for testing and providing them with quarantine instructions.
- ☐ Assure team members are providing education on basic information regarding disease transmission and LAC DPH isolation and quarantine information.
- ☐ Review all closed cases; ensure all required fields are completed.
- ☐ Identify if cases are in a high-risk setting and disposition accordingly in CRM.
- ☐ Monitor and document the number of interviews Contact Tracing Interviewers are conducting per shift and provide an update to your Contact Tracing Division Leader at the end of each shift.
- ☐ Lead morning, afternoon, and evening team check in meetings, as needed.
- ☐ Hold a full team debrief at the end of the week.
- ☐ Report what is working well and areas of improvement to the Contact Tracing Division Leader.
- ☐ Assist with training new interviewers, as needed.
- ☐ Disseminate new materials to your interview team as updates are made.
- ☐ Maintain daily communication with Contact Tracing Division Leader on assigned activities and tasks.
- ☐ Perform other duties as required or assigned.

NOTES:

CONTACT TRACER TRAINING

DAY 1 - LIVE WEBINAR via WebEx (2 HRS)		
Training Module	**Module Description**	**Time**
TRAINING PROGRAM OVERVIEW	This module will provide an overview of the Department of Public Health (DPH) Contact Tracer Training Program by explaining training goals and objectives.	**10 minutes**
DPH OVERVIEW	This module will provide an overview of the Department of Public Health's vision, mission, organizational structure and diverse programs.	**10 minutes**
COVID-19 SITUATIONAL STATUS IN LOS ANGELES COUNTY	This module will include: • An overview of the current COVID-19 situation in Los Angeles County • How to obtain up-to-date information by navigating the DPH website • Description of contact tracing	**30 minutes**
CONTACT TRACING ROLES	This module will explain the three (3) Contact Tracing roles within the DPH Case and Contact Interview Branch and how they work together. The module will also explain Job Action Sheets for the three roles.	**45 minutes**
TOOLS & SYSTEMS	This module will provide a brief overview of the tools and systems that the contact tracers will use. Detailed modules will be provided on Day 2.	**15 minutes**

NEXT STEPS	Participants will be instructed to take the self-learning modules and return to the live webinar the next day.	**10 minutes**
DAY 2 – LIVE WEBINAR via WebEx (2.5 HRS)		
Training Module	**Module Description**	**Time**
REVIEW OF SELF-LEARNING MODULES	This module will provide a review of the self-learning modules by summarizing and highlighting important points.	**45 minutes**
MICROSOFT TEAMS DEMO	A live demo of using the MS Teams will be provided.	**15 minutes**
CRM SYSTEM DEMO	A live demo of using the CRM system will be provided.	**15 minutes**
AWS CONTACT DEMO	A live demo of using the AWS Contact will be provided.	**15 minutes**
PRACTICE ON CRM & AWS	This module will provide an opportunity to practice using the CRM and AWS systems to enhance readiness in smaller breakout sessions.	**1 hour**
DAY 3 – LIVE WEBINAR via WebEx (2 HRS) (3 HRS for Team Leads)		
Training Module	**Module Description**	**Time**
REVIEW OF INTERVIEWING SKILLS	This module will provide an opportunity to review the self-learning module of interviewing skills.	**30 minutes**
PRACTICE INTERVIEWS	This module will provide an opportunity to practice interview	**1**

	by role playing in smaller breakout sessions.	**hours**
DPH CONTACT TRACING WORKFLOW	This module will explain the contact tracing workflow and standard of operating procedure (SOP).	**30 minutes**
TEAM LEADS TRAINING (Team Leads Only)	This module will provide Team Leads supplemental training to help lead their teams.	**1 hour**
SHADOW INTERVIEWER	This module will provide an opportunity to shadow an interviewer to enhance readiness. To be organized the Team Leads separately from the live webinars.	**2 hours**
WEB-BASED SELF-LEARNING MODULES (Days 1 & 2)		
Training Module	**Module Description**	**Time**
PUBLIC HEALTH, EPIDEMIOLOGY, & COVID-19 101	This module will introduce the basic principles of public health and epidemiology as they relate to COVID-19.	**1 hour**
CONTACT TRACING 101	This module will explain the fundamentals and the importance of contact tracing.	**1 hour**
INTERVIEWING SKILLS	This module will provide information on how to conduct contact tracing interviews including consideration of cultural sensitivity.	**1 hour**
UNDERSTANDING & COMMUNICATION ISOLATION & QUARANTINE	This module will describe isolation and quarantine; and how to communicate about them.	**1 hour**

CONFIDENTIALITY & HIPAA	This training ensures that all employees and volunteers are informed of their duties to protect clients' confidential information. The Health Insurance Portability and Accountability Act (HIPPA) is the United States legislation that sets data privacy and security provisions for safeguarding medical information.	**1 Hour**
MICROSOFT TEAMS	This module will provide instructions on how to use the Microsoft Teams.	**15 minutes**
CRM SYSTEM	This module will provide instructions on how to use the Customer Relationship Management (CRM) system to track contact tracing interviews.	**1 hour**
AWS CONTACT	This module will provide instructions on how to use Amazon Web Services (AWS) to make phone calls for contact tracing.	**15 minutes**

2019 NOVEL CORONAVIRUS Community Mitigation Plan Summary

May 15, 2020

Record of Changes

This page captures any substantive changes made to this document including the date, description, and rationale, and the name of the person who made the change. Any comments or recommendations for changes to this document should be emailed to eplanning@ph.lacounty.gov.

