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

COVID-19 VARIANCE ATTESTATION FORM

FOR MARIN 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: Marin

County Contact: Dr. Matt Willis

Public Phone Number: 415-473-4163

Readiness for Variance

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

[1] If a county previously sought a variance and submitted a letter of support from the health care coalition or health care systems but did not qualify for the variance at that time, it may use the previous version of that letter. In contrast, the County Board of Supervisors must provide a renewed letter of support for an attestation of the second variance.

care and locally controlled custody facilities and other congregate settings, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

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

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

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

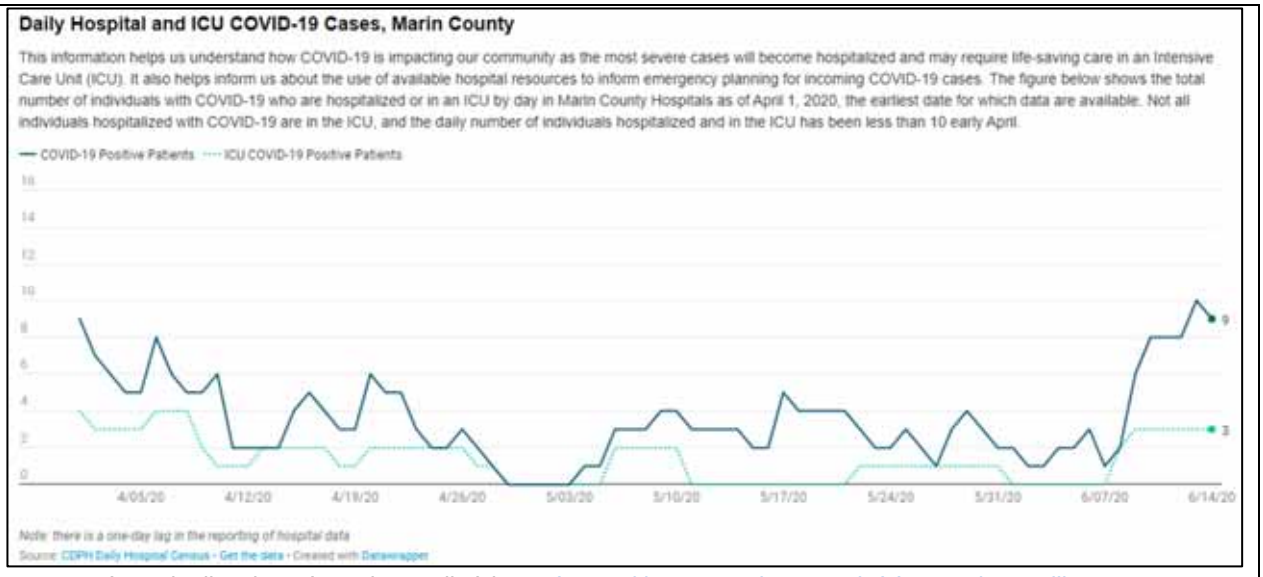
Readiness Criteria

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

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

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

Since the inception of the incident, including the past 14 days, the number of confirmed COVID-19 patients hospitalized in Marin has not exceeded 20 on any single day as shown in the chart below:



Current hospitalization data is available at https://coronavirus.marinhhs.org/surveillance

County Public Health monitors the daily hospitalization counts to identify potential trends and changes that could result from changes in local public health orders and conditions.

