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

COVID-19 VARIANCE ATTESTATION FORM

FOR Madera County

May 18, 2020

Background

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

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

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

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

Local Variance

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

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

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

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

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

County Name: Madera County

County Contact: Sara Bosse, Public Health Director

Public Phone Number: 559-416-9489

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 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.

[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.

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.

Currently, there are zero patients hospitalized with COVID-19 in Madera County. There have never been more than two individuals hospitalized at any point in time.

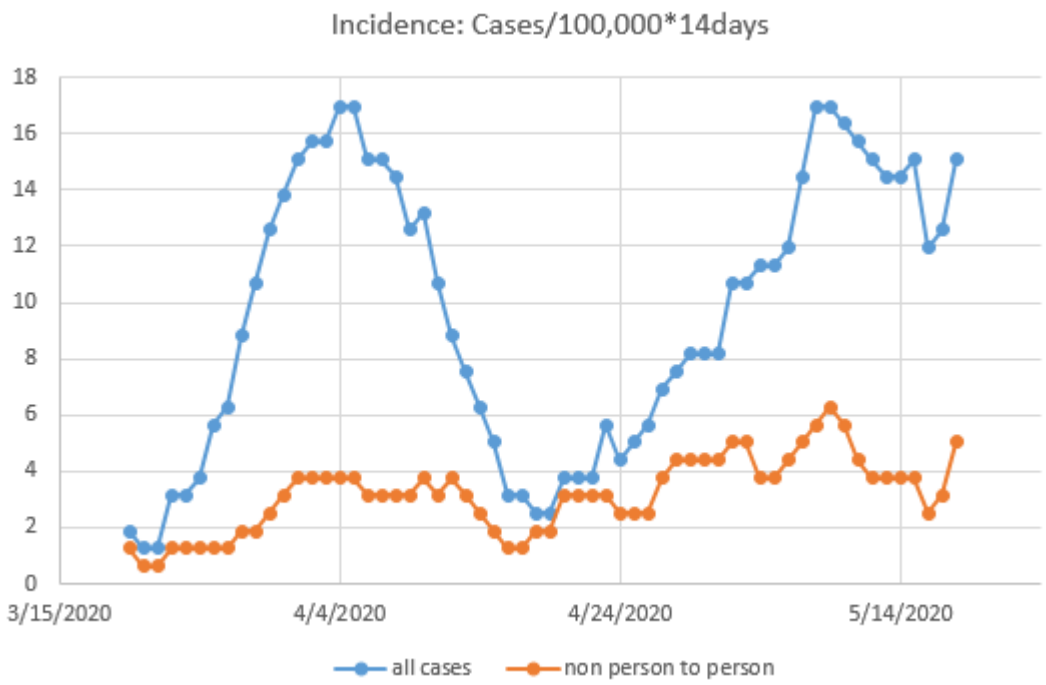
- 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

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

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

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

As of 5/18/2020 the incidence rate for Madera County is 15.1/100,000*14days. This rate has never been over 18/100,000*14days for Madera County and we have successfully contained increases in incidence with our case investigation and contact tracing:



- **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).

Madera County COVID-19 information for businesses (also attached) includes links to the Cal-OSHA Guidance on Preparing the Workplace for COVID-19 and the California Roadmap Industry Guidance as well as downloadable tools to help businesses plan, document, and advertise the modifications and accommodations a business would need to institute to prevent the spread of COVID19. This guidance document addresses limiting workplace exposure to SARS-CoV-2 through the implementation of administrative, engineering, and work practice controls. It also provides ways of classifying the level of COVID-19 risk at the workplace. Guidance can be applicable for both healthcare and non-healthcare settings.

For healthcare workers in hospital and clinic environments specifically, extensive and frequently updated guidance has evolved since the first days of the COVID-19 outbreak. The primary need for support from our Department of Public Health for protecting these workers and ensuring a safe workplace has been to support them in obtaining adequate supplies of PPE. In Madera, this task has been somewhat simplified as we coordinate with just two hospitals and one large Federally Qualified Healthcare Center. We maintain a close relationship with all three of these organizations, with continuous communication between our MHOAC staff and their clinical and purchasing departments. While we do have outstanding requests for supplies of N95 respirators and face masks, all three of these facilities have been able to operate without running out of PPE supplies at any point.

For Skilled Nursing Facilities and Assisted Living Facilities within our county, in addition to ensuring adequate PPE supplies, we have also worked with the Hospital Acquired Infection specialists from CDPH to assess readiness and staff training levels based on current CDPH and CDC guidelines. We have given specific training on use of PPE, and provided N95 mask fittings to SNF staff to ensure readiness for proper infection control practices. We have a weekly call with SNF providers to review any ongoing issues.

For non-healthcare essential services and businesses, guidance from CDC, CDPH, and business associations have appeared with increasing frequency since the onset of the COVID-19 epidemic. Our Department of Public Health has engaged with our business community to assist in developing individual safety and risk-mitigation protocols for protection of staff and customers as more specific guidance has been in development.

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

We have ensured that all healthcare sites (including SNFs and ALF's) are aware of how to request supplies and that they have been able to contact our department with requests. Larger facilities in our County were already familiar with the process to request supplies through our MHOAC, however, smaller facilities such as some SNFs and many ALF's were not familiar with this system and required training. We also assist any facility in submitting resource requests if they need guidance. The two hospitals and the large FQHC in our County have well-structured assessments for PPE and other supply needs, and are in continuous communication with all levels of our Department of Public Health. For SNFs and AFL's we created a survey of readiness and PPE/supplies needs. Eventually this survey was supplanted by the CDPH survey of SNF facilities for much of the same information and we follow those daily survey reports in addition to any specific requests from our local facilities.

For first responders (Fire, EMS, and jail/parole) we have a representative from each branch at our daily EOC meetings where any infection control issues are brought immediately to our attention. Similar to our hospital PPE requests, we have requested masks to supply EMS and the county jail staff, however, they have maintained an adequate supply of masks throughout this time of short supply.

- **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.

Madera County has experienced an uptake in testing since the start of the COVID-19 outbreak. Average COVID-19 testing volume for 7 days (from 5/10/20-5/16/20) was 0.26 per 1,000 population. The Madera County has observed a cumulative COVID-19 testing rate of 8.7 per 1,000 population on 5/8/20. This results in 0.86% of the Madera County residents ever tested for COVID-19 by polymerase chain reaction (PCR) test. The number is an underestimate as the number for total test results is utilized in place of total test conducted, as this number is unknown at the time of the report. Due to the delay up to 7 days for laboratory results to be reported via electronic lab reporting in CalREDIE or reported via fax to the Madera County Department of Public Health, rates can be several days behind. In addition, Valley Children's is conducting approximately 60 test/day which would more than double our # tests/day given above, however, many of their patients are not Madera County residents so we have not included those numbers in our case counts. An upward trend in the total test over time is anticipated in upcoming days as COVID-19 testing site and GeneXpert capabilities are established at the Madera County Department of Public Health facility.

Since the start of outbreak, COVID-19 testing has been primarily done by the Madera Community Hospital and Camarena Health Centers. Testing has been increasing with increasing availability of testing kits and swabs for these two facilities; however, this ramping up has not been as fast as in larger counties with a higher underlying COVID-19 prevalence that experienced an outbreak of COVID-19 earlier on. In fact,

we have never lacked capacity to test symptomatic patients and our testing volume has been limited partly by restrictive testing guidelines originally, and now by lack of symptomatic persons requesting testing. We believe that the addition of surveillance testing will markedly increase our testing volume.

On 5/27/2020 an OptumServe site is scheduled to open on the Madera Fairgrounds site. In addition our Department of Public Health has established a mobile clinic that began operation in the last week. We propose to use our mobile testing site to reach out to difficult to serve and underserved areas of our community (for example homeless encampments, indigenous communities that are non-English or Spanish speaking). In addition, as discussed below, we will be rapidly scaling up surveillance testing in SNF's and possibly other sites of employment which will also increase our testing volume significantly.

Currently laboratory testing availability is not a limitation to testing volume. In addition to sending specimens for evaluation to the state VRDL laboratory and the Tulare Public Health laboratory, Madera County now has the capacity to test independently with our own GeneXpert system running. We also have contracted with the UCSF BioHub if surveillance testing begins to greatly increase our daily volume. For sites to collect samples, in the last week an OptumServe site has been established in Mariposa County near our border. As Mariposa has a population of only 17,000 and as this testing site is near our border, it will supply a daily testing capacity of 130 test/day for the combined population of our two counties of 176,000, equivalent to 0.75 test/1,000*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.

As of 5/26/2020 OptumServe testing will be available at the Madera Fairgrounds in the City of Madera. The City of Madera is home to over 40% of the county's population.

The Department of Public Health offers mobile drive through testing by appointment. Field tested on-site, this week the mobile testing site is moving out into testing desert communities, eventually circulating throughout the county.

The Madera County Department of Public Health utilizes the California Department of Public Health (CDPH)'s GIS mapping tool for finding a COVID-19 testing site in California to assess 50 miles radius from a testing site and determine if the county border is within these 50 miles radius circles. This is based on the assumption that 50 miles distance is equivalent to 60 minutes commute. Based on the 50 miles radius circles drawn from the two testing locations, chosen because they are the furthest apart and on opposite ends of Madera County, 100% of Madera County belongs within 50 miles from a COVID-19 testing site. This assumption was confirmed by GIS map analysis using situs addresses layer conducted by the Madera County GIS manager. The county addresses were geo-processed using the Near Distance model by taking addresses and calculating the nearest testing site. Mapping of distance

from testing sites indicated that the furthest residents live was 36 miles from any of the 10 given testing sites. Madera County only considered sites with an ability to collect specimens for polymerase chain reaction (PCR) testing to be testing sites.

Current COVID-19 specimen collection/testing sites are listed below:

- Madera Community Rapid Care Clinic: 1210 E Almond Ave. Madera, CA 93637
- Madera County Department of Public Health: 1604 Sunrise Ave. Madera, CA 93638
- Camarena Health Center: E 6th St. Madera, CA 93638
- Mariposa Alternative Education Site (OptumServe): 5171 Silva Rd. Mariposa, CA 95338
- Fresno City College: 1101 E University Ave, Fresno, CA 93741
- Saint Agnes Medical Center: 4770 W Herndon Ave. Suite 105, Fresno, CA 93722
- Kaiser Permanente Fresno Medical Center: 7300 N Fresno St., Fresno, CA 93720
- Clovis Community Medical Center: 2755 Herndon Ave., Clovis, CA 93611
- Community Regional Medical Center: 2823 Fresno St., Fresno, CA 93721
- Merced County Fair (OptumServe): 900 Martin Luther King Jr Way, Merced, CA 95341

- 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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Tests results of surveillance will be reported to the state in CalREDIE. Outbreaks will be reported to the state if containment is unmanageable locally.

High risk/vulnerable populations:

- SNFs: Currently testing symptomatic residents. Will be expanded to surveillance testing by June 1, 2020 to test staff every 14 days and at minimum, 20% of residents every 14 days.
- Congregate senior living: Surveillance testing by June 1, 2020 to test staff every 14 days and at minimum, 20% of residents every 14 days.
- County Jail and Juvenile Hall: Staff have all been tested and will be tested every 14 days starting June 15, 2020. Currently quarantining all new inmates. By June 15, 2020, surveillance testing will be conducted on new inmates mid and end of quarantine.
- Madera Rescue Mission: Currently testing symptomatic residents. Will be expanded to surveillance testing by June 1, 2020 to test staff every 14 days and at minimum, voluntary of residents every 14 days through the mobile testing site.
- Staff and volunteers serving food distribution sites: Encourage testing at OptumServe site the every 14 days once the site is operational.
- IHSS Workers: Encourage testing at OptumServe site the every 14 days once the site is operational.

- County and city staff serving the public: Encourage testing at OptumServe site the every 14 days once the site is operational.
- Healthcare providers and in-patients: Madera Community Hospital, Valley Children's Healthcare, and Camarena are all developing their own surveillance plans for both staff and inpatients and we are actively engaged with them in coordinating planning for this.

Community Surveillance:

- Target known groups with poor access (i.e. indigenous farmworker communities) with specific outreach and testing dates.
- Track testing rate by zip code and target areas with lower testing rates using our mobile clinic

- **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).

Madera County experienced a rate of 1.6 new COVID-19 cases per day across 14 days (from 4/24/20 to 5/7/20). In order to calculate and ensure surge capacity, the Madera County utilizes the criteria of estimated staff need when cases exceed three times the average currently observed. Based on the California Department of Public Health assumption that one positive COVID-19 case produces 10 close contacts on average and that one positive case yields the need for six full time equivalent in staffing needs, the Madera County will require a surge capacity of 30 staff. There are currently 27 staff performing contact tracing and COVID-19 response. These staff capacity include: 11 case monitors, 8 nurses, 8 deputy officers. Six additional trained staff can also be mobilized for the response when necessary. Additional staffing that can be utilized include: one communicable disease investigator, one health education assistant, one registered nurse, one supervising public health nurse, and two medical assistants. If necessary, the Madera County Department of Public Health can request further staffing assistance from the Madera County Sheriff's Office and Probation Department which was tested with a large cluster in March and proven effective.

The Madera County Department of Public Health established a Containment Algorithm in March in order to ensure long term COVID-19 containment. The algorithm consists of identified priorities including prioritized testing, rapid contact tracing, active isolation, real time data, clear messaging, and cross county collaboration. Algorithm addresses getting providers on board with prioritization matching test priority to lab response time, working to increase local testing availability, performing rapid contact tracing, issuing isolation/quarantine orders, testing and monitoring of contacts, empower healthcare providers with delegated authority of health officer for isolation order of those with febrile respiratory illness, tracking patients placed in isolation, obtaining syndromic surveillance data for the monitoring of potential community COVID-19 transmission, and communicating clear

messages about prevention. There have been training materials developed for contact investigation and general quarantine and isolation packets developed in both English and Spanish. Packets are designed to provide messaging about the requirement of isolation and quarantine, provide guidance information about seeking medical care for worsening illness, and symptoms tracking sheets. In addition, there are materials on assessing the individual's ability to safely quarantine or isolate at home. Algorithm makes standardizing the process and allows for the quick onboarding of new staff that are tasked with contact tracing responsibilities. The operations chief and testing/surveillance lead maintained protocol for processing a positive COVID-19 case. Procedure including assigning a nursing staff the case for interview, notifying the deputy officer to serve isolation and quarantine orders, entering the case information into the CalREDIE disease reporting system, and assigning case monitors to monitor cases and contacts.
Currently we are using WebEOC to track cases and contacts as this program provides a central access to all involved in our case and contact tracing program and also allows for different levels of access to people with different roles in our contact tracing system. When the state SalesForce designed system becomes available in Madera we will probably switch to that system as we believe it will simplify investigations that cross county boundaries.

- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a separate bathroom, or a process in place that provides the ability to sanitize a shared bathroom between uses), for the duration of the necessary isolation or quarantine period. Rooms acquired as part of Project Roomkey should be utilized.

The Fresno Madera Continuum of Care Point in Time homeless count for 2019 indicated that Madera County has 377 homeless individuals. The Madera County local government and Community Action Partnership of Madera County (CAPMC) have established contracts to be able to house a maximum capacity of 62 individuals or 16.4% of the homeless population and/or individuals under isolation or quarantine in Madera County. Breakdown of housing capacities is presented below:

- Local hotels: 50 rooms
- Travel Trailers: 4 people
- Madera Rescue Mission: 8 single-occupant isolation rooms

- **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.

Madera County has two hospitals: Madera Community Hospital (MCH) and Valley Children's Healthcare (VCH). For surge capacity reporting, only MCH will be presented as VCH is a pediatric hospital. MCH has a total of 106 beds. Total super surge bed capacity is at 154, which stands at 45.3%. MCH has 10 ICU licensed beds with a 30% occupancy and 14 mechanical ventilators with only one ventilator currently in use. There has been a report of 0% surge beds use. In addition, there are eight negative pressure isolation rooms available for use. Daily California Hospital Association surveys indicated that MCH has a 90-day supply of PPE on hand (N95, other face masks, face shields, PAPR hoods, eye protection, gloves, and gowns) lasting at least 15 days (MCH states they currently have an adequate supply of PPE on hand and are increasingly able to meet all of their PPE demands through their usual vendors).

In addition to MCH, Fresno County also has three community hospitals that can support surge. These hospitals are Fresno and Clovis Community hospitals and Saint Agnes Community Center. The surge capacity for the Fresno and Clovis community hospitals are approximately 33%. The surge capacity for Saint Agnes Community Center is 30%. The combination of these community hospitals provide an additional 157 mechanical ventilators and 194 ICU beds. In addition to community hospital, Fresno County also has Kaiser Permanente, which reported an additional 169 regular beds, 24 ICU beds, and 46 mechanical ventilators.

In partnership with Madera Community Hospital, Madera County Sheriff's Office, Mariposa Public Health, Valley Children's Healthcare, and Madera Unified School District we identified resources, staffing, and location to stand up a 50 bed Alternative Care Site (ACS). The site can be mobilized within a week if surge indicators demonstrate need

- 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.

On April 14, 2020, Madera Community Hospital issued a written directive to all hospital employees, physicians, patients, visitors and vendors to wear a facemask when in the hospital facilities. Patient Care employees/physicians/vendors providing direct patient care were directed to wear a surgical mask. All non-patient care employees/vendors/guests were directed to wear a cloth facemask or facemask provided by the employee/vendor/guest. Facemasks must be worn along with strict adherence of social distancing in common and shared spaces, work restriction of sick employees, diligent hand hygiene, and frequent surface cleaning.

Hospital surveys for Madera and Fresno County indicated that Madera Community Hospital has adequate supply of PPE (N95, other face masks, face shields, PAPR hoods, eye protection, gloves, and gowns) for more than 15 days. PPE are tracked by hospital self-report of PPE inventory through the daily California Hospital Association surveys. Through the California Hospital Association's daily surveys, the

Madera County MHOAC assesses daily inventory and shortages for PPE at Madera County's hospitals.

- **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.

SNF testing surveillance is describe above.

SNFs and living centers have an established process for obtaining additional staffing if and when experiencing staffing shortages. The SNFs and living centers are responsible for assessing their own facilities for staffing needs. If there is a staffing need identified, the facilities will need to provide a request to their corporate office, if applicable. If no staffing can be provided through this process or if there are no other SNFs or living centers within the corporate chain that can provide staffing, the facilities can request staffing identify staffing needs through the SNF coalition. SNF coalition has MOUs from all SNFs and can often provide staffing if they have excess staffing. If the SNF coalition cannot provide staffing, the facilities will then communicate staffing shortage through the Madera County MHOAC, which then will reach out to the operational areas to search for available staffing. Operational areas can include hospitals, clinics, schools, and others. When Madera County does not have the capacity to fulfill this request, the request can be escalated to the region 5 counties, state, and federal.

The Department of Public Health carries out a weekly conference call with all of our local SNF's. These calls were critical to developing testing capability for each SNF and supplying testing supplies to all. Supplying testing materials has allowed them to test any even minimally symptomatic patients, and we run those tests in our own laboratory with a 1-2 hour turnaround time. Local SNF's have developed isolation plans, and discussed cohorting options. With increased availability of testing we are also using this weekly call to review best practices in planning to roll out surveillance testing at each facility.

Infection control plans at each of SNF's was reviewed by the CDPH HAI team. We worked with their report findings to supply further PPE and also to provide training in PPE use and n95 fit testing.

While these calls are weekly, the Health Officer is in almost daily contact with our SNF's for issues such as testing coordination and managing HCW exposures (not from the SNF but from home or other contacts).

- 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.

The MHOAC receives a daily SNF survey conducted by CDPH that reports PPE inventory such as gloves, masks, and gowns. The MHOAC receives the surveys daily and reviews the SNFs survey to identify staff and PPE shortages. If the SNFs do not reach out to the MHOAC for resource request, then the MHOAC reaches out to the SNFs to inquire about their PPE needs. In addition, the MHOAC provides situation awareness and receives situation updates from the SNFs as well. Shortages are determined by skilled nursing facilities' self-report to these questions:

1. Are you short of masks and gloves?
2. What are the specific PPE needed
3. Is resource needs communicated to Public Health or MHOAC?
4. What is the PPE supply remaining?

Skilled nursing facilities that identified a shortage in PPE will be followed-up by the MHOAC team to address needs.

Madera County has five skilled nursing facilities. To specific numerical reporting of inventory for gloves, face shield, or gowns from the five SNFs; however, CDPH's survey and MCDPH's outreach indicated that all but one facility reported a shortage in gowns. This shortage in gown is reported to last up to 14 days. In addition, the MHOAC contacted the SNFs on 5/7/20 to conduct an assessment of PPE. All facilities confirmed that they have enough PPE for at least 14 days. All SNFs reported having a non-state supply chain to order PPE, especially gowns, gloves, and face shields/ eye goggles. Vendors include but are not limited to McKesson and Medline.

Madera County also utilizes WebEOC, an emergency management system, to track PPE shortages across all healthcare facilities and SNFs in Madera County. Partners are able to communicate via WebEOC of PPE needs and communication is updated in real time. The MHOAC will follow-up as needed to address PPE shortages.

SNFs' contacts

Madera Rehab & Nursing Facility	John Batt	
Avalon Health Care	Alexandria Hobbs	

Cedar Creek	Shawniee Jackson	
Palms Care Center	Regan Hawk	
Chowchilla Memorial Health	Cathy Flores	

- **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.

As a largely rural and suburban county, many of the sectors below that will reopen in phase 2 are geographically dispersed, and thus are able to open and operate independently. For example, there are no large office complexes that include restaurant facilities where opening both at the same time could lead to a sudden synergistic increase in business and traffic. In addition, a number of these sectors in our county are already operating, as they are an integrated part of an essential service (i.e. logistics in Madera is largely to maintain agricultural operations in this area). Thus, as there is minimal interaction between the sectors below in our area, we do not see a benefit in our area to a specific order of reopening other than based on risk. In addition, most of the sectors below that are awaiting reopening in Madera operate on a much smaller scale than all of the large scale essential businesses that have remained open throughout the Governor's stay at home order. Since all of these large businesses have been able to remain open and we have had no covid-19 outbreaks related to their ongoing business, we feel confident that opening the below sectors, which mostly operate on a much smaller scale, will not present a health threat to our county. Not only do most operate on a smaller scale, but during the long duration of the stay at home order, they have also devoted significant efforts on risk assessment and the development of safe operating plans.

Businesses are able to open after completing a risk assessment and site specific plan.

May 20, 2020

- Retail Sector including customers entering store premises where a plan for maintaining physical distancing is in place. There are no destination retail locations or shopping malls in Madera County.
- Manufacturing/Logistics Sector (mostly essential in Madera)
- Office-based businesses (telework remains strongly encouraged)
- Dine-in restaurants (other amenities, like bars or gaming areas, are not permitted)
- Personal services, limited to: car washes, pet grooming, and landscape gardening
- Outdoor museums and open gallery spaces

- Childcare facilities

May 31, 2020

- Flea Market: This open-air market has the potential to function with physical distancing given the wide open space where it operates (fairgrounds). However, this event has traditionally attracted large crowds and a fair-like environment. More time is needed to develop a coordinated plan with the city to limit attendance and prevent overcrowding of surrounding communities.

Schools
We do not propose to open schools on an accelerated schedule.

- **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.

Madera County Department of Public Health is involved in the multi-counties/regional collaboration under the Area Coordination team. Indicators or triggers to move slow or reverse our progression into stage two are in accordance with the epidemiologist team. Triggers will be monitored through analysis of data from different sources including febrile respiratory (syndromic) surveillance (currently there is a health officer order in place requiring reporting of all febrile respiratory illness patients to our department of public health), daily COVID-19 testing data, CalREDIE cases and laboratory results, regional hospital admission data. Three major components are considered foundational signs of worsening of our local COVI-19 situation and all could serve as triggers for slowing or reversing progression through stage 2. All of these measures are monitored based on daily data reporting:

1. A significant/sustained increase in Febrile Respiratory Illness (FRI) reported by Healthcare Providers OR in COVID-19-like clusters.
2. A significant/sustained increase in the 7-day rolling average of documented cases OR the 7-day rolling average for positive tests exceed 10% of total tests OR the capacity of the contact tracing unit to conduct tracing and isolation and quarantine operations is exceeded.
3. Use of designated surge capacity for management of COVID-19 patients OR ICU beds fully occupied OR demand for healthcare worker PPE exceeds existing resource capacity.

The above measures are all calculated at a county wide level. However, we propose to also use these measures combined with traditional communicable disease investigation methods so that the measures can be applied in a more focused manner. Our county has done extremely well with maintaining a strong case investigation program for identifying and containing our outbreaks, and we intend to combine the information gained from the investigations in deciding if the reopening in stage two of certain sectors would need reversing. For example, our county wide statistics could obviously worsen with any outbreak in a congregate living facility such as an SNF or prison. However, if that outbreak remains localized to that one facility and there is NO evidence of an outbreak from any other sector such as dine-in restaurants, we would not see that countywide worsening as a reason to close other sectors. Similarly, an outbreak related to negligent mitigation practices at a

single business would not necessarily trigger us to close other businesses in that sector.

The most important measure that could lead to closing of sectors would be approaching surge capacity or ICU/ventilator capacity in our local hospital system. The risk of entering surge and the potential effect of that on our ability to provide health care to the general population would lead us to closure of re-opened sectors and also consideration of closure of any Phase 1 reopening that appears to be contributing to covid-19 incidence.

Business or sectors contributing to worsening covid-19 outbreaks could be closed by health officer order. Our hope in reopening in Phase 2 on an accelerated schedule is that sectors will see that our health orders are responsive to local conditions. We feel that demonstrating awareness of local conditions by accelerating Phase 2 reopening in our area of lower risk will be key in obtaining public support if measures ever need to be reinstituted in the future.

The Madera County Department of Public Health will continue to monitor PPE shortages in the hospital setting. Having adequate PPE is critical for controlling COVID-19 in high risk settings such as healthcare facilities but also ensures adequate healthcare workforce and infrastructure. Inadequate supply in PPE in the hospitals can trigger the slowing down or reversing progression into stage 2. Inadequate PPE includes a PPE inventory of less than one week for critical clinical staff and the hospitals have no methods of replenishing PPE before supplies deplete.

- **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.

Madera County's containment plan can be found at:
Yosemite Area Coordination Roadmap Plan

While not exhaustive, the following areas and questions are important to address in any containment plan and may be used for guidance in the plan's development. This containment plan should be developed by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors. Under each of the areas below, please indicate how your plan addresses the relevant area. If your plan has not yet been developed or does not include details on the areas below, please describe how you will develop that plan and your timeline for completing it.

Testing

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

1. The OptumServe test site added to the mobile test site and testing completed by healthcare providers will bring testing capacity to 2 per 1,000 residents.
2. In the last seven days we have 302 tests reported as completed and 3 positive results for a percent positive rate of 1%. This rate has been stable and we expect it to decrease with increased surveillance testing.
3. See testing capacity section above.
4. See testing capacity section above.
5. See testing capacity section above.

Contact Tracing

1. How many staff are currently trained and available to do contact tracing?
2. Are these staff reflective of community racial, ethnic and linguistic diversity?
3. 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?
4. 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?

1. There are currently 27 staff performing contact tracing and COVID-19 response. These staff capacity include: 11 case monitors, 8 nurses, 8 deputy officers. Six additional trained staff can also be mobilized for the response when necessary.
2. Yes
3. Additional staffing that can be utilized include: one communicable disease investigator, one health education assistant, one registered nurse, one supervising public health nurse, and two medical assistants. If necessary, the Madera County Department of Public Health can request further staffing assistance from the Madera County Sheriff's Office and Probation Department which was tested with a large cluster in March and proven effective.
4. Hotel rooms are available for those who cannot safely isolate. A team has been established to provide appropriate services and supports to all in isolate and quarantine to care for residents and facilitate compliance. Those in isolation and quarantine are called daily to assess symptoms and address needs.

Living and Working in Congregate Settings

1. How many congregate care facilities, of what types, are in the county?
2. How many correctional facilities, of what size, are in the county?

3. How many homelessness shelters are in the county and what is their capacity?
4. What is the COVID-19 case rate at each of these facilities?
5. 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?
6. Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?
7. Do facilities have the ability to safely quarantine individuals who have been exposed?
8. Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
9. Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
10. Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
11. Does the workforce have access to locations to safely isolate?
12. Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

1. Five SNFs and one assisted living facility
2. County Jail with 563 inmates, County Juvenile Hall with 30 inmates, and two State Prisons with approximately 5,590 inmates combined.
3. One homeless shelter: 42 male beds and 15 female beds
4. There have been no COVID cases in any of these congregate facilities.
5. We interact daily with the Jail staff in our EOC meetings, we have weekly SNF coordinating calls. We also work almost daily with our SNF's to coordinate testing of any inpatients with symptoms (to date, all of these tests have been negative). We have also been in close communication with our homeless shelter providers as we have worked to house at risk individuals. We would be immediately notified by staff at all of these facilities if there were a COVID case or suspected case.
6. The SNF's and Jail have isolation and quarantine capacity. The homeless shelter has two units that would be capable of isolation/quarantine, however, to date we have chosen to house individuals in quarantine at a separate facility.
7. The SNF's and Jail have isolation and quarantine capacity. The homeless shelter has two units that would be capable of isolation/quarantine, however, to date we have chosen to house individuals in quarantine at a separate facility.
8. There is adequate testing capacity to investigate outbreaks and now also to carry out surveillance.
9. The facilities have coordinated with our MHOAC to ensure they are able to access any PPE needed and they all report adequate supplies at present. These facilities are aware of the availability of reduced rate hotel rooms if staff prefer to isolate from their household when not at work so as to minimize risk.
10. The state hospital acquired infections team has contacted all of our SNF's to review their infection control policies in preparation for COVID.
11. Yes
12. Our SNF's have also discussed possible sharing of staff with other local healthcare providers if need arises. Establishing an MOU to provide for staffing exchanges between our healthcare facilities if needed has been discussed but is not currently in place.

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.)?

1. See vulnerable population above.
2. We are currently standing up an "opt in" local friendship program for seniors to provide connection and support from volunteers through regular phone calls. Volunteers will be provided a checklist of thing to discuss on calls in addition to the mental health support of regular interaction and human connection. The volunteers will have access to the team that provides support to those in isolation and quarantine,

Acute Care Surge

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

1. Daily reports from CDPH on hospital utilization are reviewed. These reports include all of the above data.
2. Our hospitals have worked closely with our MHOAC and currently report no PPE shortages. Madera Community Hospital estimates a current 90 day supply of PPE.
3. Valley Children's hospital is testing all patients on admission, Madera Community Hospital is testing all patients prior to any high risk procedures.
4. Both hospitals in our County have plans in place for monitoring HCW exposed to COVID.

Essential Workers

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

3. There are over 500 businesses in our County, the majority of which are considered essential given the preponderance of agriculture and essential retail in our business profile.
4. We have done extensive outreach using public health staff, police, and code enforcement staff to assist all businesses that are open or planning to open in developing site specific risk assessment and mitigation plans. We also have Madera County COVID-19 information for businesses on our website that includes guidance and tools.
5. Supplies for disinfection are now available.
6. Our County febrile respiratory illness health officer order requires screening of all employees on arrival for symptoms of COVID and we have not had a shortage of testing at any point for symptomatic persons.
7. We contact all persons in isolation or quarantine in person to assess their ability to isolate in their current living situation and any specific needs. If isolation is not possible in their housing situation we will arrange housing for them, and needs such as groceries or other supplies are coordinated by our contact tracing team.

Special Considerations

1. 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?
2. 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?

Agriculture is a primary business in our county. We have not seen any outbreaks to date in this setting. However, we are working on community surveillance plans for agricultural workers as we realize this group may not have adequate access to healthcare.

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?

1. The Madera County of Public Health has coordinated closely with the City of Madera and City of Chowchilla (the only incorporated cities in Madera County) throughout this state of emergency. Both groups are represented in our daily Executive Calls. Our Director briefs the City of Madera Council in their bi-weekly meetings.
2. Board members and their chiefs of staff, Healthcare partners, County Departments, law enforcement, code enforcement, County Chambers of Commerce, business owners, school superintendents, and community-based organizations have all been engaged in our preparing to move through phase 2 of reopening.
3. We have two daily calls with 1) community representatives and 2) executives to provide updates, answer questions, and receive feedback. Well-maintained/ responsive tools in place: web-based community feedback form, call center, and social media platforms provide the general public opportunities to request information and ask questions.
4. We have also reached out to NGO's such as Centro Binacional para el Desarrollo Indigena Oaxaqueno to get input from specific underrepresented groups.

Relationship to Surrounding Counties

1. Are surrounding counties experiencing increasing, decreasing or stable case rates?
2. 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?
3. 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.
4. How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

Mariposa and Tuolumne Counties have already received a variance to accelerate through stage 2 as they have a low incidence of COVID that has not changed significantly. Merced and Fresno Counties have significantly higher case rates. We coordinate closely with our neighboring counties through regular direct calls between counties, the Yosemite Area Coordination team (several scheduled calls weekly), San Joaquin Valley Public Health Consortium (biweekly scheduled calls), and a Madera-Fresno COVID roundtable hosted by the local Hospital Council (just initiated). There is already significant travel between Madera and Fresno counties due to employment. As there is no significant "destination" travel between counties we do not expect a large further increase in traffic. We have worked well to coordinate with the Fresno County communicable disease team for case/contact investigations that cross our county borders. However, we expect that making CalREDIE data sharing between counties and the introduction of a statewide contact tracing program currently underway will make the process of carrying out investigations that cross county borders significantly easier.

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

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

Printed Name Simon Paul, M.D.

Signature 

Position/Title Madera County Public Health Officer

Date 5/19/2020

Madera County COVID-19 Information for Businesses

COVID-19 Information for Businesses

Seleccione arriba para leer en español.

Madera County: Now in Stage 2

Stage 2 is divided into a beginning and ending phase. Stage 2 started state-wide with gradually reopening retail for delivery & pickup; along with manufacturing & logistics.

Stage 2 Businesses	
Open	**Not yet open**
• Essential businesses • Retail sectors open for delivery & curbside pickup • Manufacturing sector • Malls-curbside pickup only • Logistics sector • Outdoor recreating with physical distancing • Limited Office-based businesses; teleworking encouraged • Car washes and pet grooming	• Dine-restaurants (Stage 2.5) • In-store Retail (Stage 2.5) • "Non-essential" offices (Stage 2.5) • Swap meets & outlet malls (Stage 2.5) • Schools • Personal services such as hair and nail salons, tattoo parlors, gyms and fitness studios • Hospitality services, such as bars, wineries, tasting rooms and lounges • Entertainment venues, such as movie theaters, gaming, gambling, and arcade venues, and pro sports, indoor museums and gallery spaces, zoos, and libraries • Community centers, public pools, playgrounds, and picnic areas • Religious services and cultural ceremonies • Nightclubs, concert venues • Live audience sports • Festivals, theme parks • Hotels/lodging for leisure and tourism

Planning for later in Stage 2 (2.5)

Later in stage 2 (2.5), retail restrictions will be relaxed. Adaption measures will be applied to reopen dine-in restaurants, schools, offices and limited hospitality/personal services. Some tools to help stage 2.5 planning from CDPH Industry Guidance:

Dine-in Restaurants:

Madera County COVID-19 Information for Businesses

- Guidance for Dine-in Restaurants, 05/12/20 pdf
- Checklist for Dine-in Restaurants, 05/12/20 pdf

Retail:

- Guidance for Retail, 5/12/20 pdf
- Checklist for Retail, 5/12/20 pdf

Offices

- Guidance for Offices, 5/12/20 pdf
- Checklist for Offices, 5/12/20 pdf

Swap Meets & Outlet Malls

- Guidance for Swap meets & outlet malls, 05/12/20 pdf
- Checklist for Swap meets & outlet malls, 05/12/20 pdf

Resources

Stage 2 Business Resources

Appointing a Safety Officer video

Stage 2 Resources (Current Stage)

- Madera County COVID-19 Business/Organization Planning Tool English | Spanish
- Madera County's COVID-19 Business Checklist*, 8.5 x 11 English | Spanish
- Madera County's COVID-19 Business Checklist*, 11 x 17 English | Spanish
- Madera County's COVID-19 Business Checklist, BW, 8.5 x 11 English | Spanish
- MCDPH "Appointing a Business Safety Officer during COVID"
- Cal OSHA Guidance on Preparing the Workplace for COVID-19
- CDPH Industry Guidance: https://covid19.ca.gov/industry-guidance/

Madera County COVID-19 Information for Businesses

Stage 1 Resources (Previous)

- Essential Critical Infrastructure Worker/Business List
- Madera Co. EDC Business Resource List (COVID small business loans/grants)
- Madera Co. EDC Employee Resource List (COVID & other programs for laid off workers)
- U.S. Chamber of Commerce (COVID small business loans)
- California Business (Financial & technical resources for small businesses)

Masks for Businesses

Mask Guidance, Business English | Espanol

Business Health Screening Requirements & Mask Guidance for Essential Business

Employee Screening Packet, English

1. Letter to Employers re: Screening
2. Employee Health Screen *(updated 4-30-20)*
3. Letter to sick employee (word document, print on company letterhead)
4. Isolation/Quarantine Instructions

Employee Screening Packet, Espanol

1. Carta a los empleadores
2. Pantalla de salud del empleado Pantalla de salud del empleado *(updated 4-30-20)*
3. Carta a la empleada enferma Carta a la empleada enferma
4. Que hacer cuando esta en cuarentena o aislamiento

Health Officer Orders & Mask Guidance

- Health Officer Orders, Frebrile Illness: Monitor, Test & Treat, Mar. 19, 2020
- Health Order FAQs, (English, espanol) Mar. 20, 2020
- Mask Guidance English | Espanol Apr. 9, 2020

Restaurants

- COVID-19 Guidance for Dine-in Restaurants, 05/18/20 pdf
- COIVD-19 Checklist for Dine-in Restaurants, 05/18/20 pdf
- Restaurant Association Press Release (essential business, but chose to close dine-in areas)

Madera County COVID-19 Information for Businesses

Small Business Resources

- Madera Co. EDC Business Resource List (COVID small business loans/grants)
- California Business (Financial & technical resources for small businesses)
- CDC Business Guidance (Webpage)
- U.S. Chamber of Commerce (COVID small business loans)
- Federal "CARES Act" Paycheck protection & Economic Injury Disaster Loan (FAQs & links to applications)

Employee Resources

- Madera Co. EDC Employee Resource List (COVID & other programs for laid off workers)
- Californians impacted by job loss during COVID one-stop resource (food, shelter, money, retraining)
- Unemployment application

Madera County Plan for Moving Through Phase 2

Businesses are able to open after completing a risk assessment and site specific plan.