Date	Version	Changes	By
5/15/20	1.0	Initial draft developed	EPRD—Policy and Planning Unit

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Introduction

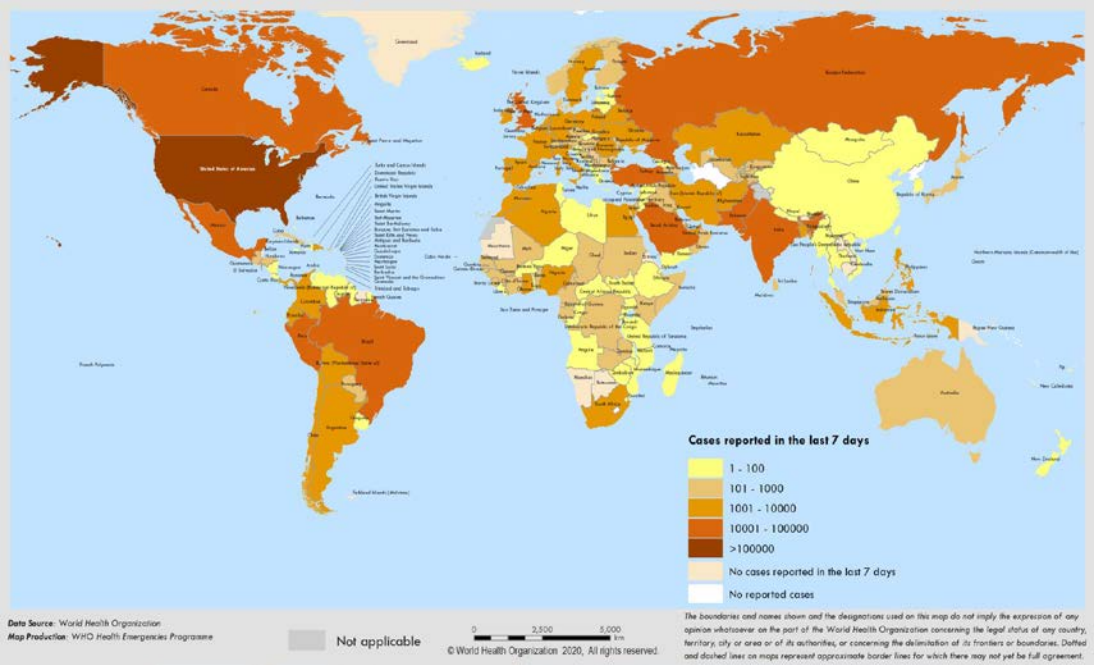
On December 31, 2019, the Wuhan Municipal Health Commission reported a cluster of 27 cases of atypical pneumonia in Hubei Province to the World Health Organization's (WHO) China Country Office. The WHO issued a low-level notice six days later when the case count jumped to 44 informing the global community that the causative agent had not yet been identified, and that 11 of the cases were severely ill. On January 12, 2020, Chinese authorities identified the agent and publicly shared the genetic sequence, a novel coronavirus later named COVID-19. As cases and deaths mounted in China, one month later WHO declared the outbreak to be a Public Health Emergency of International Concern. Apprehension grew as cases were imported to surrounding countries in Asia and later to destinations in Europe, the Middle East, and the Americas. On March 11, 2020, WHO officially declared COVID-19 a pandemic, the second of this century.

Situation

In just five months, COVID-19 has rapidly spread to all but the most isolated corners of the globe (see Figure 1, depicting global incidence of cases within the last seven days). It has infected over 4 million persons, killed more than one-quarter million, and crushed advanced medical systems from Milan to New York City. Even as it has receded from China, resurgence has been seen in countries who had previously celebrated victories such as Germany, Japan and Singapore. Cases in the U.S. continue to climb in many states (see Figure 2, illustrating the cumulative prevalence of U.S. cases), and level off in others. States are beginning to relax and roll back restrictions across the country.

The economic costs of responding to COVID-19 have been staggering. The U.S. unemployment rate more than quadrupled from a historic low of 3.5 percent in February of 2020 to 14.7 percent in April, with experts predicting it could exceed 20 percent in June. While states began to gradually reopen businesses in May after sheltering and shutdowns, barely more than half the U.S. adult population still had a job. Worse still, by the end of April, two national surveys found that more than one in five households in the U.S., and two in five households with mothers with children 12 and under, were food insecure. 17.4% of mothers with children under 12 reported their kids were not eating enough because they could not afford food in the prior month due to COVID-19. The rate represents a quadrupling of need from just two years prior, and it is nearly three times higher than the level of hunger reported for children during the Great Recession.