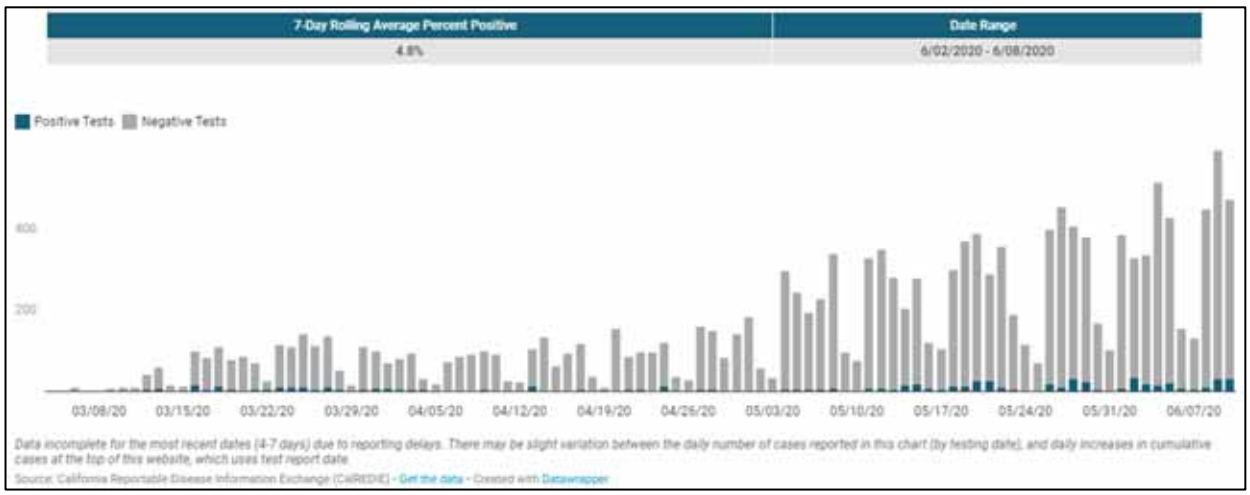
- 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

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.

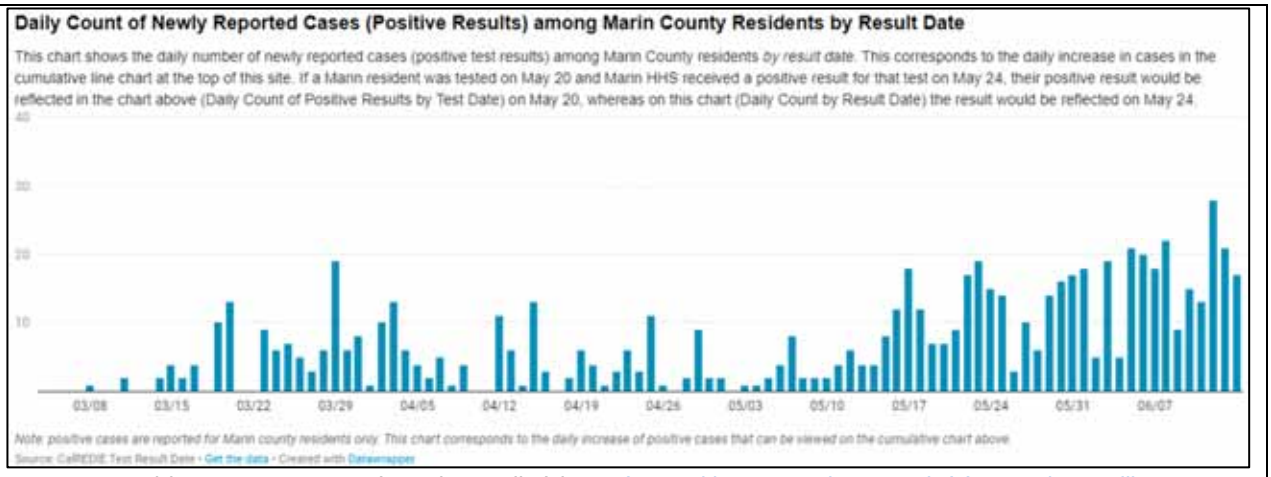
Facility staff of jails and prisons, regardless of whether they are run by local, state or federal government, generally reside in the counties in which they work. So, the incidence of COVID-19 positivity is relevant to the variance determination. In contrast, upon release, inmates of State and Federal 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.

While the cautious modifications to Shelter in Place Orders and increased testing has resulted in an increase in total numbers of cases within Marin County, the percent positive tests have remained at or below 6% since April 6th.



Current case count data is available at https://coronavirus.marinhhs.org/surveillance



Current positive case count data is available at https://coronavirus.marinhhs.org/surveillance

Inmate cases at San Quentin State Prison are not included in the above positive case numbers but are tracked separately via the California Department of Corrections and Rehabilitation (CDCR) Population COVID-19 Tracking site (https://www.cdcr.ca.gov/covid19/population-status-tracking/).

- **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).