May 20, 2020

- Retail Sector including customers entering store premises where a plan for maintaining physical distancing is in place. There are no destination retail locations or shopping malls in Madera County.
- Manufacturing/Logistics Sector (mostly essential in Madera)
- Office-based businesses (telework remains strongly encouraged)
- Dine-in restaurants (other amenities, like bars or gaming areas, are not permitted)
- Personal services, limited to: car washes, pet grooming, and landscape gardening
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- Childcare facilities

May 31, 2020

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Schools

We do not propose to open schools on an accelerated schedule.

Madera Community Hospital

May 12, 2020

Simon Paul, MD, Public Health Officer
Sara Bose, Director
Madera County Public Health Department
1604 Sunrise Ave
Madera, CA 93638

Dear Dr. Paul and Ms. Bose

Madera Community Hospital is in support of the Madera County of moving to the later stage of Phase 2 of reopening which includes dine in restaurants and indoor retail.

Madera Community Hospital has the capacity to care for current normal volumes as well as a surge plan in place for increase in volumes.

Madera Community Hospital has

- 10 ICU beds
- 14 ventilators
- Greater than 90 days of PPE supply
- Very Low Census and 0 COVID-19 patients in-house
- Currently 0 patients on ventilators

Madera works closely with other Fresno Hospital Administrators to keep a pulse on volumes and surge capacities with weekly phone meetings. We will continue to monitor closely as well as Valley Children's Hospital, Saint Agnes Medical Center and Community Regional Medical Centers.

Sincerely,

Karen Paolinelli
CEO/President

MEMBERS OF THE BOARD

BRETT FRAZIER, District No. 1
DAVID ROGERS, District No. 2
ROBERT L. POYTHRESS, District No. 3
MAX RODRIGUEZ, District No. 4
TOM WHEELER, District No. 5

RHONDA CARGILL, Chief Clerk of the Board

May 19, 2020

VIA EMAIL
Leg.Unit@gov.ca.gov

The Honorable Gavin Newsom
State of California
State Capitol, 1st Floor
Sacramento CA 95814

Dr. Sonia Y. Angell
State Public Health Officer
California Department of Public Health
P. O. Box 99737, MS 0500
Sacramento CA 95899-7377

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

Dear Governor Newsom and Dr. Angell;

The Madera County Board of Supervisors wishes to forward its support for the attestation letter provided by the Madera County Department of Public Health, and our Public Health Officer Dr. Simon Paul. This attestation letter is provided as a response to the California Department of Public Health's revised publication outlining how counties can request a Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order Guidance to County Governments. We believe that Dr. Paul's attestation and rationale for moving to Stage 2.5 is supported by science and observation of the dynamics of our local health emergency.

Madera County has followed the State's guidelines and as a result has had only 78 total residents who have tested positive. Of our 78 cases, 57 have subsequently recovered. This rate per 100,000 population is the lowest incident rate of any county located in Region V with a population of 100,000 or greater.

We attribute this success to the strong efforts of our Unified Command EOC, Public Health, and Sheriff's Office staff. This team has strongly prioritized Rapid Contact Tracing dating back to March 18th, preceding the stay at home order.

From the outset of this health emergency the County has partnered with our neighbors including Mariposa and Tuolumne Counties, the Stanislaus National Forest, and the Yosemite National Park in adopting a regional approach to combatting the pandemic.

Our local business communities face dire financial circumstances as a result of being closed. The mountain communities of our County are deeply concerned that if they are not allowed to fully open prior to the Memorial Day weekend that they will not financially recover from the shutdown.

Truly, it doesn't matter what business you are in, we have reached the point where any personally owned business is essential-Essential to the ongoing wellbeing of the owner, and all those who depend on that business for their livelihood.

The County of Madera is prepared to move forward into Stage 2.5 with the Stage 2 variance under the careful guidance of our local Public Health Officer's recommendations attested to on May 19, 2020, and supported strongly by the Board of Supervisors.

Respectfully,

David Rogers
Chairman

COVID-19 Pandemic: Yosemite Gateway Roadmap

I. Situation

The Nation is responding to an outbreak of respiratory disease caused by a novel coronavirus that was first detected in Wuhan City, Hubei Province, China. This novel coronavirus has now been detected in 203 countries and territories, including the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (COVID-19). As of May 1, 2020, California has identified over 50,000 positive cases of COVID-19 and 2,036 fatalities. In the Yosemite Gateway Area, there have been 63 positive cases, including 2 fatalities.

COVID-19 can be spread via person-to-person transmission, community transmission, and travel-related transmission. COVID-19 is especially dangerous to communities with a higher percentage of elderly individuals, and those with underlying health conditions, such as diabetes, asthma, and heart disease.

On March 19, 2020, California State Health Officer, Dr. Angell issued a Stay at Home Order to protect the health and wellbeing of the residents of California and help to slow the spread of COVID-19. California Governor Newsom issued an Executive order in support of the Health Officer Order, directing all California residents to stay at home. To date, these orders are still in effect. These orders have created a non-permissive environment and the associated impacts on the economy and society are large.

Both state and federal governments have promulgated plans to allow for the modification of existing restrictions. The federal plan is titled Opening Up America Again (“the Plan”). The state plan is titled The California Roadmap to Modifying the Stay at Home Order (“the Roadmap”).

The Plan determines a course of action based on the behavior of the disease. The implementation of the plan is based on a four-phase approach. It is assumed that the region will be in phase 0 (current state) and progress through phase 1 through 3 based on gating criteria indicated below. The timing of the gating criteria is based on the incubation period of SARS-CoV2. Transiting through the phases is dependent on a continued downward trend in surveillance data, number of cases, and the ability of hospitals to treat patients and test healthcare workers.

Conversely, the Roadmap is built on developing capabilities that are intended to contain the disease during the 12 to 18 month period until a vaccine is developed and fielded. The Roadmap describes six capability areas as below, but also includes a 4 stage plan

that progresses from the current state, stage 1 to stage 4 (resumption of normal activities).

As an advanced planning unit, the Yosemite Gateway Area Coordination Team (YoGACT) works together to prepare and strategize for an outbreak of COVID-19. The ACT supports the Public Health Departmental Operations Centers in Madera, Mariposa, and Tuolumne Counties and the Incident Management Team in Yosemite National Park. We provide to these jurisdictions risk communications, epidemiology, and planning support. In working together on these plans, we share information, ideas and resources to best prevent the spread of disease.

Planning Assumptions

To manage any uncertainty, the following planning assumptions have been identified:

- Different areas of the state will be in different phases of the pandemic at the same time.
- Childcare has to be restored to then reopen businesses
- Those schools that have closed will remain closed.
- Yosemite National Park will initially open with reduced visitation
- A medical surge will not occur without at least one week's notice
- Local EMS will not be overwhelmed with surge operations
- Tioga Pass will not open before Memorial Day
- Critical infrastructure and key resources will have sufficient redundancy to not be impacted by a medical surge
- Some businesses will not reopening during the pandemic timeline
- PCR testing will be available to test a minimum of 10/100,000 population per day
- Persons will be compliant with isolation and quarantine orders.
- Return to "normal" will not occur until a vaccine has been effectively deployed or herd immunity has been achieved.

II. Mission

The YoGACT intent is to develop a plan for disease surveillance, containment, and mitigation actions that can be implemented individually or as a set based on the severity and transmissibility of disease. This plan, the Yosemite Gateway Roadmap, will allow the YoGACT counties and Yosemite to step back from the current restrictions into a more permissive environment without incurring significantly more risk. This includes the schools, childcare, and businesses to reopen in a phased approach. As well, it will include indications and warnings that will trigger implementation/resumption of community mitigation strategies to address increases in disease activity.

III. Execution

The YoGACT Area Coordinator, through a coordinated effort across the area, intends to maintain the containment phase as long as is practical in order to decrease the demand for healthcare services. When transition to the surge phase occurs, YoGACT will be able to adapt to increased need for patient care and address the needs of the area.

Concept of Operations:
Through appropriate layered containment and mitigation strategies, the YoGACT will be able to restore a level of operations in civil society, while maintaining the Area in containment pending the deployment of an effective vaccine and avoiding a surge. YoGACT will be prepared for future waves of the Pandemic with health and medical systems restored and ready to surge, an economy restored to pre-Pandemic vitality, and civil society able to conduct the functions of daily life.

The Yosemite Gateway Roadmap will align with the State Governor's Roadmap to Modify the Stay at Home Order. Where indicated, the Gateway Roadmap will also align with the Federal Opening Up America Plan Specifically, the Gateway Roadmap will likely implement both state and federal gating criteria in order to ensure readiness from one phase/stage to the next.

The Roadmap includes four areas that must be addressed in order to modify the Stay at Home Order:

1. Ensure our ability to care for the sick within our hospitals
2. Prevent infection in people who are at high risk for severe disease
3. Build the capacity to protect the health and well-being of the public
4. Reduce social, emotional and economic disruptions

The Roadmap also requires six capabilities-based requirements be in place prior to the modification of the State Health Officer's Order:

1. The ability to monitor and protect our communities through testing, contact tracing, isolating, and supporting those who are positive or exposed
2. The ability to prevent infection in people who are at risk for more severe COVID-19
3. The ability of the hospital and health systems to handle surges
4. The ability to develop therapeutics to meet the demand
5. The ability for businesses, schools, and child care facilities to support physical distancing
6. The ability to determine when to re-institute certain measures, such as the stay-at-home order, when necessary

Coordinating Instructions: Each County and the Park in the YoGACT will be held accountable for completing the gap analysis for each capability and operationalizing the

tactics/activities for plans appropriately. Phased reopening plans shall be created for those school districts that intend to reopen, businesses (including restaurants), and childcare facilities.

The YoGACT will meet on a regular basis to discuss progress on task status and completion. This will include a weekly meeting of the Multi-Agency Coordination Group and as needed daily coordination of the ACT planning team with the counties planning teams.

Each County and the Park will be responsible for creating their own roadmap specific to them. These roadmaps will follow the same structure to ensure coordinated efforts. Further, these roadmaps will follow the timeline established in the YoGACT Roadmap.

The Roadmaps will include an Annex of supporting documentation to the reopening plan. These annexes will include: Timelines, Capability Areas, Roadmaps, and References. Within the Timeline Annex, each Area will develop their timelines for phased reopening; identifying schools, childcare, churches, businesses, and restaurants. Within the Capability Areas Annex, each Area will describe the six capability areas and how they correspond to their respective county plan. Within the Roadmap Annex, each Area will have appendices to detail the plan for each Capability Area, including any guideances and protocols that have been developed. Finally, the Reference Annex will include any State, Federal or Local Guidance and Roadmaps that inform the individual Roadmap.

Within each County and the Park, the Roadmap should address those public and private sector essential functions that would be deemed Critical Infrastructure/Key Resources (CI/KR). CI/KR shortfalls in continuity of operations/business continuity should be addressed by the organization responsible for that function and tracked by either the County DOC or EOC or the Park Incident Management Team.

IV. Administration/Logistics

The Multi-Agency Coordination (MAC) Group will continue to meet weekly to direct the YoGACT objectives for the following operational period. They will provide overarching guidance to the Area Coordinator and approve objectives as developed by the Area Coordinator and planning staff. They will also provide approval

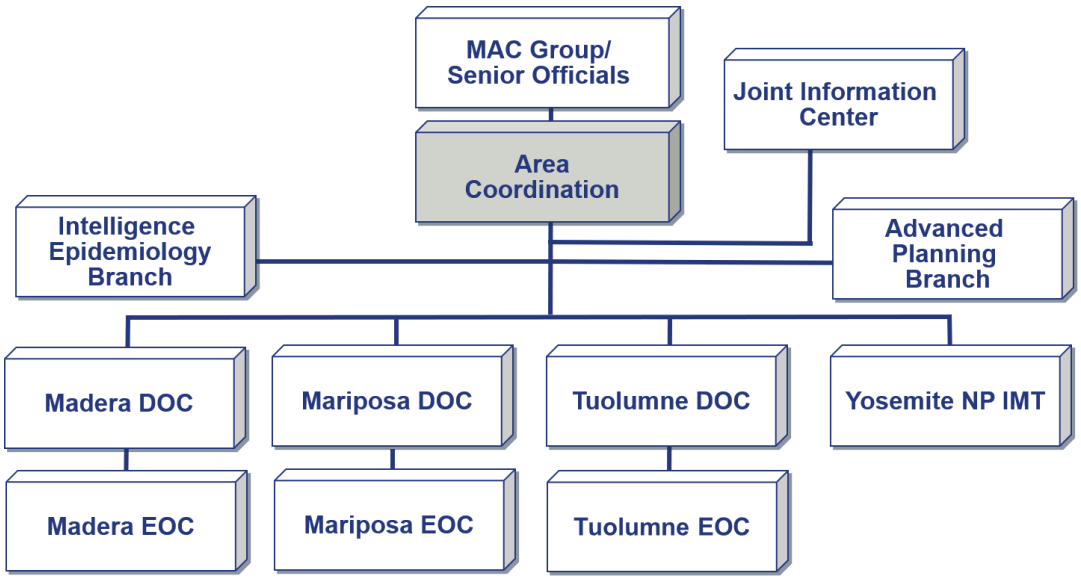
Each County and the Park in the YoGACT will be responsible for completion of their respective objectives each week, while maintaining communication with the YoGACT Planning Unit. Status updates will be coordinated with the Planning Unit and discussed daily.

Execution of this plan will be done as per the timeline in Annex A. Execution is dependent on modification of the current state Stay at Home order. The timeline will be built such that it is date independent, but will be time phased based on a issuance of a modification. The decision to execute the plan will be done as an Area, however, similar elements of each County/Park may be executed at somewhat different times based on resources, political exigencies, or other constraints or restraints.

V. Direction/Coordination

The MAC team will meet weekly to ensure objectives for each operational period are met and direct the objectives for the following operational period.

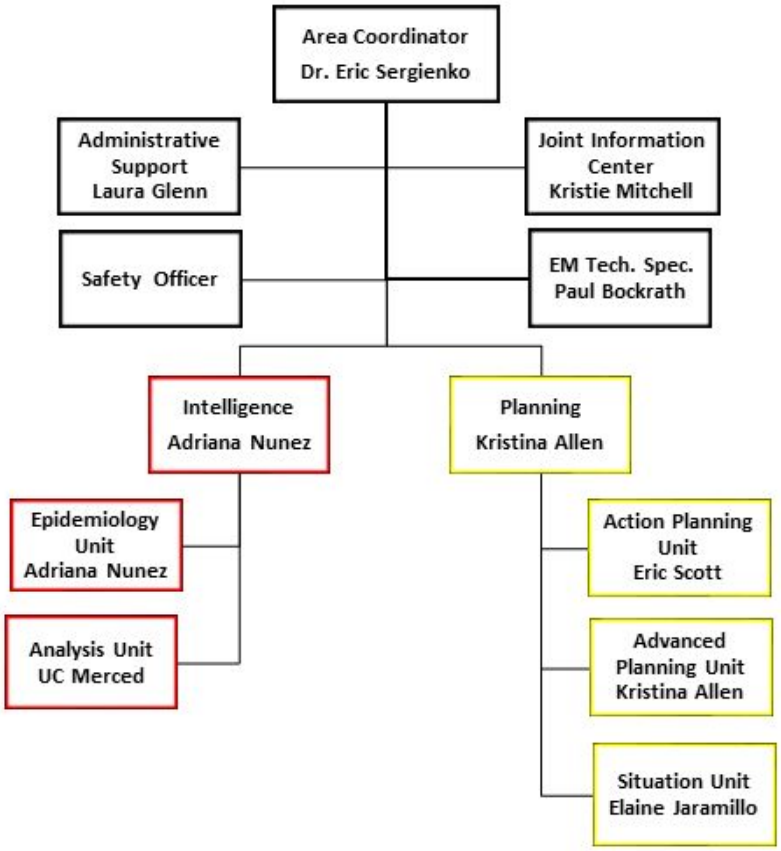
MAC Organizational Chart



The YoGACT will meet daily. The Area Coordinator will ensure objectives for each area are moving forward. Progress will be assessed daily. The Planning unit will meet daily with each entity to maintain situational awareness and assist in planning efforts. This also ensures that the Yosemite Gateway Roadmap plan remains a coordinated effort among the YoGACT. The Intelligence unit and the JIC will join these calls when available.

The YoGACT JIC teams will also meet regularly to ensure a unified message is disseminated across the Area.

YoGACT Organizational Chart



Annexes

A. Timelines
B. Capability Areas
C. YoGACT Roadmap
   Appendix 1 -- CA1: Testing, Contact Tracing, Isolation & Quarantine
   Appendix 2 -- CA3: Surge
      Tab a: Regional Patient Movement
   Appendix 3 -- CA6: Indications, warnings, triggers, decisions
   Appendix 4 -- Common Operating Picture and Situational Awareness
   Appendix 5 -- Direction and Coordination
D. Mariposa County Roadmap & Annexes
   Appendix 1 -- CA1: Testing, Contact Tracing, Isolation & Quarantine
   Appendix 2 -- CA2: Protecting the at-risk population
   Appendix 3 -- CA3: Surge
   Appendix 4 -- CA4: Therapeutics
   Appendix 5 -- CA5: Social Distancing
   Appendix 6 -- CA6: Indications, warnings, triggers, decisions
   Appendix 7 -- Joint Information Center Messaging and Press Releases
E. Madera County Roadmap
   Appendix 1 -- CA1: Testing, Contact Tracing, Isolation & Quarantine
   Appendix 2 -- CA2: Protecting the at-risk population
   Appendix 3 -- CA3: Surge
   Appendix 4 -- CA4: Therapeutics
   Appendix 5 -- CA5: Social Distancing
   Appendix 6 -- CA6: Indications, warnings, triggers, decisions
   Appendix 7 -- Public Messaging
F. Tuolumne County Roadmap
   Appendix 1 -- CA1: Testing, Contact Tracing, Isolation & Quarantine
   Appendix 2 -- CA2: Protecting the at-risk population
   Appendix 3 -- CA3: Surge
   Appendix 4 -- CA4: Therapeutics
   Appendix 5 -- CA5: Social Distancing
   Appendix 6 -- CA6: Indications, warnings, triggers, decisions
G. Yosemite National Park Roadmap *(Pending federal guidance)*
   Appendix 1 -- CA1: Testing, Contact Tracing, Isolation & Quarantine
   Appendix 2 -- CA2: Protecting the at-risk population
   Appendix 3 -- CA3: Surge
   Appendix 4 -- CA4: Therapeutics
   Appendix 5 -- CA5: Social Distancing
   Appendix 6 -- CA6: Indications, warnings, triggers, decisions
H. References

Madera Roadmap

Appendix 1 -- CA1: Testing, Contact Tracing, Isolation & Quarantine

Capacity 1: The ability to monitor and protect our communities through testing, contact tracing, isolate/quarantine, and supporting those in isolation/quarantine.

[Madera County Containment Algorithm]

Testing

One-Time Tasks	EOC Assignment or Date Completed
Establish processes with healthcare providers to collect samples, sending to Madera PH Lab, packaging, and sending to VRDL or Tulare PH Lab.	3/1/20
Secure GeneXpert additional modules and testing media – POs, advocacy.	4/20/20
Research COVID-19 testing billing practices under the CARES Act	Fiscal Section-**Pending info from Aaron per 5/13/20 email.**
Plan for potential move of Merced's GeneXpert and microbiologist to Madera PH Lab – MOU, set fee, and logistics.	Per 5/13/20 email from Mel, this effort is no longer being pursued**.**
Establish staffing patterns for running the GeneXpert machines 24/7.	Per 5/13/20 email from Mel, this effort is no longer being pursued**.**
Train Nurse Strike Team to use CalREDIE.	4/1/20
Complete the Testing Capacity Plan	5/8/20
Complete Cost Analysis for Testing	Fiscal Section-**Pending info from Aaron per 5/13/20 email.**
Initiate planning discussions with Verily testing services in implementing COVID19 testing site in Madera County.	5/8/20
Interview and hire staff for Verily Testing Site	Interviews scheduled for 5/20/20
Develop outreach and awareness plan for Verily Testing Program.	PIO - **Pending info from Stephanie per 5.13.20 email.**
Secure and stand up a high-volume Verily testing site under state contract in the City of Madera for non-urgent and surveillance testing.	Medical Branch - **Secured. Working to stand up the site in the week of May 18th.**
Identify high risk groups and arrange on-going testing.	Medical Branch - pending response to 5/13/20 email to Robin Siminoff**: SNF's, hospital in-patient, healthcare workers.**
Identify MCDPH COVID19 Testing Coordinator	5/12/20

On-Going Functions	EOC Assignment

Madera Roadmap

Appendix 1 -- CA1: Testing, Contact Tracing, Isolation & Quarantine

Collect samples and send to Madera PH Lab or commercial lab.	MCH - Rapid Care Urgent Care & other healthcare providers
Package and send tests to VRDL or Tulare PH Lab.	Medical Branch - Madera PH Lab
Run tests on the GeneXpert and report results.	Medical Branch - Madera PH Lab
Pull test results from CalREDIE, receive test reports from healthcare providers, and enter test results.	Operations PH Branch - AI Data Team & Nurse Strike Team
Update process as labs/turnaround time changes	Medical Branch - Madera PH Lab
Update providers on testing options, high risk, short turnaround etc	Medical Branch - Madera PH Lab
Continuing education for providers on FRI data	Medical Branch - Epi
FRI data entry/analysis	Medical Branch - Epi
Identify funding sources for increasing testing capability and supplies	Finance Branch

Mobile Testing

Serve testing desert communities and test for rapid-results (contact tracing, priority populations)

One-Time Tasks	EOC Assignment
Identify vehicle, supplies, personal protective equipment	5/1/20
Develop outreach and awareness plan	PIO
Develop system for scheduling appointments	5/12/20
Establish process for patient chart/label/specimen tracking	5/4/20
Develop patient sample collection instructions	Medical Branch - **video is complete. written instructions pending. Pending info from Mel per 5/13/20 email.**
Develop staffing plan	5/4/20
Develop quality assurance plan	Medical Branch
Develop location/date schedule	Medical Branch
Research and establish partnerships for locations for mobile testing efforts	Medical Branch
Field test mobile testing site	5/5/20, 5/12/20 & 5/14/20
Developing walk-up protocol	Medical Branch; **Pending info from Mel per 5/13/20 email.**

On-Going Functions	EOC Assignment
Track utilization of program per zip code.	Medical Branch – Mobile Testing Strike Team
Retain communication with partner locations on changes in operations.	Medical Branch – Mobile Testing Strike Team
Retain inventory of supplies for purposes of reordering.	Medical Branch – Mobile Testing Strike Team

Maintain a schedule for regularly publishing the testing schedule and locations.	PIO
Routinely evaluate existing locations for productivity and explore new locations when identified.	Medical Branch – Mobile Testing Strike Team
Conduct mobile testing.	Medical Branch – Mobile Testing Strike Team
Conduct regularly scheduled quality assurance efforts.	Medical Branch – Mobile Testing Strike Team

Contact Tracing and Isolate/Quarantine

One-Time Tasks	Date Completed
HOO for quarantine until lab report ID's positive vs. negative; shared system to upload daily quarantines issued; ID of possible clusters and/or outbreaks using the system.	4/1/20
HOO for FRI.	3/19/20
Secure Cepheid testing in the Madera PH Lab.	4/28/20
Establish good staff case management with the use of WebEOC.	4/08/20
Staff an on-call Public Health Nurse and Epidemiologist for 24/7.	4/17/20
Establish contractible and expandable contact tracing response teams.	4/15/20
Respond to outbreak alert, i.e.: unusual rise in "quarantined while waiting" testing cases among local providers, report of increased student numbers being sent home, increased number of employees being sent home.	4/8/20
Establish quarantine care, supply and shelter as needed for individuals in quarantine and isolation.	4/15/20
Establish a response to violation all Health Officer Orders for quarantine and isolation.	4/01/20
Establish a Case Monitoring Team to monitor COVID cases and contacts for symptoms and needs	4/01/20

On-Going Functions	EOC Assignment
Expand laboratory testing capability within the County and outside labs with emphasis with quick and efficient transport and results delivery.	Testing & Surveillance – Madera PH Lab
Staff case management/epidemiologist on-call 24/7.	Operations PH/Case Monitoring Team & Epi
Staff and support laboratory testing capabilities.	Medical Branch – Madera PH Lab
Staff and support ability to transport specimens to laboratory for testing.	Medical Branch - Madera PH Lab

Staff and support contact tracing response teams.	Operations – Sheriff Deputies Team
Staff and support quarantine care, supply and shelter as needed for individuals in quarantine and isolation.	Operations – Sheriff Deputies Team
Enforce all HOO's for quarantine and isolation.	Operations – Sheriff Deputies Team
Enforce HOO for community member behavior related to acute FRI and staying home.	Operations – Sheriff Deputies Team
Enforce Health Officer Orders in regards to community member behavior.	Operations – Sheriff Deputies Team

Madera Roadmap

Appendix 1 -- CA1: Testing, Contact Tracing, Isolation & Quarantine

Support those in Isolation/Quarantine

One-Time Tasks	Date Completed
Establish isolation/quarantine care, supply and shelter as needed for individuals in quarantine and isolation.	4/1/20
Establish transport of individuals related to quarantine and isolation	4/1/20
MOU with Community Action Partnership of Madera County (CAPMC)	**Pending 5/7/20 email to Juliette for status.**

On-Going Functions	EOC Assignment
Food delivery, cost tracking.	Operations Branch
Solve specific issues related to transportation.	Operations Branch

Madera Containment Algorithm Table of Contents – 4.20.20

Madera Containment Algorithm
Table of Contents – 4.20.20

Madera Roadmap
Appendix 2 -- CA2: Protecting the at-risk population

Capacity 2: Ability to prevent infection in vulnerable populations or people who are at risk for more severe COVID-19 outcomes.

Skilled Nursing Facilities (SNF), Nursing Homes, Senior Congregate Living, and Disabled

One-Time Tasks	EOC Assignment or Date Completed
Develop SNF/ALF survey (cases, ppe, infection control)--superseded by state survey now.	4/17/2020
SNFs & Congregate Living Facilities Toolkit for management of exposures and recognized cases in SNFs and congregate living settings.	4/15/2020
SNF staff training on: infection control, ppe use, covid testing.	4/22/2020
Transfer protocol hospital/SNF	4/24/2020
Develop surveillance testing plans for staff, residents.	Medical Branch
MOU's with local facilities for staffing shortages	Medical Branch

On-Going Functions	EOC Assignment
Monitor surveillance testing results	Medical Branch
Weekly SNF/ALF call for testing, Infection control, assess gaps, isolation issues, best practice information based on research with providers and community.	Public Health Officer
Monitor state survey dashboard (cases etc).	Public Health Officer

Seniors at Home

One-Time Tasks	EOC Assignment
Work with partners to assess needs of seniors sheltered at home and senior centers.	5/13/20 - t/c with IHSS;S:\EMERGENCY PREPAREDNESS\Operation MAD COVID\Planning\ACT and Madera Roadmap\IHSS
Develop resource list for seniors sheltered at home.	Planning Section, CW staff to check in with IHSS. **F/U with IHSS via email on 5/7/20 and 5/13/20.**
Provide PPE for IHSS workers.	4/30/20
Develop a Seniors at Home Check In Program. Develop a communication plan for seniors.	5/13/20: Telephone call with Sharon Diaz, DSS Staff. See notes - PIO, CW staff to check in with IHSS. Planning(5/15/20), Logistics, Operations **F/U with IHSS via email on 5/7/20 and 5/13/20.**

On-Going Functions	EOC Assignment
Maintain communication with service providers who work with independent senior communities.	Operations Branch
Regularly review information and guidance published to assure that it is accessible to all community members.	PIO Branch
Provide PPE for IHSS workers	MHOAC/Logistics Branch

Homeless

One-Time Tasks	Date Completed
Identify an alternate site and place under contract for care of subjects who can not support themselves at home.	4/16/20
Identify decision points for alterations in care provision	4/16/20
Identify contact for case management and coordinate relaying of information for services	4/6/20
Identify contact for case management and coordinate relaying of information for services.	4/6/20
Identify placement for travel trailers provided by Cal OES	4/16/20

On-Going Functions	EOC
Identify an alternate site for care of subjects who can no longer support themselves at home	Care and Shelter Branch
Identify decision points for alterations in care provision	Care and Shelter Branch
Identify gaps in resources, prepare requests to supplement as needed	Care and Shelter Branch
Continue efforts to best utilize the Madera Rescue Mission	Care and Shelter Branch
Scheduling of pump out services for travel trailers	Care and Shelter Branch
Identification of transportation resources as needed	Care and Shelter Branch

Incarcerated

One-Time Tasks	Date Completed
Plan: Write Policy, Personnel Practices, Supplies-Inventory, Emergency Staffing Plan, Identify Staff and Inmates who are at Higher Risk	3/19/20
Establish prevention measures: Hygiene, Cleaning (Every Shift), Screening for Symptoms (New Intakes-Staff, Temp Check-Medical Questions), Recommended PPE for Staff and Inmates, Social Distancing (Limit Group Activities), Limit Inmate Movement (Video Court here at the Jail), Post Information (Videos), Close the Lobby to the Public (Provide the same services through technology- Video Visitation), Suspend contracted services (Education-Rehabilitation-Trade School)	03/19/20
Establish management measures: Medical Isolation (Separate), New Arrestees Isolated for 14 days, Identify and Quarantine, Designate a	04/06/20

Housing Location for potential cases, Provide Testing for both Staff and Inmates, Infection Control, Clinical Care	

On-Going Functions	**EOC**
Maintain prevention measures	Corrections Branch
Maintain management measures	Corrections Branch

Madera Roadmap
Appendix 3 -- CA3: Surge

Capacity 3: Ability of hospitals and healthcare to handle surges.

Hospitals and Clinics

One-Time Tasks	EOC Assignment or Date Completed
Conducted Central Valley COVID-19 Regional Action Planning Survey for Hospitals	03/20/20
The Planning Section Team and MHOAC met with Madera Community Hospital's (MCH) CEO and Facilities Manager to discuss Hospital Surge Capacity Plan and implementation of plan, MHOAC resource request pathway and activation of HICs.	03/24/20
The MHOAC sent out a resource request for personnel to all Madera Medical Community and the Schools to support Hospital surge, SNFs, and ACS.	03/25/20
Assess needs for projected surge demand in collaboration with Fresno County	4/1/20
Work with Madera Community Hospital (NCH) and Valley Children's Healthcare to plan for surge capacity. Collect HIC plans.	4/8/20
Identify gaps in resource; prepare resource requests to supplement as needed.	4/7/20

On-Going Functions	EOC Assignment
Evaluate and Prepare resource requests for healthcare providers.	Medical Branch/MHOAC
Provide on-going conversations regarding current events and trends to local healthcare providers.	Medical Branch/MHOAC
Support and staff PHEP and MHOAC function to prepare and respond.	MHOAC
Reassess projected surge timing/needs.	Medical Branch
Provide routine incident analysis updates.	MHOAC
Provide guidance and expertise for decision making.	Medical Branch and MHOAC
Support resource acquisition to sustain healthcare infrastructure when private resource supply chains are broken.	MHOAC

Alternate Care Site (ACS)

One-Time Tasks	EOC Assignment or Date Completed
The MHOAC sent out a resource request for personnel to all Madera Medical Community and the Schools to support Hospital surge, SNFs, and ACS.	03/25/20

Visit potential ACS Sites and pick best location-Visited Madera South High School and Desmond Middle School Desmond Middle School Selected as ACS site	4/15/2020
Do inventory of current ACS supplies we have	4/8/20
Prepare MOU for Board Of Supervisors to approve Madera Unified School District location for ACS site	4/9/20
Meet with local hospital(s) to coordinate process for moving patients from hospital to ACS site	4/9/2020
Develop medical supply list and other ACS supply lists in coordination with local hospitals.	4/15/20
MHOAC Regional Resource request for cots	4/18/20
Compile list of local *Wrap Around Service* contacts and write up budget for services	4/27/2020
Plan, supply, and stand up the Alternate Care Site (ACS)	Medical Branch

On-Going Functions	**EOC Assignment**
Keep key players apprised of progress and changes with ACS site	Medical Branch
Work with staff at ACS site location and local hospital staff to coordinate efforts and resources and keep everyone informed	Medical Branch
Evaluate and Prepare resource requests for the ACS	Medical Branch
Reassess need for opening ACS based on hospital capacity/surge data	Medical Branch
MHOAC Reassesses and identifies staffing and resources needed to operate ACS site; A personnel Excel SpreadSheet was developed to track volunteers/personnel.	Planning Team/MHOAC

MADERA COMMUNITY HOSPITAL
Policy / Procedure

SUBJECT:	**COVID-19 Surge Capacity Plan**	DATE:	04/17/2020
DEPARTMENT:	**Patient Care Services**	REVISED:	**04/20**
DEPARTMENT AFFECTED:	**Hospital Wide**	REVIEWED:	
SUBMITTED BY:	Patient Care Services	DEPT. #	

PURPOSE: To establish guidelines and priorities for Madera Community Hospital (MCH) inpatient bed utilization and management of a COVID -19 surge influx of patients in need of acute hospitalization or emergency care.

REFERENCES: Title 22 70129, 70217(a), 70214 (a) (1), (2), 42 U.S.C. 1395dd, 42 C.F.R. 482.11, AB 394, 1135 of the Social Security Act (42 U.S.C. 1320b-5) Waiver of the Emergency Medical Treatment and Labor-Act EMTALA.

POLICY:

MCH will make its best effort to accommodate the admission and care of COVID-19 patients requiring hospitalization to its capacity and capability. The hospital and medical staff will coordinate emergency services with local Emergency Management Services (EMS). California Department of Public Health (CDPH) will be notified when the hospital capacity exceeds 105% of licensed beds.

PROCEDURE:

The following categories, as determined by the Medical Staff, will be used as a guideline to prioritize admissions by level of acuity:

Category I

Conditions that if not treated immediately might result in major permanent disability. Conditions which place the patient in imminent danger of death and in which hospitalization would possibly result in survival, such as, respiratory arrest, active labor, suspected ruptured tubal pregnancy, myocardial infarction, unstable cardiac condition, multi system trauma, cerebral aneurysm, abdominal aortic aneurysm.

Category II

Conditions that may lead to Category I unless patient is hospitalized, such as diabetic ketoacidosis, severe hypertension, CVA, acute gastrointestinal (GI) bleed, post op G1 bleed, sepsis, cardiac arrhythmias with symptoms.

Category III

Conditions which are chronic and place patients in imminent danger of death and in which hospitalization would not result in survival, e.g. terminal disease states, or conditions benefiting from hospitalization but probably not leading to Category I if not hospitalized.

Category IV

Other conditions requiring hospitalization but which admission can be deferred and in which deferment probably would not jeopardize the patient e.g. elective surgeries.