Figure 1. Countries with Confirmed COVID-19* (WHO, 5-10-20)



*Cases reported within the prior 7 Days

Figure 2. U.S. Cases (CDC, 4-28-20)

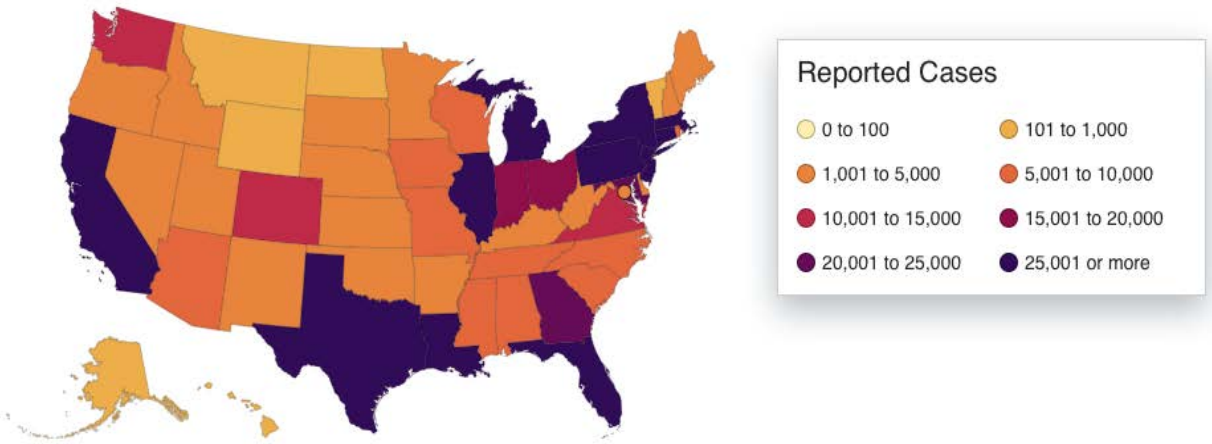
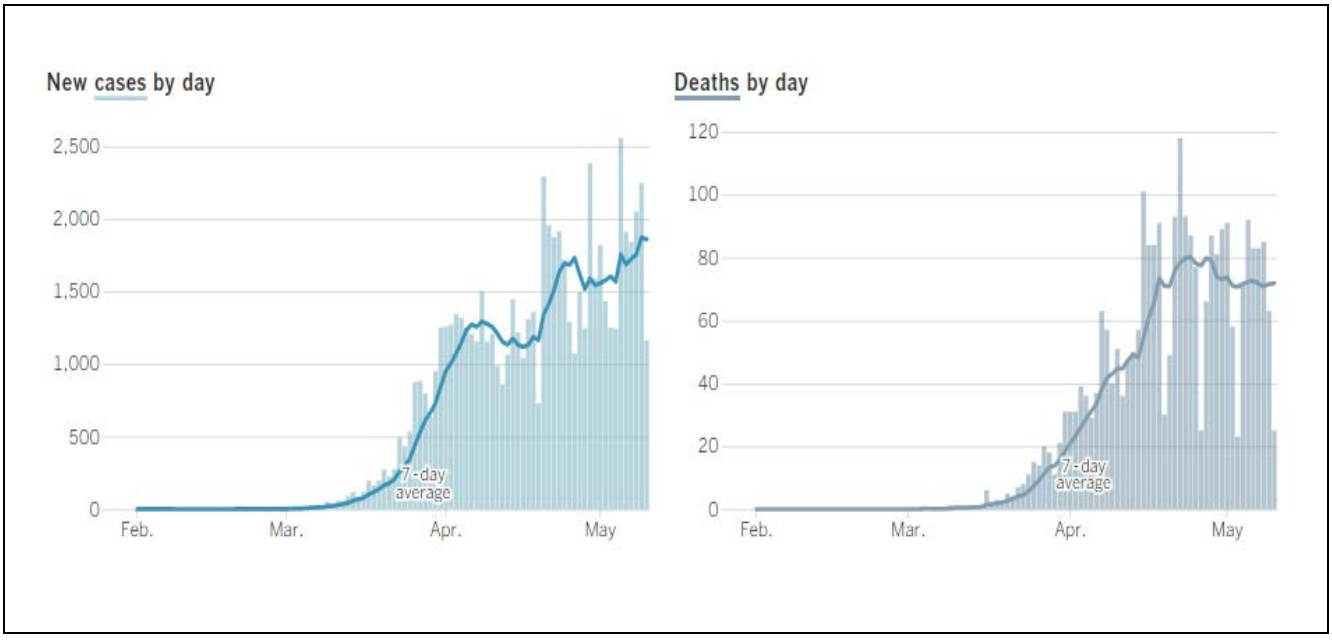


Table 1. Key Facts (LACDPH, CDPH, CDC, WHO as of 5-11-20)

	Confirmed Cases	Deaths
Los Angeles County	30,204	1,422
California	67,936	2,718
U.S.	1,256,972	79,531
Global	3,866,642	270,118

Figure 3. Mapping COVID-19 Outbreak in California (Los Angeles Times, 5-11-20)



Key Disease Characteristics

A. Clinical Presentation: signs and symptoms at illness onset vary, but over the course of the disease, most persons with COVID-19 will experience fever, cough, fatigue, anorexia, shortness of breath, sputum production, and myalgia. Chills, repeated shaking with chills, headache, sore throat, recent loss of taste or smell, and atypical presentations have also been described.