Marin County continues following state guidance while maintaining strong relationships and communications with local industries and governments. Marin Recovers is a partnership between the County of Marin, local jurisdictions, and industries to protect the safety of employees and the public while supporting local businesses and other industry types to reopen effectively. In May 2020 the County of Marin formed over 16 industry groups and subgroups to formulate best practices for reopening and operating various industries, including some that were deemed essential and never stopped operating. Each group was comprised of businesses and others representing each industry type. The guidance developed by these groups complements the state guidelines for each industry. Industries are required to incorporate these guidelines into a Site-Specific Protection Plan (SPP)(See *APPENDIX A: COVID-19 Site-Specific Protection*

) that includes requirements for posting, training employees, and educating the public about proper cleaning and sanitizing, social distancing, and modified business operations. The SPP template and industry guidelines (sample guidelines for Small Construction are included in *APPENDIX B: Sample Sector Guidelines – Small Commercial*) are located on marinrecovers.com.

Marin Recovers is also an ongoing opportunity to communicate and coordinate. The county partners with the Chambers of Commerce and local governments to communicate and educate about the use of the SPP, share updates to best practices for protecting employees and the public, COVID-19 testing procedures, and other relevant topics. This information pipeline also helps the county respond to industry needs. To date the county has supported local industries by providing clear signage about social distancing, sources for PPE and sanitization supplies, and a forum for coordination with local governments to allow for more flexible use of outdoor space that supports the economy while helping to limit risk of exposure.

https://marinrecovers.com/documents/covid-19-site-specific-protection-plan-spp/

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

Through Marin Recovers, the county has ongoing conversations with industry groups regarding access to PPE and cleaning supplies and seeks to connect local industries with resources in cases where they are having trouble sourcing products themselves by posting resources on marinrecovers.com. The county's Emergency Operations Center includes the Medical Health Operational Area Coordination (MHOAC) program that monitors supplies for the county's health care system, and a Logistics team that monitors supplies for the larger county response to the COVID-19 Pandemic.

The County of Marin has procured over 40,000 masks, 100 thermometers, 100 cases of gloves, 1000 pieces of gowns, 400 cases of disinfectant wipes, and 600 cases of hand sanitizers to provide to all essential workers. The County has also installed sneeze guards at all public counters in all County public facilities. The County is continuing to procure supplies from multiple vendors to ensure adequate supplies on hand. Approximately 75% of the supplies have been distributed to date. The requests are received through our WebEOC tracking system and processed when received. Priority of PPE supplies are given to first responders.

For details on PPE supplies for healthcare facilities, see Hospital Capacity section below.

- **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.

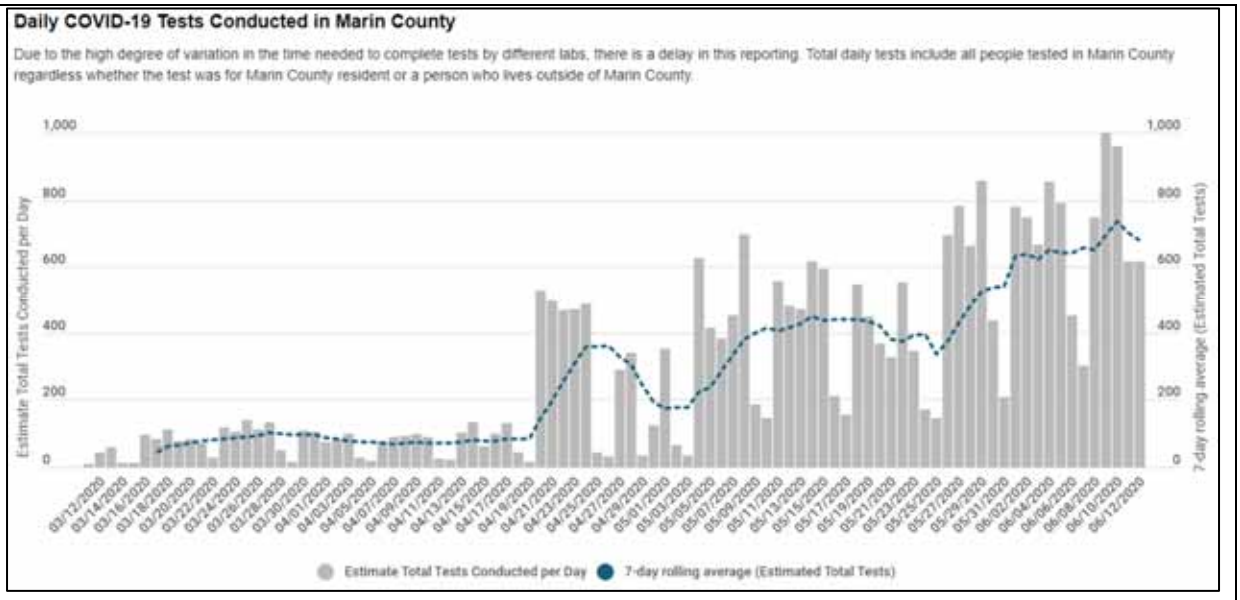
Marin County currently has testing capacity to meet the California Department of Public Health's most current testing criteria, which includes a testing rate of 1.5 tests per 1,000). The 7-day average of testing per 1,000 residents in Marin is 2.85 (see graphs below).