INPATIENT BED PRIORITY

Category I

1. Patients in active labor shall be immediately assigned an L&D bed or an ER room.
2. Patients requiring a critical care or cardiac monitored bed shall be assigned a critical care or monitored bed, based upon patient acuity.

Category II

1. Emergency patient requiring a general acute care bed, based upon acuity and/or security risk.
2. Post-delivery patient requiring a post-partum bed.
3. Post Anesthesia Care Unit (PACU) patient requiring a post-surgical bed.
4. Unscheduled direct admission requiring monitored bed.
5. Unscheduled direct admission requiring non-monitored bed.

BED CONTROL GUIDELINES

1. When admissions exceed limits of available qualified staff or Inpatient beds (IP), patients treated in the ER requiring admission will be placed on a bed hold list and held in the ER or other unit of the hospital until a room becomes available. ER patients may also be transferred to another facility in accordance with the MCH Transfer and EMTALA Policy/guidelines.
2. If patient volume exceeds MCH ER and FHS capability and capacity, the Disaster Tent or other approved alternate location will be utilized for medical screening and treatment upon approval of Section 1135 of the Social Security Act (42 U.S.C. 1320b-5) Waiver of the Emergency Medical Treatment and Labor-Act EMTALA. MCH administration will make the request for the 1135 Waiver to the CMS office and Licensing and Certification office per AFL-09-53.
3. If MCH is on EMS approved diversion, ambulance patients may be routed by EMS to other facilities. The decision to divert ambulances must be made on a case-by-case basis, authorized by EMS.
4. The bed hold list will be maintained by the Med/Surg Clinical Coordinator (day shift) and House Supervisor (weekends and nights) with the following information:
    e. Date and time of request for bed
    f. Name and age of patient

g. Diagnosis and Care level
h. Isolation or special needs

9. The Clinical Coordinator /Night Supervisor will request the PCS secretary to arrange a "bed meeting" with Clinical Directors, **CNO**, Housekeeping Supervisor and Case Managers to develop a plan for patient care management.
10. The ER MD and Admitting Physicians will be informed of the bed hold situation. Physicians will be asked to contact the Clinical Coordinator or House Supervisor before sending patients to the hospital for admission.
11. Case Managers and Nursing will be responsible for contacting attending physicians to determine if any inpatients are stable for discharge or transfer to another level of care, i.e. home with home health.
12. The Clinical Director of Surgery will review the day's elective surgery schedule and postpone pending cases if needed. Surgeries scheduled for the following day will be considered for cancellation in consultation with the Chair of the Dept. of Surgery and the Medical Director of Anesthesia.
13. Male and female patients may be assigned to the same double room, only with prior approval of the patient or patient's designee and physician. Emphasis will be given to utilization of beds generally reserved for non-medical/surgical patients whenever possible. For example, empty Intensive Care Unit (ICU) beds or Obstetric (OB) beds may be used temporarily, as appropriate, for M/S patients on the waiting list that would not usually be assigned to those beds, and assigned to qualified staff.
14. Should questions arise about the appropriateness of the patient classification, or determination of priority for admission within a category, the admitting physician, and the Chair of the appropriate department may be contacted for assistance. If this process does not solve the problem, the Chief of Staff or designee shall be contacted.
15. Patients needing transfer to MCH from another facility will be placed on hold until all current hold patients are placed in beds. It is the policy of MCH to only accept patients transferred from other facilities needing a higher level of care only if MCH has the capacity and capability to accept the patient and an attending physician has accepted the pt.
16. Non-acceptance of admissions (i.e., closure of existing beds) will be considered after all other alternatives are implemented. This would require approval of CDPH. The decision to close beds to new admissions and or close the ER requires the approval of the CNO, CEO, Chief of Staff and CDPH.
17. The Clinical Coordinators, Directors and House Supervisor will continually evaluate inpatient admission needs and work with staff to determine an appropriate bed placement plan for each patient, and consult admitting physicians accordingly for patient safety.

BED ASSIGNMENTS FOR PANDEMIC OR OTHER SURGE

Surge beds will be used for emergency care only and will be assigned based upon the situation (communicable outbreak vs. non communicable).

1. The Surge Plan will be activated by Administration or the Incident Commander.
2. Surge room and bed numbers have been assigned to the units that have capacity and emergency power to accommodate patient care equipment.
3. Surge patients admitted to surge rooms will be registered in MediTech with Pyxis access the same as other inpatients.
4. Surge beds will be used in Labor and Delivery, Outpatient Surgery before inpatient hallway beds are used.
5. ED Decompression of ED Hold patients will be initiated in the event of an influx of ED patients due to an internal or external incident. These patients will be assigned a surge bed first. Assignment and movement of these patients should be accomplished within 30 minutes of the activation of the ICC for a code triage/ internal external disaster with knowledge of potential incoming patients. Staff from the receiving unit will move the patients from the ER to their assigned room. Each patient will have a

SBAR report completed by the ED RN for the handover report. After the incident has been resolved or incoming patient return to normal levels, the ED RN will contact the receiving RN for follow up on any questions they might have.

6. The decision to cancel surgeries and use the surgery dept. for surge capacity will be made in consultation with the Administration and the Medical Staff, and surgery Director.
7. The decision to discharge any stable patients to increase bed capacity will be made with the Medical Staff and coordinated by each unit.
8. Surge beds with E power and O2 will be used first.
9. PBX will be notified if surge and/or hall way beds are used.
10. Other alternate patient locations will be established by the Incident Commander.

LABOR POOL & STAFFING PLAN

1. The MCH Plan of Care defines the staffing requirements and competencies for each dept. Under an emergency situation, MCH will staff each unit with the most qualified staff available. Patient care Assignments will be determined by the nursing charge nurses in each unit.
2. The labor Pool will be responsible for coordinating staffing with each department.
3. Directors, Clinical Coordinators and House Supervisors will deploy additional nurses and other qualified patient care staff on duty to other units, ask qualified staff to work extra shifts and call in staff from home in an attempt to meet minimum staffing requirements each shift.
4. Incentive pay may be offered to off duty RN's per the MCH In-House RN Registry Policy/Staff Incentive with VP or CEO approval.
5. On-call nursing personnel (OB, PACU, OR), Family Health Services Staff and nurses working in non-clinical areas, i.e. Case Management etc., may be assigned to assist in patient care units.
6. The CNO or CEO will consider the following actions as needed:
    g. Implement the MCH emergency preparedness plan;
    h. Initiate mandatory overtime;
    i. Request emergency designation from CDPH and consider closing MCH to new admissions or ER patients;
    j. Notify the county if the county wide emergency preparedness plan needs to be implemented;
    k. Implement other emergency staffing measures recommended by emergency medical services authorities.

CANCELLATION OF SURGERIES

1. Any decisions to cancel or postpone elective surgeries, deliveries and inductions will be coordinated by the Clinical Director of Surgery and OB Manger/Director and approved by Administration and the Medical Director (s) of Surgery and Anesthesia and Chief of Staff.
2. Inpatient surgery bed assignments should be coordinated with the Clinical Coordinator 24-48 hours in advance. The House Supervisor and Unit Coordinators will confer with the Surgical Clinical Coordinator at the onset of each shift for bed assignments.
3. OPS may need to remain open overnight to accommodate post-operative patients as needed.
4. Inpatient surgeries should be admitted to the Pre-Op area.
5. Post-surgical patients in need of monitored beds will be prioritized according to the plan. To facilitate this process, PACU staff will notify the M/S Clinical Coordinators when patients arrive in PACU.

LABOR AND DELIVERY SURGE

1. When L&D is full, the Mother Baby Charge Nurse will notify the OB /Director, ER Director and House Supervisor to implement the L&D surge plan. If possible, a bed meeting with Directors should also be held.
2. The ER Charge Nurse will be asked to monitor EMS ambulance traffic and coordinate with the L&D Supervisor where to send any laboring pts in route to MCH. If the L&D dept. is full to capacity, the ambulance may be directed to the MCH ER.
3. L&D may also send direct admissions to the ER and will notify the ER Charge Nurse and House Supervisor.
4. The ER MD, an OB MD or a qualified L&D nurse may do the Medical Screening Exam in the ER. (The Mother Baby Director and House Supervisors have a list of nurses competent to perform OB Medical Screening Exams).
5. A qualified L&D pt care tech should be sent to the ER to assist.
6. If an L& D nurse is not available, and/or if the pt needs to be delivered in the ER, the patient's Obstetrician should be contacted by the ER MD to assist with the management and/or delivery.
7. The ER OB room(s) has pelvic gurneys. A delivery cart equipped with OB delivery packs, supplies and charting forms needs to be placed in the room. Carts can be obtained from L&D or OR.
8. A portable fetal monitor from L&D and an infant warmer from the nursery need to be brought to the ER for each laboring pt.
9. The ER Pyxis has emergency OB medications.
10. Rooms **115** and **116** must to be terminally cleaned before placing a pregnant pt in the room, if the room has been used for any ER communicable pt. prior to the OB pt arrival.
11. Post partum patients may need to be assigned to Med/Surg inpatient rooms if the mother baby unit is at capacity. Qualified post partum nursing staff will be assigned to care for the patients. Infant security plans will be modified to insure infant safety (hall monitors, security, privacy screens, etc,). The Infection Control Coordinator will be notified of the relocation of the postpartum surge patients. Nurse call bells will be coordinated with the mother baby and med Surg station(s).

CASE MANAGEMENT

1. Case Management staff will fax notices of MCH bed availability to physician offices, twice a day.
2. Case Managers will contact attending physicians to determine inpatients stable for transfer or discharge to another level of care, i.e. home with home health.
3. The UR Medical Director may be contacted regarding the census situation for evaluation of potential appropriate transfers/discharges or discontinuation of non-essential telemetry, and /or consideration of transferring admission patients on the waiting list to an alternate facility (following MCH Transfer & EMTALA Policy).
4. Patients may be transferred, if stable, in accordance with the MCH Transfer policy. (ER to ER for higher level of care, ER to ER if on EMS diversion, IP to another facility as arranged by MD).

INPATIENT TRANSFER AND DISCHARGE GUIDELINES

1. Nurses and Case Managers will inform the Unit Secretaries and Clinical Coordinators of potential discharges/transfers and /or new discharge orders to plan accordingly.
2. Nurses and secretaries should immediately contact families and request them to come get the patient ASAP. Nursing facilities need to be contacted immediately for transfer arrangements.

3. Patients should be discharged from the unit within two hours of 1) receipt of a physician discharge order and 2) within two hours of completion of any medical treatment required prior to discharge.
4. Discharged patients who do not require skilled care may be discharged to a waiting room with a nurse's aide, correctional officer or other qualified individual until transportation arrives. This needs to be coordinated by the Clinical Coordinator or House Supervisor. Families need to be notified of the discharge holding location.
5. Discharged inmates shall be discharged from their rooms to the custody of the correctional officers ASAP within two hours. If discharges are not timely please notify Department Director, and/or VP to address with prison administration. Inmates may be placed in a wheelchair in the hall or moved to a lobby or secure location by their custody officer. It is the responsibility of the custody officers to arrange discharge transportation.
6. Environmental Services should be requested to clean all rooms as patients leave.
7. Any delays in discharge need to be reported to the Clinical Coordinator /House Supervisor.

AMBULANCE DIVERSION

1. Ambulance diversion for equipment, utility failures or emergency disaster situations must be approved by EMS.
2. The CNO and CEO are to be notified prior to contacting EMS for diversion approval.

INFECTION CONTROL

1. The Infection Control Nurse will survey in-house isolation patients with the purpose of reviewing the need for continued isolation cases.
2. The Infection Control Nurse will assist in the prioritization and management of patients in need of isolation and the procurement of additional PPE supplies and equipment.
3. Designated Isolation rooms for the hospital shall be utilized as required.
4. The Infection Control Nurse will coordinate the communications with the County Health Department regarding communicable disease issues, if applicable.

ENVIRONMENTAL SERVICES

1. The Environmental Services Supervisor will be notified by the Unit Secretary of bed availability for cleaning and will immediately inform the Unit Secretary or Clinical Coordinator when a room is ready (20-30 minutes turn around time).
2. Environmental Services staff will assist in setting up additional beds and equipment as needed.

SUPPLIES/EQUIPMENT

The Purchasing Dept. will be notified of the need for additional supplies, equipment and linen in accordance with the MCH Emergency Preparedness Plan.

NUTRITIONAL SERVICES

The Nutritional Services Dept. will be notified of census changes and the need for additional meals. Planning for staff and patient meals will be coordinated in accordance with the MCH Emergency Preparedness Plan.

NOTIFICATION OF AUTHORITIES

1. The Madera County Health Department, DPH and EMS will be notified of any unusual or large influx of patients.
2. CDPH will be notified of any IP bed Accommodation or staffing flexibility requests. Requests will be verbal or faxed to CDPH using the required CDPH form.

EMERGENCY PREPAREDNESS PLAN IMPLEMENTATION

In the event MCH is notified by EMS of an external disaster and or has a significant sudden influx of patients, including a pandemic situation;

1. ER staff will try to obtain the expected time of arrival, type of disaster and number of patients and prepare for the pt influx following the hospital emergency preparedness plan.
2. ER will notify Administration of the alert and the MCH Emergency Preparedness Plan and HICS Plan will be followed.
3. PBX will be asked to page the appropriate code over the paging system.
4. Safety Officer, Department Directors and Supervisors, Facilities Staff, Infection Control Nurse, Charge Nurses, House Supervisor, VP's, Medical Staff and CEO will report to the Command Center for information and assignments.
5. All other actions will be situational in accordance with the HICS Emergency Preparedness Plan.

COMMUNITY RELATIONS/COMMUNICATIONS

1. MCH Emergency Preparedness Plan and HICS Plan to be followed.
2. Community Relations Dept./Business Department will coordinate the information with the Dept. Directors or Command Center to the public in accordance with the MCH Emergency Preparedness Plan.
3. Radio communications will be used among key individuals to coordinate communication house wide.

SECURITY & PARKING

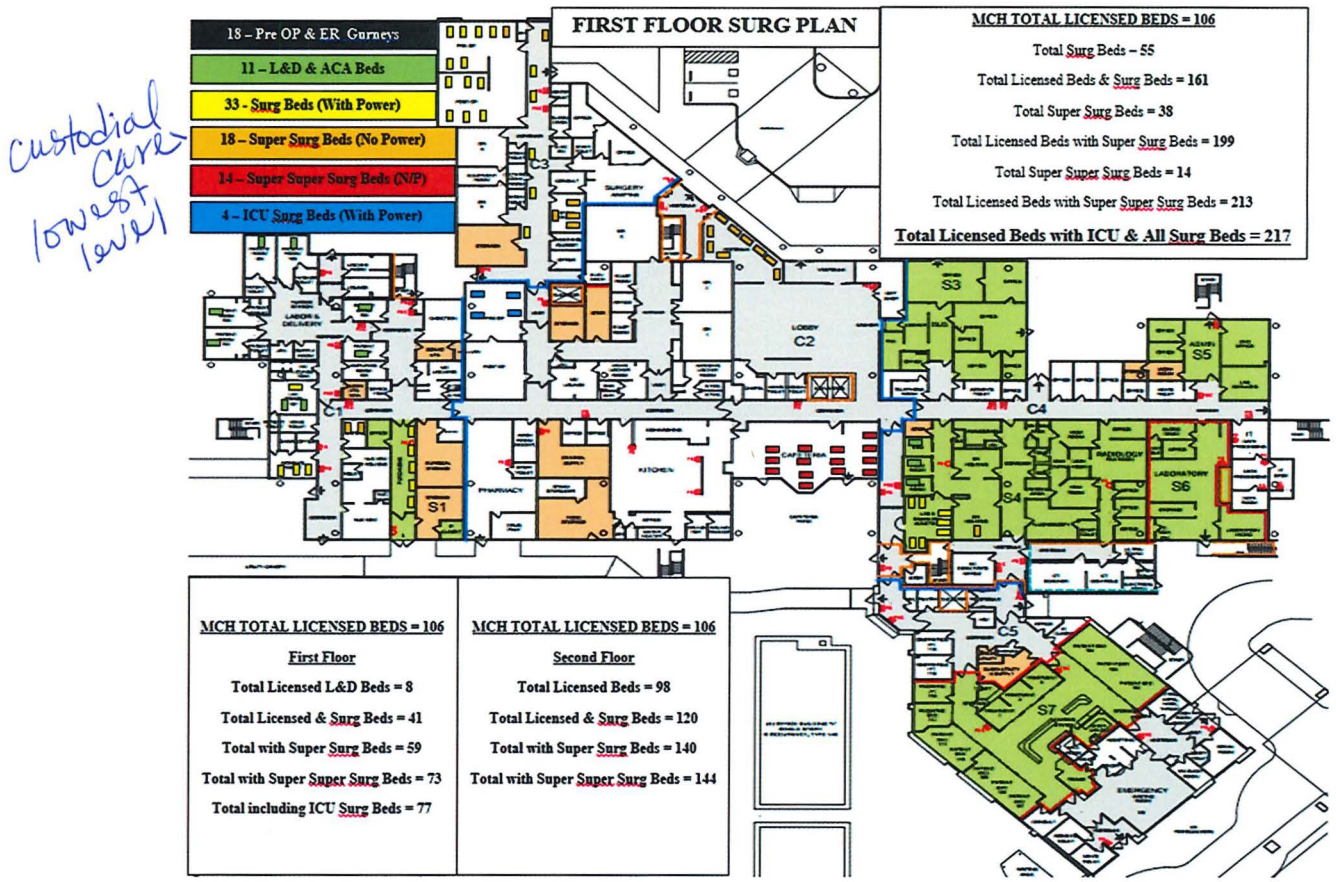
1. Hospital security will be contacted by administration to handle internal and external perimeter security as needed.
2. Hospital entrances and exits will be secured at the direction of Administration and or the Incident Commander.
3. Maintenance will set up alternate parking in the event of a surge situation and in accordance with the hospital's HICS plan.

COVID-19 Surge Bed Plan

MCH total licensed beds	106
Total Surg Beds	58
Total licensed beds & Surg Beds	164
Total Super Surg Beds	37
Total Licensed Beds with Super Surg Beds	201
Total Super Super Surg Beds	16
Total Licensed Beds with Super Super Surg Beds	217
Total Licensed Beds with ICU & All Surg Beds	221

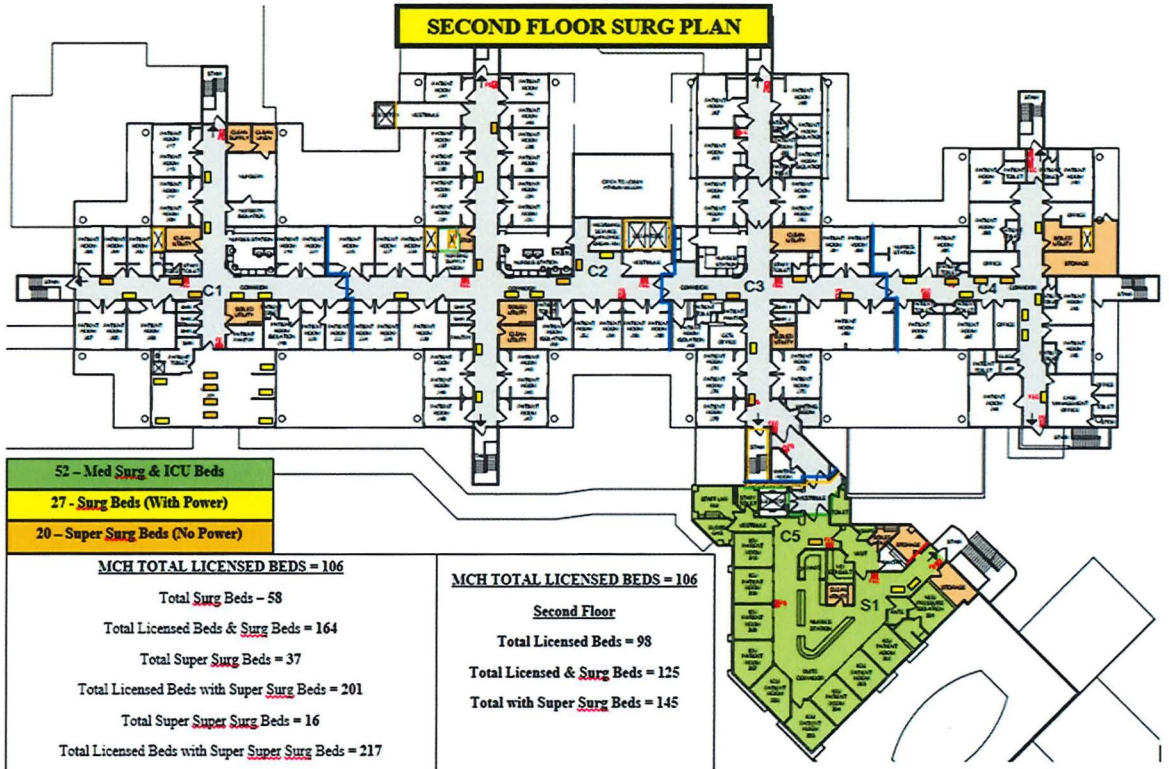
First Floor	
Total Licensed L&D beds	8
Total Licensed & Surg Beds	39
Total with Super Surg Beds	56
Total with Super Super Surg Beds	72
Total including ICU Surg Beds	76

Second Floor	
Total Licensed Beds	98
Total Licensed & Surg Beds	125
Total with Super Surg Beds	145



Custodial Care
lowest level

SECOND FLOOR SURG PLAN



52 – Med Surg & ICU Beds

27 - Surg Beds (With Power)

20 – Super Surg Beds (No Power)

MCH TOTAL LICENSED BEDS = 106

Total Surg Beds – 58

Total Licensed Beds & Surg Beds = 164

Total Super Surg Beds = 37

Total Licensed Beds with Super Surg Beds = 201

Total Super Super Surg Beds = 16

Total Licensed Beds with Super Super Surg Beds = 217

Total Licensed Beds with ICU & All Surg Beds = 221

MCH TOTAL LICENSED BEDS = 106

Second Floor

Total Licensed Beds = 98

Total Licensed & Surg Beds = 125

Total with Super Surg Beds = 145

04/08/2020

FIRST FLOOR SURG PLAN

18 – Pre OP & ER Gurneys

11 – L&D & ACA Beds

33 - Surg Beds (With Power)

18 – Super Surg Beds (No Power)

14 – Super Super Surg Beds (N/P)

4 – ICU Surg Beds (With Power)

MCH TOTAL LICENSED BEDS = 106

Total Surg Beds – **55**

Total Licensed Beds & Surg Beds = **161**

Total Super Surg Beds = **38**

Total Licensed Beds with Super Surg Beds = **199**

Total Super Super Surg Beds = **14**

Total Licensed Beds with Super Super Surg Beds = **213**

Total Licensed Beds with ICU & All Surg Beds = 217

MCH TOTAL LICENSED BEDS = 106

First Floor

Total Licensed L&D Beds = 8

Total Licensed & Surg Beds = 41

Total with Super Surg Beds = 59

Total with Super Super Surg Beds = 73

Total including ICU Surg Beds = 77

MCH TOTAL LICENSED BEDS = 106

Second Floor

Total Licensed Beds = 98

Total Licensed & Surg Beds = 120

Total with Super Surg Beds = 140

Total with Super Super Surg Beds = 144

COVID-19 (Novel Coronavirus) Internal Updates

Valley Children's HEALTHCARE

Novel Coronavirus COVID-19 Plan- 3/26/20 @ 1000

This document will evolve as the plan expands. Please check the date and time above in relation to document on the George Page to ensure you have the most recent information.

Objectives: Safely care for suspected or known patients with Novel Coronavirus (COVID-19) while providing measures to protect staff and other healthcare workers from contracting the virus.

This plan includes: Tier I-III communication, Resources for Staff Education, Information on the COVID-19 Coordinator, and Information regarding PPE Supply and Mitigation Plan.

Tier One

Stage 1: Intermittent COVID-19 suspected or known patients throughout the organization.

Utilize negative pressure rooms throughout the organization as designed to provide care for known or suspected patients.

Minimize Chance for Exposures

Measures should be implemented before patient arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is cleaned and disinfected.

- **Before Arrival**
  - Non-emergent ED patient:
    - Parent will proceed to the staging tent outside the ED entrance. Patients will be evaluated and triaged to the correct locations.
    - Note: If a patient is sent to the organization from the Health Department and we have knowledge of this patient's arrival, the COVID RN is to support meeting this family outside prior to patient's arrival to the staging location. The COVID RN will support providing the patient and caregiver with a mask and direct them to the staging RN
  - If a patient is arriving via transport:
    - Transport team will wear PPE:

- Face Shields or Goggles
- N95 Masks
- Gloves
- Disposable gown

NOTE: Caps, bunny suits and shoe covers are not indicated as they increase the risk of contamination during doffing.

For intubations the intubation team will utilize PAPRs as long as they are available. When a PAPRs is no longer available, the team will revert back to the above noted PPE.

- **Upon Arrival and During the Visit**
  - External transports will be routed through the least populous route to reach desired destination. For PICU Main, utilize Apollo entrance.

All patients being sent for admission to the organization should avoid being admitted through the ED whenever possible.

Ancillary services should be done as a phone consultation with the family as much as possible to limit the number of staff members in the room with a suspected or known patient. These consultations would include but not be limited to: Care Management, Social Workers, Interpreters, and Nutrition.

Chaplains should limit the visits to a patient room with known or suspected, but will be allowed in patient rooms when requested by families.

Physical Therapy, Occupational Therapy, and Speech Therapy should be limited if at all possible.

Dietary trays will be delivered to the nursing stations and provided by the Nurse or PCT/ICT when a PCT/ICT (if the PCT/ICT is involved in the patients care). The expectation is to group care as much as possible.

Adhere to Standard and Transmission-Based Precautions

- Physicians/RN/RCP staffing suspected or known COVID-19 patients will be provided hospital scrubs at the beginning of each shift (scrubs will be here and available Wednesday, March 25, 2020- until that time staff will need to wear their own scrubs).
- Hand Hygiene- HCWs should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. (Laminated step by step guidelines will be posted at each room).

- Personal Protective Equipment (PPE)

    - N-95 Mask
    - Face shield or googles
    - Gloves
    - Disposable Gown

Every attempt should be made to maintain the patient in their room.

Transport- Patients will wear an ear loop mask to contain secretions during any movement in a common area when not in negative pressure room (to imaging or when leaving a referring facility, while in the ambulance and from the ED to patient room or upon discharge from the organization).

For patients on high flow or BiPAP/CPAP place a transport tent over the patients head and device (will be delivered Wednesday, March 25, 2020) until that time use a tented sheet or blanket.

Take Precautions When Performing Aerosol-Generating Procedures

Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways, intubation, bag/mask ventilation, aerosol treatments, high flow) should be performed cautiously and avoided if possible. If performed, the following should occur:

- HCW in the room should wear an N95 or a PAPR when available, eye protection, gloves, and a disposable gown.
- The number of HCW present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.

Manage Visitor Access and Movement within the Facility

- All visitors will call from the parking lot to notify the COVID-19 Coordinator they have arrived. The COVID-19 coordinator wearing full PPE will meet the family outside the West side of the building, provide a yellow ear loop mask, and escorted them to the patient room via the least populous route.
- The visitor (one patient-at a time) will perform frequent hand hygiene and wear ear loop isolation masks whenever they are in the building.

- Meal trays will be provided to families at the bedside in lieu of visitors going to the cafeteria.
- The COVID-19 coordinator will also escort the visitor out of the hospital via the least populous route.
- Family member will enter patient rooms via the ante room to maintain negative pressure in patient care rooms.

Guidance on Environmental Infection Control

- Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.
    - Portable x-ray machine
    - Ultrasound machine
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
    - Equipment returning to CED will be placed in a red bag by department staff (unit aides or PCTs) and delivered to CED with a note indicating known or potential COVID contamination.
        - Items too large to fit in a red bag (high flow/vents, etc.) should be covered as much as possible and delivered to CED with a note indicating known or potential COVID contamination.
    - Instruments for SPD will be placed in red bins per policy and then the red bin will be placed in a red biohazard bag and delivered to SPD with a note indicating known or potential COVID contamination.
- Waste management- linen and trash should be placed as close to the anteroom door as possible. Housekeeping utilizing full PPE will collect trash minimally one time per shift.
    - Terminal cleaning once patient is discharged- Let room sit for one hour. Prefer heppa filter from CED be placed in the room. Then Don PPE and clean room per EVS standards with supervisor present.
    - Do not remove any isolation signage prior to the room being cleaned EVS staff will take the signs down and return them clean to the HUC once room cleaning is complete.

Tier Two

Stage 2: Volumes of COVID-19 known or suspected pediatric patients necessitate need to cohort to a small unit. Supports conservation efforts of PPE and resources.

Stage 4: Regional pediatric patients are transferred or redirected to the organization for care leaving little to no pediatric services in outside adult facilities.

Utilize PICU North to cohort suspected and known patients.

Construction and Plant Services are actively working with outside contractors to put vestibules in place on the rooms in PICU North to ensure negative airflow.

Plans are being finalized to ensure a safe work environment for those caring for the patients. Details will be shared within this document when finalized.

Tier Three

Stage 3: Volume of COVID-19 known or suspected pediatric patients extends past PICU North capacity.

Stage 5: Volume of COVID-19 known or suspected patients extends past PICU North and includes adult patients up to 25 years of age.

Stage 6: Volume of COVID-19 known or suspected patients extends past PICU North and includes adult patients.

Utilize one to two patient care units to cohort suspected or known patients.

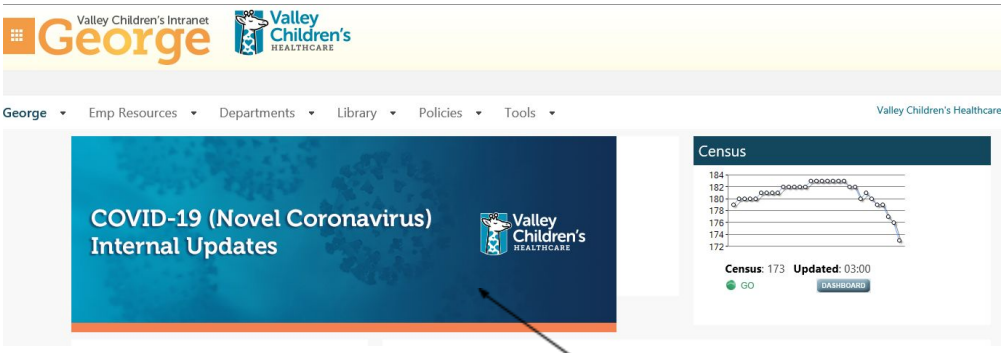
Construction and Plant Services are actively working with outside contractors to install filters on ventilation systems to allow both Explorer and Apollo to become negative pressure units. If these units were needed, patients normally sent to these locations would be moved to other units within the organization. Based on current volumes there are several plans for reallocation of beds.

Plans are being finalized to ensure a safe work environment for those caring for the patients. Details will be shared within this document when finalized.

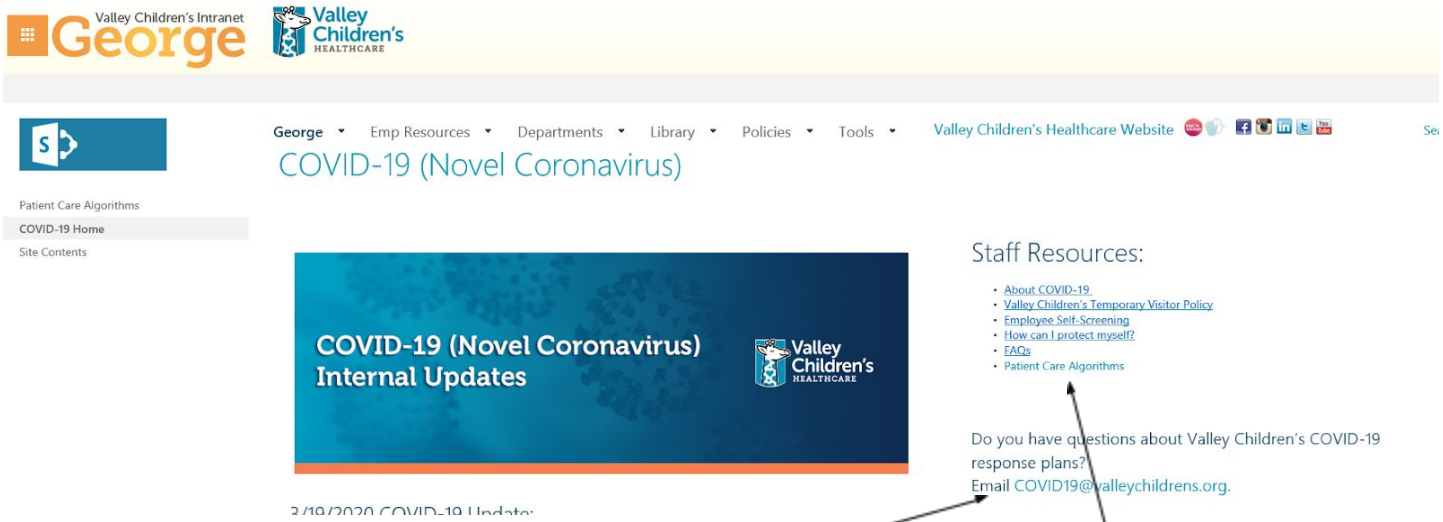
Access to Educational Material

Information is extremely important during this time. As an organization we understand based on location, available supplies, and surge status processes have the opportunity to change regularly. Because of this, we would like staff to please take caution in printing any and all guidelines but regularly use the COVID-19 page on the George Page as a source of truth. Staff should anticipate changes will be made as frequently as necessary to ensure the organization is adhering to the guidelines set forth by the California Department of Health and the Center for Disease Control.

Access COVID-19 Page on George



To access the COVID-19 page from the GEORGE PAGE…click the COVID-19 banner.



On the COVID-19 Home Page all healthcare workers within the organization can ask questions of the HICS team by sending emails.

Resources and tools for patient care in COVID-19 known or suspected patients can be found here.

COVID-19 Nurse Coordinator

In response to clinical needs identified by the HICS structure and to better support our tracking of Patients with suspected and confirmed Coronavirus (COVID-19) the organization has implemented a COVID-19 Coordinator. The coordinator will be responsible for tracking patients within the organization with suspected or confirmed COVID-19. This role will be a registered nurse available every shift. The duties will include:

- Coordination and communication with the county health departments and the infection prevention team regarding suspected patients
- Reporting of information required by the county health departments
- Tracking of patients who have tests pending
- Procurement of N-95 masks from our Materials Management to those areas within the organization with known or suspected COVID-19 to support conservation
    - Education and surveillance of PPE utilization to ensure staff safety
        - **Staff who are caring for COVID-19 positive patients who need additional supply of N-95 masks will now reach out to the COVID-19 Coordinator who will connect with materials management on behalf of the team to have supply released.**
        - **Ear Loop Isolation masks will continue to be distributed through the am huddle processes or requested by the HUC at the direction of the charge RN only when patient surge occurs and additional isolation masks are needed. If the HUC is calling on behalf of the Charge Nurse the Charges name must be given to MDC.**
        - **All other PPE can be ordered at the unit level by the HUC at the request of the Charge RN for immediate distribution to the floor.**
- Ensuring visitors are met outside the organization and provided PPE prior to entry into the organization to support patient and staff safety
    - Escort visitor to and from patient rooms to ensure safety of our teams and other patients
- Serve as a resource for COVID-19 patients
- Service as a resource for throughput managers during periods of surge

The COVID-19 Coordinator will carry an iPhone which can be text or called at **559-514-1168**.

Personal Protect Equipment Supply

The HICS Command Structure and the Materials Management teams have been focused on ensuring the staff have the Personal Protect Equipment necessary to safety care for a surge of positive or suspected patients. While we continue to utilize normal supply chain routes to source PPE, we are also very fortunate to have community partners dedicated to our success. Due to the

ongoing work related to normal sourcing, our continued requests for stockpiles through the Emergency Management System and our community partners we currently have an adequate supply to ensure staff safety. This does not mean we can discontinue to the excellent conservation practices we have put it in place over the last several weeks. It also means that in the coming weeks and months staff many see substitutions made with little or no notice. However, the organization is daily discussing our supply and determining mitigation plans to ensure our ability to keep our patient populations and staff safe and protected.

The Healthcare Team will be seeing communication on the Hospital Websites and through social media requesting donations. A donation location will be set up to accept these items. Please direct all donations to those locations.