B. Clinical Progression: severe disease can lead to bilateral pneumonia, acute respiratory distress syndrome, respiratory failure, acute liver injury, acute cardiac injury, acute kidney injury, secondary infection, septic shock, multiple organ dysfunction/failure, disseminated intravascular coagulation, rhabdomyolysis, and death.

C. Risk Factors:

- Age $\geq$ 65 years
- Presence of underlying medical conditions, particularly if not well controlled, including: chronic lung disease or moderate to severe asthma, cardiovascular disease, diabetes, obesity with body mass index $\geq$ 40, liver disease, chronic kidney disease requiring dialysis, immunocompromised conditions, immune deficiencies, including cancer treatment, bone marrow or organ transplantation, poorly controlled HIV, prolonged use of corticosteroids
- Living in a skilled nursing home, long-term care or other congregate living facility

D. Transmission:

- Primarily person-to-person via respiratory droplets
- Secondarily via fomites in the environment around cases
- Possible airborne especially during aerosol generating medical procedures

E. Transmissibility:

- Reproductive Number (Ro): 2 – 2.5
- Asymptomatic carrier: 25 – 50%
- Median duration of viral shedding: 31 days
- Most contagious: First week of infection

F. Incubation: 2-14 days

G. Severity

- Mild Symptoms: Approximately 81%
- Require Hospitalization: 5-14%
- Require Intensive Care (+respiratory support): 5%
- Require Ventilator Support = 1-2%
- Case Fatality Rate: 1.3%

H. Duration of Illness and Hospitalization

- Median time from first symptom to dyspnea (labored breathing): 5 days
- Median time from first symptom to hospital admission: 7 days
- Median time from first symptom to acute respiratory distress syndrome: 8 days
- Median time from symptom onset to ICU admission: 10.5 days
- Median time from first symptom to discharge from hospital: 40 days

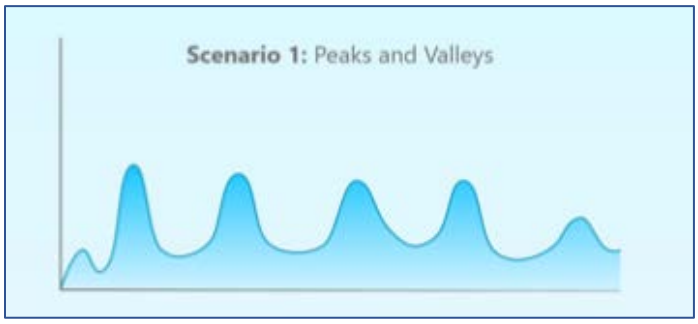
Assumptions

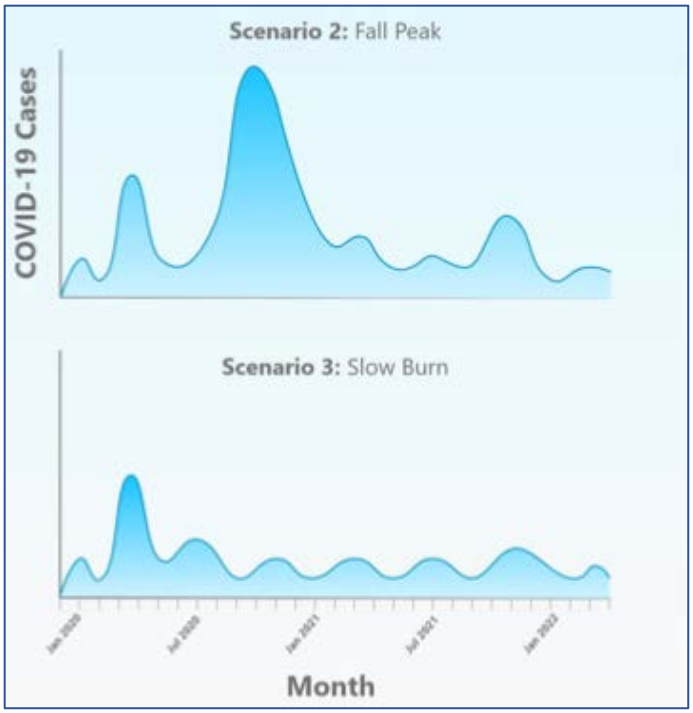
- Non-pharmaceutical interventions, including widescale physical distancing and hygiene, and the rapid isolation of cases and quarantine of contacts, will remain the primary intervention until additional treatments and effective vaccines are widely available.
- Extraordinary and historically unprecedented efforts have resulted in disease transmission slowing in Los Angeles County. However, its future course is still highly unpredictable.
- The ongoing response will require sustained and concerted coordination across all levels of government, community, education, business, faith-based, community-based and non-governmental based agencies.
- Pressure to suspend restrictions on businesses and access to public places will grow.
- Personal protective equipment, medications and other medical materiel will continue to be in short supply due to increased demand and supply chain interruptions.
- Public information and media demands will remain high.
- Congress will appropriate additional supplemental emergency funding for response as needed. Substantial CDC grant extensions, deferments, resource and personal redirections will be allowed.
- Once vaccine to prevent COVID-19 and medications to treat the illness are available, the intervention will shift into mass vaccination efforts to prevent cases, and the rapid treatment of cases to reduce serious illness and death. At best, vaccine development from start to a finished product is likely to take 18 months (summer of 2021).