Marin County Public Health has also assembled a mobile testing team that travels to sites throughout the county for both outbreak and surveillance testing. The mobile team deploys to residential care, skilled nursing, and other congregate living facilities as well as essential worker sites, such as grocery stores.

Note on test counts in chart above: The California Reportable Disease Information Exchange (CalREDIE) receives reports of diagnostic tests for COVID-19. However, there are reporting delays in CalREDIE data as labs may take several days to report tests conducted and some labs do not report to CalREDIE. Our 7-day average tests per 1,000 population includes total tests reported in CalREDIE and those reported to the Marin County Department of Health and Human Services. We are consistently tracking this measure to provide the most accurate and timely data on tests conducted in Marin County.

Day	Date	Number of Tests
Monday	6/4/2020	856
Tuesday	6/5/2020	791
Wednesday	6/6/2020	453
Thursday	6/7/2020	301
Friday	6/8/2020	750
Saturday	6/9/2020	1046
Sunday	6/10/2020	959
	TOTAL	5157

The test counts in the table above provide a numerical list displaying the 7-day average depicted in the test count chart above. 5,157 total tests in a population of 258,826 in Marin is equivalent to a rolling 7-day average of 2.85/1,000 residents.



Current test count data is available at https://coronavirus.marinhhs.org/surveillance

- 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.

Free, accessible testing is available within 30 minutes' drive to 99.7% of the population of Marin County via state, local, hospital and private testing sites. The drive time for the remaining 0.3% of the population (located in the more rural portions of Marin County) is approximately 37 minutes. Additionally, the County deploys mobile testing as needed to LTCFs, businesses and/or communities that may be identified as potential hot spots.

Those wishing to get tested can locate available testing sites via the County's testing website at https://coronavirus.marinhhs.org/covid-19-testing-information. Testing is available at least 5 days per week at the following locations (N.B. additional locations continue to be added):

Provider	Location	Who is Eligible?	Contact/Schedule	Testing Capacity
Public Health Testing Sites				
Marin County Public Health Point of Testing (POT)	10 Avenue of the Flags, San Rafael, CA	All	Self-scheduling website. Open M-F 8am-3pm	200 tests/day
California Department of Public	1177 Francisco Blvd E, San Rafael, CA	All	Self-scheduling website. Open Tues-Saturday 7AM-7PM Walk ups Tues and Thurs 1-7 PM	150 tests/day

Health/ OptumServe				
Marin City Mobile Site	Varied Locations	All	Operates every other Thursday	100 tests/day
Healthcare Testing Sites				
Coastal Health	3 Sixth Street, Point Reyes Station, CA	All	415.663.8666	
Marin City Health and Wellness Center	630 Drake Ave, Sausalito, CA 94965	All	415.339.8813	
Marin Community Clinics	Multiple Sites	All	415.448.1500	
Kaiser San Rafael	Multiple Sites	Kaiser Members	https://healthy.kaiserpermanente.org/	
MarinHealth Medical Center	250 Bon Air Rd, Greenbrae, CA	Physician referral required	415.925.8950	
Novato Community Hospital	180 Rowland Way, Novato CA	Physician referral required	5800 Nave Drive Suite F Novato, CA 94949 800.972.5547	
One Medical	1004 Northgate Dr., San Rafael, CA	One Medical Members	415.590.6150 or visit the testing provider's website	
Dignity Go Health	750 Redwood Hwy Frontage Rd., Mill Valley CA	All	https://www.gohealthuc.com/	
Carbon Health	Mobile site – currently at 5530 Nave Dr., Novato, CA	All	Online Self-scheduling site.	
Quest Diagnostics (inside Safeway Store)	950 Las Gallinas, San Rafael, CA	Physician Referral Required	866-MYQUEST or visit the testing provider's website	
Quest Diagnostics	711 D Street, Ste 103, San Rafael, CA	Physician Referral Required	866-MYQUEST or visit the testing provider's website	