Mask Mitigation Strategy as of 3/23/20

Understanding that the organization will be sourcing many vendors etc. for N-95 masks, during this response time we will be suspending Fit Testing for alternative masks. We will be mitigating as noted below:

N-95

1. Utilize all not expired supply of correct fitted N-95 masks as a single use per patient item-Current supply is out, expect next order on 4/1 or shortly thereafter
2. Utilize Expired N-95 of correct fit as a single use per patient item
    a. Do not fit test staff (to conserve)
    b. STAFF must perform a seal check before use, and supplement with a face shield if necessary
3. For staff who are not able to fit test in an N-95 use PAPRs as an alternative to N-95 masks

Ear loop isolation masks

1. Use existing stock of ear loop isolation masks as single use per patient per encounter and/or donated ear loop masks which provide the same protective rating (currently have mint green and blue in our stockpile being distributed)
2. When yellow ear loop masks or surgical masks have been depleted from stock, utilize Community Farming Acquired N-95 mask
    a. Do not fit test, not necessary for replacement of yellow ear loop or surgical masks

Madera County Department of Public Health

Government Authorized Alternate Care Site Plan

Final April XX, 2020

Acknowledgements

There are numerous individuals who have contributed their time, efforts, insights and resources towards the completion of this version of the Government Authorized Alternate Care Sites plan. The strategies, guidance, and information in this plan represent the diligent work of numerous persons in the Public Health Community in the County of Madera.

As with any working plan, this document represents planning strategies and guidance as understood as of the date of this plan's release. This plan provides a framework to facilitate an organized and effective County of Madera response to a catastrophic disaster event in the County of Madera. This plan should be reviewed, exercised and updated at least annually to ensure that the information contained within is current for the response.

TABLE OF CONTENTS

1.0 INTRODUCTION

On a day-to-day basis the healthcare delivery system includes a range of delivery sites where medical services are provided. These sites include home health, clinics, skilled nursing facilities, medical offices, and hospitals. During an emergency, this continuum of care grows through the expansion of existing healthcare delivery sites and the creation of temporary sites where care will be delivered. The range of sites within a community's continuum of care will vary based upon the needs of the emergency and the Operational Area's ability to organize and maximize healthcare resources.

The continuum of care model described in the *California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies, Volume II: Government-Authorized Alternate Care Sites* describes the expansion of the healthcare delivery system to meet patient care demands during a healthcare surge by adding temporary sites such as field treatment sites and government authorized alternate care sites.

Emergencies where large numbers of individuals with existing medical needs are displaced from their homes can create a strain on the existing healthcare system. In many cases these individuals maintain their usual level of health at home, but displacement may exacerbate and require medical care to avoid hospitalization. If their medical needs are not met within the shelter, the existing healthcare system can quickly become overwhelmed, as it must also surge to care for injuries or illness caused by the disaster. By establishing a medical shelter, these displaced populations can be cared for outside the existing healthcare facilities and focus on more acute patient needs.

Figure 1 – Continuum of Care depicts healthcare services within the continuum of care that are expanded during an emergency to incorporate temporary sites including Government Authorized Alternate Care Sites that may be established to support the existing healthcare delivery system to maximize healthcare surge.

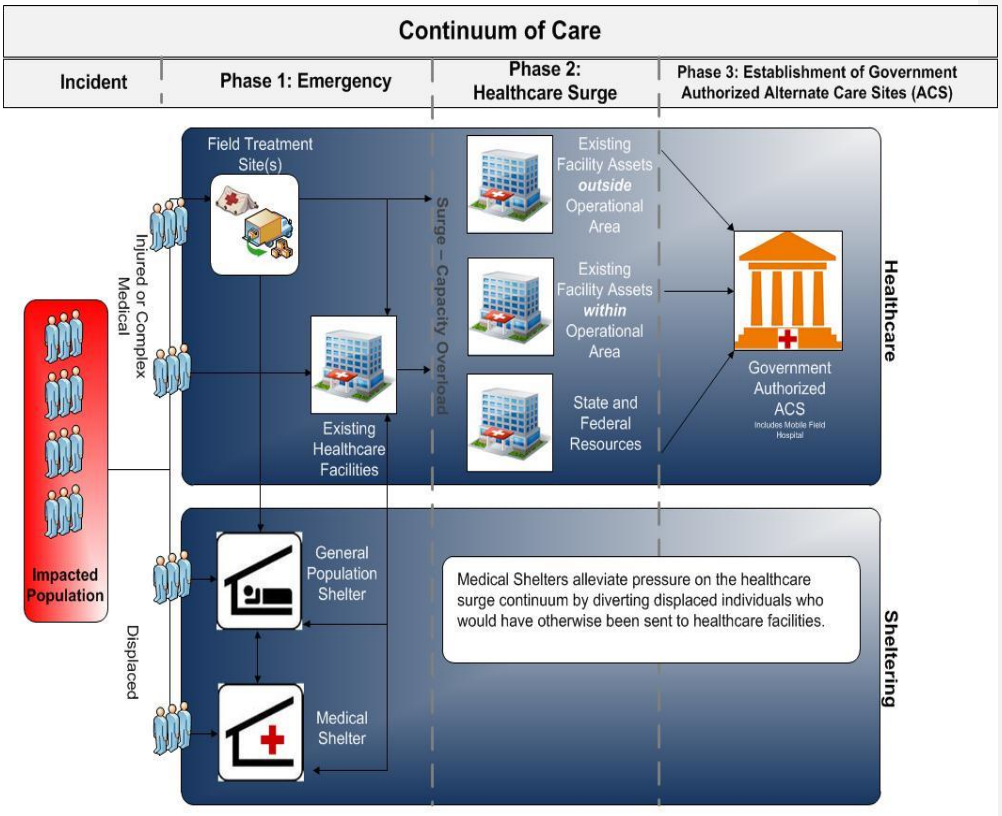
In Figure 1, movement through the continuum of care begins with the impacted population represented in the box located to the far left of the diagram. As the incident progresses, the population will move as appropriate from left to right as shown by the directional arrows. Affected individuals requiring medical care will be directed to a site capable of meeting their needs.

The top portion of Figure 1 focuses on the movement of affected individuals with injuries or advanced medical conditions who may be best served by an existing healthcare facility. As time passes, healthcare facilities may experience an influx of patients that eventually exceeds capacity leading to a healthcare surge and the need to establish government authorized alternate care sites. As that occurs, patient care may move from individual based care to population based.

The bottom portion of the figure adds sheltering to the continuum. This population includes individuals with medical needs who have been displaced from their residence as a result of the emergency. These individuals may have their needs served within a general population or medical shelter depending on the level of care required.

Figure 1 – Continuum of Care

Source: California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies, Volume II: Government-Authorized Alternate Care Sites



NOTE: Activation of any site within the healthcare surge continuum is incident driven (e.g., not all sites will be activated for all incidents).

1.1 Descriptions of Temporary Care Sites

Table 1 – Temporary Care Site Matrix provides definitions and detail for each of the temporary care sites depicted within the continuum of care model shown in Figure 1. These temporary sites are usually defined as field treatment sites; general population shelters, medical shelters and government authorized alternate care sites. The table provides definitions, indications for activation and the typical lead agency for each site. This guidance focuses only on Government Authorized Alternate Care Sites.

Table 1 – Temporary Care Site Matrix

Location Name	Definition	Possible Indications for Activation	Lead Agency
Field Treatment Site	Temporary location for triage, emergency medical treatment, management and care of casualties in a field setting, usually when permanent medical facilities are unavailable or lack capacity. Stabilized patients requiring a higher level of care are transported to receiving facilities when possible. Field treatment sites are generally intended to operate for up to 48 hours or until injured/ill patients stop arriving.	▪ Casualty incident expected to exceed local patient care capacity. ▪ Protracted, large-scale response with multiple casualties. ▪ Planned event where the provision of medical treatment is anticipated, not necessarily when resources are overwhelmed.	▪ Activated by local emergency medical services for onsite field incidents. May also be activated in coordination with the Operational Area Emergency Operations Center Health and Medical Branch. ▪ Staffed by local emergency medical services and medical providers (e.g., California Medical Assistance Teams).
General Population Shelter	Temporary location where mass care is provided to displaced persons. General populations include individuals with access and functional needs. General population shelters operated by the American Red Cross offer community level nursing care for basic acute and stable chronic needs.	▪ Displacement of a population from their residence.	▪ Typically activated and staffed by local government and the American Red Cross in coordination with the Operational Area Emergency Operations Center.
Medical Shelter	Temporary location providing medical care and support beyond that which can be provided at a general population shelter to displaced individuals to maintain their usual level of health during an incident. Individuals from the impacted community in these shelters receive assistance with needs that require skilled medical care but not hospitalization.	▪ Displacement of a population with medical needs from their place of residence. ▪ Immediate needs of the incident exceed the ability to accommodate the impacted population in "like facilities" (e.g.: Skilled Nursing Facility evacuation). ▪ Need to reduce the strain on the overall healthcare system. ▪ Persons require a higher level of medical skill, resources or infrastructure than can be provided in a general population shelter.	▪ Typically activated by local health departments and emergency medical services agencies with support from local social services or the mass care and shelter lead for the Operational Area. ▪ Staffed by local health departments, emergency medical services and medical personnel.

Location Name	Definition	Possible Indications for Activation	Lead Agency
Government Authorized Alternate Care Site	Location not currently providing healthcare services to be converted to enable the provision of healthcare services to support, at a minimum, inpatient and/or outpatient care required after a declared catastrophic emergency. Sites are not part of the expansion of an existing healthcare facility. They are designated under the authority of the local government when existing healthcare facilities are unable to meet demand for services. A government authorized alternate care site may be a mobile field hospital.	▪ Overall healthcare system has exhausted available resources through surge, with additional capacity still required. ▪ Incident creates need for increased acute medical care capacity.	▪ Typically activated by local government via a public-private partnership and can be supported by local health departments, emergency medical services and medical providers (e.g., California Medical Assistance Teams).

Source: CA Department of Public Health

1.2 Government Authorized Alternate Care Sites

During an emergency there may be times when hospitals, ambulatory care or long-term-care facilities may not be able to accommodate all those who need care. This could be due to a variety of reasons, including:

- Illness affecting a large portion of the population (e.g. pandemic influenza);
- Facility must close (e.g. extended power outage or structural damage).

Depending on the reason behind the reduced capacity, the activation of a Government Authorized Alternate Care Site will assist in providing one or more types of care, including in-patient, ambulatory, and palliative care. In order to provide the needed level of care, the Madera County Health Department created the following plan to provide guidance and assistance in the management of opening, running and demobilizing a Government Authorized Alternate Care Site. The site may be scalable to 50 in-patients and ambulatory care beds, based on available staffing, resources, and patient acuity.

hoto Credit: Sally Phillips, RN, PhD, June 8, 2008,
gency for Healthcare Research and Quality, Rockville, MD

As a first choice, it is preferred to secure medical and non-medical assets to allow patients to remain at the facility. The second option is moving patients to nearby like facilities that have the capacity to provide patients the care they need. The third option is moving patients to like facilities outside the county. Opening a Government Authorized Alternate Care Site should only be considered when there are no other options available.

The following statement, published by the Institute of Medicine of the National Academies in a 2013 article "*Crisis Standards of Care: A Toolkit for Indicators and Triggers*", summarizes the need for planning to prevent greater levels of illness, injury and even death:

> "In catastrophic disasters, health care resources may become so scarce that re-allocation decisions are needed, staff may have to practice outside of their normal scope of practice, and the focus of patient care may need to switch to promoting benefits to the population over benefits to individuals. In this austere situation, planning is necessary to avoid greater illness, injury, and death by enabling more effective use of the limited resources through fair, just, and equitable processes for making decisions about who should receive treatments when there are not enough resources to provide patients with the level of care they would usually receive."

In the State of California, developing and promulgating standards and guidelines for healthcare delivery during a medical surge has been developed by the California Department of Public Health (CDPH), this project is hereinafter referred to as the *California Department of Public Health, Standards and Guidelines for Healthcare Surge During Emergencies, Volume II – Alternate Care Sites*.

Given the need for robust surge planning, the *California Department of Public Health, Standards and Guidelines for Healthcare Surge During Emergencies, Volume II – Alternate Care Sites* are important for clarifying and defining what healthcare delivery will look like under various emergency scenarios. Operational tools and templates are available for medical care providers such as hospitals, clinics, long-term care and response agencies. This planning guidance incorporates applicable portions of the *California Department of Public Health, Standards and Guidelines for Healthcare Surge During Emergencies, Volume II – Alternate Care Sites* project.

In order to provide extraordinary in-patient, ambulatory, or palliative care to medical "surge" patients that cannot be managed by [health care facility (s) here] in their existing facilities, the Government Authorized Alternate Care Site will be physically located away from existing hospitals grounds. Ideally, they should be established in large government, non-profit or privately owned facilities such as, industrial buildings capable of accommodating large numbers of patients. The Madera County Health Officer has ultimate authority for activation and operation of Government Authorized Alternate Care Sites.

1.3 Purpose

This plan details the policies, organization, relationships between responding organizations and agencies and assigns specific roles for the Madera County to select, open, maintain and logistically support one or more Government Authorized Alternate Care Sites. The Madera County Health Department will use this plan as a guide to establish a Government Authorized Alternate Care Site within approximately 72 hours of a locally declared disaster at the direction of the Health Officer.

1.4 Scope

This plan operates under the assumption that there are specific circumstances under which a Government Authorized Alternate Care Site may be opened, necessitating a modular approach to medical care and services. Options for care provided include:

- Oral or IV fluid resuscitations (e.g. for patients with nausea and vomiting),
- Non-narcotic prescription refill and authorization,

- IV antimicrobial administration,
- IV symptom relief (e.g. antiemetic),
- Short-term oxygen delivery,
- Bronchodilator therapy/ peak flow assessment,
- Oral medications (select),
- Pain management,
- Limited laboratory,
- Routine procedures (e.g. dialysis).

Options for patients able to be treated in a Government Authorized Alternate Care Site include:

- Post-surgical patients anticipated ready for hospital discharge within 48 hours.
- Patients ready for discharge and awaiting a vacant bed at a long-term care facility or skilled nursing facility.
- Other patients without potentially life-threatening symptoms or vital signs.
- Patients admitted primarily for IV antimicrobials and monitoring to ensure their condition does not worsen and who are expected to be discharged within 48-72 hours (e.g. patient with moderately severe cellulitis without sepsis).
- Patients who are dying and for whom palliative care is indicated.

1.4.1 Additional Considerations

Some patients require treatment with a higher level of acuity than the Government Authorized Alternate Care Site can provide. Those patients will be stabilized at the Government Authorized Alternate Care Site until such time as they can be transported to a more appropriate facility.

This would include patients requiring care and equipment that is unavailable in the Government Authorized Alternate Care Site due to either staffing skill-set or resource availability. Some examples are:

- Patients who need continuous monitoring (arterial, respirator, venous, blood pressure, cardiac, oxygen, frequent neurological checks, daily X-rays or imaging).
- Patients requiring intensive post-operative care.
- Patients requiring special hospital equipment that is not available in the Government Authorized Alternate Care Site.
- Premature infants with less than 36 weeks gestation.
- Patients requiring intensive behavioral health assistance for conditions such as severe dementia or delirium, or who meet the criteria for involuntary psychiatric commitment as determined by a designated mental health professional.

Patients with behavioral health needs will be accommodated in the Government Authorized Alternate Care Site so long as the treatment they require does not exceed the capabilities of the facility. Such needs that may be met may include:

- Patients with dementia or delirium who do not require any type of restraint or locked ward for aggressive behavior.

- Persons who have a medical condition and present with symptoms indicating mental illness or chemical abuse/dependency, and are:

    - Able to comply with medical and psychiatric treatment,
    - Able to follow instruction and direction by the Government Authorized Alternate Care Site staff and volunteers,
    - Able to abstain from consuming alcohol and/or non-prescribed drugs,
    - Not disruptive to the delivery of care to themselves or others in the Government Authorized Alternate Care Site.

1.5 Planning Scenarios

The planning for a Government Authorized Alternate Care Site must delineate the specific medical functions and treatment objectives of the Government Authorized Alternate Care Site facility. Successful establishment of a Government Authorized Alternate Care Site will require the Madera County Health Department to ensure that the designated site has adequate medical resources to meet the event-specific patient care needs. The planning considerations in this document take an "all-hazards" approach, outlining the basic considerations for the establishment and execution of a Government Authorized Alternate Care Site.

However, Madera County Health Department considers two scenarios in planning a Government Authorized Alternate Care Site as recommended by the California Department of Public Health. In the Agency for Healthcare Research and Quality, Publication No. 06-0029, **"**Reopening Shuttered Hospitals to Expand Surge Capacity," the following planning considerations for a generic catastrophic emergency and an infectious agent or communicable disease epidemic (e.g., influenza, severe acute respiratory syndrome, smallpox) scenario are suggested:

> ***Scenario One:*** *A generic catastrophic event (conventional terrorism or war, weapon of mass destruction or natural disaster) in which hundreds of ambulatory medical/surgical patients need to be transferred from a tertiary care hospital to make capacity for catastrophic individuals. In this scenario, every possible patient at the major tertiary hospitals would be transferred to other settings of care and all elective non-urgent admissions and procedures would be delayed. If this approach does not reduce demand sufficiently, a Government Authorized Alternate Care Site may be opened. The most critically ill patients would remain in the tertiary care facilities, and the most medically stable patients would be relocated to the healthcare surge facility. It is also conceivable that there would be a "domino effect" in which patients from tertiary care setting would be transferred to a community hospital and then less acutely ill patients in the community hospital would be transferred to a Government Authorized Alternate Care Site.*
>
> ***Scenario Two:*** *An infectious agent or communicable disease epidemic (e.g., smallpox, influenza, severe acute respiratory syndrome) that requires the creation of an infectious disease/ isolation or quarantine hospital at the healthcare surge facility. Special considerations for a healthcare surge facility under an isolation scenario such as this include: willingness of facility owners to allow use at their facility, prophylaxis of staff working at the healthcare surge facility, security and perimeter control, medical waste removal and treatment, isolation air handling, negative pressure room wards, laundering and contaminated linens, and (possibly) body disposal.*

1.6 Planning for Pandemic Influenza

According to CDPH, under the expected patient surge associated with moderate pandemic influenza, the

primary assumptions are that 25% of the population will become ill, 4.4% of those who become ill will be admitted to the hospital, 15% of those admitted will require intensive care unit care and 7.5% will require ventilator care. California may be required to treat 58,723 patients above existing daily-staffed bed capacity, with the majority requiring intensive care (39,699 in intensive care units) and ventilators (34,028 ventilators). These projections were derived using FluSurge 2.0 software developed by the Centers for Disease Control (CDC) and assumed a pandemic midway between the mild 1968 influenza pandemic and the severe 1918 influenza pandemic.

While healthcare surge conditions would exist throughout the pandemic, the greatest need for surge capacity is expected to occur in two to three waves lasting six to eight weeks over an 18 to 24 month period. The highest demand is projected to occur in week five of the first wave.

Table – 2 lists Madera County portion of the needed surge beds followed by the number of beds each hospital within the County indicated they could surge in the 2006 CDPH Hospital Surge Capacity Survey. These numbers provide a starting point for planning; however, if the pandemic influenza is more severe, these surge numbers could increase by two or three fold. These numbers do not consider any surge patients moving from one county to another or coming from across the State border. The US Census data for 2018 indicates that the population of Madera County has risen by 1.26%. This population rise will mean that the need for surge beds will rise should a major event occur.

Commented [AG1]: This paragraph is reflective of Merced County data only. Will need to be rewritten to reflect Madera County statistics.

Table 2 – Needed Surge Beds for Madera County

County	Estimated Population Jan 2020	Population 2018	Percentage of Population	Share of 58,723 Surge Patients	Hospital Bed Surge Capacity	Needed Surge Beds
Madera	281,733	274,765	2.52%			

Source: California Department of Public Health

1.7 Planning Assumptions

The successful establishment and operation of a Government Authorized Alternate Care Site is, by its very nature, a complex undertaking with a variety of issues. As with all aspects of emergency preparedness, these issues are best investigated and planned for well in advance of their implementation. The following general planning assumptions were considered by the Madera County Health Department, regardless of the type of catastrophic event:

- When an emergency occurs there may be medical needs that exceed the normal surge capacity of existing regional healthcare facilities, or a single facility may be impacted by an isolated incident, rendering it unable to continue housing patients.
- Self-referrals to a Government Authorized Alternate Care Site will be referred to a medical care provider.
- If the emergency incident is moderate to severe pandemic influenza, approximately 25% of the population will be directly affected, resulting in staffing concerns for a Government Authorized Alternate Care Site.
- State and federal regulations have been waived following an emergency declaration (such as in-state medical licensure requirements).
- Medical personnel or law enforcement resources beyond local assets may not be available for

the first 48-72 hours.

- At all levels of activation, the Government Authorized Alternate Care Site will provide a capability that will stabilize and accept evacuated patients from a health care facility as required.
- Behavioral health issues can account for up to 30% of the medical needs after a disaster; up to 20% of the population has had a need for behavioral health medication in the past year.
- Staff will be pulled from Public Health and trusted partners such as hospitals and other healthcare facilities in Madera County and additional will be requested through the SEMS process.
- Medical care providers are responsible for care of patients that they evacuate to a Government Authorized Alternate Care Site and provide medical staff and supplies to support their patients.
- People may be apprehensive about receiving treatment in a Government Authorized Alternate Care Site as they may think they will receive sub-par treatment due to race, ethnicity or income status. Residents who are undocumented may not want to fill out basic forms for fear that they will be shared with law enforcement.
- Government Authorized Alternate Care Site operations must incorporate and address the unique needs and circumstances of people with access and functional needs, such as those that are economically disadvantaged, homeless, have limited language proficiency, have disabilities (physical, mental, sensory, or cognitive limitations), have unique medical needs, experience cultural or geographic isolation, or are vulnerable due to age, as well as the needs and circumstances of incarcerated persons. Therefore, specific measures, including signage and public service announcements, will be taken to ensure that these populations will have accessibility to Government Authorized Alternate Care Site care.
- If certain communities are experiencing an increase in health inequities before a disaster, they may have increased vulnerability after a disaster and may have a higher need for medical care from the health systems and the sites.

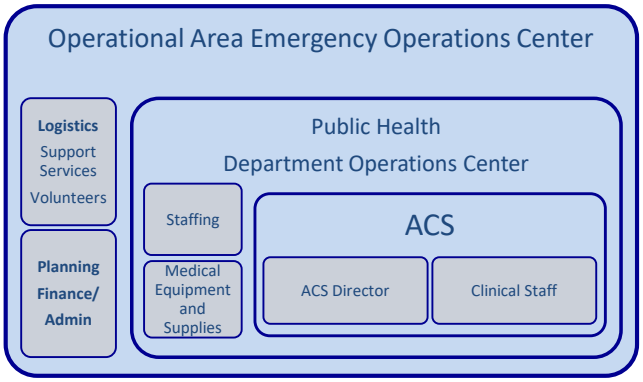
2.0 CONCEPT OF OPERATIONS

2.1 Standardized Emergency Management System (SEMS)

SEMS is based on the concept of the Incident Command System (ICS) which organizes emergency management during an incident response through eight core concepts: common terminology, integrated communications, modular organizations, unified command structure, manageable span of control, consolidated action plans, comprehensive resource management and pre-designated incident facilities.

In many cases, the size and scope of the Government Authorized Alternate Care Site will not require individual staffing for each function listed in the functional chart. In keeping with the principles above, any function not staffed is rolled up into the responsibility of the next higher level of management. For example, the Site Director could assume the command and general staff functions and oversee the clinical staff caring for the medical needs of the clients. The number of clinical staff required should be based on client needs and resources available. The Planning, Logistics and Finance/Administration functions of the organization are conducted off-site by the Operational Area (OA) Emergency Operations Center (EOC) or the Public Health Department Operations Center (DOC). This structure is shown in Figure - 2.

Figure 2 - Functional Locations



Most temporary surges caused by industrial incidents or traffic accidents, by nature, are localized events and the healthcare system is robust enough to handle these types of events. However, a natural disaster, e.g., a severe earthquake or a public health emergency such as a pandemic, could, in all likelihood, require opening of a Government Authorized Alternate Care Site.

2.2 Triggers

When a catastrophic event occurs, the population affected will seek medical care from the existing local hospitals and healthcare facilities. However, as the demand for healthcare services increases and existing healthcare facility assets become exhausted, Madera County will provide support by establishing a Government Authorized Alternate Care Site to absorb the patient load until the local healthcare system can manage the demands of patients. The following levels have been established by Madera County as triggers for the activation of a Government Authorized Alternate Care Site:

Level I: Catastrophic Emergency Occurs, Healthcare Surge Is Declared
When a catastrophic emergency occurs, affected individuals will move or be relocated to the most appropriate available facility. When the influx of patients exceeds capacity, existing healthcare facilities will call upon local government to determine whether to declare a healthcare surge.

Level II: Patients Transferred to Additional Healthcare Facility Entities upon Surge Capacity Overload
Upon capacity overload, individuals may be transferred to additional healthcare facilities. Neighboring county, state and/or federal resources will also be requested to help alleviate the patient demand on the local healthcare system.

Level III: Establishment of Government-Authorized Alternate Care Site
Once it has been decided that a Government Authorized Alternate Care Site is needed, less critical patients will be directed to a Government Authorized Alternate Care Site.

2.3 Multi Agency Coordination Group
There are numerous causes for a healthcare system surge, but only a very significant and extended regional or a statewide incident expected to last longer than 72 hours is large enough to cause activation of the Government Authorized Alternate Care Site plan.

In Madera County, the Health Officer or designee shall coordinate with the Madera County EOC Director to establish a Medical/Health Multi-Agency Coordination Group to assist in the assessment of the healthcare delivery systems in Madera County and the need to activate a Government Authorized Alternate Care Site.

The Multi-Agency Coordination Group should include agency representatives from local healthcare providers, such as:

- Hospital medical staff representative,
- Hospital nursing representative,
- Emergency Department Physician or manager,
- Local clinic representative,
- At least one local outpatient physician,
- Mental/behavioral health provider, and
- Long-term care provider.

The Multi-Agency Coordination Group shall make information available to the Public Health Officer regarding the following information in order to activate a Government Authorized Alternate Care Site:

- Status and availability of medical and healthcare resources within the Madera County.
- Number and types of Government Authorized Alternate Care Site that should be activated within the Madera County.
- Projected numbers of possible patients.
- Triage criteria to be used for acceptance of patients at the Government Authorized Alternate Care Site.

2.4 Notification
In some instances, such as a large-scale emergency, it will be apparent to the Madera County Health Department that activation of this plan is necessary.

In other circumstances the need for a Government Authorized Alternate Care Site will not be immediately apparent. In those cases the Health Officer/MHOAC will likely be the first point of contact, receiving notification directly from affected facilities. At that time, the Health Officer/MHOAC will follow the protocol for Public Health notifications.

2.4.1 Alternate Care Site Team Notification
Once the Health Officer or designee has determined the need to activate a Government Authorized Alternate Care Site, the following will be determined:

- Number of sites required,
- Type(s) of Government Authorized Alternate Care Site required, and
- Location(s) of the Government Authorized Alternate Care Site required.

Once the above has been identified, the associated Government Authorized Alternate Care Site will be activated as per the Madera County notification protocols available from the Madera County Office of Emergency Services (OES).

2.5 Government Authorized Alternate Care Site Positions
Key roles within a Government Authorized Alternate Care Site are described below. More detailed descriptions of potential positions needed to operate a Government Authorized Alternate Care Site can be found in position checklists available in *Government Authorized Alternate Care Site Position Checklists FOG.*

Alternate Care Site Director: Retains overall responsibility for the Government Authorized Alternate Care Site and serves as lead. Directs resources, sets objectives to be accomplished and approves the strategy and tactics to be used. This position reports to the Medical/Health Branch Department Operations Center (DOC) in the Madera County.

Medical Director: Directs clinical care by establishing client care protocols. Provides assessment, diagnosis and physician orders for treatment and medications as needed.

Ancillary Services Manager: Oversees the Pharmacy and Lab functions within the Government Authorized Alternate Care Site and serves as lead for those functions.

Supply and Services Manager:
Oversees supply and services support to Government Authorized Alternate Care Site facility including supplies and equipment, maintenance, food service, housekeeping, laundry and transportation.

Administrative Services Manager:
Manage administrative unit staff support for patient tracking, admissions, discharge, record keeping, documentation and staff scheduling for the Government Authorized Alternate Care Site.

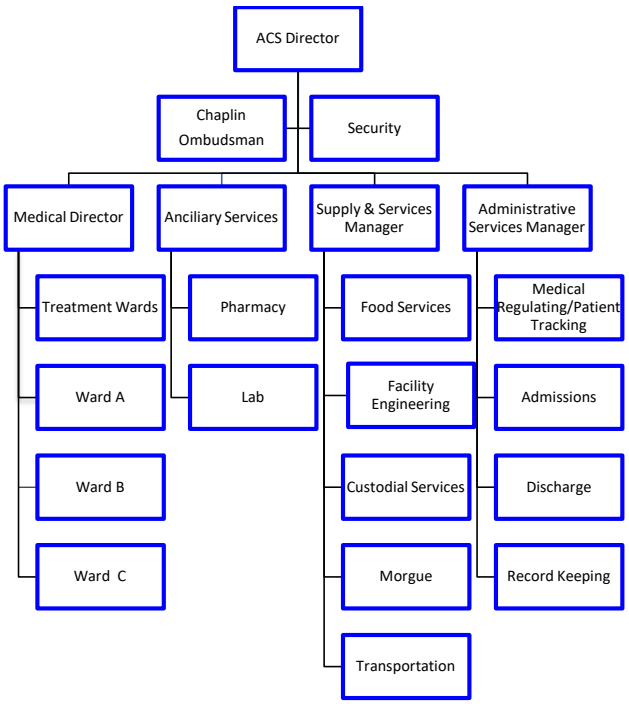
More specific information regarding the potential positions needed to operate a Government Authorized Alternate Care Site can be found in the position checklists located in the *Government Authorized Alternate Care Site Position Checklists FOG.*

2.6 Government Authorized Alternate Care Site Organizational Structure

The organizational structure of the Government Authorized Alternate Care Site can impact the efficiency and effectiveness of overall operations including staffing and resource decisions. This organizational structure follows the Incident Command System principles to ensure integration into the overall emergency response effort. If multiple Government Authorized Alternate Care Sites are activated, coordination between sites is needed. In these instances, coordination should occur with the Madera County Medical/Health Department Operations Center.

The organizational chart displayed in Figure 3 – Alternate Care Site Organizational Structure depicts the key functions needed to carry out the opening, operating and demobilizing of a Government Authorized Alternate Care Site. The Government Authorized Alternate Care Site organizational chart includes a sample of the key functions required to operate a Government Authorized Alternate Care Site, and does not include an exhaustive list of all possible functions. The Madera County will determine which functions to activate based on the size of the Government Authorized Alternate Care Site and the needs of the clients. If positions are shared between multiple sites, coordination and unity between the various sites should be managed by the Madera County Medical/Health Department Operations Center.

Figure 3 – Alternate Care Site Organizational Structure



3.0 ROLES AND RESPONSIBILITIES

3.1 Trained Government Authorized Alternate Care Site Staff
A Madera County Government Authorized Alternate Care Site will be staffed with medical and non-medical personnel from a variety of sources including, but not limited to: California Disaster Healthcare Volunteers, Madera County Health Department, and Community Emergency Response Teams (CERT). *For more information on staffing refer to the Alternate Care Site Support FOG.*

3.2 Scope of Care at Government Authorized Alternate Care Site
The type and scope of care required will depend on the nature of the underlying incident, the impact on existing medical facilities, and the availability of resources.

3.3 Lead Agency
The lead agency, in Madera County is the Health Department, Emergency Preparedness Section with the following responsibilities:

- Activate Government Authorized Alternate Care Site Plan,
- Obtain location for Government Authorized Alternate Care Site,
- Request necessary supplies, equipment and medication,
- Provide support staff, and
- Secure clinical and non-clinical staff.

3.4 Madera County Departments
The following Madera County Departments have additional responsibilities as listed below:

Office of Emergency Services

- Assist with resource requests for non-medical supplies and services as requested.

Emergency Medical Services Authority

- Provide staff to the Government Authorized Alternate Care Site as requested and as available,
- Transport patients to and from the Government Authorized Alternate Care Site as needed,
- Coordinate with hospital regarding Government Authorized Alternate Care Site transportation and dispositions.

Sheriff's Department

- Assure coordination of security during all phases of Government Authorized Alternate Care Site operations as requested,
- Coordinate Government Authorized Alternate Care Site security,
- Coordinate with other local, county, and state law enforcement agencies for security as necessary,
- Participate in Government Authorized Alternate Care Site training and exercise activities.

School Districts

- Adjust school day as appropriate,
- Open facilities as requested:
  - Personnel staging and credentialing area,
  - Point of Dispensing of vaccines,
  - Government Authorized Alternate Care Site location.

- Activate call systems,
- Maintain expense records for possible reimbursement,
- Deploy school staff to assist with the response if schools are closed.

Medical Care Providers located in Madera County

- Ensure any patients transferred to the Government Authorized Alternate Care Site have medical records with them,
- Provide staff to the Government Authorized Alternate Care Site as requested and as available,
- Provide hospital equipment, medical supplies and pharmaceuticals,
- Maintain receipts and invoices for possible reimbursement,
- Increase acute care services,
- Provide direct nursing services and/or monitoring to acute care patients at home,
- Coordinate with non-nursing home care agencies for patient monitoring and personal care.

3.5 State Government Agencies

The State Emergency Plan identifies State agency roles based on Emergency Functions (EFs). Agencies are assigned a lead or support role for each EF. Public Health and Medical (EF8) is responsible for Government Authorized Alternate Care Sites. The California Department of Public Health and the Emergency Medical Services Authority are identified as having a primary role in State level support of EF 8. The roles of the California Department of Public Health and Emergency Medical Services Authority are summarized below. Support roles of other State agencies are described within the State Emergency Plan.

Department of Public Health:

- Collaborates with local health departments and the Emergency Medical Services Authority on medical shelter mission;
- Provides guidance and resources as appropriate;
- Ensures the safety of food, drugs, medical devices and other consumer products in the disaster area;
- Regulates drinking water systems and bottled drinking water plants and distributors and drinking water haulers to ensure the safety of water used as emergency supplies of drinking water;
- Provides support to local health departments for infectious disease surveillance and outbreak response, food safety and sanitation standards in shelters; and,
- Licenses and certifies healthcare facilities.

Emergency Medical Services Authority:

- Coordinates emergency medical preparedness with other local, State and federal agencies having a disaster response role;
- Responds to medical disasters as requested by mobilizing and coordinating mutual aid resources and State mobile medical assets;
- Responsible for the medical volunteers for both general population and medical shelters and manages the California Disaster Healthcare Volunteer system.

3.6 Federal Agencies
Federal assistance may be required to assist with Government Authorized Alternate Care Site operations. Federal Medical Stations, Disaster Medical Assistance Teams, the National Disaster Medical System and Veterans Health Administration are examples of federal resources. Federal resources are requested by the State in accordance with the National Incident Management System (NIMS).

3.7 Other Programs and Support
Medical Reserve Corps
Medical Reserve Corps members may provide staffing and support for Government Authorized Alternate Care Site. Medical Reserve Corps are units of volunteers registered through the Federal Office of the Surgeon General. Each unit is comprised of local volunteer medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians and epidemiologists as well as auxiliary support staff. The Emergency Medical Services Authority serves as the lead State agency for Medical Reserve Corps coordination in California.

Community Emergency Response Teams
Community Emergency Response Teams (CERT) organized by local law enforcement, fire or emergency management agencies provide training in basic disaster response skills such as fire safety, light search and rescue, team organization and disaster medical operations. These trained response teams also educate volunteers to prepare for hazards.

CERT members may assist in staffing Government Authorized Alternate Care Sites. While not medically trained, CERT members may serve as support staff or in some cases as personal assistants who can assist individuals with activities of daily living.

Disaster Healthcare Volunteers
Disaster Healthcare Volunteers statewide program, administered by the Emergency Medical Services Authority, is California's name for the federally mandated and funded Emergency System for Advanced Registration of Volunteer Health Professionals. The program recruits, registers, and verifies licensure and credentials of volunteer healthcare professionals. Through the system's electronic database, local system administrators can select, roster, deploy and track volunteer healthcare professionals within their operational area (OA). State administrators can assist with volunteer requests statewide.

4.0 GOVERNMENT AUTHORIZED ALTERNATE CARE SITES

The following locations have been selected as possible Government Authorized Alternate Care Site locations in Madera County:

[Add selected locations here]

More specific information regarding the selected Government Authorized Alternate Care Site is located in the *Government Authorized Alternate Care Site Locations FOG*.