Projections and Waves of Disease

- Experts predict that the pandemic will likely continue until at least 60% to 70% of the population is immune.
- It is anticipated that additional waves of cases at different heights and different time intervals (with high waves signaling major impact) will occur over the next 18 to 24 months throughout the U.S, including California and Los Angeles County, and will continue until sufficient population immunity is achieved. Figure 4 highlights possible COVID-19 pandemic wave patterns.
- The timing and frequency of these waves will be influenced by various external factors. The local impact of these waves can be mitigated by the timing and strength of community mitigation actions in Los Angeles County.
- Local epidemiological, laboratory, and surveillance data will indicate the rise and fall of each wave of cases in Los Angeles County.
- Epidemiological, hospital admissions, and mortality data will indicate the impact (or strength) of each specific wave in Los Angeles County.

Figure 4: Possible Pandemic Wave Scenarios for COVID-19 (CIDRAP, 4-30-20)





Purpose

The purpose of this document is to establish the strategic direction and interventions needed to respond to COVID-19 in Los Angeles County.

Goals

- Slow transmission of disease
- Minimize morbidity and mortality
- Preserve healthcare, workforce, and infrastructure functions
- Minimize social and economic impacts

Objectives

- Minimize potential spread and reduce morbidity and mortality of COVID-19 in communities.
- Plan and adapt for disruption caused by community spread and implement interventions to prevent further spread.
- Ensure healthcare system response is an integrated part of community interventions.
- Ensure integration of community mitigation interventions with health system preparedness and response plans and interventions.

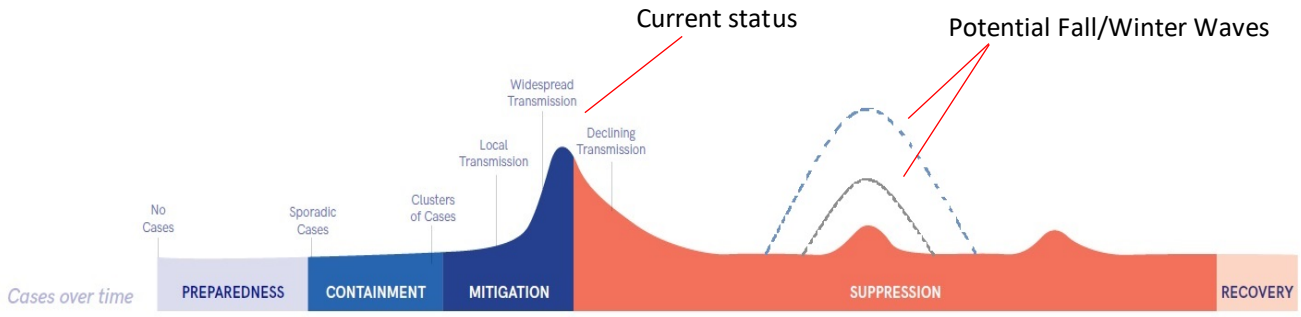
Scope

This document briefly summarizes the mitigation and suppression actions that LACDPH will undertake to respond to COVID-19 for the duration of the pandemic in Los Angeles County.

Response Phases

Because of the anticipated wave-like rise and fall of cases over the next 18 – 24 months, the response will need to be dynamic based on local conditions. Drawing from national guidance, this plan utilizes an adaptive framework to organize and direct the response operations in each mission for the duration of the pandemic.

Figure 5: Adaptive Response



Source: Resolve to Save Lives, COVID-19 Playbook, 4-17-20

Missions: Summary

Mission	Objectives
Epidemiology & Surveillance	1. Identify, investigate, and report cases and contacts in a timely manner 2. Track disease transmission, hospitalization, and deaths 3. Monitor disease activity in community, healthcare, and congregate living settings 4. Conduct routine and enhanced surveillance to inform public health interventions 5. Enhance epidemiological activities to support decision-making
Public Health Laboratory & Testing	1. Conduct laboratory testing of specimens 2. Disseminate laboratory results
Public Info & Warning	1. Disseminate key public information messaging to various audiences
Non-Pharmaceutical Interventions	1. Issue population protective actions to minimize community spread 2. Disseminate guidance on implementing protective actions 3. Build community capacity to follow public health guidelines and non-pharmaceutical interventions to protect the health of the population and prevent further community spread 4. Mitigate outbreaks in congregate settings
Mass Care Support	1. Support the sheltering of persons experiencing homelessness 2. Support the sheltering of persons without resources to safely quarantine and isolate