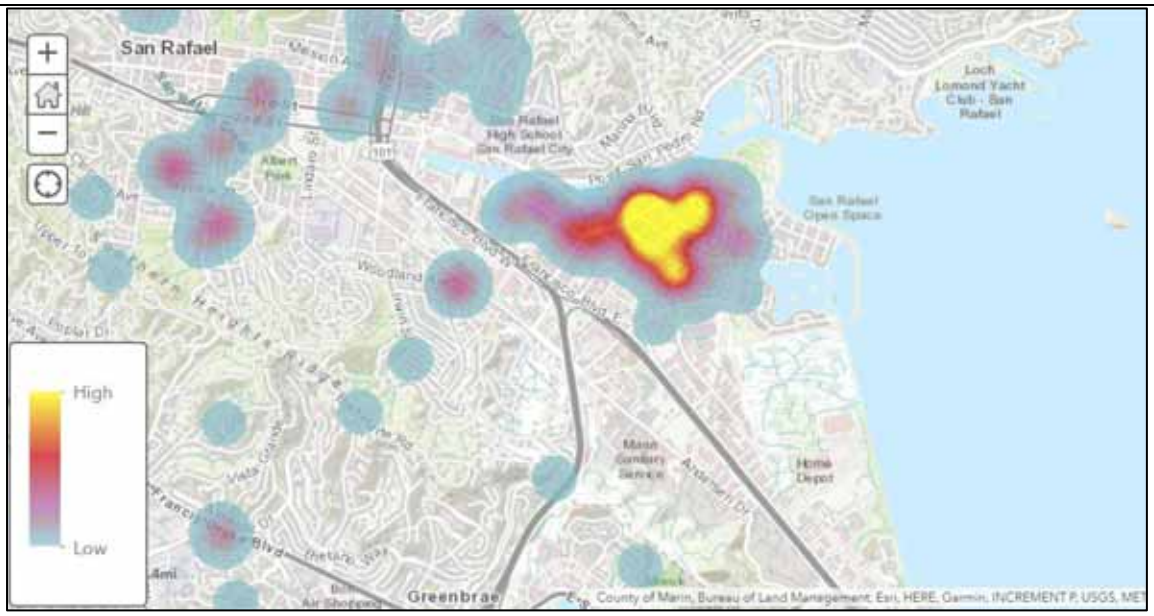
Quest Diagnostics	1000 S Eliseo Dr, Greenbrae CA	Physician Referral Required	866-MYQUEST or visit the testing provider's website
Quest Diagnostics	447 Miller Ave, Mill Valley, CA	Physician Referral Required	866-MYQUEST or visit the testing provider's website

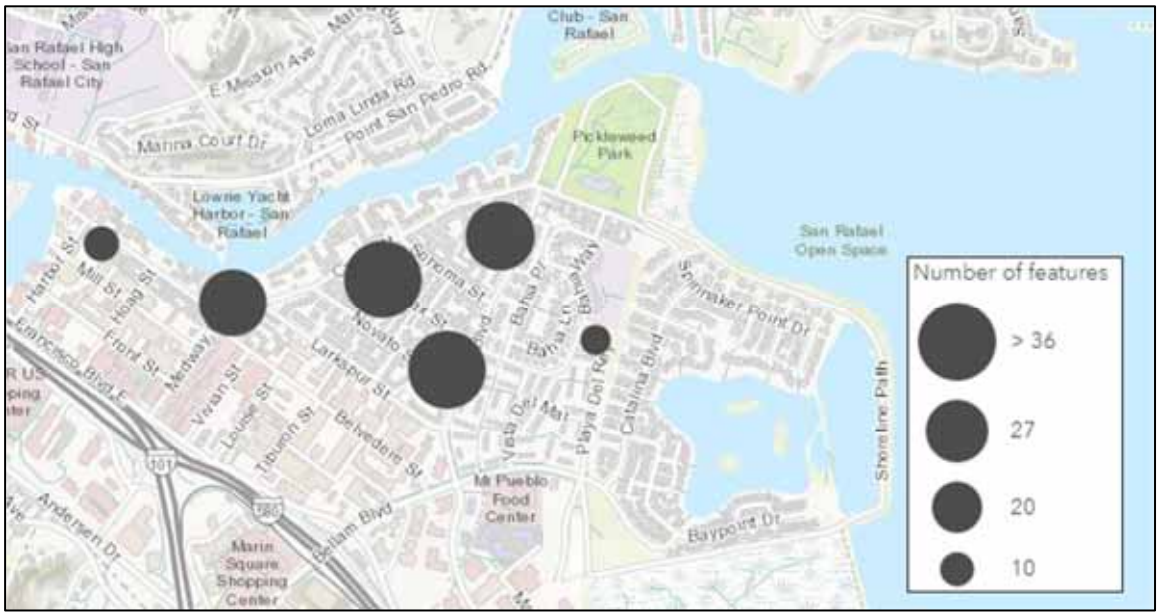
- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for 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.]