5.0 TRAINING, EXERCISE, EVALUATION AND PLAN MAINTENANCE

The purpose of training and exercising is to make sure that individuals know how to effectively perform their jobs, that they know how to work with others in their functional group, and that functional groups know how to work together. Training and exercising for Government Authorized Alternate Care Site concept of operations will be an ongoing activity. The Hospital Preparedness Program (HPP) Coordinator is responsible for ensuring that training and exercises are conducted and evaluated for effectiveness and that all training activities are coordinated with other activities.

5.1 Training

Healthcare facilities and other entities associated with the opening of the Government Authorized Alternate Care Site should train and exercise their internal plans and procedures. Madera County OES and the Health Department should include Government Authorized Alternate Care Site activation and response into their curriculum as this and other plans are developed. Government Authorized Alternate Care Site training should be approached using a multi-year training and exercise plan. These activities are fundamental elements of plan development as they foster both the program's integration and expansion into the public health and healthcare emergency response networks.

Below is a list of recommended training courses.

Table 3 – Training Recommendations

Training Course Name	Course Content
Federal Emergency Management Agency (FEMA) Independent Study (IS) Incident Command 100- H	IS-100 HC- Incident Command for Hospitals and Health Care
FEMA IS Incident Command 200- H	IS-200.HCA: Applying ICS to Healthcare Organizations
FEMA IS- 700 National Incident Command Incident System	IS-700.A: National Incident Management System (NIMS) An Introduction
National Response Framework- IS 800	IS-800.B: National Response Framework, An Introduction
Standardized Emergency Management System	SEMS/NIMS/ICS Combined Course Training Curriculum
Hospital Emergency Incident Command System	Center for HEICS Training and Education
Volunteer Management	Alternate Care Site Primer for Volunteers
Personal protective equipment, medical evaluation and testing, infection control, FIT testing	OSHA Respirator Fit Testing Video OSHA Personal Protective Equipment Training
Volunteer Management	Alternate Care Site Primer for Volunteers

5.2 Exercises and Evaluation

It is recommended that all exercises be designed and developed in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP). Following HSEEP guidelines, all exercises will require

the development and submission of an After-Action Report (AAR) and Improvement Plan (IP) within 30-days following the exercise using the most recent HSEEP template documents.

5.3 Plan Administration and Maintenance

The Government Authorized Alternate Care Site Plan and its attachments will be maintained by the Emergency Preparedness Section of the Madera County Health Department. Edits to operational documents are ongoing. The Government Authorized Alternate Care Site Plan, in its entirety, will be reviewed annually and revised every three years, or as needed.

6.0 AUTHORITIES, REFERENCES, DEFINITIONS AND LEGAL ISSUES

6.1 Authorities

The California Emergency Services Act recognizes the role of the State and its political subdivisions to mitigate the effects of an emergency. Under this authority, local governments can contract with local public and private entities to establish and operate a Government Authorized Alternate Care Site in order to mitigate the effects of human caused or natural catastrophic disasters.

Under the California Department of Public Health (CDPH) Pandemic Influenza Response Plan, responsibility for identifying and planning for a Government Authorized Alternate Care Site resides with the Madera County Health Department. The Madera County Health Department will determine who will operate or be authorized to operate the Government Authorized Alternate Care Site based on the availability of public and private resources.

Refer to the Madera County *Health Department, (ESF-8 Public/Health and Medical) Departmental Operations Plan* for reference on Madera County Health Department authorities.

6.2 References

Below is a list of documents used as reference in developing Madera County Government Authorized Alternate Care Site Plan.

California State Emergency Operations Plan, Emergency Function 8- Public Health and Medical Services Annex;

California Department of Public Health, Standards and Guidelines for Healthcare Surge During Emergencies, Volume II – Alternate Care Sites;

California Department of Public Health, Standards and Guidelines for Healthcare Surge During Emergencies, Volume II – Operational Tools Manual;

California Public Health and Medical Emergency Operations Manual;

Southern Main Regional Resource Center for Public Health Emergency Preparedness;

State of New Jersey, Department of Health, Alternate Care Site/Expanded Treatment Area Planning Template, October 2, 2013;

Madera County Emergency Operations Plan, Version 2013;

Madera County Public Health Department Operations Plan, Version XXXX;

Madera County Healthcare Surge and Alternate Care Plan, Version XXXX;

Madera County Healthcare Surge and Alternate Care Plan, XXXX.

6.3 Legal Issues

Significant legal challenges are associated with catastrophic disasters involving the allocation of scarce health care resources and the establishment of crisis standards of care (CSC). These issues cut across nearly all levels of the public and private sectors involved in coordinating and providing emergency care

during disaster response. There are inherent conflicts related to the need to balance individual and communal health interests during such incidents. At the core of these issues is the need to transition rapidly from individual- to population-centric health services to save as many lives as possible and prevent injuries among patients, practitioners, and responders.

6.3.1 Health Insurance Portability and Accountability Act (HIPAA)
HIPAA applies only to defined covered entities, which include health plans, healthcare clearinghouses, and healthcare providers who transmit any health information in electronic form in connection with a transaction as defined by HIPAA. Under this definition, a Government Authorized Alternate Care Site would not be a covered entity and would not be covered under HIPAA.

6.4 Definitions
Below is a list of terms and definitions associated with a Government Authorized Alternate Care Site activation:

Functional Needs Support Services (FNSS): Services that enable individuals with access and functional needs to maintain their independence in a general population shelter. Individuals requiring FNSS may have physical, sensory, mental health, and cognitive and/or intellectual disabilities affecting their ability to function independently without assistance. Others who may benefit from FNSS include women in the late stages of pregnancy, seniors, and people whose body mass requires special equipment.

Access and Functional Needs (AFN): The additional needs of an individual or group of individuals before, during, and after an incident in one or more of the following non-medical functional areas: independent living, communication, personal mobility, or individuals requiring constant supervision. Individuals with AFN may include those who are deaf, blind or mute; who are institutionalized; the elderly or children; those from diverse cultures that have limited or no English proficiency; or, those in wheelchairs, on crutches, or with other mobility needs.

Government Authorized Alternate Care Site: A physical location not designed for or currently providing healthcare services but which can be converted to provide extraordinary healthcare services after a declared catastrophic emergency. Sites are not physical expansions of the hospital beyond the hospital buildings, grounds or other existing facilities; rather they are unique facilities, physically separated from hospital grounds and so designated an Government Authorized Alternate Care Site by agreement between the County of Madera and the facility owner.

Crisis Surge Capacity: Use of space, facilities, staff, or supplies not typically used in the care of patients, to enhance capacity for provision of care in a catastrophic incident/disaster. Crisis capacity activation requires a significant adjustment to standards of care.

Healthcare Surge**:** The excess of demand over capacity or capability in the healthcare system due to a declared "local emergency." Local emergencies often take the form of a natural disaster, a significant emergency situation such as terrorism, or an epidemic.

Standard of Care: The care and skill that a health care practitioner must exercise in particular circumstances based on what a reasonable and prudent health care practitioner would do in similar circumstances; during emergencies and disasters, standards are based on the specific situation.

Medical Surge: The ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of healthcare organizations to survive a hazard impact and maintain or rapidly recover any compromised operations.

Medical Surge Capability: The ability to manage patients requiring unusual or very specialized medical evaluation and care. Surge requirements span the range of specialized medical services (expertise, information, procedures, equipment, or personnel) not normally available at the location where they are needed.

Medical Surge Capacity: The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. The surge requirements may extend beyond direct patient care to include such tasks as extensive laboratory studies or epidemiological investigations.

Palliative Care: Specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms, pain, and stress - whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

Standard of Care - During a Healthcare Surge: The "Standard of Care" is the utilization of skills, diligence and reasonable exercise of judgment in the medical treatment of an individual that a reasonably prudent person or entity with comparable training, experience or capacity would have used under the circumstances. In a "healthcare surge" event, the standard of care shifts to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives (in contrast to the traditional focus on saving individuals).

Trigger: Evidence that austere conditions prevail so that crisis standard of care practices will be required. This may occur at an institutional, and often regional, level of response. It suggests the need for the immediate implementation of response pathways that are required to manage a crisis surge response emanating from the disaster situation.

- Crisis care trigger: The point at which the scarcity of resources requires a transition from contingency care to crisis care, implemented within and across the emergency response system. This marks the transition point at which resource allocation strategies focus on the community rather than the individual.
- Scripted trigger: A predefined decision point that can be initiated immediately upon recognizing a qualifying indicator. Scripted triggers lead to scripted tactics.
- Non-scripted trigger: A decision point that requires analysis and leads to implementation of non-scripted tactics.

FIELD OPERATIONS GUIDES (FOG)

A-1 GOVERNMENT AUTHORIZED ALTERNATE CARE SITE LOCATIONS FOG

A-2 GOVERNMENT AUTHORIZED ALTERNATE CARE SITE SUPPORT FOG

A-3 GOVERNMENT AUTHORIZED ALTERNATE CARE SITE POSITION CHECKLISTS FOG

A-1 GOVERNMENT AUTHORIZED ALTERNATE CARE SITE LOCATIONS FOG

The Madera County Health Department has located and determined the suitability of existing facilities that can be used as a Government Authorized Alternate Care Site, consistent with its intended purpose for specific incidents. The identified Government Authorized Alternate Care Site is in close proximity to a supporting hospital for ease of transferring patients and sharing resources (e. g., laboratories and diagnostic capabilities). Facilities identified as potential Government Authorized Alternate Care Site sites include, but are not limited to, National Guard armories, college campuses, gymnasiums, schools, hotel conference rooms, health clubs, community centers, and climate-controlled warehouses.

A Government Authorized Alternate Care Site, at a minimum, must have the ability to provide both inpatient/outpatient healthcare services in order to meet patient demands and alleviate the existing healthcare system during a healthcare surge. By providing basic inpatient/ outpatient services, the Government Authorized Alternate Care Site will be able to treat lower acuity patients who can be transferred from nearby hospitals, thereby creating capacity at the hospital for more critical patients.

Key Infrastructure Requirements

- Climate controlled enclosed space,
- Perimeter security,
- Waste removal (to include biomedical waste),
- Electrical power source and distribution,
- Alternate power source,
- Potable water,
- Refrigeration,
- Ice,
- Fork lift area for off-loading/Government Authorized Alternate Care Site set-up,
- Local transportation support,
- Environmental services,
- Latrines/showers for staff and patients.

Recommended Additional Supply Requirements for Each Government Authorized Alternate Care Site Facility

- Communications support,
- Food service for staff and patients,
- Medical oxygen,
- Laundry services,
- Mortuary support,
- Janitorial services

Site specific information is retained by the Madera County Health Department for the following selected locations within Madera County:

[Add selected locations here]

Site Set-up and Layout

The layout of the facility for Government Authorized Alternate Care Site services will depend on functionality and type of services that will be provided during the medical surge emergency. Allocation of space will depend on factors such as bed capacity needed, patient acuity and medical logistics

support. Government Authorized Alternate Care Site facility layout will depend on total size and number of beds needed to respond to the emergency. The required space can be scaled up or down depending on the type of medical surge event.

A large gymnasium style room is preferable where large numbers of patients may be cared for by as few staff as possible. A twin bed/cot is approximately 42" X 78" which requires aisles to be 2.5' wide (wide enough to accommodate wheel chair or stretcher). A minimum of 100 square feet (10x10) is required for each bed set up in a Government Authorized Alternate Care Site.

The following are some layout objectives for the exterior and interior areas that should be considered when opening a Government Authorized Alternate Care Site:

- Exterior:
    - Select vestibule/hallway, to act as a buffer to patient care areas, when opening doors to cold wind/heat/precipitation.
    - Vehicle traffic flow should allow rapid access with minimum vehicle traffic constraints. One-way traffic and signage will be used.
    - Patient parking will be well illuminated and close to entrance.
    - Should include areas for private vehicles/taxis for pick-up/drop-off of patients including those with limited mobility.
    - Should provide ambulance/buses/alternate transportation area that is easily accessible for transferring patients including access to double door for allowing gurney ingress/egress.
    - Other parking should be designated for:
        - Family and visitors,
        - Law Enforcement,
        - Transportation vehicles not in use,
        - Logistical resupply vehicles.
- Interior:
    - Patient flow should allow rapid access with minimum cross-traffic.
    - Patient reception entrance should be well illuminated and clearly identified using signage in multiple languages.
    - Visitor/patient public areas should not traverse the clinical areas.
    - Admissions/registration will be located near main entrance and on ground floor for ease of patient access.
    - Nursing sub-units should be centrally located and easily accessible from admissions/registration.
        - Patient beds should allow for adequate floor space between beds and should not restrict routine patient care activities.
        - Include storage space for medical supplies (e.g. modular plastic bins or similar).
        - Layout should allow for movement of staff and equipment.
        - Visibility of beds from nurses' station.
    - Communications and logistics (communication, support and supply) is a separate area but easily accessible to nursing sub-units.
    - Staff support areas will be located separately.
    - Multiple restrooms should be easily accessible.
    - Doorways and Corridors:

        - Must be of sufficient size to accommodate wheeled stretchers and wheelchairs with attached intravenous poles and other equipment with ease.
        - Must be wide enough to allow cross-passage of personnel and equipment (e.g. two-wheeled stretchers/wheelchairs/delivery carts) to enter, exit and maneuver.
    - Other areas (e.g., counseling, pharmacy, childcare, designated feeding area, etc.) may be utilized yet should not impede patient flow.
    - Fire extinguishers in place and emergency exits identified.
    - Emergency evacuation plan for patients and staff.
    - Large Signage

Sample site layout areas are located later in this document.

Time Requirements for Government Authorized Alternate Care Site Set-up
Setting up a Government Authorized Alternate Care Site will take several hours from the time the decision is made to activate until the time the set-up is complete. According to documented exercises and other best practices nationally, estimates have been established that it may take a minimum of six (6) hours to set-up a Government Authorized Alternate Care Site. The set-up process can take longer should there be challenges such as road closures, severe weather, staff limitations, transportation limitations or loss of supplies or equipment due to disaster. Performing a set-up exercise/drill can aid in determining the approximate time it would take to open a functioning Government Authorized Alternate Care Site. Factors that may affect the set-up process include but are not limited to:

- Where the supplies and equipment will be stored,
- Transportation needs for equipment and staff,
- Condition of the building that will be used as a Government Authorized Alternate Care Site,
- Configuration of set-up for small or large scale response,
- Electrical needs (back up generation),
- Engineering needs,
- Communications needs,
- Cleaning needs,
- Set-up of tents, if necessary.

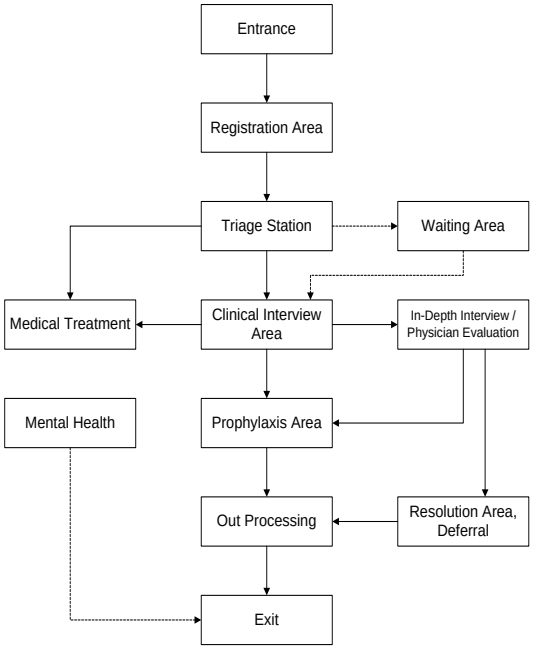
Floor Plan Example
The Government Authorized Alternate Care Site floor plan should include the following areas at a minimum**:**

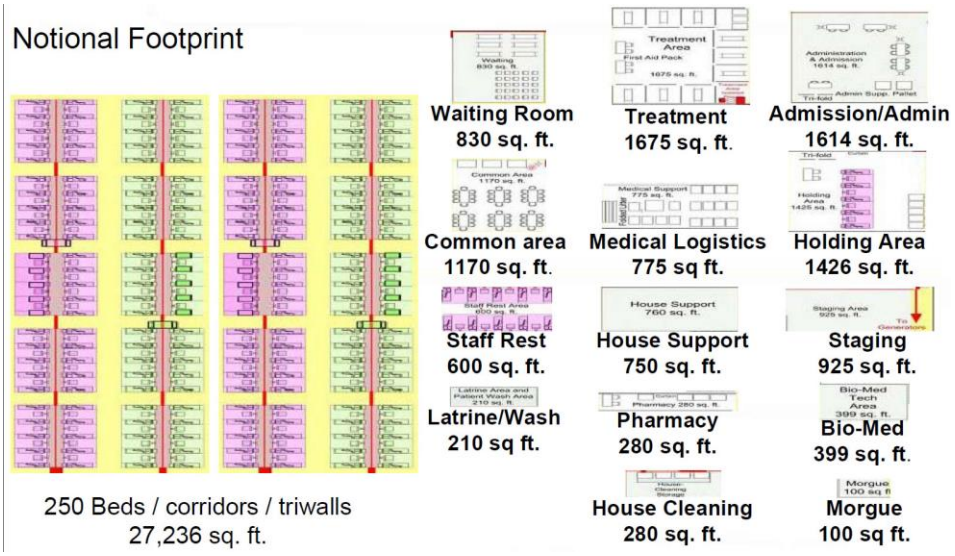
1. **Reception** - Area where persons are greeted/checked-in by administrative staff.
2. **Waiting Area** - Waiting area equipped with chairs for persons waiting to be directed to the Primary Treatment Point.
3. **Medical Assessment**- Area where Registered Nurse performs initial assessment.
4. **Exam**- Area that is part of the Medical Assessment where Registered Nurse performs initial examination.
5. **Treatment Area**- Area that contains the following equipment unless otherwise noted:
    - Cots with pillows and attached intravenous poles,
    - Medical equipment storage boxes,
    - Folding chairs,
    - Privacy screens.

6. **Nursing Station**- Located within the Treatment Area. Serves as an area for patient charting and preparation of medical treatment/medication. Area to be equipped with radio for communication with other Government Authorized Alternate Care Site staff/areas.
7. **Medical Doctor**- Area where Medical Doctor is stationed at the site.
8. **Supply Area**- Secured area for storage of medical supplies with medications locked in non-movable unit.
9. **Crisis Counseling-** Area where the worried-well are counseled/debriefed and provided with self-care instructions.
10. **Exterior Transport Area-** Area where transportation resources are staged for transport of the acutely ill to available acute healthcare facilities. Enforce non-idle policy. Use vestibule/hallway to buffer patient care areas from cold wind/heat/precipitation, ensure accessible doorways.
11. **Security**- Maintain security on premises, maintain crowd control, prevent persons from entering unauthorized areas, guard medical supplies and secure other Government Authorized Alternate Care Site property against theft, answer alarms, investigate disturbances, warn persons of rule infractions or violations and evict violators from premises when necessary.

The picture to the right shows the result of a Public Health-Seattle and King County Government Authorized Alternate Care Site Facility Drill in 2008.

Flow Diagram for Alternate Care Site Set up





Above are images provided by the Federal Medical Station program of possible layouts depending on the facility size and bed numbers.

A-2 GOVERNMENT AUTHORIZED ALTERNATE CARE SITE SUPPORT FOG

General
The Madera County Health Department will operate facilities selected as Government Authorized Alternate Care Site. The County of Madera is the lead agency which has, in turn, tasked the Department of Health as the lead department and is responsible for locating, preparing and ensuring execution of agreements between Madera County and facility owners of a potential Government Authorized Alternate Care Site. Facilities that may be suitable for use as a Government Authorized Alternate Care Site include public facilities such as armories, veteran's halls, school buildings, gymnasiums, community centers; and private facilities such as hotels, churches, conference rooms, and commercial warehouses. A draft MOU has been developed and is included as an attachment to this section.

Staffing
The primary role of the Madera County Health Department will be to manage the operations of the Government Authorized Alternate Care Site, including staffing. The Government Authorized Alternate Care Site will need to include providers such as the Disaster Healthcare Volunteers of California (DHV), nursing students, school nurses, nursing school instructors, medical assistant or technician students, EMT students, regional occupational students, dentists, veterinarians, chiropractors, and others. Resources may be requested through mutual aid, following the guidance and requirements in the California Public Health and Medical Emergency Operations Manual. To ensure the hospitals operate in tandem with the Government Authorized Alternate Care Site, it would be ideal if the hospitals can provide some staff that can be distributed among the Government Authorized Alternate Care Site personnel. Hospital provided medical and nursing staff should assume leadership roles within the Government Authorized Alternate Care Site.

Support for the clinical staff will be provided by Madera County Disaster Service Workers (DSW) along with other volunteer staff such as the American Red Cross, Disaster Healthcare Volunteers of California and faith based organizations.

Class	Infectious	Non-Infectious	Quarantine
Government Authorized Alternate Care Site Director	1	1	1
Medical Director	1	1	1
Physician	1	1	0
Physician extender (PA/NP)	1	1	0
RNs or RNs/LPNs	6	6	2
Health technicians	4	6	1
Unit secretaries	2	2	1
Respiratory Therapist	1	1	0
Case Manager	1	1	0
Social Worker	1	1	1
Housekeepers	2	2	1
Lab Personnel	1	1	0
Medical Asst/Phlebotomy	1	1	0
Food Service	2	2	2
Chaplain/Pastoral	1	1	1
Volunteers	4	4	4
Engineering/Maintenance	0.25	0.25	0

Class	Infectious	Non-Infectious	Quarantine
Security	2	2	2
Patient transporters	2	2	0

Staffing Considerations for Alternative Care Sites: Suggested Minimum per 12 hour shift for 50 bed Unit

Staffing patterns for the pre-designated Government Authorized Alternate Care Site will be determined by the Madera County MHOAC in conjunction with the EOC Medical/Health Branch depending upon the Government Authorized Alternate Care Site level of activation.

An initial Planning Meeting will be held to provide the opportunity for the EOC Medical/Health Branch to review and validate the operational plan. The following items need to be addressed in the initial planning meeting and then carried out by the EOC Medical/Health Branch.

Opening the Alternate Care Site
A designated Government Authorized Alternate Care Site Manager will be determined by the EOC Medical/Health Branch in Coordination with the Health Officer. This individual and their team will be responsible for the facility with the support of the team onsite and the EOC Medical/Health Branch.

NOTE: Additional information for this FOG can be obtained from the California Surge Standards and Guidelines Project Volume II: Alternate Care Sites, located at the link below:
http://www.bepreparedcalifornia.ca.gov/CDPHPrograms/PublicHealthPrograms/EmergencyPreparednessOffice/EPOProgramsandServices/Surge/SurgeStandardsandGuidelines/Pages/SurgeStandardsandGuidelines.aspx

Arrival of Staff
All staff reporting to the Government Authorized Alternate Care Site must report to the established sign-in area. All staff will be easily identified by vest or other color-coded identification methods.

Arrival of Patients
Individuals arriving at the designated location will be assessed for appropriateness at the level of care provided at the Government Authorized Alternate Care Site. Assessment will include:

- Evaluate/triage (provide screening) all self-referring and transported patients or potential patients.
- Provide minimal care such as first aid (care requiring extended time and/or resources should be sent into treatment area for further treatment).
- Refill medication orders (when necessary).
- Provide lab testing if medically necessary to make triage decisions.
- Operate in coordination with public health for “worried-well”.

Ingress/Egress

- Enforce any entry restrictions and initiate infection control interventions when applicable.
- Control public entrances and ambulance transport area.

Admissions/Registration

- Patients may enter the Alternate Care Site by:
  - Transfer from a hospital;
  - Referral from a clinic;
  - Arrival by ambulance; or,
  - Arrival by self-transport (e.g., private vehicle, taxi, bus, public transportation).

- Collect required information on all patients and provide data to Alternate Care Site administration. Any critical information that is not available from a qualified provider should be collected at the facility or prior to transfer.
- Maintain patient register (patient logbook).
- Provide patients and their family members with information about Alternate Care Site care and procedures for discharge.
- Update hospitals, clinics, and EMS on types of patients the facility can receive (e.g. severity of illness).
- Evaluate patients to determine if they meet criteria for admission to the Government Authorized Alternate Care Site. Those who do not meet criteria will be transported to hospital, mass care shelter, or released as appropriate based on result of evaluation process.

Patient Care Services

- Collect information on all patients and provide aggregated data to Alternate Care Site administration.
- Evaluate and provide sufficient care based on resources and scope of care.
- Identify patients whose condition are deteriorating and warrant admission to hospital.
- Communicate about potential transfer.
- Provide additional services as applicable (e.g. patient and family support).
- Additional nursing subunits will be set-up as subunit capacity is being reached.
- If patient presents with a medical condition for which the facility cannot provide services, such that failure to provide the service may result in severe illness or death, the Director will consult with the hospital about availability for care.
- Stable patients in need of additional acute or critical care will be transferred to the hospital.

Patient Movement

- Track all patients transferred and coordinate follow up services when needed.
- Follow patient transfer procedures. Patient transfer requires communication with Emergency Medical Services and hospitals. Before transfer is allowed, receiving facility requires confirmation.
- Transfer to Alternate Care Site or from Alternate Care Site to hospital will be accepted as long as staffed space is available. HAvBED may be used to view bed availability.
- Patient information (e.g., history, status, current medications being administered) should be included on transfer sheet.
- In addition, other items should accompany the patient including patient's personal items, medication, and routine care appliances (e.g., IV, heparin lock, catheter, etc.).

Patient Tracking

Tracking of individual's first medical contact to final release from a medical facility is an important duty. Proper patient tracking will help promote accountability of patients for providers, enhance information sharing to family members of patients, and provide accurate incident casualty number and status to incident management staff. Accurate patient tracking is a critical function of the Alternate Care Site as relatives, media, and incident investigators will be trying to locate individuals. Patient tracking is the responsibility of all medical responders.

Patient Valuables Tracking

The patient valuables tracking system at the Government Authorized Alternate Care Site is difficult and time consuming. Patients should be advised to not bring valuables with them to the Government

Authorized Alternate Care Site. However, patients will be admitted to the Government Authorized Alternate Care Site with valuables and the staff will assure the security of their valuables. The facility will have a secure area for storage of patient valuables and will utilize the California Surge Standards and Guidelines Project Volume II: Alternate Care Sites procedures for patient valuables and tracking.

Medical Records/Documentation
A functional medical record must be established for every individual who is treated at the Government Authorized Alternate Care Site and should be consistent with hospital protocols. Logbook and forms should be completed and updated. This record accompanies each patient throughout his/her stay and is available to the medical staff as needed for documenting the treatment provided and the patient's response to treatment. All records must be complete, legible, and thorough.

Clinical Care Support Services
Laboratory Services

- Ensure that adequate equipment and supplies are made available for Government Authorized Alternate Care Site staff including:
    - Specimen collection containers (urine, sputum, stool, etc.),
    - Laboratory order forms,
    - Other supplies / equipment as indicated.

If using hospital laboratory, ensure that the ordering process is coordinated with laboratory management staff.

Radiology Services
If radiology services are to be conducted at the Government Authorized Alternate Care Site, ensure that adequate equipment and supplies are made available, including:

- Diagnostics area is designated,
- Lead-enforced partitions/panels are in place.

If radiology services are to be conducted off-site, ensure that:

- Arrangements have been made with radiology department,
- Adequate supply of Radiology Order forms are made available,
- Transportation process is established/coordinated.

Pharmacy Services
Securing Pharmaceuticals

- Ensure pharmacy area is locked and secured,
- Coordinate medication ordering and delivery process with the hospital pharmacist,
- Receive, remove and sign for controlled drugs and secure by two individuals;
- Ensure shift drug counts,
- Ensure medication tracking process and log are maintained at the Government Authorized Alternate Care Site.

Medical Record / Documentation

- Ensure that adequate Government Authorized Alternate Care Site Medical Record forms are made available for staff,

- Ensure the process for recording patient supplies and charges are captured,
- Ensure secure storage of patient records.

In response to Hurricane Katrina the U.S. Office for Civil Rights released a bulletin to provide guidance around HIPAA Privacy and Disclosures in Emergency Situations. The bulletin states the following: "Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:

- TREATMENT. Health care providers can share patient information as necessary to provide treatment. Treatment includes:
    - Sharing information with other providers (including hospitals and clinics),
    - Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated),
    - Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services),
    - Providers can also share patient information to the extent necessary to seek payment for health care services.
- NOTIFICATION. Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

The health care provider should get verbal permission from individuals, when possible; however, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones.

In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

Discharge
The facility will discharge patients:

- EXAMPLE: When patient is able to provide care for self;
- EXAMPLE: To a hospital to receive a higher level of care;
- EXAMPLE: To home health when patient has been hydrated and can take fluid orally or home health is willing to provide hydration services.

When a patient is to be discharged home, the facility will make contact with the family and attempt to assess the ability of caregivers to resume care of patient. Discharge will be delayed if persons are too weak to provide personal care and no caregiver is available. When discharged written instructions on additional care and signs of secondary complication or reasons to bring the patient back to a medical facility will be provided to patient or caregiver. Depending on the exposure and illness, home care

instructions may include recommendations for the use of appropriate barrier precautions, hand washing, waste management, cleaning and disinfecting the environment and personal care items.

Demobilization of Personnel
The demobilization of the Government Authorized Alternate Care Site must be coordinated with the Medical/health DOC and at the direction of the Health Officer.

A-3 GOVERNMENT AUTHORIZED ALTERNATE CARE SITE POSITION CHECKLISTS FOG

Alternate Care Site Director

Organize and direct the Government Authorized Alternate Care Site (ACS). Give overall strategic direction for ACS management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

- ☐ Implement the Government Authorized ACS Plan
- ☐ Form the ACS Management Team, appoint team members
- ☐ Receive briefing from local EOC or Medical/Health DOC, hospital
- ☐ Establish an ACS Medical Director's office
- ☐ Establish that site communications
- ☐ Establish/implement medical/treatment protocol/safety plans
- ☐ Review Position Checklist
- ☐ Establish Site Layout
- ☐ Determine staffing needs, acquire appropriate resources
- ☐ Assures that site operations positions are assigned
- ☐ Confirm internal/external lines of communication and authority
- ☐ Establish internal communications (telephone, fax, cell phone, 2 way radio, runners)
- ☐ Establish procedure to verify staff/volunteer credentials and identification
- ☐ Review chain of command, decision making, problem solving processes
- ☐ Schedule staff, DOC/EOC reports and briefings
- ☐ Maintain briefing and communication schedule with site staff, DOC/EOC/Hospital
- ☐ Update status reports/status board
- ☐ Monitor site care for treatment concerns
- ☐ Consult with Medical Director for specific patient concerns
- ☐ Resolve staff/procedural concerns or conflicts
- ☐ Provide DOC/EOC/hospital with updates as to site activity
- ☐ Assure posting of staff assignments
- ☐ Assure posting of emergency phone/contact numbers
- ☐ Assure completion of forms as indicated
- ☐ Assure adherence to treatment protocols and medication security
- ☐ Ensure completion of any incident reports relating to injury or property loss/damage
- ☐ Participate in shift debriefing, DOC/EOC/hospital and Public Health debriefing, After Action process
- ☐ Conduct exit interviews with Section Chiefs. Assure that all section reports/forms are completed and turned in to the appropriate entity
- ☐ Sign Out, turn in ID badge

Alternate Care Site Chaplin

Chaplains are used at ACS locations to provide emotional support to ACS clients and personnel if requested. Coordinate with Ombudsman for support of clients if the need arises or support is needed. Provide observations to ACS Director as needed.

- ☐ Notify regular supervisor of ACS work schedule
- ☐ Review position responsibilities and clarify any issues regarding your authority and assignment
- ☐ Sign in and wear the appropriate credentials
- ☐ Check in with ACS Manager
- ☐ Verify contact information
- ☐ Determine potential issues for ACS Director based on the nature, scope and severity of the disaster
- ☐ Review position responsibilities
- ☐ Attend ongoing situation briefings
- ☐ Refer media to ACS Director
- ☐ Report situation status and resource status to the ACS Director
- ☐ Advise ACS Director for issues affecting operations
- ☐ Function calmly in situations requiring a high degree of sensitivity, tact, and diplomacy
- ☐ Communicate effectively with a variety of individuals representing diverse cultures and backgrounds
- ☐ Brief your relief at shift change to ensure ongoing activities are identified and follow-up requirements are known
- ☐ Participate in DOC/EOC/hospital and Public Health debriefing, After Action process
- ☐ Assure that all reports/forms are completed and turned in to the appropriate entity
- ☐ Sign Out, turn in ID badge

Alternate Care Site Ombudsman

Ombudsmen act as an impartial source of information and referral, respond to individuals' questions and issues, and attempts to resolve situations to everyone's satisfaction. They are impartial and respect the interest and rights of all parties involved.

- ☐ Notify regular supervisor of ACS work schedule
- ☐ Review position responsibilities and clarify any issues regarding authority or assignment
- ☐ Sign in and wear the appropriate credentials
- ☐ Check in with ACS Director
- ☐ Assist with station set up
- ☐ Verify contact information
- ☐ Via the ACS Director, educate staff to direct all issues of concern to the Ombudsman
- ☐ Determine potential issues for ACS Director based on the nature, scope and severity of the issue, work closely with Chaplain
- ☐ Review position responsibilities
- ☐ Attend ongoing situation briefings
- ☐ Refer all media to the ACS Director
- ☐ Function calmly in situations requiring a high degree of sensitivity, tact, and diplomacy
- ☐ Communicate effectively with a variety of individuals representing diverse cultures and backgrounds
- ☐ Brief your relief at shift change to ensure ongoing activities are identified and follow-up requirements are known
- ☐ Brief your relief at shift change to ensure ongoing activities are identified and follow-up requirements are known
- ☐ Participate in DOC/EOC/hospital and Public Health debriefing, After Action process
- ☐ Assure that all reports/forms are completed and turned in to the appropriate entity
- ☐ Sign Out, turn in ID badge

Alternate Care Site Security

Coordinate all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

- ☐ Notify regular supervisor of ACS work schedule
- ☐ Review position responsibilities and clarify any issues regarding authority or assignment
- ☐ Sign in and wear the appropriate credentials
- ☐ Check in with ACS Director
- ☐ Identify and secure all facility pedestrian and traffic points of entry, as appropriate
- ☐ Consider need for the following, and report findings to the ACS Director:
  - Emergency lockdown
  - Security sweep of designated areas
  - Providing urgent security-related information to all personnel
  - Need for security personnel to use personal protective equipment
  - Removing unauthorized persons from restricted areas
  - Security of the ACS, Treatment areas, morgue, and other sensitive or strategic areas from unauthorized access
  - Rerouting of transportation entry and exit
  - Traffic Control
- ☐ Brief personnel on current situation, incident objectives and strategy; outline Security action plan and designate time for next briefing
- ☐ Ensure Security personnel comply with safety policies and procedures and proper use of personal protective equipment, if applicable
- ☐ Coordinate immediate security personnel needs from current staff, surrounding resources (police, sheriff, or other security forces), and communicate need for additional external resources through ACS Director.
- ☐ Continue to monitor Security personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.
- ☐ Continue coordination with law enforcement officials
- ☐ Brief your relief at shift change to ensure ongoing activities are identified and follow-up requirements are known
- ☐ Participate in DOC/EOC/hospital and Public Health debriefing, After Action process
- ☐ Assure that all reports/forms are completed and turned in to the appropriate entity
- ☐ Sign Out, turn in ID badge

Alternate Care Site Medical Director

Organize and manage the delivery of patient care and clinical support services.