Mission	Objectives
Healthcare Support 	1. Ensure adequate PPE 2. Issue guidance to healthcare providers and healthcare settings 3. Facilitate regulatory adjustments 4. Support expansion of healthcare system to meet increased demand for services
Medical Countermeasures (MCM) 	1. Provide treatment medication to individuals with clinical manifestations of COVID-19 2. Provide preventive medications to persons susceptible and/or exposed to COVID-19
Fatality Management Support 	1. Support the proper management of fatalities 2. Support fatality management surge operations
Community Recovery Support 	1. Ensure that health and human service efforts of County agencies and private sector agencies are aligned with needs of individuals and communities 2. Protect the health of the population against longer-term negative health effects from mitigation and suppression response activities

Mission-Specific Objectives and Strategies

Epidemiology & Surveillance

- Objective 1: Identify, investigate and report cases and contacts in a timely manner
    - Strategy 1.1. Investigate all cases and issue isolation requirements
    - Strategy 1.2. Investigate all suspect cases and persons under investigation and issue isolation requirements until cleared by laboratory results
    - Strategy 1.3. Investigate all contacts and issue quarantine requirements
    - Strategy 1.4. Assess LACDPH's electronic disease surveillance and investigation system to assure proper operation and connectivity to state and CDC reporting systems
- Objective 2: Track the disease transmission, hospitalization of symptomatic persons, and deaths due to COVID-19
    - Strategy 2.1. Use existing health surveillance systems to define areas of possible and ongoing transmission
    - Strategy 2.2. Access data from State and/or Federal systems
    - Strategy 2.3. Access data from non-governmental or traditional surveillance systems

- Objective 3: Monitor disease activity in community, healthcare, and congregate living settings
    - Strategy 3.1 Implement a mobile device application and website to allow county residents to provide routine data after exposure, positive test, and development of symptoms to monitor disease progression and spread
    - Strategy 3.2. Collect and analyze aggregate daily counts of hospital admissions, ICU admissions, discharges, and deaths by age from hospitals, including counts of staff under isolation or quarantine orders
    - Strategy 3.3. Collect and analyze aggregate daily counts of isolated cases, quarantined contacts among residents and staff at congregate facilities
- Objective 4: Conduct routine and enhanced surveillance to inform public health interventions
    - Strategy 4.1. Establish an incident dashboard that provides a county-wide picture of trends and geographic and epidemiologic hotspots of new infections, hospitalizations, and deaths
    - Strategy 4.2. Establish a public-facing dashboard that clearly indicates LA County's response status (e.g., mitigation, suppression, recovery) and the measures supporting this status that is simple for the public to understand
- Objective 5: Enhance epidemiological activities to support decision making
    - Strategy 5.1. Monitor impacts of mitigation activities (i.e., Safer at Home orders, non-essential business and school closures, and cancellation of mass gatherings) on the community
    - Strategy 5.2. Assess the impacts of healthcare surge activities (i.e., cancellation/deferment of elected surgeries, expansion of specialty beds, additional staffing) and monitor disruption in healthcare systems caused by COVID-19 (e.g., shortages of PPE or lab testing supplies)

Public Health Laboratory & Testing

- Objective 1: Conduct laboratory testing of specimens for COVID-19
    - Strategy 1.1. Conduct viral testing in the community
    - Strategy 1.2. Conduct antibody testing in the community
- Objective 2: Disseminate laboratory results
    - Strategy 2.1. Use existing reporting structures to disseminate laboratory results
    - Strategy 2.2. Develop new reporting structure to disseminate laboratory results to all partners

Public Information & Warning

- Objective 1. Disseminate key public information messaging to various audiences
    - Strategy 1.1. Create clear communications and public health messaging to provide accurate, appropriate and accessible information

- Strategy 1.2. Ensure information is disseminated in multiple mediums, multi-lingual formats, is user-friendly and is accessible to underserved populations
- Strategy 1.3. Disseminate targeted messages to key stakeholders on protective behaviors and actions to minimize transmission
- Strategy 1.4. Disseminate messages to public at large on protective behaviors and actions to minimize transmission
- Strategy 1.5. Disseminate key public health messaging templates and media kits to ensure consistent sharing of information