Marin is participating in the COVID-19 Community Sentinel Surveillance System. See *APPENDIX C: CDPH COVID-19 Community Sentinel Surveillance Protocol*

Additionally, Marin County Public Health tracks demographic, geographic, and clinical information about confirmed COVID-19 cases to inform the COVID-19 response and understand factors associated with COVID-19 transmission and clinical outcomes in our community. Much of this surveillance data is posted on the County's Novel Coronavirus (COVID-19) Surveillance Update website (https://coronavirus.marinhhs.org/surveillance). We are consistently improving our data collection, analysis, and sharing procedures, so will continue to add additional indicators to this website as data become available.

Additionally, Marin County uses COVID-19 testing, case, and population data to identify geographic and occupation patterns to inform testing strategy and response. We use ArcGIS to generate heat maps showing concentration of cases which allows us to identify geographic clusters (see figure below).





Note: Placement of markers is representational.

By examining population testing rates, incidence rates, and percent positivity by census block, we are able to identify locations with high incidence and locations where there may be gaps in testing. We collect occupation data through surveys among individuals tested and during case investigation among laboratory-confirmed positive cases (see sample table below). We analyze these data to identify industries that may have high incidence, respond to workplace transmission, expand testing among groups of workers, and provide guidance to types of employers. Guidance to employers includes information on what to do if an employee tests positive, best practices to prevent COVID-19 spread in the workplace, and resources to assist an employee in obtaining testing and following home isolation and quarantine orders.

Occupation of Resident Cases (Open COVID) - Cumulative and Past Week								
	Cumulative				Contact Date in Past 7 Days			
Occupation	Count of Cases	% of Known Occupation	Count of Hispanic Cases	% of Hispanic with Known Occupation	Count of Cases	% of Known Occupation	Count of Hispanic Cases	% of Hispanic with Known Occupation
Agriculture	1	0%	1	1%	0	0%	0	0%
Automotive	8	3%	8	5%	2	5%	2	6%
Caregiving (Facility)	7	3%	4	2%	0	0%	0	0%
Caregiving (Home)	7	3%	5	3%	0	0%	0	0%
Childcare (Daycare)	4	2%	3	2%	0	0%	0	0%
Construction	30	12%	27	17%	5	12%	5	15%
Faith Based	1	0%	0	0%	0	0%	0	0%
General Office	14	6%	1	1%	3	7%	0	0%
Grocery	30	12%	23	14%	6	14%	6	18%
Food Service	27	11%	23	14%	3	7%	2	6%
Healthcare	28	11%	8	5%	1	2%	1	3%
Hotels/Motels/Hospitality	6	2%	6	4%	3	7%	3	9%
House Cleaning/Personal Services	22	9%	21	13%	6	14%	6	18%
Local Government	4	2%	0	0%	1	2%	0	0%
Landscaping/Gardening	17	7%	16	10%	3	7%	3	9%
Retail	4	2%	3	2%	1	2%	1	3%
School Services	4	2%	0	0%	1	2%	0	0%
Tech Industry	1	0%	0	0%	0	0%	0	0%
Transportation/Delivery	1	0%	0	0%	0	0%	0	0%
University Student	7	3%	0	0%	2	5%	0	0%
Utility	1	0%	1	1%	1	2%	1	3%
Other	18	7%	10	6%	5	12%	4	12%
Works from home	5	2%	2	1%	0	0%	0	0%
Does not work	104		77		32		31	
Minor	43		30		18		10	
Missing	238		89		10		2	
Total	632		358		103		77	

- **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).