- ☐ Notify regular supervisor of ACS work schedule
- ☐ Review position responsibilities and clarify any issues regarding authority or assignment
- ☐ Sign in and wear the appropriate credentials
- ☐ Check in with ACS Director
- ☐ Determine need for and appropriately appoint Medical Care Branch Unit Leaders, distribute corresponding position checklists and identification. Complete the Branch Assignment List
- ☐ Collaborate with Medical/Technical Specialist(s) concerning medical care guidance
- ☐ Brief the Medical Care Branch Unit Leaders on current situation, incident objectives and strategy; outline Branch action plan and designate time for next briefing
- ☐ Evaluate Medical Care Branch capacity to perform:
  - Patient Care
  - Clinical Support Services
  - Mental Health
  - Clinical Support Services (lab, pharmacy)
  - Patient Registration
- ☐ Ensure new patients are being rapidly assessed and moved to definitive care locations (i.e., admission, surgery, discharge, transfer)
- ☐ Ensure pre-existing patients receive needed care and reassurance
- ☐ Assess problems and needs in Branch areas; coordinate resource management
- ☐ Ensure Branch personnel comply with safety policies and procedures.
- ☐ Instruct all Unit Leaders to evaluate on-hand equipment, supply, and medication inventories and staff needs in collaboration with Logistics Section Branches; report status to the ACS Director
- ☐ Determine if communicable disease risk exists; implement appropriate response procedure(s)
- ☐ Collaborate with the appropriate Medical/Technical Specialist, if activated
- ☐ Continue coordinating patient care, disposition of patients, and clinical services support
- ☐ Ensure patient records are being done correctly and collected.
- ☐ Ensure patient care needs are being met and policy decisions to institute austere care (altered level of care) practices are determined and communicated effectively
- ☐ Assess custodial services (housekeeping) needs in all clinical care and clinical support areas; contact the Custodial Care Unit as appropriate, with identified needs
- ☐ Review personnel protection practices; revise as needed
- ☐ Ensure patient safety issues are identified and addressed
- ☐ Continue to provide updated clinical information and situation reports to Unit Leaders and staff.
- ☐ Ensure patient data is collected and shared with appropriate internal and external officials through the ACS Director.
- ☐ Ensure staff health and safety issues are being addressed; resolve with the Safety Officer as appropriate
- ☐ Continue to monitor Branch personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices

- ☐ Brief your relief at shift change to ensure ongoing activities are identified and follow-up requirements are known
- ☐ Participate in DOC/EOC/hospital and Public Health debriefing, After Action process
- ☐ Assure that all reports/forms are completed and turned in to the appropriate entity
- ☐ Sign Out, turn in ID badge

Alternate Care Site Treatment Ward Unit Leader

Prepares ACS service areas to meet the needs of in-house and newly triaged and admitted ACS patients. Assumes responsibility for treatment and general nursing care of ACS patients; manages and oversees care of ACS patients.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Initiate timesheet
- ☐ Review your Position Checklist and check off tasks as they are completed.
- ☐ Put on ID badge.
- ☐ Introduce self to all staff in assigned area.
- ☐ Conducts staff briefing.
- ☐ Familiarize self with paperwork used in the Medical Care Branch
- ☐ Review roster of staff assigned to the unit
- ☐ Document all key activities, actions, and decisions in an Operational Log (ICS Form 214) on a continual basis
- ☐ Develop action plan in cooperation with the Treatment Area Managers and Ward Charge Nurses
- ☐ Brief team members on current situation, incident objectives an strategy; outline Unit action plan; designate time for next briefing
- ☐ Assess current capabilities. Project immediate and prolonged capacities to provide general medical nursing services based on current data
- ☐ Conduct priority assessment; designate those eligible for immediate/early discharge; admit to the treatment area those patients from the registration area
- ☐ Regularly report status to the Medical Care Branch Director; ensure ACS staff are aware of available outpatient services
- ☐ Request needed resources from Medical Care Branch Director
- ☐ Receive, coordinate, and submit requests for personnel to the Logistics Section's Support Branch Director, and supplies to the Supply Unit Leader, as appropriate
- ☐ Assess critical issues and treatment needs in treatment areas. Coordinate staffing and supplies between each area to meet needs
- ☐ Ensure the following:
  - Admission and dispositions are tracked and documented
  - Critical issues and treatment needs are assessed
  - Patient care is triaged and prioritized
  - Coordination of staffing and supplies between areas to meet ward needs
  - Staff are using recommended Personal Protective Equipment and following other safety and infection control guidelines
  - Patient care is being prioritized effectively when austere conditions are present
- ☐ Advise the Medical Care Branch Director immediately of any operational issue you are not able to correct or resolve
- ☐ Assess environmental services (housekeeping) needs in all patient areas; contact Environmental Services Unit Leader, as appropriate for assistance
- ☐ Report equipment, supply, personnel, and medication needs to the Medical Care Branch Director

- ☐ Establishes deactivation priorities and implementation
- ☐ Ensure all records and documentation are turned into proper authorities
- ☐ Arrange to have all equipment/supplies returned to place of origin and state of readiness
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Ancillary Services

Manage Ancillary Services Units and ensure support for Pharmacy and Lab staff within the ACS.

- ☐ Sign Personnel Log In Sheet, secure ID Badge
- ☐ Review Position Checklists
- ☐ Report to ACS Director for briefing
- ☐ Review site layout and documentation forms
- ☐ Meet with unit staff and assign to work stations, schedule unit briefings
- ☐ Establish communication schedule with staff
- ☐ Confirm briefing/meeting schedule
- ☐ Monitor, staff in pharmacy and lab areas
- ☐ Ensure staff use appropriate personal protective equipment and infection control procedures
- ☐ Maintain any required documentation logs
- ☐ Assure that documents are complete, legible
- ☐ Ensure that work areas are supplied as needed
- ☐ Maintain list of all medications in the ACS
- ☐ Assure that daily/weekly reporting documents are produces/maintained
- ☐ Provide activity updates to ACS Director
- ☐ Obtain report from unit/team staff
- ☐ Report to ACS Director for debriefing or event after action meetings, identify any ongoing operational concerns
- ☐ Ensure completion, collection, security of all documentation forms (patient, staff and financial)
- ☐ Complete appropriate forms and turn in to the ACS Director
- ☐ Sign Out, turn in ID badge

Alternate Care Site Pharmacy Unit

Ensure the availability of emergency, incident-specific, pharmaceutical and pharmacy services.

- ☐ Sign in on the staff sign in/out log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area.
- ☐ Attend staff briefing
- ☐ Review Site plan
- ☐ Assign pharmacist to patient care areas, when appropriate
- ☐ Document all key activities, actions, and decisions in an Operational Log on a continual basis
- ☐ Inventory most commonly used pharmaceutical items and provide for the continual update of this inventory
- ☐ Ensure that pharmaceutical area is secure by coordinating with the Security Unit Leader.
- ☐ Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio is needed
- ☐ Document all communications (internal and external) on an Incident Message Form. Provide a copy of the Incident Message Form to the Planning Chief.
- ☐ Meet regularly with Medical Operations Chief/Chief Nurse and Charge Nurse to obtain situation and status reports, and relay important information to team members
- ☐ Communicate with the Supply & Services Manager to ensure an efficient methods of requisitioning and delivery of pharmaceutical inventories within the ACS. Coordinate with Medical Operations Chief/Chief Nurse and Charge Nurse to follow-up on trends in the ACS for resupply pharmaceutical needs
- ☐ Ensure proper documentation for medications checked out of pharmacy is established and maintained
- ☐ Review and approve scribe's recordings of actions/decisions in the pharmacy service area
- ☐ Brief your relief at shift change to ensure ongoing activities are identified and follow-up requirements are known
- ☐ Ensure return/retrieval of equipment and supplies and return all assigned equipment.
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete and turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Laboratory Unit

Laboratory shall establish and implement procedures for identification, collection, indexing, access, storage, maintenance and safe disposal of quality and technical record.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attend staff briefing
- ☐ Review Site plan
- ☐ Staff resources adequate to undertaking of the work required and the carry out of other functions
- ☐ Authorize personnel to perform particular tasks
- ☐ Establish policies which define who may access patient data and who is authorized to enter and change patient results, correct billing or modify computer programs
- ☐ Train staff to prevent or contain the effects of adverse incidents
- ☐ Furnish laboratory with all items of equipment required for the provision of services
- ☐ Ensure equipment is operated by authorized personnel only
- ☐ Ensure laboratory shall have space allocated so that its workload can be performed without compromising the quality of work, quality control procedures, safely of personnel or patient care services
- ☐ Ensure effective separation between adjacent laboratory sections in which there are incompatible activities
- ☐ Ensure laboratory shall be controlled temperature of refrigerator for reagents, blood sample, calibrator, control materials which affect the analytical results
- ☐ Laboratory shall have procedure for storage and destroying hazard sample
- ☐ Share specific instructions for the proper collection and handling of primary sample shall be documented and implemented by laboratory management and made available to those responsible for primary sample collection
- ☐ Ensure storage of the primary sample is in accordance with approved policy
- ☐ Ensure safe disposal of samples no longer required for examination shall be carried out in accordance with local regulations or recommendations for waste management
- ☐ Copies or files of reported results shall be retained by the laboratory such that prompt retrieval of the information is possible. The length of time that reported data are retained may vary; however, the reported results shall be retrievable for long as medically relevant or as required by regional or local requirements
- ☐ Unit leader should ensure the laboratory has a policy that defines the length of time various records pertaining to the quality management system and examination results are to be retained. Retention time shall be defined by the nature of the examination or specifically for each record
- ☐ Identify and track all necessary health and medical services, supplies and equipment to support the laboratory and consult with EOC Logistics to locate, allocate, and procure health and medical services, supplies and equipment needed for laboratory services
- ☐ Identify and track all necessary supplies and equipment to support the laboratory
- ☐ Ensure that facilities, transportation, and communications plans are implemented

- ☐ Brief your relief at shift change to ensure ongoing activities are identified and follow-up requirements are known
- ☐ Ensure return/retrieval of equipment and supplies and return all assigned equipment
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Supply & Services Manager

Oversees supply and services support to ACS facility including supplies and equipment, maintenance, food service, housekeeping, laundry and transportation.

- ☐ Sign Personnel Log In Sheet, secure ID Badge
- ☐ Receive briefing from ACS Director
- ☐ Review Position Checklists
- ☐ Review Site plan, supply and equipment lists
- ☐ Ensure supplies and equipment are ordered, delivered and installed
- ☐ Confirm site plan for transportation of supplies and patients
- ☐ Establish contact with EOC Logistics Branch Chief
- ☐ Establish communication plan with other logistics agencies, entities
- ☐ Confirm briefing schedule with ACS Director
- ☐ Maintain routine contact with other Section Chiefs to determine their supply and equipment needs
- ☐ Monitor supply and equipment levels and re-order as needed
- ☐ Maintain contact with EOC Logistics staff
- ☐ Maintain any required documentation logs
- ☐ Provide unit activity updates to ACS Director as needed
- ☐ Re-supply stations
- ☐ Secure any unused/sensitive supplies and equipment
- ☐ Ensure any billing information is turned over to the EOC Finance Chief
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Food Services Manager

Ensure patients and staffs have appropriate, nutritious food, water and supplements.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attend staff briefing
- ☐ Review Site plan
- ☐ Assemble, brief staff, make team assignments, shift schedules
- ☐ Determine the number of meals needed
- ☐ Identify patients with special dietary needs
- ☐ Determine food levels required
- ☐ Initiate food procurement ordering procedures
- ☐ Establish work schedules
- ☐ Confirm briefing schedule with Medical/Deputy Director
- ☐ Supervise food service staff, food preparation and serving
- ☐ Monitor food inventories, order food and supplies as needed
- ☐ Ensure food sanitation standards are implemented and adhered to
- ☐ Maintain communications with Supply & Services Manager
- ☐ Maintain any required documentation logs
- ☐ Provide unit activity updates to Supply & Services Manager
- ☐ Re-supply station
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Facilities Unit Leader

Organize, manage and support building systems, equipment and supplies. Ensure proper cleaning and disinfection of facility environment.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attends staff briefing
- ☐ Appoint Facilities Unit team members
- ☐ Brief Unit members on current situation and incident objectives; outline Branch action plan and designate time for subsequent briefings
- ☐ Dispatch pre-designated supply carts to activated treatment area
- ☐ Establish and communicate the operational status of the Supply Unit to the Support Branch Director
- ☐ Determine on hand inventory of the following based on the type of event. May include, but is not limited to:
  - Airway management
  - Dressing/bandages
  - Burn kits
  - Suture materials
  - IV equipment and supplies
  - Normal saline
  - Anti-microbial skin cleaner
  - Waterless hand cleaner and gloves
  - Backboard, rigid stretchers
  - Oxygen, administration masks, ventilators and suction devices
  - Personnel protective clothing/equipment/masks/respirators
- ☐ Place emergency orders for the critical supplies, equipment and pharmaceuticals needed to the Supply and Services Manager
- ☐ Prepare to receive additional equipment, supplies, and pharmaceuticals. Inventory, manage, and track all arriving supplies
- ☐ Restock carts and treatment areas per request and at least every shift
- ☐ Document all activities, actions, and decisions in an Operational Log on a continual basis
- ☐ Advise the Director immediately of any operational issue you are not able to correct or resolve
- ☐ Anticipate equipment, supplies, and pharmaceuticals that will be needed by the next operational periods, in consultation with the Medical Care Branch Director and Supply and Services Manager. Place orders as appropriate
- ☐ Coordinate use of external resources to assist with support delivery
- ☐ Obtain needed materials and fulfill resource requests with the assistance of the Supply and Services Manager
- ☐ Assist the Unit Leaders with restoring site to normal operations
- ☐ As needs decrease, release staff and volunteers and combine or deactivate positions in a phased manner

- ☐ Ensure that all supplies and equipment are returned after site closure
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Custodial Services

Ensures housekeeping, sanitation, laundry functions are established and maintained.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attend staff briefing
- ☐ Review Site plan
- ☐ Assemble/brief staff, assign responsibilities
- ☐ Establish staff schedules
- ☐ Establish cleaning and maintenance schedules
- ☐ Conduct training/education for staff
- ☐ Ensure appropriate hand hygiene and protective equipment is available
- ☐ Maintain communication with the Supply & Services Manager
- ☐ Confirm briefing schedule
- ☐ Ensure staff use appropriate hand hygiene procedures and equipment
- ☐ Supervise Housekeeping and Laundry services staff
- ☐ Ensure staff uses Personal Protective Equipment and Infection Control Procedures
- ☐ Ensure cleanliness of the facility to include patient care areas, staff areas, public areas of the facility
- ☐ Maintain any required documentation logs
- ☐ Maintain ongoing communication with the Supply & Services Manager
- ☐ Provide unit activity updates to Supply & Services Manager as needed
- ☐ Re-supply station
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Morgue Unit

Unit Leader is responsible for all morgue operations including body processing, examination, positive identification, receiving, and release.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attend staff briefing
- ☐ Review Site plan
- ☐ Review general incident activities with subordinates to determine specific tasks or resources
- ☐ Assign Morgue Operations Group OIC, Examination Group OIC, Station Team Leaders, and Supervisors
- ☐ Maintain close communication with the Coroner's Services Branch Director in the EOC and the ACS Director
- ☐ Ensure that morgue operations function in accordance with the Safety Plan
- ☐ Ensure that assigned personnel and equipment get to and from assignments in a timely and orderly manner
- ☐ Supervise morgue services:
  - Assign specific work tasks to Group Supervisors
  - Obtain information concerning progress on assigned tasks from subordinates by:
    - Special request
    - Periodic/routine reports
    - Personal observation
  - Take corrective actions as appropriate
  - Ensure the general safety and welfare of Division personnel
  - Maintain communications with subordinates
- ☐ Develop alternatives for morgue operations as required
- ☐ Request additional resources as needed to support assigned teams
- ☐ Resolve logistics problems within the Unit
- ☐ Advise of any surplus of resources
- ☐ Coordinate activities with other Units/Groups
- ☐ Respond to information requests from other team elements
- ☐ Maintain a Unit Log
- ☐ Provide periodic updates to the Coroner's Services Branch in the EOC and ACS Director
  - Situation and resource status information
  - Conditions affecting Division operations
  - Hazardous conditions
  - Significant events (e.g., injuries)
  - Problems with Logistics
  - Unresolved conflicts with other Divisions/Groups
- ☐ Assist in the development of the Incident Action Plan for the next operational period
- ☐ Identify and track all necessary communication supplies and equipment to support morgue services and consult with EOC Logistics to locate, allocate, and procure communication supplies and equipment needed for the morgue

- ☐ Identify and track all necessary health and medical services, supplies and equipment to support the morgue and consult with EOC Logistics to locate, allocate, and procure health and medical services, supplies and equipment needed for morgue services
- ☐ Identify and track all necessary supplies and equipment to support the morgue
- ☐ Ensure that facilities, transportation, and communications plans are implemented
- ☐ Brief your relief at shift change to ensure ongoing activities are identified and follow-up requirements are known
- ☐ Ensure return/retrieval of equipment and supplies and return all assigned equipment
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Transportation Manager

Establish and maintain transportation resources and procedures between alternate care site and other facilities in the community. Establish transportation plan for bringing patients to the alternate care site from their home. Establish transportation for medevac'd patients.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attend staff briefing
- ☐ Review Site plan
- ☐ Identify all transportation resources that are available
- ☐ Assemble transportation staff, brief staff, make team assignments
- ☐ Ensure appropriate infection control, isolation protocols are established
- ☐ Ensure staff have PPE and are trained in proper use
- ☐ Coordinate with Supply & Services Manager to determine transportation needs
- ☐ Establish office adjacent to the Supply & Services Manager
- ☐ Confirm site plan for transport of medical emergencies to appropriate facility
- ☐ Coordinate transportation resources
- ☐ Maintain any required documentation logs
- ☐ Provide unit activity updates to Medical Director as needed
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Administrative Services Manager

Manage Administrative Unit staff support for patient tracking, admissions, discharge, record keeping, documentation and staff scheduling for the ACS.

- ☐ Sign Personnel Log In Sheet, secure ID Badge
- ☐ Review Position Checklists
- ☐ Report to ACS Director for briefing
- ☐ Review site layout and documentation forms
- ☐ Review job action sheet, meet with unit staff and assign to work stations, schedule unit briefings
- ☐ Establish communication schedule with staff
- ☐ Confirm briefing/meeting schedule
- ☐ Monitor, support staff at registration and patient care areas
- ☐ Monitor and support staff in financial documentation area
- ☐ Ensure staff use appropriate personal protective equipment and infection control procedures
- ☐ Make routine patient care rounds and consult with care staff
- ☐ Ensure patient transfer coordination and tracking is being done
- ☐ Ensure patient care documents are complete
- ☐ Ensure staff scheduling documents are complete
- ☐ Monitor patient care staff for signs of stress
- ☐ Maintain any required documentation logs
- ☐ Assure that documents are complete, legible
- ☐ Ensure that administrative work stations are supplied as needed
- ☐ Maintain list of all patients in the ACS
- ☐ Assure that daily/weekly reporting documents are produces/maintained
- ☐ Maintain work station briefing schedule
- ☐ Provide activity updates to ACS Director
- ☐ Obtain report from unit/team staff
- ☐ Report to ACS Director for debriefing or event after action meetings, identify any ongoing operational concerns
- ☐ Ensure completion, collection, security of all documentation forms (patient, staff and financial)
- ☐ Complete appropriate forms and turn in to the ACS Director
- ☐ Sign Out, turn in ID badge

Alternate Care Site Patient Tracking

Monitor and document the location of patients at all times within the hospital's patient care system, and track the destination of all patients departing the facility.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attends staff briefing
- ☐ Appoint Facilities Unit team members
- ☐ Appoint and brief Patient Tracking team members on current situation; outline team action plan and designate time for next briefing
- ☐ Document all key activities, actions, and decisions in an Operational Log on a continual basis.
- ☐ Implement a system, using the Disaster/Victim Tracking Form to track and display patient arrivals, discharges, transfers, locations and dispositions
- ☐ Obtain current in-patient census from Admitting personnel and/or other sources.
- ☐ Initiate the Hospital Casualty/Fatality Report, in conjunction with the Administrative Services Manager
- ☐ Determine patient/victim-tracking mechanism utilized by field providers and establish method to ensure integrated and continuity with patient tracking system.
- ☐ If evacuation of the facility is required or is in progress; initiate the Master Patient Evacuation tracking Sheet
- ☐ Receive assigned radio and establish two-way communications with the Communications Unit Leader. Receive just-in-time training for the radio if needed
- ☐ Document all communications (internal and external) on an Incident Message Form. Provide a copy of the Incident Message Form to the Administrative Services Manager
- ☐ Meet regularly with Liaison Officer and Admissions Unit Leader to update and exchange patient tracking information (within HIPAA and local guidelines) and census data
- ☐ Continue to track and display patient location and time of arrival for all patients; regularly report status to the Administrative Services Manager
- ☐ Advise the ACS Director immediately of any operational issue you are not able to correct or resolve
- ☐ Continue to monitor the Patient Tracking team's ability to meet workload demands, staff health and safety, resource needs, and documentation practices
- ☐ Ensure your physical readiness through proper nutrition, water intake, and rest
- ☐ Upon shift change, brief your replacement on the status of all ongoing operations, issues and other relevant incident information
- ☐ As needs for the Patient Tracking staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner
- ☐ Compile and finalize the Disaster/Victim Patient Tracking Form and submit copies to the copies to the Planning Chief
- ☐ Debrief staff on lessons learned and procedural/equipment changes needed
- ☐ Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment
- ☐ Identify Issues for After Action Report

- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Triage Officer

Conducts triage of patients who present to the alternate care site.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attend staff briefing
- ☐ Review site plan layout and documentation forms
- ☐ Locate, review triage, admission procedures
- ☐ Conduct triage of patients who report to the alternate care facility
- ☐ Confirm patient eligibility for admission
- ☐ Maintain any required documentation logs
- ☐ Provide unit activity updates to Medical Director as needed
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Alternate Care Site Admissions / Discharge Services

Conduct admissions and discharge services for patients entering or leaving the alternate care site.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attend staff briefing
- ☐ Review Site plan
- ☐ Ensure knowledge of mission and plan of operations
- ☐ Review plan and checklist
- ☐ Confirm activation of your direct reports, and assign or greet them as they arrive:
  - Registration/Discharge Staff
- ☐ Meet with your direct reports:
  - Establish chain of command and performance expectations
  - Ensure that direct reports are personally prepared, self-sufficient and adequately equipped to perform their assignment
- ☐ Perform duties as outlined by the Administrative Services Manger which may include:
  - Setup waiting and registration area
  - Ensure all displaced person(s) and staff members are registered before they enter the shelter
  - Coordinate with Ward Unit Leaders to collect information on special medical and dietary needs to ensure proper placement in shelter
  - Ensure orientation information is available to displaced person(s) when they arrive
  - Post orientation information in areas where it can be read by displaced person(s) and family members
  - Institute system for staff and displaced person(s) to be checked in and out of shelter
  - Maintain accurate census of staff, displaced person(s) and family members and providing that information to the Medical Director, Administrative Services Manager and EOC when requested
  - Provide registration/discharge forms to Data Entry Unit Leader for entry in database
  - Maintain a database of all staff, displaced person(s) and family members to include home address, contact information and means of transport to the shelter
  - Maintain staff, sign-in sheets and work hour logs
  - Make sure staff has all equipment and supplies needed to carry out their functions
  - Work with Medical Director and Administrative Services Manager to establish procedures for handling unusual patients or circumstances (i.e. children/infants, ill patients, non-mobile or disabled patients, hearing impaired patients, non-English speaking patients, etc.)
  - ☐ Ensure that all records and reports are turned in to the Administrative Services Manager
  - ☐ Conduct exit interview with your direct reports
  - ☐ Participate in the After Action process
  - ☐ Identify Issues for After Action Report
  - ☐ Report to ACS Director for debriefing
  - ☐ Complete, turn any logs or forms to Documentation in the EOC

- ☐ Sign Out, turn in ID badge

Alternate Care Site Record Keeping

Collect, organize and file all completed event or disaster related forms, to include: all EOC position logs, situation status reports, EOC Action Plans and any other related information, just prior to the end of each operational period.

- ☐ Sign in on the Staff Sign In/Out Log
- ☐ Complete a timesheet
- ☐ Put on ID badge
- ☐ Introduce self to all staff in assigned area
- ☐ Attend staff briefing
- ☐ Review Site plan
- ☐ Assist the ACS Director in the preparation and distribution of the action plan
- ☐ Supervise the Record Keeping Unit
- ☐ Maintain a position log
- ☐ Meet with the Administrative Services Manager to determine what ACS materials should be maintained as official records
- ☐ Meet with the ACS Director to determine what ACS materials and documents are necessary to provide accurate records and documentation for recovery purposes
- ☐ Initiate and maintain a roster of all activated ACS positions to ensure that position logs are accounted for and submitted to the Record Keeping Unit at the end of each shift
- ☐ Reproduce and distribute the Situation Status Reports and Action Plans. Ensure distribution is made to the Operational Area EOC
- ☐ Keep extra copies of reports and plans available for special distribution as required
- ☐ Set up and maintain document reproduction services for the ACS
- ☐ Brief your relief at shift change to ensure ongoing activities are identified and follow-up requirements are known
- ☐ Ensure return/retrieval of equipment and supplies and return all assigned equipment
- ☐ Identify Issues for After Action Report
- ☐ Report to ACS Director for debriefing
- ☐ Complete, turn any logs or forms to Documentation in the EOC
- ☐ Sign Out, turn in ID badge

Other Position Checklists and Job Actions Sheets are located via the following links.

http://www.smrrc.org/alternate_care_sites.htm

http://www.emsa.ca.gov/Media/Default/PDF/Forms_Instr_all.pdf

Attachment: Sample MOU for Government Authorized Alternate Care Site

Madera County
MEMORANDUM of UNDERSTANDING (MOU) FOR USE OF FACILITIES
IN THE EVENT OF A MASS MEDICAL EMERGENCY

Madera County and (name of facility) agree that:
In the event of a mass medical emergency in Madera County, health and medical infrastructure and associated resources will be quickly committed to providing the necessary treatment and/or prophylaxis to effectively respond by request of the Medical/Health Operational Area Coordinator. Resources from the state, federal, and private sector will be mobilized and deployed to augment local medical and health resources as soon as possible. Such an event may require a facility to support the activation of a government authorized Alternate Care Site (Government Authorized Alternate Care Site). The Government Authorized Alternate Care Site will serve as a site where supportive care can be provided to victims of a large-scale mass casualty or bio-event.

Madera County **and (name of facility) enter into this MOU as follows:**

1. Facility Space: Madera County accepts designation of (name of facility) located at (address of facility) as Government Authorized Alternate Care Site (Government Authorized Alternate Care Site), in the event the need arises.

2. Use of the Facility: Request to use facility as an Alternate Care Site will occur as soon as possible by the Madera County Medical/Health Operational Area Coordinator, through the local Emergency Operations Center. Designation and use of (name of facility) will be mutually agreed upon by all parties to this agreement.

3. Modification or Suspension of Normal Facility Business Activities: (name of facility) agrees to alter or suspend normal operations in support of the Alternate Care Site as needed.

4. Use of Facility Resources: (name of facility) agrees to authorize the use of facility equipment such as forklifts, buildings, communications equipment, computers, Internet services, copying equipment, fax machines, etc. Facility resources and associated systems will only be used with facility management authorization and oversight to include appropriate orientation/training as needed.

5. Costs:
    a. Public Facilities: All reasonable and eligible costs associated with the emergency and the operation of the Alternate Care Site that include modifications or damages to the facility structure, equipment and associated systems directly related to their use in support of the Alternate Care Site facility operations will be submitted for consideration and reimbursement through established disaster assistance programs.

    b. Private Facilities: (name of facility) agrees to enter into a Disaster Operations Agreement with a local government entity for use of facilities upon declaration of an emergency. All reasonable and eligible costs associated with the support of the Alternate Care Site will be submitted for consideration and reimbursement through established disaster assistance programs, as mutually agreed upon in the Disaster Operations Agreement.

6. Liability: The California Emergency Services Act, Government Code §204 “Disaster Service Workers” addresses immunity from liability for services rendered voluntarily and without compensation in support of emergency operations during an emergency or disaster declared by the Governor.

7. Contact Information: (name of facility) will provide Madera County the appropriate facility 24 hour/7 day contact information, and update this information as necessary.

8. Duration of Agreement: The minimum term of this MOU is two years from the date of the initial agreement. Subsequent terms may be longer with the concurrence of all parties.

9. Agreement Review: A review will be initiated by Madera County and conducted following a disaster event or within two years after the effective date of this agreement. At that time, this agreement may be negotiated for renewal. Any changes at the facility that could impact the execution of this agreement will be conveyed to the identified primary contacts or their designees of this agreement as soon as possible. All significant communications between the Parties shall be made through the contacts or their designees.

10. Amendments: This agreement may be amended at any time by signature approval of the signatories or their respective designees.

11. Termination of Agreement: Any Party may withdraw at any time from this MOU, except as above, by transmitting a signed statement to that effect to the other Parties. This MOU created thereby will be considered terminated thirty (30) days from the date non-withdrawing Party receives the notice of withdrawal from the withdrawing Party.

12. Capacity to Enter into Agreement: The persons executing this MOU on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOU on behalf of the entity for which they sign.

Facility Official	Date
(County) Official	Date
Public Health Department Official	Date
Hospital Official	Date

To authorize facility use, call:

_____
Name

_____
Daytime phone number

_____
After-hours/emergency phone number

To open facility, call:	**Alternate contact to open facility, call:**
_____	_____
Name	Name
_____	_____
Daytime phone number	Daytime phone number
_____	_____
After-hours/emergency phone number	After-hours/emergency phone number

PUBLIC HEALTH

ACS Supporting Documents

Federal Healthcare Resilience Task Force Alternate Care Site Toolkit Second Edition 4/21/2020

https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf

Center for Disease Control Considerations for Alternate Care Sites

https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Falternative-care-sites.html

California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies. Government-Authorized Alternate Care Site Training Guide

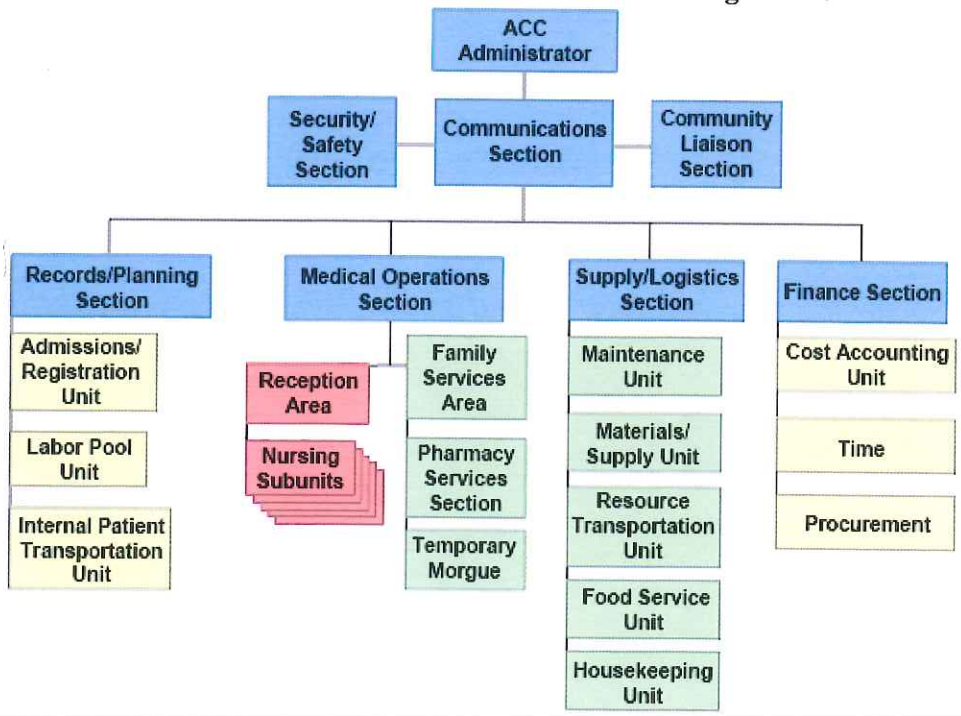
https://www.cidrap.umn.edu/sites/default/files/public/php/258/258_acsinstructorguide.pdf

FLOW CHART: GUIDELINES FOR ACCEPTANCE TO AN ALTERNATE CARE SITE (ACS)* FROM TRIAGE, EMERGENCY DEPARTMENT, POST-HOSPITAL DISCHARGE, OR OTHER REFERRAL SITES

https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-48-Attachment-02.pdf

The following ACS command and control structure was developed by the nationally recognized Incident Command System (ICS) and the Hospital Emergency Incident Command System (HEICS). Each section (both administrative and functional) under the ACS Administrator should have a director who is responsible for day to day management. This command and control structure offers a template for a locally determined ACS organizational structure that will fit into the existing local emergency command system. The type of agent used and resulting illness will determine the precise composition of the ACS.

Acute Care Center/Alternate Care Site Command Organization [49]



[49] Skidmore, p. 8.

FEDERAL MEDICAL STATION (FMS)
Site Survey Checklist

ASPR — ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

SITE NAME: Desmond Middle School Gym

ASSESSMENT DATE:

LOCATION	
HHS Region: .	
Site Name: Desmond Middle School Gym	
Site Address: 26490 Martin St	
City: Madera	
State: California	
Zipcode: 93638	
County: Madera	Geo Coord:

MEDICAL	Hospital (Primary)	Hospital (Secondary)
	Name:	Name:
	Address:	Address:
	City:	City:
	State: .	State: .
	Zipcode:	Zipcode:
	Lab Services: ☐ Yes ☐ No	Lab Services: ☐ Yes ☐ No

CONTACTS	Points of Contact (POC)	Phone (Primary)	Phone (Alternate)	Email Address
	Enter HHS REC name here			
	Enter ASPR representative name here			
	Enter CDC representative name here			
	Enter State representative name here			
	Enter FMS Site POC primary name here			
	Enter FMS Site POC alternate name here			

WRAP AROUND SERVICES

SECURITY (INTERNAL)	☐ Yes ☐ No	SECURITY (EXTERNAL)	☐ Yes ☐ No	SITE LEASE/MOU	☐ Yes ☐ No
DRINKING WATER	☐ Yes ☐ No	MEALS	☐ Yes ☐ No	ICE	☐ Yes ☐ No
OXYGEN	☐ Yes ☐ No	WASTE REMOVAL	☐ Yes ☐ No	TRANSPORT FOR OUT PATIENT SVCS	☐ Yes ☐ No
EMS - ALS	☐ Yes ☐ No	BIO-HAZARD WASTE REMOVAL	☐ Yes ☐ No	MEDICAL RE-SUPPLY	☐ Yes ☐ No
CLEANING	☐ Yes ☐ No	WASHER/DRYER	☐ Yes ☐ No	PHONE	☐ Yes ☐ No Lines:
LAUNDRY	☐ Yes ☐ No	INTERNET	☐ Yes ☐ No	MORTUARY	☐ Yes ☐ No

SITE SPECIFICATIONS

EXTERIOR: FEMA Building Types: .