Non-Pharmaceutical Interventions

- Objective 1: Issue population protective actions to minimize community spread
  - Strategy 1.1. Issue emergency Health Officer orders, directives and declarations to protect health and minimize disease transmission
  - Strategy 1.2. Recommend policies to minimize community contact and reduce disease transmission
- Objective 2: Disseminate guidance on implementing protective actions
  - Strategy 2.1. Provide targeted guidance on how to implement protective actions to those at high-risk for COVID-19
  - Strategy 2.2. Provide information on safe home isolation and quarantine practices
  - Strategy 2.3. Provide information to high-risk populations and key economic sectors and professions on how to implement emergency Health Officer orders
  - Strategy 2.4. Provide information on how to implement personal and environmental protective actions at home and work
- Objective 3: Build community capacity to follow public health guidelines and non-pharmaceutical interventions to protect the health of the population and prevent further community spread
  - Strategy 3.1. Advance community-based policies and program planning designed to stem the spread of disease and promote health, while addressing unintended consequences
  - Strategy 3.2. Collaborate with community partner organizations on mitigation planning and strategy development to address reducing social impacts during pandemic
  - Strategy 3.3. Ensure the inclusion of those most impacted by interventions and work in partnership to include them in decision-making
- Objective 4: Mitigate outbreaks in congregate settings (skilled nursing, long term care, assisted living, substance treatment recovery, homeless shelter, correctional facilities)
  - Strategy 4.1. Assess infection control measures
  - Strategy 4.2. Coordinate facility-wide testing at high-risk sites
  - Strategy 4.3. Issue facility corrective action plans
  - Strategy 4.4. Provide supplemental infection control training

- Strategy 4.5. Supplement PPE and staffing

Mass Care Support

- Objective 1: Support the sheltering of persons experiencing homelessness
  - Strategy 1.1. Provide guidance on implementing personal and environmental protective measures to minimize transmission of COVID-19 at temporary shelters
  - Strategy 1.2. Educate shelter personnel on implementing personal and environmental protective measures to minimize transmission of COVID-19 at temporary shelters
  - Strategy 1.3. Assist in identifying and addressing other potential public health concerns in operating temporary shelters
- Objective 2: Support the sheltering of persons without resources to safely quarantine and isolate
  - Strategy 2.1. Provide guidance on implementing personal and environmental protective measures to minimize transmission of COVID-19
  - Strategy 2.2. Educate personnel on implementing personal and environmental protective measure to minimize transmission of COVID-19
  - Strategy 2.3. Assist in identifying and addressing other potential public health concerns in operating temporary shelters for quarantined or isolated individuals

Healthcare Support

- Objective 1: Ensure adequate PPE
  - Strategy 1.1. Analyze and forecast anticipated demands/needs
  - Strategy 1.2. Develop a coordinated system for PPE acquisition, prioritization, and distribution
  - Strategy 1.3. Coordinate the use of PPE decontamination units within the County
  - Strategy 1.4. Provide PPE sparing training
  - Strategy 1.5. Maintain close control of inventories and closely track resources
- Objective 2: Issue guidance to healthcare providers and healthcare settings
  - Strategy 2.1. Analyze disease impacts and needs in healthcare settings
  - Strategy 2.2. Communicate with healthcare providers and sectors
  - Strategy 2.3. Focus on high risk sectors and facilities (SNF and other congregate medical facilities)
  - Strategy 2.4. Provide training to healthcare sectors and facilities
- Objective 3: Facilitate regulatory adjustments
  - Strategy 3.1. Identify regulatory adjustments needed
  - Strategy 3.2. Advocate to state and federal health agencies

- Strategy 3.3. Recommend policies modifying standards practices (i.e. telehealth, PPE sparing)

- Objective 4: Support expansion of healthcare system to meet increased demand for services
  - Strategy 4.1. Analyze and forecast anticipated demands/needs
  - Strategy 4.2. Coordinate need for alternate care services and/or alternate care sites
  - Strategy 4.3. Coordinate resource needs and requests with CDPH and Cal OES

Medical Countermeasures

- Objective 1: Provide treatment to individuals with clinical manifestations of COVID-19
  - Strategy 1.1. Coordinate with hospitals to provide treatment medication to individuals with clinical manifestation of COVID-19[1]
  - Strategy 1.2. Coordinate with hospitals to provide ventilators for COVID-19 patient care
- Objective 2: Provide preventive medications to persons susceptible and/or exposed
  - Strategy 2.1. Provide antivirals as a prophylaxis to close contacts of confirmed cases once FDA-approved for use
  - Strategy 2.2. Vaccinate persons susceptible and/or exposed once FDA-approved for use

Fatality Management Support

- Objective 1: Support the proper management of fatalities
  - Strategy 1.1. Disseminate guidance on decedent handling
  - Strategy 1.2. Coordinate with EMS Agency to survey, analyze, and evaluate fatality management capacities of hospitals and other healthcare sectors.
  - Strategy 1.3. Coordinate with Medical Examiner/Coroner (ME/C) to survey, analyze and evaluate fatality management capacities of mortuary, funeral homes and other stakeholders.
  - Strategy 1.4. Update and share contact list of all mortuaries and funeral directors in LA County with ME/C
  - Strategy 1.5. Issue emergency Health Officer Orders (i.e., permits for disposition, expedited site selection, and restrictions on gatherings for funeral services)
- Objective 2: Support fatality management surge operations
  - Strategy 2.1. Identify and activate plans for receiving and processing death certificates in surge conditions
  - Strategy 2.2. Coordinate with ME/C to support temporary internment operations if needed; including site selection, expedited issuance of death certificates, and disposition permits

[1] There are no FDA approved MCM currently available for COVID-19. However, under an Emergency Use Authorization, the FDA has released a small quantity of Remdesivir to a limited number of hospitals. This unapproved drug will be used to treat COVID-19 patients hospitalized with severe disease under this EUA.