Marin County Public Health currently has 41 contact tracing staff which meets the state guidance of 15 staff per 100,000 (37.5 for Marin's population of 250,000) and expects to have a total of 50 on board in the near term once we have completed the transition to CA Connect contact tracing software.

*See APPENDIX D: COVID-19 Case and Contact Investigation Unit Variance Attestation for a more detailed Contact Tracing Plan

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

For Marin County, according to our previous Point in Time (PIT) count, there were 1,034 people experiencing homelessness. To provide shelter for 15% of those experiencing homelessness, the County needs to provide 156 units. As of June 9, 2020 per the Project Roomkey report, Marin County has 150 units committed for the COVID-19 response for high-risk persons experiencing homelessness:

Site Name	Type	Rooms Committed	Target Population
HOTEL #1	HOTEL/MOTEL	32	ASYMPTOMATIC HIGH RISK - HOMELESS
HOTEL #2	HOTEL/MOTEL	26	ASYMPTOMATIC HIGH RISK - HOMELESS
Hotel #3	HOTEL/MOTEL	60	ASYMPTOMATIC HIGH RISK - HOMELESS
HOTEL #4	HOTEL/MOTEL	25	COVID +,COVID EXPOSED – HOMELESS AND HOUSED
RV TRAILERS	RV TRAILERS	7	COVID + HOMELESS

In addition to the units listed above, Marin also operates 6 year-round emergency shelters with 190 shelter beds. Due to the need for social distancing in response to COVID-19, shelter capacity is a bit reduced (approximately 150 beds) but all 6 shelters are currently open:

Shelter	Non-COVID Regular Max Capacity	Max Capacity with Social Distancing	Current Occupancy
Mill Street Center	55	20	11
New Beginnings Center	80	60	49
Voyager Program	10	5	3
Transition to Wellness	6	3 to 6*	3
Family Center	9 families (25 beds)	9 families (25 beds)	8 families (22 beds)
Center for Domestic Peace Emergency Shelter	30	25	25

* Pending clarification

As of June 12, there are 144 individuals in 118 Project Roomkey units; in addition to the 150 traditional shelter beds available, Marin is sheltering 268 individuals experiencing homelessness, which is approximately 25% of people experiencing homelessness in Marin.

High-risk persons experiencing homelessness are identified for the motel program by referral. Referrals, including explanation of eligibility and client consent to share information are sent to a triage team of medical and homeless services professionals. Medical professionals daily meet to verify whether a referred client meets Project Roomkey critiera (age over 65), and eligible clients are admitted to one of three motels based on family status (families with

children are sheltered in a separate setting) and service needs. Each eligible household is provided with their own motel room, including a private bathroom.

Motel residents are provided with light-touch case management through County Behavioral Health and Recovery Services and Marin County's Whole Person Care program. Additionally, families with children are provided with family case management and family-specific resources. Residents are also provided with three meals daily through the World Central Kitchen program.

Additionally, Marin's Coordinated Entry program is modifying its prioritization criteria to reflect COVID-19 vulnerabilities, and working with motel residents to develop long-term housing plans as quickly as possible.

- **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.

Marin has three receiving facilities in its jurisdiction, MarinHealth Medical Center, Kaiser San Rafael and Novato Community (Sutter). Marin County has the hospital capacity to accommodate in excess of a 35% surge in COVID-19 cases with 147 surge beds (Kaiser: 72, MarinHealth: 41, Novato: 34). All three hospitals have been recently operating at approximately 50 percent capacity. MarinHealth has also added two 4-bed isolation tents in their parking lot and will soon be opening their new 114-bed wing and are keeping the previous beds available as surge.

Marin County has a 32-bed alternate care site (ACS) set up at the Marin Center and ready to be staffed should the need for additional beds arise. The ACS can be expanded as needed to accommodate up to 88 beds. See *APPENDIX E: ACS Activation and Deployment Plan.*

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

Hospitals report their PPE and staffing supply needs daily to California Department of Public Health and this information is monitored by Marin County. Hospital bed use and capacity (Med/Surg and ICU) and PPE needs are tracked daily. The County's medical-health logistics team also has a stock of PPE held in reserve to meet healthcare facilities needs during a potential surge. Each week the hospitals, EMS, Pubic Health, and the MHOAC conduct a surge meeting to provide updates, discuss any needs and ensure on-going partnership regarding surge planning and capabilities. Each facility has been engaged in individual planning and have performed activities to prepare for a surge of patients. These activities include the suspension of elective surgery, controlled entries with screening, implementation of triage stations and tents, and planned expansion and conversion of idle sections of hospitals to expand inpatient and ICU capacity. Ventilators in storage have been refurbished, or additional ones purchased, and additional PPE has been acquired.