PARKING	Staff Parking #: 200	LOADING DOCKS	☐ Yes ☒ No	ENTRY DOORS	☒ Yes ☐ No
Truck Parking (w/53' trailer) #: 4		Qty : 1	Location: possible maint. yard	Qty : 4	Location: front/back/sides
SECURABLE DOORS	☐ Yes ☐ No	HELIPAD	☐ Yes ☒ No	PERIMETER LIGHTING	Building: ☒ Yes ☐ No
SIDEWALKS (ADA)	☒ Yes ☐ No	Location: possible: fields			Parking Lot: ☒ Yes ☐ No

CLICK HERE TO RESET FORM

FEDERAL MEDICAL STATION (FMS)
Site Survey Checklist

ASPR ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

SITE NAME: Desmond Middle School Gym

ASSESSMENT DATE:

SITE SPECIFICATIONS (Continued)

INTERIOR: SQ FT: 9,400

SET UP TEAM ☐ Yes ☐ No

STAFF BILLETING ☐ Yes ☐ No

RESTROOMS (MEN)	Total #:	Total # (ADA): 1	Toilet #: 4	Urinal #: 3	Sink #: 3
RESTROOMS (WOMEN)	Total #:	Total # (ADA): 1	Toilet #: 4	Sink #: 3	
SHOWERS (MEN)	Total #: 14	Total # (ADA): 1			
SHOWERS (WOMEN)	Total #: 14	Total # (ADA): 1			

HOT WATER ☒ Yes ☐ No

HAND WASHING STATIONS ☒ Yes ☐ No

ELECTRICAL				
Amps:	Volts:	Phase:	Electrical Outlets Available : ☒ Yes ☐ No	Qty : 18
Operational Backup Generator Available: ☐ Yes ☒ No	KW:	Volts:	Phase:	
Fuel On Site : ☒ Yes ☐ No	EDS Mgr:		EDS Phone:	

HEATING & AIR ☒ Yes ☐ No

FIRE SUPPRESSION ☒ Yes ☐ No

SECURABLE ROOM ☐ Yes ☐ No

FIRE DETECTION ☐ Yes ☐ No

MHE	
Forklift w/driver: ☐ Yes ☒ No	
Type: .	Qty:
Pallet Jacks: ☐ Yes ☐ No	

FLOORING		
Type: .	Pallet Jack Permitted: ☐ Yes ☐ No	
Is a protective covering available for the floor?	☐ Yes ☐ No	

SUBMIT SURVEY

COMMENT SECTION

Gym Capacity: 1,428
Truck parking: bus loading zone.
Hot water in shower sinks in girls/boys locker rooms.
Fuel: gas cans
Secure room: can be coaches offices in locker rooms and/or cafeteria or cafeteria kitchens.
Cafeteria is connected through hallway adjacent to gym
Sq ft: 3,100 Cap. 475 assembly and 222 dining.
Boys: 1 ADA restroom, 1 toilet, 4 urinals, 1 sink
Girls: 4 toilet, 1 ADA restroom, 1 sink
Cafeteria has hot water access.
Total 12 outlets in cafeteria.
Heating/Air
Fire Suppression/Fire Detection
Flooring: Polished concrete
Pallet Jacket permitted

CLICK HERE TO RESET FORM

Valley Children's Hopsital and Madera County
Alternate Care Site for Covid 19 Response
Supplies and Equipment List
Maximum Patient Capacity 50

Sort (A)

Note: Quantity is based on # of Beds (50)

Item Number	Item Group	Item Decscription	Quantity
	5 - Patient Bedding, Cots, Misc.	Adult Diapers Med (12 per pack)	280
	5 - Patient Bedding, Cots, Misc.	Adult Diapers Small (12 per pack)	140
	5 - Patient Bedding, Cots, Misc.	Basin, Wash, Plastic, Model = Medline #80321 NO SUBS	800
	5 - Patient Bedding, Cots, Misc.	Bed Pan, Model = Medline #80245 NO SUBS	500
	5 - Patient Bedding, Cots, Misc.	Blankets, Polyester/Non-woven (Minimum size = 50” x 84”) Model = Graham Medical #5238 NO SUBS	TBD
	5 - Patient Bedding, Cots, Misc.	Pillows, disposable (size = 18”x24”, 15 oz)	2,000
	5 - Patient Bedding, Cots, Misc.	Sheet, Bed , White, Disposable, Poly/Tissue (size = 40” x 90”), Model = Graham Medical #323 NO SUBS	TBD
	5 - Patient Bedding, Cots, Misc.	Urinal, Male, Disposable	500
	5 - Patient Bedding, Cots, Misc.	Wash Cloth	TBD
	6 - Personal Protective Equipment (PPE)	Brush, Scrub, Surgical, w/PCMX	100
	6 - Personal Protective Equipment (PPE)	Gloves, Examination, Nitrile, Powder Free, Lrg (LATEX FREE)	300
	6 - Personal Protective Equipment (PPE)	Gloves, Examination, Nitrile, Powder Free, Med (LATEX FREE)	1200
	6 - Personal Protective Equipment (PPE)	Gloves, Examination, Nitrile, Powder Free, Small (LATEX FREE)	500
	6 - Personal Protective Equipment (PPE)	Gloves, Examination, Nitrile, Powder Free, X-Lrg (LATEX FREE)	200
	6 - Personal Protective Equipment (PPE)	Gloves, Surgeons, Sterile, Size #6.5 (LATEX FREE)	100
	6 - Personal Protective Equipment (PPE)	Gloves, Surgeons, Sterile, Size #7.0 (LATEX FREE)	100
	6 - Personal Protective Equipment (PPE)	Gloves, Surgeons, Sterile, Size #7.5 (LATEX FREE)	200
	6 - Personal Protective Equipment (PPE)	Gloves, Surgeons, Sterile,Size #8 (LATEX FREE)	200
	6 - Personal Protective Equipment (PPE)	Goggle, Eye	2,300
	6 - Personal Protective Equipment (PPE)	Gown, Exam, Model = Banta #920431 NO SUBS	4,800
	6 - Personal Protective Equipment (PPE)	Gown, Isolation, Protection, Brand = Dynarex, Model #2141 NO SUBS	50,000
	6 - Personal Protective Equipment (PPE)	Hand Sanitizer, 4 oz bottle w/ flip top, 70% alcohol w/ skin moisturizer, Model = Kutol #5635GP NO SUBS	2,000
	6 - Personal Protective Equipment (PPE)	Mask, HEPA, N95 Respirators, Flat Fold, Individually wrapped, Donning instructions on each individual N95 package	10,000
	6 - Personal Protective Equipment (PPE)	Mask, Procedural Ear loop Level 2	200
	6 - Personal Protective Equipment (PPE)	Sharps Container w/Needle Remover, (Size = 8 gallon)	20

Valley Children's Hopsital and Madera County
Alternate Care Site for Covid 19 Response
Supplies and Equipment List
Maximum Patient Capacity 50

Sort (A)

Note: Quantity is based on # of Beds (50)

Item Number	Item Group	Item Decscription	Quantity
	6 - Personal Protective Equipment (PPE)	Sharps Shuttle, Small Conical, case of 24, Model = Tyco #8301	100
	6 - Personal Protective Equipment (PPE)	Shield, Full Faceguard, Clear Model = Dynarex #2202 NO SUBS	2,500
	7 - Exam Supplies	Monitor, Blood Glucose, Glucometer Kit w/ extra set of batteries, Model = Precision Extra #99837-20 NO SUBS	50
	7 - Exam Supplies	Monitor, Blood Glucose, Lancets, Disp., Model = Roche "Soft Click" # 971 NO SUBS	270
	7 - Exam Supplies	Monitor, Blood Glucose, Test Strips, Model = Precision Extra #99838-35 NO SUBS	270
	7 - Exam Supplies	Ophthalmoscope/Otoscope, Pocket Set w/Handle & Pouch, w/ needed amount of batteries to operate + 1 extra set of batteries, Model = Reister #20313030 NO SUBS	20
	7 - Exam Supplies	Pulse Oximeter, handheld, w/ needed amount of batteries to operate + 1 extra set of batteries - Must include 4 extra sensors: 2 x Durasensor (DS100A) Adult Finger Clip Sensor and 2 x Both Dura-Y Multisite sensor (D-YS/D) and Pedicheck Pediatric Spot-Chec	50
			20
	7 - Exam Supplies	Sphygmomanometer, Disposable cuffs for Dynamap (All sizes)	2,500
	7 - Exam Supplies	Stethoscope, Single Head, Black (LATEX FREE), Model = Dixie Medical #143100 NO SUBS Disposable	2,500
	7 - Exam Supplies	Thermometer, Infrared, w/ needed amount of batteries to operate + 1 extra set of batteries	250
	8 - General Supplies	Basin, Emesis, Model = Medline #5685521 NO SUBS	2,000
	8 - General Supplies	Dry Erase Boards, 4 feet x 4 feet	10
	8 - General Supplies	Dry Erase Markers (4 different colors)	10
	8 - General Supplies	Felt Pens (e.g., Sharpie Permanent Marker – Medium)	20
	8 - General Supplies	Flashlight w/ needed amount of batteries to operate + 1 extra set of batteries	25
	8 - General Supplies	IV Poles -4 hook, 5 ballbearing swivel casters, telescopic, stainless steel	50
	8 - General Supplies	Razor, Disposable	100
	8 - General Supplies	Tape, Cloth (1" x 10 yards), Model = Dixie Medical #2600010 NO SUBS	25
	8 - General Supplies	Duct Tape, 2" x 60yd	3
	8 - General Supplies	Cable Ties, Bags of 100, Variety of sizes from 7" to 25"	3

Valley Children's Hopsital and Madera County
Alternate Care Site for Covid 19 Response
Supplies and Equipment List
Maximum Patient Capacity 50

Sort (A)

Note: Quantity is based on # of Beds (50)

Item Number	Item Group	Item Decscription	Quantity
	8 - General Supplies	Drill, Cordless, 18 volt, w/ backup batt, Must include drill bits (#1 & #2)	1
	8 - General Supplies	Drill, Corded, 110 Capatable	1
	8 - General Supplies	Extension Cord, 14 AMP, 50’	5
130	8 - General Supplies	Power Surge Strip, 6 outlets per strip	5
131	10 - Items not included on CDPH List	Drinking Cups	500
	10 - Items not included on CDPH List	Medicine Cups	500
	10 - Items not included on CDPH List	Paper Towels	63
	10 - Items not included on CDPH List	Sanitary Napkins	5
	10 - Items not included on CDPH List	Egg Crate or Other Pressure Minimizing Mattresses	50
	10 - Items not included on CDPH List	Crash Carts (to include many items on the list above)	2
	10 - Items not included on CDPH List	Refrigerators	1
	10 - Items not included on CDPH List	Dynamaps (in lieu of some items above - BP cuffs, etc.)	5
	10 - Items not included on CDPH List	Bedside Commodes	25
	10 - Items not included on CDPH List	Wheelchairs	3
	10 - Items not included on CDPH List	Bedside Chair (folding)	75
	10 - Items not included on CDPH List	Walkers	5
	10 - Items not included on CDPH List	Trash Cans	75
	10 - Items not included on CDPH List	Laundry Hampers	13
	10 - Items not included on CDPH List	Hazardouos Disposal Bins and Containers	3
	10 - Items not included on CDPH List	Pharmaceutical Disponsal Containers	3
	10 - Items not included on CDPH List	Disposable Scrubs	125
	10 - Items not included on CDPH List	Sharps Container 2 Qt	125
	10 - Items not included on CDPH List	Supply Carts - Wire	3
	10 - Items not included on CDPH List	Blue Bins for Supplies (10" x 24")	50
	10 - Items not included on CDPH List	Table for 8	2
	10 - Items not included on CDPH List	Ice & Ice Storage (truck?)	2

Valley Children's Hopsital and Madera County
Alternate Care Site for Covid 19 Response
Supplies and Equipment List
Maximum Patient Capacity 50

Sort (A)

Note: Quantity is based on # of Beds (50)

Item Number	Item Group	Item Decscription	Quantity

Valley Children's Hopsital and Madera County
Alternate Care Site for Covid 19 Response
Supplies and Equipment List
Maximum Patient Capacity 50

Sort (A)

Note: Quantity is based on # of Beds (50)

Item Number	Item Group	Item Decscription	Quantity
188			
191			

VCH Comments
Packs (12/pack)
Packs (12/pack)
Each
Each
Linen Service
Each
Linen Service
Each
Linen Service
Each
Boxes
Boxes
Boxes
Boxes
Each
Each
Each
Each
Each
Linen Service
Each
Each
Each
Cases (300/case)
Boxes

VCH Comments
Each. For Lab draws
Each. 80 per day
Glucometers
Boxes (50/box)
Cannisters (50/cannister)
Each
Each
For Ottoscopes 100/box
S, M, L and XL -- Mix
Boxes
Each
Each
Each
Boxes of 4
4/box
Each
Each
Each
12/box
Rolls
Bags of 100

VCH Comments
Each
Each
Each
Each
Each
Each
Rolls
Boxes of 100
Each
Carts
Meds, Staff (2 larger, 2 smaller)
Each
Each
2 Bariatric, 10 Standard
Waiting Room, Staff Lounge and Bedside
Each
Bedside/Rest Area/All Other Areas
One per 4 beds
Each
Each
Each
Each
Each
Each
Each
Pounds/patient and staff/day

VCH Comments

VCH Comments

General (non-acute) Care / 50-bed / Pharmacy Recommendations (quantities estimated for 3 days)	
Item Description	**Brand Name**
Acetaminophen Infant Drops 100mg/1mL, 15mL	Tylenol
Acetaminophen Oral Susp. 160mg/5mL, 120mL	Tylenol
Acetaminophen Suppositories 120mg	Tylenol
Acetaminophen Suppositories 325mg	Tylenol
Acetaminophen Tablets 325mg	Tylenol
Acetaminophen w/Codeine Tablets 300mg/30mg UD	Tylenol/Cod #3
Acetazolamide Tablets 250mg	Diamox
Acyclovir Capsules 200mg	Zovirax
Adenosine Inj. 3mg/mL, 2mL vial	Adencard
Afterbite Bee Sting	Afterbite
Albendazole Tablets 200mg	Albenza
Albuterol Inhalation Solution 0.083%, 3mL ampoule	Proventil
Albuterol Metered Dose Inhaler, HFA	Proventil
Albuterol Sulfate Syrup 2mg/5mL, 480mL	Ventolin
Alcohol Prep Pad	Alcohol
Allopurinol Tablets 100mg	Zyloprim
Alteplase 50mg Vial (29 mil units)	Ateplase
Amiodarone HCl Inj., 150mg/3mL vial	Cordarone
Amiodarone HCl Tablets 200mg	Cordarone
Amlodipine Tablets 5mg	Novasc
Amoxicillin Capsules 250mg	Amoxil
Amoxicillin Oral Susp. 250mg/5mL, 150mL	Amoxil
Amoxicillin/Clavulanic Oral Susp. 200mg/28.5mg/5mL, 100mL	Augmentin
Amoxicillin/Clavulanic Tablets 875mg/125mg	Augmentin
Amphetamine Mixed Salts Capsules XR 5mg	Adderall XR
Ampicillin Sodium Inj. 1gm vial	Ampicillin
Antacid Liquid Regular Strength 12oz.	Maalox
Antipyrine/Benzocaine Otic Solution	Auralgan
apixaban 5 mg tablet	Eliquis
Artificial Tears Ophthalmic Solution, 15mL	Liquifilm
Aspirin Chewable Tablets 81mg	Aspirin
Aspirin Tablets 325mg	Aspirin
Atenolol Tablets 50mg	Tenormin
Atropine Sulfate Inj. 0.1mg/mL, 10mL syringe	Atropine
Azithromycin Suspension 200mg/5mL, 30mL	Zithromax
Azithromycin Tablets 250mg, 3 x 6's	Z-Pak
Bacitracin Ointment 0.9gm, UD	Bacitracin
Baclofen Tablets 10mg	Lioresal
Beclomethasone Dipropionate Inhaler 40mcg, 8.7gm	Qvar
Benzoin Compound Tincture, 120mL	Benzoin
Benztropine Mesylate 1mg/mL, 2mL ampoule	Cogentin
Benztropine Mesylate Tablets 1mg	Cogentin
Bisacodyl Suppositories 10mg	Dulcolax
Bisacodyl Tablets 5mg	Ducolax
Bismuth Subsalicylate Tablets 262mg UD	Pepto Bismol
Bottle, Plastic, Amber, Liquid, 120mL	Bottle
Brimonidine Tarate Ophth. Sol. 0.2%, 5mL	Alphagan P
Brinzolamide Ophthalmic Suspension 1%, 10mL	Azopt
Brush, Cylinder Cleaning, Medium	Cylinder Brush
Bupivacaine HCl Inj. 0.5%, 30mL vial	Marcaine

Bupropion HCl XR Tablets 150mg	Wellbutrin XR
Calamine Lotion, Phenolated, 6 oz.	Calamine
Calcium Carbonate Chewable Tablets 500mg	Tums
Calcium Chloride Inj. 10% (100mg/mL), 10mL syringe	Calcium Chloride
Carbamazepine Chew Tablets 100mg	Tegretol
Carbamazepine Tablets 200mg	Tegretol
Carbidopa/Levodopa Tablets 25mg/250mg	Sinemet
Carpuject Holder	Carpuject Holder
Carvedilol Tablets 12.5mg	Coreg
Cefazolin Sodium Inj. 1gm vial	Ancef
Ceftriaxone Sodium Inj. 1gm vial	Rocephin
Cephalexin Capsules 500mg	Keflex
Cephalexin Oral Susp. 250mg/5mL, 200mL	Keflex
Cetirizine HCl Syrup 1mg/1mL, 120mL	Zyrtec
Charcoal, Activated with Sorbitol, 240mL	Charcoal
Ciprofloxacin HCl Ophth. Sol. 0.3% (3.5mg/mL), 5mL	Ciloxan
Ciprofloxacin Tablets 500mg	Cipro
Citalopram Tablets 10mg	Celexa
Clindamycin HCl Capsules 150mg	Cleocin
Clindamycin Phosphate Inj. 150mg/mL, 4mL vial	Cleocin
Clonazepam Tablets 0.5mg UD	Klonopin
Clonidine HCl Tablets 0.1mg	Catapres
Clopidogrel Bisulfate Tablets 75mg	Plavix
Condom, Lubricated	Trojan
Conjugated Estrogens Tablets 0.625mg	Premarin
Counting Tray & Spatula	Counting Tray
Cyanocobalamin Injection 1000mcg/mL, 1mL vial	Vitamin B-12
Cyclobenzaprine HCl Tablets 10mg	Flexeril
Cyclopentolate HCl Ophthalmic Solution 1%, 15 mL	Cyclogel
Dexamethasone Sodium Phosphate Inj. 4mg/mL, 5mL vial	Decadron
Dextrose 5% & Sodium Chloride 0.45% Inj., 1000mL IV bag	Dextrose/Na Cl
Dextrose 5% & Sodium Chloride 0.9% Inj., 1000mL IV bag	Dextrose/Na Cl
Dextrose Inj. 5%, 50mL IV bag	Dextrose
Dextrose Inj. 50%, 50mL syringe	Dextrose
Diaper Rash Ointment, 30gm	Desitin
Diazepam Inj. 5mg/mL, 2mL Carpuject	Valium
Diazepam Tablets 5mg UD	Valium
Dibucaine Ointment 1%, 30gm	Nupercainal
Diclofenac Sodium Ophthalmic Solution 0.1%, 5mL	Voltaren
Digoxin Inj. 0.25mg/mL, 2mL ampoule	Lanoxin
Digoxin Tablets 0.125mg	Lanoxin
Diltiazem HCl Inj. 5mg/mL, 5mL vial	Cardizem
Diltiazem HCl IR Tablets 60mg	Cardizem
Diltiazem HCl XR Capsules 120mg	Cardizem SR
Diphenhydramine Caplets 25mg	Benadryl
Diphenhydramine Elixir 12.5mg/5mL, 120mL	Benadryl
Diphenhydramine HCl Inj. 50mg/mL,1mL vial	Benadryl
Divalproex Sodium DR Tablets 250mg	Depakote
Dobutamine HCl Inj. 12.5mg/mL, 20mL vial	Dobutamine
Docusate Sodium 100mg capsule	Colace
Donepezil 10 mg Tablets	Aricept
Dopamine HCl Inj. 40mg/mL, 10mL vial	Intropin
Doxycycline Hyclate Tablets/Capsules 100mg	Vibramycin

Enalapril Inj. 1.25mg/mL, 2mL vial	Vasotec
Enoxaparin Inj. 100mg/1mL syringe	Lovenox
Enoxaparin Inj. 30mg/0.3mL syringe	Lovenox
Enoxaparin Inj. 40mg/0.4mL syringe	Lovenox
Epinephrine Auto Injector 0.3mg	Epi-Pen Adult
Epinephrine Auto Injector, Jr, 0.15mg	Epi-Pen Jr
Epinephrine Inj. 1:1,000 (1mg/mL), 30mL vial	Adrenalin
Epinephrine Inj. 1:10,000 (0.1mg/mL), 10mL syringe	Adrenalin
Erythromycin DR Tablets, Enteric Coated, 250mg	Ery-tab
Erythromycin Ophth. Oint.0.5% (5mg/gm), 3.5gm Tube	Ilotycin
Ethambutol HCl Tablets 400mg	Myambutol
Etomidate HCl Inj. 2mg/mL, 20mL vial	Amidate
Eugenol 1/8 oz	Eugenol
Famotidine Tablets 20mg	Pepcid
Fentanyl Citrate Inj. 50mcg/mL, 2mL vial	Sublimaze
Ferrous Gluconate Tablets 324mg	Iron Supplement
Fluconazole Tablets 200mg	Diflucan
Flumazenil Inj. 0.1mL/mL, 10mL vial	Romazicon
Flunisolide Nasal Spray 29mcg/spray, 25mL	Nasarel
Fluocinolone Acetonide Cream 0.025%, 15gm	Synalar
Fluorescein Sodium Ophthalmic Strips, Sterile	Fluorescein
Fluoxetine Capsules 20mg	Prozac
Fluticasone Propionate HFA MDI 220mcg/Puff	Flovent
Fluticasone Propionate HFA MDI 44mcg/Puff	Flovent
Folic Acid Tablets 1mg	Folic Acid
Formula, Infant, 60/40 Powder, 400gm	Similac PM 60/40
Formula, Infant, Soy and Iron Powder, 366gm	Similac Soy Isomil w/ Iro
Fosphenytoin Sodium Inj., 50mg/mL, 2mL vial	Cerebyx
Furosemide Inj. 10mg/mL, 10mL vial	Lasix
Furosemide Tablets 40mg	Lasix
Gabapentin Capsules 100mg	Neurontin
Gabapentin Capsules 300mg	Neurontin
Gentamicin Ophthalmic Solution 3% (3mg/mL), 5mL	Garamycin
Glipizide Tablets 5mg	Glucotrol
Glucagon for Inj. 1mg w/1mL water	Glucagon
Glucose Tablets	Glucose
Glyburide Tablets 5mg	Micronase
Graduated Cylinder, 125mL	Graduated Cylinder
Graduated Cylinder, 30mL	Graduated Cylinder
Guaifenesin AC Syrup 100mg-10mg/5mL 120mL	Robitussin AC
Guaifenesin DM Syrup, 120mL	Robitussin DM
Guaifenesin Syrup, 120mL	Robitussin Exp.
Haloperidol Lacatate Inj. 5mg/mL, 1mL vial	Haldol
Haloperidol Tablets 1mg	Haldol
Heparin Lock Flush Kit, 100 units/mL, 1mL vial	Heparin
Heparin Sodium Inj. 1000 units/mL, 10mL vial	Heparin
Hydrochlorothiazide Tablets 25mg	HydroDiuril
Hydrocodone Bitartrate/APAP Tablets 5mg/300mg	Vicodin (new formulation
Hydrocortisone Acetate Suppository, 25mg	Anusol-HC
Hydrocortisone Cream 1%, 30gm	Hytone
Hydrocortisone Sod. Succ. Inj. 100mg/2mL vial	Solu-Cortef
Hydromorphone Inj. 1mg/mL Carpuject	Dilaudid
Ibuprofen Oral Drops 15mL	Motrin

Ibuprofen Oral Susp. 100mg/5mL, 120mL	Motrin
Ibuprofen Tablets 400mg	Motrin
Ibuprofen Tablets 600mg	Motrin
Inhalation Chamber Spacer for MDI	Aerochamber
Inhalation Chamber with Mask, size Medium	Aerochamber
Insulin Human and Insulin Isophane Susp. 70/30, 10mL vial	Humulin 70/30
Insulin NPH 100 units/mL, 10mL vial	Humulin / Novolin
Insulin Regular 100 units/mL, 10mL vial	Humulin / Novolin
Insulin, Glargine 10mL	Lantus
Ipratropium Bromide Inhalation Aerosol HFA, 12.9gm	Atrovent
Ipratropium Bromide Inhalation Solution 0.2%, 2.5mL ampoule	Atrovent
Isoniazid Tablets 300mg	INH
Isopropyl Alcohol 70%, 16oz.	Isopropyl Alcohol
Isosorbide Dinitrate Tablets 10mg	Isordil
Ketamine HCl Inj. 50mg/mL, 10mL vial	Ketalar
Ketoralac Inj. 30mg/mL, 2mL vial	Toradol
Label Printer, Thermal, Desktop (Dymo LabelWriter 450 Turbo), Labels 30	Rx Labels
Label, Chew Tablets, 1000/box	Labels
Label, Discoloration of Urine and Feces, 1000/box	Labels
Label, Drowsiness/No Alcohol, 1000/box	Labels
Label, External Use Only, 1000/box	Labels
Label, For the Ear, 1000/box	Labels
Label, For the Eye, 1000/box	Labels
Label, For the Nose, 1000/box	Labels
Label, May Cause Drowsiness, 1000/box	Labels
Label, No Milk, Dairy, 1000/box	Labels
Label, Prescription, DHHS	Labels
Label, Rectal Use, 1000/box	Labels
Label, Shake Well, 1000/box	Labels
Label, Take with Food/Milk, 1000/box	Labels
Label, Take With Water Only, 1000/box	Labels
Label, Vaginal Use Only, 1000/box	Labels
Labels, Prescription, DHHS	Labels
Lactated Ringer's Inj. 1000mL IV bag	Lactated Ringer's
Lamotrigine Tablets 100mg	Lamictal
Latanoprost Ophthalmic Solution 0.005%, 2.5mL	Xalatan
Levofloxacin Tablets 500mg	Levaquin
Levonorgestrel/Ethinyl Estradoil Tablets 0.15mg/0.03mg	Levlen
Levothyroxine Sodium Tablets 0.05 mg (50mcg)	Synthroid
Levothyroxine Sodium Tablets 0.1 mg (100mcg)	Synthroid
Lidocaine HCl 1% w/Epinephrine Inj., 10mL vial	Xylocaine
Lidocaine HCl Inj. 1%, 20mL vial	Lidocaine
Lidocaine HCl Inj. 1%, 5mL syringe	Lidocaine
Lidocaine Topical Solution 4%, 50mL	Xylocaine
Lidocaine Viscous 2%, 100mL	Xylocaine
Lidocaine/Prilocaine Cream 2.5%/2.5%, 5gm	EmLa
Lisinopril Tablets 10mg	Prinivil
Lithium Carbonate Tablets 300mg	Lithium
Loperamide HCl Capsules 2mg	Imodium
Loperamide HCl Solution 1mg/5mL, 120mL	Imodium
Loratadine Tablets 10mg	Claritin
Lorazepam Tablets 1mg UD	Ativan
Losartan Potassium Tablets 25mg	Cozaar

Magnesium Sulfate Inj. 50% (500mg/mL), 10mL syringe	Magnesium
Mannitol Inj. 25% (12.5gm/50mL), 50mL vial	Osmitrol
Meclizine HCl Tablets 25mg	Antivert
Medroxyprogesterone Acetate Tablets 10mg	Provera
Memantine 10 mg tablets	Namenda
Metformin HCl Tablets 500mg	Glucophage
Methylergonovine Inj. 0.2mg/mL ampoule	Methergine
Methylphenidate Tablets XR 18mg	Concerta
Methylprednisolone Sodium Succinate Inj. 1000mg (1gm) vial	Solu-Medrol
Methylprednisolone Sodium Succinate Inj. 125mg/2mL vial	Solu-Medrol
Methylprednisolone Tablets 4mg dosepack	Medrol
Metoclopramide HCl Inj. 5mg/mL, 2mL vial	Reglan
Metoclopramide HCl Tablets 10mg	Reglan
Metoprolol Inj. 1mg/mL, 5mL vial	Lopressor
Metoprolol Tartrate Tablets 50mg	Lopressor
Metronidazole Inj. 500mg/100mL IV bag	Flagyl
Metronidazole Tablets 500mg	Flagyl
Miconazole Vaginal Cream 2%, 45gm	Monistat
Midazolam Inj. 5mg/mL, 2mL vial	Versed
Moisturizing Lotion, 6oz.	Lubriderm
Montelukast Sodium Tablets 10mg	Singulair
Morphine Sulfate Inj. 10mg/mL, 1mL vial	Morphine
Morphine Sulfate Tablets CR 30mg UD	Morphine
Mortar and Pestle, 8oz, glass	Mortar and Pestle
Mupirocin Ointment 2%, 22gm	Bactroban
Naloxone HCl Inj. 0.4mg/mL, 1mL vial	Narcan
Naproxen Tablets 500mg	Naprosyn
Needle, 18G, 1.5inch	Needle
Neomycin/PolyB/Bacitracin HC Ophth Ointment, 3.5gm	Cortisporin
Nicardipene Inj. 40mg/200mL, IV bag	Cardene
Nifedipine SA Tablets 30mg	Procardia XL
Nitrofurantoin Monohydrate Capsules 100mg	Macrobid
Nitroglycerin Inj. 5mg/mL, 10mL vial	Nitro-Bid
Nitroglycerin Ointment 2%, 30gm	Nitro-Bid
Nitroglycerin Sublingual Tablets 0.4mg (25 count)	Nitro-Stat
Nitroglycerin Transdermal System 0.2mg/hr Patch	Nitrodur
Nortriptyline HCl Capsules 25mg	Pamelor
Nutritional Supplement, Glucose Control (Boost), 8oz.	Boost
Nutritional Supplement, Powder, Vanilla (Ensure), 14oz.	Ensure
Nystatin Cream 100,000units/gm, 15gm	Mycostatin
Nystatin Oral Susp. 100,000units/mL, 60mL	Mycostatin
Olanzapine Oral Disintegrating Tablets 5mg	Zyprexa Zydis
Olanzapine Tablets 5mg	Zyprexa
Omeprazole Capsule DR 20mg	Prilosec
Ondansetron Inj. 2mg/mL, 2mL vial	Zofran
One Touch Ultra Control Solution	One Touch
One Touch ULTRA Test Strips, 50 strips	One Touch
Ophthalmic Irrigating Solution 120mL	Collyrium
Oral Electrolyte Solution 33.8oz	Pedialyte
Oxybutynin HCl Tablets 5mg	Ditropan
Oxycodone/Acetaminophen Tablets 5mg/325mg UD	Percocet
Oxymetazoline Nasal Spray 0.05%, 15mL	Afrin
Oxytocin Inj. 10units/mL, 1mL vial	Pitocin

Pantoprazole Inj. 40mg/mL vial	Protonix
Penicillin G for Inj., 5 mill units vial	Pfizerpen
Permethrin Cream 5%, 60gm	Elimite
Permethrin Topical Lotion 1% 60mL	Nix
Petrolatum Jelly, 5gm UD	Vaseline
Phenaphtazine Paper	Nitratest
Phenobarbital Elixir 20mg/5mL, 473mL	Phenobarbital
Phenobarbital Tablets 32.4mg UD	Phenobarbital
Phenytoin Sodium Capsules ER 100mg	Dilantin
Phenytoin Sodium Inj. 50mg/mL, 5mL vial	Dilantin
Phenytoin Sodium Oral Susp. 125mg/5mL, 237mL	Dilantin
Phytonadione Tablets 5mg (Vitamin K)	Mephyton
Pioglitazone Tablets 15mg	Actos
Piperacillin Sodium/Tazobactam Sodium Inj. 3.375mg vial	Zosyn
polyethylene glycol 3350 17 gm packets	Miralax
Potassium Chloride ER Tablets 10mEq (750mg)	K-Dur
Potassium Chloride Inj. 2mEq/mL, 10mL vial	Potassium Cl
Prednisolone Acetate Ophth. Susp. 0.12%, 5ml	Pred-Mild
Prednisolone Syrup, 15mg/5mL, 240mL	Prelone
Prednisone Tablets 20mg	Deltasone
Prednisone Tablets 5mg	Deltasone
Prenatal Vitamins	Prenatal Vitamin
Prescription Blanks, 100/pad	Rx Pad
Prochlorperazine Inj. 5mg/mL, 2mL vial	Compazine
Prochlorperazine Maleate Tablets 10mg	Compazine
Prochlorperazine Suppository 25mg	Compazine
Promethazine HCl Inj. 25mg/mL, 1mL vial	Phenergan
Promethazine Suppositories 25mg	Phenergan
Promethazine Suppositories, Pediatric 12.5mg	Phenergan
Propofol Inj. 10mg/mL, 100mL vial	Diprovin
Propranolol HCl Inj. 1mg/mL vial	Inderal
Protamine Sulfate 10mg/mL, 5mL vial	Protamine
Pyrazinamide Tablets 500mg	Zinamide
Pyridoxine HCl Tablets 50mg	Vitamin B-6
Quetiapine Fumerate Tablets 25mg	Seroquel
Racepinephrine Inhalation Solution 0.5mL ampoule	S-2
Ranitidine HCl Inj. 25mg/mL, 2mL vial	Zantac
Refrigerator, Portable (60 Liter)	
Rifampin Capsules 300mg	Rifadin
Risperidone Tablets 1mg	Risperdal
rivaroxaban 10 mg tablet	Xarelto
Saline Nasal Spray, 45mL	Ocean
Sennosides Tablets 8.6mg	Senokot
Sharps Container, w/Needle Remover, 1 Quart	Container
Silver Sulfadiazine Cream 1%, 50gm	Silvadene
Simvastatin Tablets 40mg	Zocor
Sodium Bicarbonate Inj. 8.4% (50mEq/50mL) 50mL syringe	Sodium Bicarb.
Sodium Chloride Inhalation Solution 0.9%, 3mL ampoule	Sod. Chloride
Sodium Chloride Inj. 0.9%, 1000mL IV bag	Sod. Chloride
Sodium Chloride Inj. 0.9%, 250mL IV bag	Sod. Chloride
Sodium Chloride Inj. 0.9%, 500mL IV bag	Sod. Chloride
Sodium Chloride Inj. 0.9%, 50mL IV bag	Sod. Chloride
Sodium Chloride Inj. 0.9%, Bacteriostatic, 30mL vial	Sod. Chloride

Sodium Chloride Irrigation 0.9%, 1000mL	Sod. Chloride
Sodium Phosphate Rectal Enema, USP	Enema
Sodium Polystyrene Sulfonate Suspension 15gm/60mL, 473mL	Kayexalate
Spironolactone Tablets 25mg	Aldactone
Succinylcholine Chloride Inj. 20mg/mL, 10mL vial	Anectine
Sulfacetamide Sodium Ophthalmic Solution 10%, 15mL	Sulamyd
Sulfamethox/Trimethoprim Oral Susp. 200mg/40mg/5mL, 473mL	Bactrim
Sulfamethoxazole/Trimethoprim DS Tablets 800mg/160mg	Bactrim DS
Sulfasalazine DR Tablets, Enteric Coated, 500mg	Azulfidine
Syringe, 3mL, LL	Syringe
Syringe, Dosing, 10mL	Syringe
Syringe, Dosing, 5mL	Syringe
Syringe/Needle, 1cc, w/28g or 29/g Needle (Safety Tip), Insulin (Latex Fre	Syringe
Tablet Cut and Crush	Cut 'N Crush
Tamsulosin 0.4 mg capsule	Flomax
Tears Naturale, Single-Use Bullets	Tears Naturale
Terazosin HCl Capsules 1mg	Hytrin
Terbutaline Sulfate Inj. 1mg/mL, 1mL vial	Brethine
Tetanus & Diphtheria Toxoids Abs Inj., Adult, 0.5mL syringe	Vaccine
Tetanus & Diphtheria Toxoids Abs Inj., Peds, 1mL vial	Vaccine
Tetanus Immune Globulin Inj.m, 250units/syringe	Hyper-TET
Tetracaine Ophthalmic Solution 0.5%, 15mL	Tetracaine
Tetrahydrazoline HCl Ophthalmic Solution, 0.05%, 15mL	Visine
Thermometer, Digital (For Refrigerator Monitoring)	Thermometer
Thiamine HCl Inj. 100mg/mL, 2mL vial	Vitamin B1
Throat Lozenges	Cepacol
Timolol Maleate Ophthalmic Solution 0.5%, 5mL	Blocadren
Tobramycin Inj. 40mg/mL, 2mL vial	Nebcin
Trazodone HCl Tablets 50mg	Desyrel
Triamcinolone Acetonide Cream 0.1%, 15gm	Aristocort
Triple Antibiotic Ointment, 15gm	Neosporin
Urine Test Strips (Multistix 10 SG), 100 strips	Multistix 10
Valproic Acid Capsules 250mg	Depakene
Vancomycin HCl Inj. 1gm vial	Vancocin
Vecuronium Bromide Inj. 10mg/10mL vial	Norcuron
Venlafaxine HCl ER Tablets/Capsules 37.5mg	Effexor XR
Verapamil Tablets 80mg	Calan
Vials, Clear View, 20 dram	Vial
Vials, Clear View, 8 dram	Vial
Vials, Screw Lock Caps, 20 dram	Cap
Vials, Screw Lock Caps, 8 dram	Cap
Warfarin Sodium Tablets 1mg	Coumadin
Warfarin Sodium Tablets 5mg	Coumadin
Water For Inj., Sterile, 20mL vial	Water
Water For Irrigation, Sterile, 1000mL	Water
Water, Distilled, 1 gallon (for Rx compounding)	Distilled Water
Zinc Oxide Ointment, 28gm	Zinc Oxide
Zolmitriptan Tablets 5mg	Zomig
Zolpidem Tartrate Tablets 10mg UD	Ambien

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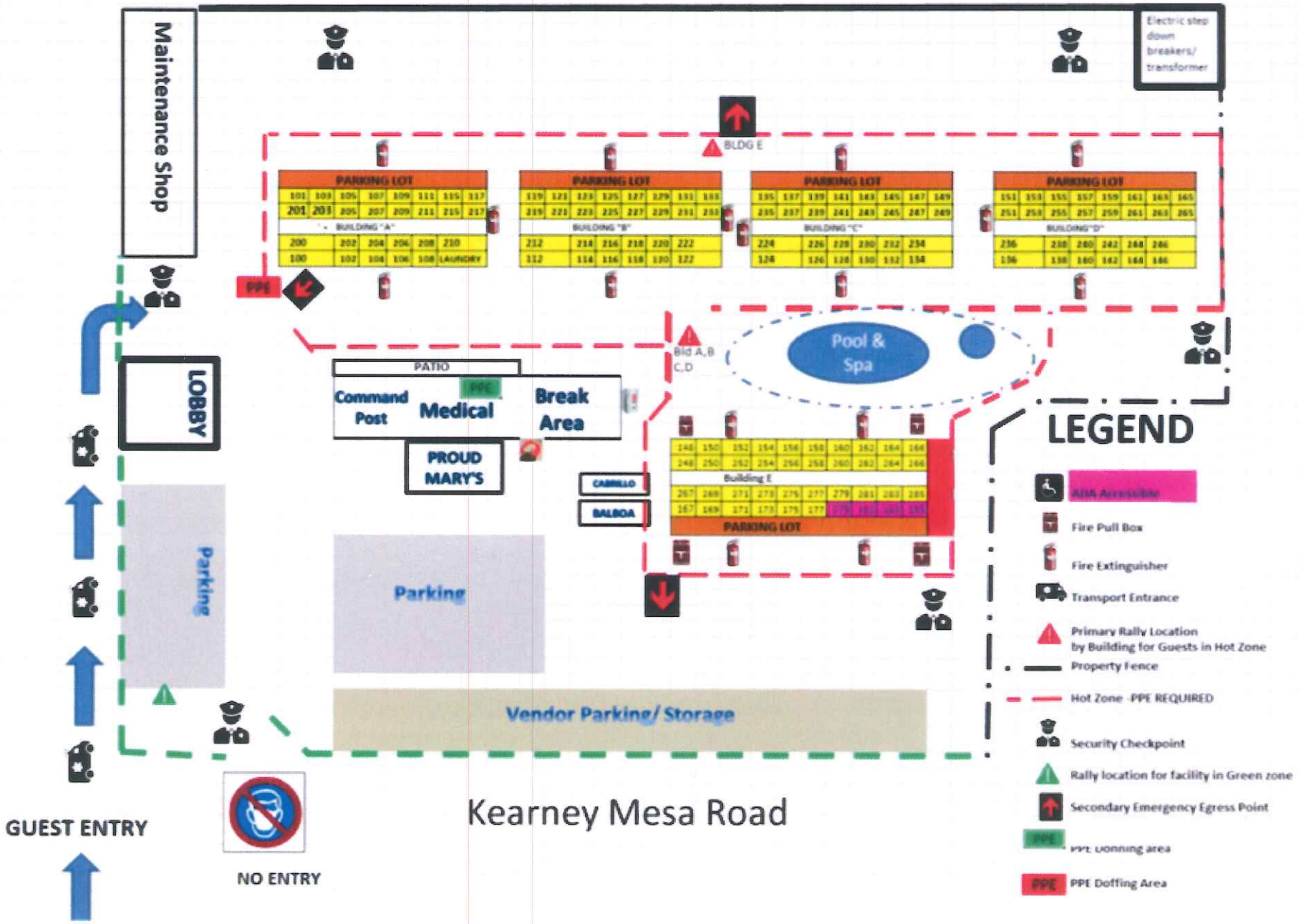
Desmond Middle School

Ambulance / Food delivery

HHS Care Site



Supplies for ACS site at Desmond Middle school, Madera
10 day supply for 50 people

Category	Description	Quantity	Cost	Notes
Lighting	Flood light Trailer	2	$4,080	Sheriff Rental 408.00 a day
Lighting	Flood Lights Portable	5	$350.00	At each tent location
Lighting	Extension Cords	4	$240.00	80 feet cords
Electricity	Stringer boxes with cords and spider box, power generator cord	Rental	$8,850	*ATI Electrical*
Electricity	Generator	1	$3,600	Rent from Sheriff- 10 days
Safety	Stand up Fencing	20 panels	$600.00	*Fence Factory Fresno* Delivery and set up and breakdown 2.50 per sq. foot
Safety	Officers at checkpoints	2 officers	$48,000	$100.00 per hour per deputy and vehicle
Safety	Rolls of 6 mil plastic sheeting	500 Feet	$500.00	20ft by 100 feet each roll of clear 98.00 a roll
Safety	Sun tent/canopy	5	$500.00	Don/Doff, Check Points, ambulance bay
Office Supplies	Expo Markers	10 packs	$100.00	For nurse boards
Office Supplies	Portable Plastic Table	5	$250.00	At each tent location
Office Supplies	Extension Cords	10	$200.00	ACS Tents
Office Supplies	Tool Box for set up and repairs. Drill, hammer, nails, screws tape gun, level.	1	$250.00	Located in Command Post
Wrap Around Services	Linen and Laundry Service	100lbs of laundry a day $2.25 per pound	$2,250	Laundry service picks up and delivers
Wrap Around Services	Professional Cleaning/Janitorial	2x daily cleaning	2,500	250.00per day

Supplies for ACS site at Desmond Middle school, Madera
10 day supply for 50 people

Category	**Description**	**Quantity**	**Cost**	**Notes**
Wrap Around Services	Sharps containers	5	$50.00	One for each patient pod of 10.
Wrap Around Services	Hand Washing Stations	3 stations	$525.00	*Gary's Rent A Can* Each has 2 sinks. Includes delivery and set up.
TOTAL			**72,845**	

Madera Roadmap
Appendix 4 -- CA4: Therapeutics

Capacity 4: Ability to implement the use of therapeutics locally.