- Strategy 2.3. Support Family Assistance Center operations as requested by County CEO

Community Recovery Support

- Objective 1: Ensure health and human service efforts of County agencies and private sector agencies are aligned with needs of individuals and communities
  - Strategy 1.1. Identify populations at disproportionate risk for adverse health outcomes
  - Strategy 1.2. Ensure equitable access to services for vulnerable populations
- Objective 2: Protect the health of the population against longer-term negative health effects from mitigation and suppression response activities
  - Strategy 2.1. Assist in the continuity of essential health and human services to meet community needs
  - Strategy 2.2. Advance policies designed to stem the spread of disease and promote health, while addressing unintended consequences

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

869 KENNETH HAHN HALL OF ADMINISTRATION / LOS ANGELES, CALIFORNIA 90012
TEL: 213-974-5555 FAX: 213-974-1010

KATHRYN BARGER
SUPERVISOR, FIFTH DISTRICT
CHAIR OF THE BOARD

May 27, 2020

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

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

Dear Governor Newsom and Dr. Angell:

On behalf of the Los Angeles County Board of Supervisors, I want to thank you for your leadership during the COVID-19 pandemic. The public health guidelines implemented by your offices have been instrumental in helping California flatten the curve and to prevent local healthcare systems from being overwhelmed during this crisis. Most importantly, we appreciate the open dialogue, candor, and support provided to local jurisdictions throughout this difficult time.

As you mentioned in your May 26 briefing, Los Angeles County's size, scope, and budget is as large as many states in the Union. Our County covers more than 4,000 square miles, reaches seven distinct valleys and multiple urban centers, and is one of the most diverse in the nation. Given the overall size of the State of California, we appreciate that the State has considered local input and feedback.

Los Angeles County has been, in our estimation, one of the most proactive and diligent counties in the State during this crisis, taking early and swift action to implement public health orders that have saved countless lives. The County's hospitalization rate for COVID-19 cases has been decreasing for a straight and our positive test rate is dropping steadily. In addition, the County made tremendous early investments in testing with testing capacity far exceeding most urban counties in the State. We've also ensured sufficient personal protective equipment (PPE).

Los Angeles County has completed a review of our health data and benchmarks, capabilities, and readiness to move beyond Stage 2 and has prepared comprehensive plans and public health guidance to assist our businesses and communities to enter the next stage.

Our health officer's attestation outlines epidemiological stability, protection of residents and essential workers, identification and protection of at-risk and vulnerable populations, testing capacity, hospital capacity, and plans for accelerated reopening with appropriate safeguards built in as necessary. These plans are built from the work done locally, in concert with leaders of our communities and economic sectors including labor, business, non-profits, and faith organizations, and expands on the County's own Roadmap to Recovery.

Los Angeles County has met the benchmarks and criteria identified by the California Department of Public Health. The County has demonstrated an ability to protect our residents and essential workers and is well prepared to move forward at a faster pace than the State as a whole. Los Angeles County is one of only eleven counties statewide that has not yet received a variance from the State and granting variance to Los Angeles County will contribute to regional consistency. All of our surrounding counties have been granted a variance and including Los Angeles County will allow for economic and social equity throughout our region.

Please accept this letter of support from the County's Board of Supervisors as a complete endorsement of our health officer's attestation and request for a local variance to California's Resilience Roadmap.

Sincerely,

KATHRYN BARGER
Supervisor, Fifth District
Chair, Board of Supervisors

c: Los Angeles County Board of Supervisors
Sachi Hamai, Chief Executive Officer
Mary Wickham, County Counsel
Celia Zavala, Executive Officer
Dr. Barbara Ferrer, County Department of Public Health
Dr. Muntu Davis, County of Los Angeles Health Officer

Health Services
LOS ANGELES COUNTY

May 27, 2020

Muntu Davis, M.D.
Health Officer
Los Angeles County
Department of Public Health
mudavis@ph.lacounty.gov

RE: **VARIANCE**

Dear Dr. Davis,

I am writing regarding our capacity to support the County of Los Angeles in seeking a variance to proceed to an expanded Stage 2 reopening. The four acute care hospitals operated by the Los Angeles County Department of Health Services (DHS), including Harbor-UCLA Medical Center, LAC+USC Medical Center, Olive View-UCLA Medical Center and Rancho Los Amigos National Rehabilitation Center, are prepared to accommodate a surge in COVID-19 patients of 35%, in addition to continuing to manage the acute care needs of non-COVID patients. The four DHS hospitals currently have sufficient personal protective equipment to protect our clinicians and employees.

Sincerely,

Christina R. Ghaly, M.D.
Director

CRG:mm

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 288-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

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