One-Time Tasks	Date Completed
Determine IRB to use for local facilities for expanded access/clinical trials	Epi
Prepare for the availability of therapeutics (allocation, prioritization)	Planning Branch
Coordinate in obtaining selected therapeutics for use in the Area	Logistics
Develop a plan/procedures for how we will deliver and administer therapeutics en masse?	Planning/Logistic/Operations

On-Going Functions	EOC Assignment
Track novel therapeutics and evaluate for possible use in the Area	Medical Branch
Working with healthcare partners on preparation for the availability of therapeutics.	Planning Branch
Educate public on clinical trials, vaccines	PIO

Madera Roadmap
Appendix 5 -- CA5: Social Distancing

Capacity 5: Ability for child care facilities, schools, businesses, and other entities to support screening, physical distancing, and documentation that supports RCT.

Businesses

One-Time Tasks	EOC Assignment or Date Completed
Conduct discussions with various business organizations (Economic Development, Planning Branch, Chamber of Commerce), related to the coordination for expectations of businesses to enforced screenings.	4/20/20
Develop messages for non-essential business on requirements for reopening.	4/16/20
Conducte key informant interviews with several business owners as to effectiveness of messaging materials to the community.	4/20/20
Develop tool for promoting assessment strategies for non-essential business to use to determine readiness to reopen (posters).	4/21/20
Finalize business poster for review and feedback	4/23/20
Develop strategies for essential business to prepare for reopening (EOC 4/29/20)	4/29/20
Create a wellness campaign that promotes the importance of implementing local recommendations and state requirements for reducing risk.	PIO

On-Going Functions	EOC Assignment
Monitor state guidance for when to initiate support efforts for each staged group as appropriate.	Operations Branch
Monitor comments and feedback on reopening efforts on social media and websites.	PIO
Make adjustments to reopening efforts based on state guidance and surveillance.	Operations Branch
Continue promoting social responsibility promotion ongoing - wash hands, stay home when sick, stay informed	PIO
Continue to promote social and workforce engineering control and guidance to prevent ongoing transmission of disease	PIO & Operations Branch
Monitor the needs of businesses to follow recommendations for reducing risk and provide additional local guidance and technical assistance as needed.	Operations Branch

Madera Roadmap
Appendix 5 -- CA5: Social Distancing

Schools

One-Time Tasks	EOC Assignment or Date Completed
Provide guidance and technical assistance to school superintendents for mitigation measures such as reducing gathers and closure as well as meal delivery after closure.	3/20/20
Conduct survey of nine school districts as to plans for reopening of school sites.	4/13/20
Planning staff reviewed guidance established by the California Department of Education and the California Department of Public Health, entitled "School Guidance on Novel Coronavirus or COVID-19", released on 7 March, 2020.	4/13/20
In partnership with Madera County Office of Education, develop a plan for management of a school that experiences either students or staff who are identified as positive for COVID19.	Planning Section
Within the guidance of the state, assist schools in phased and safe re-opening.	Planning Section

On-Going Functions	EOC Assignment
Weekly call	PH Administration
Monitor changes in nine school district's plans for reopening.	Planning Branch
Monitor information developed by school districts and colleges on modifications to policies and procedures for operations.	Planning Branch
Continue to promote guidance established by the California Department of Education and the California Department of Public Health.	Operations Branch

Child Care

One-Time Tasks	EOC Assignment
Work with the Childcare Local Planning Commision (LPC) to identify all licensed and in-home childcare centers in Madera County.	Childcare Branch
Establish and maintain communication channels with childcare facilities to address challenges facilities might experience in implementing guidelines per State directives.	Childcare Branch
Develop messages for social media informing and educating community members of new requirements they might experience in their child's daycare facility.	Childcare Branch
Work together with childcare operators to develop a safety plan for staff including regular employee screening, adequate handwashing facilities and the use of PPE in preparation for opening.	Childcare Branch

On-Going Functions	EOC Assignment
Monitor recommendations for child care facilities provided by the California Department of Social Services, Child Care Licensing Program.	Planning Branch
Facilitate and manage regularly scheduled communication efforts (conference calls, web based meetings, newsletters).	Childcare Branch

Community Gatherings, Churches, Fairgrounds/Flea Market

One-Time Tasks	EOC Assignment or Date Completed
HOO limiting meetings and gatherings	3/4/20
HOO for businesses and schools to screen employees and students for fevers and cough with directions for what to do when someone has fever/cough	3/19/20
Meet with the Ministerial Association to review the State Roadmap and principles for reopening. Brainstorm strategies.	5/4/20
Develop guidance and assessment strategies for churches/fairgrounds/flea market to determine readiness to reopen.	Planning Section
Monitor reopening of churches/fairgrounds/flea market and provide technical assistance as appropriate	Operations Section
Create a mass gathering wellness campaign that promotes the importance of implementing local recommendations and state requirements for reducing risk.	PIO

On-Going Functions	EOC Assignment
Social responsibility promotion ongoing - wash hands, stay home when sick, stay informed	PIO
Establish social and workforce engineering control and guidance to prevent ongoing transmission of disease.	Operations Branch
Utilize communication channels with the Ministerial Association to update on efforts and solicit feedback and guidance.	PIO/Operations Branch
Establish regular correspondence (phone call, meetings) with Fair Board membership for purposes of updating and soliciting feedback and guidance.	PIO/Operations Branch

Madera County Plan for Moving Through Phase 2

Businesses are able to open after completing a risk assessment and site specific plan.

May 20, 2020

- Retail Sector including customers entering store premises where a plan for maintaining physical distancing is in place. There are no destination retail locations or shopping malls in Madera County.
- Manufacturing/Logistics Sector (mostly essential in Madera)
- Office-based businesses (telework remains strongly encouraged)
- Dine-in restaurants (other amenities, like bars or gaming areas, are not permitted)
- Personal services, limited to: car washes, pet grooming, and landscape gardening
- Outdoor museums and open gallery spaces
- Childcare facilities

May 31, 2020

- Flea Market: This open-air market has the potential to function with physical distancing given the wide open space where it operates (fairgrounds). However, this event has traditionally attracted large crowds and a fair-like environment. More time is needed to develop a coordinated plan with the city to limit attendance and prevent overcrowding of surrounding communities.

Schools

We do not propose to open schools on an accelerated schedule.

Madera County COVID-19 Information for Businesses

COVID-19 Information for Businesses

Seleccione arriba para leer en español.

Madera County: Now in Stage 2

Stage 2 is divided into a beginning and ending phase. Stage 2 started state-wide with gradually reopening retail for delivery & pickup; along with manufacturing & logistics.

Stage 2 Businesses	
Open	**Not yet open**
• Essential businesses • Retail sectors open for delivery & curbside pickup • Manufacturing sector • Malls-curbside pickup only • Logistics sector • Outdoor recreating with physical distancing • Limited Office-based businesses; teleworking encouraged • Car washes and pet grooming	• Dine-restaurants (Stage 2.5) • In-store Retail (Stage 2.5) • "Non-essential" offices (Stage 2.5) • Swap meets & outlet malls (Stage 2.5) • Schools • Personal services such as hair and nail salons, tattoo parlors, gyms and fitness studios • Hospitality services, such as bars, wineries, tasting rooms and lounges • Entertainment venues, such as movie theaters, gaming, gambling, and arcade venues, and pro sports, indoor museums and gallery spaces, zoos, and libraries • Community centers, public pools, playgrounds, and picnic areas • Religious services and cultural ceremonies • Nightclubs, concert venues • Live audience sports • Festivals, theme parks • Hotels/lodging for leisure and tourism

Planning for later in Stage 2 (2.5)

Later in stage 2 (2.5), retail restrictions will be relaxed. Adaption measures will be applied to reopen dine-in restaurants, schools, offices and limited hospitality/personal services. Some tools to help stage 2.5 planning from CDPH Industry Guidance:

Dine-in Restaurants:

Madera County COVID-19 Information for Businesses

- Guidance for Dine-in Restaurants, 05/12/20 pdf
- Checklist for Dine-in Restaurants, 05/12/20 pdf

Retail:

- Guidance for Retail, 5/12/20 pdf
- Checklist for Retail, 5/12/20 pdf

Offices

- Guidance for Offices, 5/12/20 pdf
- Checklist for Offices, 5/12/20 pdf

Swap Meets & Outlet Malls

- Guidance for Swap meets & outlet malls, 05/12/20 pdf
- Checklist for Swap meets & outlet malls, 05/12/20 pdf

Resources

Stage 2 Business Resources

Appointing a Safety Officer video

Stage 2 Resources (Current Stage)

- Madera County COVID-19 Business/Organization Planning Tool English | Spanish
- Madera County's COVID-19 Business Checklist*, 8.5 x 11 English | Spanish
- Madera County's COVID-19 Business Checklist*, 11 x 17 English | Spanish
- Madera County's COVID-19 Business Checklist, BW, 8.5 x 11 English | Spanish
- MCDPH "Appointing a Business Safety Officer during COVID"
- Cal OSHA Guidance on Preparing the Workplace for COVID-19
- CDPH Industry Guidance: https://covid19.ca.gov/industry-guidance/

Madera County COVID-19 Information for Businesses

Stage 1 Resources (Previous)

- Essential Critical Infrastructure Worker/Business List
- Madera Co. EDC Business Resource List (COVID small business loans/grants)
- Madera Co. EDC Employee Resource List (COVID & other programs for laid off workers)
- U.S. Chamber of Commerce (COVID small business loans)
- California Business (Financial & technical resources for small businesses)

Masks for Businesses

Mask Guidance, Business English | Espanol

Business Health Screening Requirements & Mask Guidance for Essential Business

Employee Screening Packet, English

1. Letter to Employers re: Screening
2. Employee Health Screen *(updated 4-30-20)*
3. Letter to sick employee (word document, print on company letterhead)
4. Isolation/Quarantine Instructions

Employee Screening Packet, Espanol

1. Carta a los empleadores
2. Pantalla de salud del empleado Pantalla de salud del empleado *(updated 4-30-20)*
3. Carta a la empleada enferma Carta a la empleada enferma
4. Que hacer cuando esta en cuarentena o aislamiento

Health Officer Orders & Mask Guidance

- Health Officer Orders, Frebrile Illness: Monitor, Test & Treat, Mar. 19, 2020
- Health Order FAQs, (English, espanol) Mar. 20, 2020
- Mask Guidance English | Espanol Apr. 9, 2020

Restaurants

- COVID-19 Guidance for Dine-in Restaurants, 05/18/20 pdf
- COIVD-19 Checklist for Dine-in Restaurants, 05/18/20 pdf
- Restaurant Association Press Release (essential business, but chose to close dine-in areas)

Madera County COVID-19 Information for Businesses

Small Business Resources

- Madera Co. EDC Business Resource List (COVID small business loans/grants)
- California Business (Financial & technical resources for small businesses)
- CDC Business Guidance (Webpage)
- U.S. Chamber of Commerce (COVID small business loans)
- Federal "CARES Act" Paycheck protection & Economic Injury Disaster Loan (FAQs & links to applications)

Employee Resources

- Madera Co. EDC Employee Resource List (COVID & other programs for laid off workers)
- Californians impacted by job loss during COVID one-stop resource (food, shelter, money, retraining)
- Unemployment application

Madera Roadmap

Appendix 6 -- CA6: Indications, warnings, triggers, decisions

Capacity 6: Ability to strengthen mitigation measures as needed to remain in containment

One-Time Tasks	Date Completed
Set up syndromic surveillance capacity by creating a process for healthcare facilities for reporting of Influenza-like illness and COVID-19-like illness in Madera County.	3/23/20
Establish Area Coordination Epidemiology team with Mariposa and Tuolumne County.	3/24/20
Provided justification using statistical evidence from Madera County to advocate for in-house COVID-19 GeneXpert testing capacity.	4/1/20
Trained testing/surveillance team staff on completeness of CalREDIE data entry of cases to ensure accurate and ongoing capability to perform risk factor analysis for COVID-19 cases to inform future planning and messaging efforts.	4/22/20
Created the GIS sub-team within the Area Coordination Epidemiology team to initiate efforts across Mariposa and Tuolumne County for monitoring of febrile respiratory illness among County employees and contact tracing to mitigate COVID-19 spread.	4/30/20

On-Going Functions	EOC Assignment
Monitor and evaluate Madera County's efforts to address the State's indicators for lifting the Stay at Home order.	Planning Branch
Attend bi-weekly Area Coordination Epidemiology team meetings to discuss regional surveillance data from Merced, Mariposa, Tuolumne, and Madera County and identify trends, indicators, warnings, and triggers.	Area Coordination Epidemiology team
Collect Madera County data for the Area Coordination Epidemiology team to generate regional data reports.	Area Coordination Epidemiology team
Monitor testing capacity in Madera County over time via daily statistical graph of pulled total lab results in CalREDIE.	Testing & Surveillance Branch - Epi
Monitor rates of COVID-19 in Madera County and neighboring counties by developing and maintaining epidemiological curves.	Testing & Surveillance Branch - Epi

Madera Roadmap

Appendix 6 -- CA6: Indications, warnings, triggers, decisions

Monitor onset dates of COVID-19 cases in Madera County through an epidemiological curve to identify potential clusters or outbreaks.	Testing & Surveillance Branch - Epi
Attend weekly state and local epidemiologists meetings to share best practices and discuss guidance around COVID-19 contract tracing, testing, and surveillance.	Testing & Surveillance Branch - Epi
Provide a situation report via COVID-19 case graphs to the PIO team for communicating to the Madera County community about trends and recommendations.	Testing & Surveillance Branch - Epi

Capability Area 6: Indications, warnings, and triggers to implement mitigation strategies and move between stages measures, such as the stay-at-home orders, if necessary

Description: As the State of California prepares to lift the stay at home orders, the Yosemite Gateway Area Coordination Team (YGACT) must ~~be prepared to~~ determine indicators or triggers for both loosening and retightening restrictions and mitigation measures to ensure the health and safety of residents, workers, and visitors to the Area. This model of using data and surveillance will support decision making at the Area and individual jurisdiction level.

Planning Assumptions:

- The State Health Officer's Orders will be lifted in early May
- The State will implement a four-stage approach.
- The State will move forward as a state from Stage 1 to Stage 2, however, movement from Stage 2 to 3 and 3 to 4, will likely be implemented either regionally or on a County by County basis.
- A highly functional Joint Information operation which emphasizes transparency and builds trust with the community is required in order to implement the mitigation strategies indicated in this annex.
- A high level of surveillance, both syndromic and disease-specific, testing, and disease investigation capabilities and capacities are required for effective implementation.

Strategy:

The YGACT will use multiple data sources to maintain a common operating picture and build shared situational awareness about COVID-19 activity in the participating jurisdictions and surrounding regions in order to provide early warning of the impacts of disease. This will trigger decision points to implement or remove mitigation actions.

Alignment with Roadmap:

- C6-1: Develop indicators and warnings to increase mitigation actions in response to increase disease activities
- C6-2: Develop and be prepared to implement a matrix of mitigations actions as based on indicators and warnings as developed in C6-1

Assignee: Area Coordination Team Lead, Intelligence BEpidemiological Team

Timeline: Plan will be developed by May 1st and adapted as new data and guidance from the State becomes available.

Supporting Resources:

- Febrile Respiratory Illness Reporting
    - Healthcare Provider reporting
    - Employer reporting
- Daily COVID-19 Testing Data
- CalREDIE COVID-19 Reporting
- Mariposa EMS run data
- Hospital Admission Data
    - John C. Fremont Healthcare District
    - Regional hospital data “Heat map”

Concept of Operations

In developing the Yosemite Gateway Roadmap, we considered both the Opening Up America Again plan (“the Plan”) and the California Roadmap to Modifying the Stay at Home Order (“the Roadmap”).

Both plans at present are limited in detail and further guidance is expected. However, in order to move forward on the planning process, it is assumed that both plans will evolve to where they can be synchronized and implemented at the county or regional level.

The Plan determines a course of action based on the behavior of the disease. The Plan uses a four-phase approach. It is assumed that the region will be in phase 0 (current state) and progress through phase 1 through 3 based on gating criteria indicated below. The timing of the gating criteria is based on the incubation period of SARS-CoV2. Transiting through the phases is dependent on a continued downward trend in surveillance data, number of cases, and the ability of hospitals to treat patients and test healthcare workers.

The Roadmap determines a course of action based on resources available to respond to the disease. The Roadmap uses a four-stage approach. The entire state is assumed to be in stage 1. The gating criteria needed to move from stage 1 to stage 2 is shown below. Gating criteria for further movement is to be determined.

In order to determine movement from stage to stage/phase to phase, both federal and state guidance will be considered.

The same will be considered when considering increasing mitigation actions to slow the spread of COVID-19

Proposed State or Regional Gating Criteria From The Plan

All three must be satisfied prior to proceeding to the next phase

SYMPTOMS	CASES	HOSPITALS
Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period AND Downward trajectory of COVID-like syndromic cases reported within a 14-day period	Downward trajectory of documented cases within a 14-day period OR Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)	Treat all patients without crisis care AND Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

“How to Get From Phase 1 to Phase 2” from the Roadmap

Indicators to Move from Phase 1 to Phase 2

- Hospitalizations and ICU trends remain stable
- Hospital surge capacity not being utilized but still maintained to meet demands if there are increased infections in the next stage
- There is sufficient PPE to meet current demand AND sufficient PPE to meet anticipated future needs AND an established system to secure additional PPE as needed
- Sufficient testing capacity to meet demand
- Contact tracing capacity statewide, including working with local health authorities and governments to make sure capacity is there

Based on these existing criteria, the reverse will be used to determine when/if to implement more stringent mitigation actions:

Indications to Increase Mitigation Measures

SYMPTOMS	CASES	HOSPITALS
Increase in Febrile Respiratory Illness (FRI) reported by Healthcare Providers OR Increase in FRI reported by employers or as noted through automated reporting OR Increase in Difficulty Breathing ('DB') calls responded to by EMS	Increasing 7-day rolling average of documented cases OR The 7-day rolling average for positive tests exceed 10% of total tests OR The capacity of the contact tracing unit to conduct tracing and isolation and quarantine operations is exceeded	Use of designated Surge capacity for management of COVID-19 patients OR ICU beds fully occupied OR Demand for healthcare worker PPE exceeds existing resources

Febrile respiratory illness data will be monitored by the ACT Epidemiology Unit. Thresholds for trigger values will be determined based on available seasonal influenza data and likely seasonality of ILI reporting. A warning produced by hitting the trigger value will be investigated by the ACT Epidemiology Unit.

EMS call data will be monitored by the respective local EMS agencies via existing patient care reporting software. The LEMSA will notify the Health Officer and Communicable Disease team[1] for further investigation.

Laboratory data will be monitored by the ACT Epidemiology Unit. At present, any increase in the rolling averages will produce a notification to the county health officer and Communicable Disease team that may lead to further investigation.

[1] The Communicable Disease team will vary by jurisdiction, but indicates that individual or unit that has responsibility to investigate COVID-19 cases and contacts.

Contact tracing unit capacity will be monitored by the Operations Section Chiefs of the respective County Departmental Operations Centers. When capacity is near being exceeded or exceeded, notification to the Health Officer and Communicable Disease team will be made to conduct further investigation.

Hospital data will be monitored by the respective Hospital Incident Commands and reported to the MHOAC. This will lead to a notification of the Health Officer and Communicable Disease team for further investigation.

Department of Public Health
www.fcdph.org

Febrile Respiratory Illness (FRI) Patient Reporting

PUBLIC HEALTH

Every Patient that Meets FRI Criteria

- ❒ Give Isolation Order Packet: isolation order, flyer, symptom tracker, and work release
  Date Placed in isolation: _____

- ❒ SUBMIT THIS FORM (fax or web)
  Fresno residents: Fax to (559) 600-7607
  Madera residents: Fax to (559) 674-7262

OR

Febrile Reporting Illness Encounter Notification Data Portal:https://cofdphrc.co.fresno.ca.us/redcap/surveys/index.php?s=ECELPM8DX9

Facility Name (specific location): _____

Place patient label here

or provide the following:

Name	
DOB	
Sex	
MRN	

County of Residence: _____

Patient Testing

Influenza Rapid Test	❒ Yes ❒ Positive	❒ No ❒ Negative
Influenza PCR sent	❒ Yes	❒ No
COVID test sent	❒ Yes	❒ No

SB 3/30/2020

Department of Public Health
www.fcdph.org

Letter of Instruction for Quarantine or Isolation

PUBLIC HEALTH

You are being placed in:

- ❒ **Isolation (symptomatic)**
- ❒ **Quarantine (no symptoms)**
  End Date of Quarantine (if no symptoms develop): _____

Patient Name: _____

Medical Provider/ Hospital Name: _____

Start Date of Quarantine or Isolation: _____

Dear Patient,

You have been identified as high risk for COVID-19 infection. This has been determined due to your close proximity with a confirmed COVID-19 case, symptoms, or because of a pending lab test. You are ordered to isolate/quarantine pursuant to the Fresno County Health Officer Order declared on March 27, 2020 or Madera County Health Officer Order declared on March 24, 2020 related to COVID-19. This information sheet provides instructions to people who have COVID-19, have COVID symptoms, or who had close contact with a person who has been confirmed as having COVID-19.

Isolation (Symptoms of COVID-19)

Isolation means staying indoors and completely avoiding contact with other people. This includes staying away from other people in your household. You need to do this if you have any symptoms of COVID-19 - this is to stop other people from getting infected, especially vulnerable people in your household and community. You do not have to get tested or have positive test results to be in isolation.

What to Do in Isolation

- Follow the instructions on the attached ***What to Do When in Quarantine or Isolation***.
- Track your symptoms on the attached ***Isolation Symptom Tracker***.

You are finished with isolation only when:

- You have a negative or "not detected" COVID-19 test result.

OR when:

1. It has been 7 days since your first symptoms started AND
2. You have not had a fever for 3 days

Department of Public Health
www.fcdph.org

Letter of Instruction for Quarantine or Isolation

PUBLIC HEALTH

Quarantine (Close Contact with No Symptoms)

Quarantine means completely avoiding contact with other people for 14 days. This includes staying away from other people in your household. In Quarantine you can go outside to walk, run or exercise on your own. Quarantine stops other people from getting infected, especially vulnerable people in your household and community. You will likely not be tested unless you develop symptoms.

You are in quarantine because you are a close contact of a confirmed case of coronavirus. A close contact is anyone who has had greater than 15 minutes of face-to-face (less than 6 feet distance) contact with a confirmed case in any setting.

Close contact can be:

- *Household contacts - defined as living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners*
- *Closed space contact. For those contacts who have shared a closed space with a confirmed case or longer than two hours, a risk assessment should be undertaken taking into consideration the size of the room, ventilation and the distance from the case*
- *Healthcare workers who have not worn appropriate personal protective equipment (PPE) or who have had a breach of PPE*
- *Passengers on an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the case was seated*

Next Steps

1. If you work in healthcare, you need to contact your manager and let them know that you have been identified as a close contact of a case of COVID-19.
2. You will be contacted by staff at the Fresno or Madera Departments of Public Health. If you do not get a call in the next 3 days, call:
    - If you live in Fresno County call (559) 600-3200.
    - If you live in Madera County call (559) 675-7893.
3. If you stay free of symptoms, you can come out of quarantine in 14 days.
4. If you develop symptoms, you need to start isolation (see above) and call the Health Department right away at the numbers above.

If You Need to See a Doctor

If you need to see a doctor CALL AHEAD for instructions. DO NOT go the ER or the doctor unless you call ahead and you are told to do so. Follow all of the other advice given by your doctor.

If you get very ill and it is an emergency, call 911. Make sure to tell them you have COVID-19 symptoms.

Department of Public Health
www.fcdph.org

Letter of Instruction for Quarantine or Isolation

PUBLIC HEALTH

Health Officer Order

We, as Public Health Officers for the Counties of Fresno and Madera, as duly authorized under the Health and Safety Code, Section 120175, are requiring that citizens of Fresno and Madera Counties comply with the lawful orders to isolate or quarantine related to Novel Coronavirus Disease (COVID-19).

California Health and Safety Code Section 120275 makes it a misdemeanor for any person, after notice, to violate, or refuse or neglect to conform to, any rule, order, or regulation prescribed by any health officer for the quarantine or disinfection of persons. Failure to comply with a lawful isolation or quarantine order may result in the person being taken into custody for the isolation period, along with a fine or imprisonment.

If you have any questions or concerns, contact:

- Fresno County Department of Public Health at (559) 600-3200
- Madera County Department of Public Health at (559) 675-7893

Rais Vohra MD

Simon Paul MD

Rais Vohra, MD
Fresno County Public Health Officer

Simon Paul, MD
Madera County Public Health Officer

3/30/2020

Department of Public Health
www.fcdph.org

WHAT TO DO WHEN IN QUARANTINE OR ISOLATION

PUBLIC HEALTH

If you are in quarantine or isolation due to COVID-19, follow the steps below to help protect other people in your home and community.

Stay home except to get medical care.

Do not go to work, school, or public places. Ask others to get essentials for you. **Avoid public transportation.**

Clean your hands often

Wash your hands often with soap and water for 20 seconds or **Use hand sanitizer** alcohol based, with at least 60% alcohol if soap and water are not available.

Separate yourself from other people in your home who are not in quarantine or isolation.

Try to stay in a specific "sick room" and use a separate bathroom if available. Limit contact with pets & animals

Avoid sharing personal household items.

Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home who are not in quarantine or isolation.

Call ahead before visiting your doctor

If you have a medical need, call your doctor or hospital, tell them you may have COVID-19 and follow their instructions.

Clean all "high touch" surfaces everyday

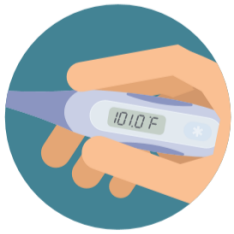
Everyday clean high-touch surfaces in your area like; phones, remote controls, counters, tabletops, doorknobs, toilets, keyboards, tablets and bedside tables.

Wear a mask if you are sick

Wear a mask when you are around other people in your home and before you enter a healthcare provider's office.

Monitor your symptoms

Seek medical care right away if your illness is worsening, but call first. **Follow care instructions from your healthcare provider and local health department.** Your local health dept. will give you instructions on checking your symptoms and reporting information.



Cover your coughs and sneezes

Cover your mouth and nose with a tissue when coughing or sneezing. **Dispose** of the tissue in a lined trash can. **Wash your hands** immediately after for 20 seconds.

Follow quarantine order

Failure to follow quarantine instructions may result in civil or criminal penalties.

If you develop symptoms for COVID-19 call your County Department of Public Health immediately.

COVID 19 symptoms include:

- Fever • Sore throat • New or worsening shortness of breath • New or worsening of cough
- Please consult your medical provider for any other symptoms that are severe or concerning.
- **Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.**

Fresno (559) 600-3200 Madera (559) 675-7893

EM 3/25/2020

Department of Public Health
www.fcdph.org

Isolation Symptom Tracker

PUBLIC HEALTH

Date placed in isolation: _____

	DATE/ FECHA	TEMPERATURE/ TEMPERATURA	SYMPTOMS/ SINTOMAS
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			
Day 8			
Day 9			
Day 10			

YOU CAN STOP WHEN:

1. No fever (temperature above 100.4 F) for 3 full days and no use of fever reducing medicine **AND**
2. At least 7 days have passed since symptoms first appeared **AND**
3. Other symptoms have improved

If you were placed in isolation by Department of Public Health, you need to be released from ISOLATION by Department of Public Health.

USTED PUEDE PARAR CUANDO:

1. No tenga fiebre (temperatura de mas de 100.4 F) por 3 días completos y sin usar medicina para reducir su fiebre
2. Por lo menos 7 días han pasado desde que tuvo su primer síntoma **Y**
3. Sus otros síntomas han mejorado

Si usted fue puesto en AISLAMIENTO por el Departamento de Salud Pública, es necesario que el Departamento de Salud Publica también lo deje salir de aislamiento.

Department of Public Health
www.fcdph.org

Isolation
Work Release

PUBLIC HEALTH

Medical Provider/Hospital Name: _____

Patient County of Residence: ❒ Fresno ❒ Madera

Patient Name: _____

This patient is ordered to not report to work until

- They have a negative or "not detected" COVID-19 test result.

OR when:

1. It has been 7 days since their first symptoms started AND
2. They have not had a fever for 3 days

If you have any questions or concerns, contact the Department Public Health in which the patient resides.

- Fresno County Department of Public Health at (559) 600-3200
- Madera County Department of Public Health at (559) 675-7893

_____ _____

Medical Provider/ Assistant Date

Rais Vohra MD

Simon Paul MD

Rais Vohra, MD
Fresno County Public Health Officer

Simon Paul, MD
Madera County Public Health Officer

3/30/2020

SB 3/30/2020

Madera Roadmap
Appendix 7 -- Public Messaging

One-Time Tasks	Date Completed
Officially opened JIC and established daily briefing at 10:00 AM	3/17/2020
Expanded JIC team members including member of the Madera County Public Information Team	3/17/2020
Disseminated Mass Gatherings & Febrile Respiratory Illness health officer orders	3/19/2020
Established "Stay Home Stay Well Stay Connected" messaging	3/20/2020
Developed FAQs about COVID-19 and our processes	3/23/2020
Developed COVID-19 webpage with unique URL www.maderacounty.com/covid19, and created emergency ribbon displayed on the Madera County webpage	3/23/2020
Established the 311 call center script	3/21/2020
Standardized schedule for social media communication at 10 AM, 2 PM and 4 PM	3/17/2020
Standardized daily report template for 10:30 AM cooperator's call	3/23/2020
Created mailer with Madera Unified School District	4/3/2020
Community presence at high volume locations like post offices, grocery stores, etc.	4/30/2020
Implemented community feedback form as a mechanism for responding to COVID-19 related questions from the public	3/12/2020
Developed educational materials in English and Spanish	3/27/2020
Created the press release template for cases	3/7/2020
Added the Sheriff's PIO to the JIC	3/31/2020

On-Going Functions	EOC Assignment
Created comprehensive partner, media, and local leaders (heads up list) for disseminating important updates	PIO/JIC
On a daily basis communicate via social media and respond to messages and comments	PIO/JIC
Update website daily as needed with case and monitored numbers, as well as other updates	PIO/JIC
Update FAQs and 311 script weekly	PIO/JIC
Provide timely response to information seekers by responding to public health emails and community feedback forms within 24 hours	PIO/JIC
Weekly videos on relevant topics	PIO/JIC
Schedule media calls	PIO/JIC
Routing meeting schedule with community and elected leaders (10 am/4pm – and JIC reps)	PIO/JIC
Up-to-date information released regularly, via partners email and posted in community	PIO/JIC

Support all methods of message dissemination	PIO/JIC
Support JIC activities and message creation	PIO/JIC
Establish real time and advance planning messages for public consumption.	PIO/JIC
Community presence at high volume locations like post offices, grocery stores, etc.	PIO/JIC
Team on board and advocating in public places, during public interactions	PIO/JIC
JIC remain activated, established as a core function for County information purposes - dedicated primary role	PIO/JIC
Established routine meeting schedule with community and elected leaders	PIO/JIC
Standardized, daily information release informing community as a function of JIC	PIO/JIC
County department leadership talking points, town halls, encouragement for staff to reinforce positive efforts in disease containment, community transmission prevention and recognized safety standards for prevention.	PIO/JIC
County department staff training and education to help inform community (friends and family) about engineering controls and disease prevention tactics for the "long haul"	PIO/JIC
Translate additional guidance and educational material into Spanish as it's developed	PIO/JIC
Disseminate new guidance as it's developed	PIO/JIC
Established routine meeting schedule with community and elected leaders	PIO/JIC
Social responsibility promotion ongoing - wash hands, stay home when sick, stay informed	PIO/JIC
Officially opened JIC	PIO/JIC
High level, trusted sourced convey the capability to public via social media	PIO/JIC
Coordinate media events	PIO/JIC