- **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.

- Skilled nursing facilities (SNFs) are active participants in the Marin County Healthcare Preparedness Program. SNFs are integrated in the county's emergency response system through the Medical Health Operational Area Coordination (MHOAC) program (e.g., resource requests). Prior to the COVID-19 pandemic, SNFs participated in collaborative drills, exercises, and trainings (e.g., Nursing Home Incident Command System) to increase facility readiness.
- In partnership with CDPH and the Marin County Long-Term Care Ombudsman Program, Marin County Public Health created a team dedicated to preventing outbreaks in long-term care facilities, including SNFs. This effort was supported by the issuance of a standing order for testing in congregate facilities. The team developed and built internal and shared tracking systems and data analysis processes for monitoring outbreaks and exposures. Outbreak management has been coordinated with the Communicable Disease team for rapid identification of SNF staff with COVID exposures.
- Marin County Public Health has partnered with MarinHealth Medical Center, Kaiser Permanente, and Sutter Novato Community Hospital to establish mobile units for onsite facility assessments, education, triage and testing, and evaluation. Partners meet daily to review persons under investigation (PUI), including staff and residents; to review outbreaks and exposures in the LTC setting; and to plan mobile field operations (includes staff and patient testing), outbreak management (e.g., cohorting) and follow up testing schedules.
- Through facility assessments Marin County Public Health identified gaps in readiness, including infection control and prevention (IP/IC) protocol and procedures and personal protective equipment (PPE) resources. In

partnership with Marin Center for Independent Living (MCIL) and Marin County Health and Human Services' In Home Support Services (IHSS) program, Marin County Public Health created a mechanism to provide supplemental staffing to maintain facility operations during an outbreak. This resource has been deployed once since EOC activation to staff a residential care facility for the elderly (RCFE). The ACS Activation and Deployment Plan (APPENDIX D) has also been identified as an emergency resource if the event of an unavoidable SNF evacuation.

- Public Health has actively collaborated with KP Life Care Planning and MarinHealth Palliative Care services to address need for advance care planning and goals of care conversations, resources and training/supporting primary care provider engagement on completion of POLST documents in time of COVID.
- Marin County Public Health hosts weekly meetings with SNF leadership to provide situational awareness, to coordinate communication, and to engage in advanced planning. These forums are used to support and reinforce implementation of Public Health Officer orders (e.g., mandatory baseline and surveillance testing) CDPH guidance (e.g., All Facilities Letters). Marin County Public Health has also provided technical assistance to facilitate completion of CDPH's Coronavirus Disease 2019 (COVID-19) Mitigation Plan development and submission.

- 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.

To monitor the needs of skilled nursing facilities (SNFs), Marin reviews the supply needs of the facilities based on the daily polling reports from the SNFs to the California Department of Public Health. All PPE requests are tracked and recorded by the Medical Health Branch in the EOC. Additionally, there are assigned outreach teams that interface with the facilities on a regular basis providing education and support and to ensure that there are no unmet needs. Marin also has two calls per week attended by the SNFs that are held to provide updates and operation information and ensures that there are no unanswered questions or unmet needs.

Skilled Nursing Facility (SNF) Name	SNF Point of Contact (POC) Name	SNF Point of Contact (POC) Email
ALDERSLY SKILLED NURSING FACILITY-SAN RAFAEL	Samantha Dougherty	samanthadougherty@aldersly.com
MARIN CONVALESCENT AND REHABILITATION HOSPITAL-BELVEDERE TIBURON	Kevin Hogan	kevin@marinconvalescent.com
MARIN POST ACUTE-SAN RAFAEL	Melinda Mandviwala	Melinda.mandviwala@ marinpostacute.com
NORTHGATE POSTACUTE CARE-SAN RAFAEL	Amanda Moore	amanda.moore@reliantmgmt.com

NOVATO HEALTHCARE CENTER-NOVATO	Jesus Camacho	Administrator@novatohc.com
PINE RIDGE CARE CENTER-SAN RAFAEL	Melijoy Adan	mpadan@marinerhealthcare.com
PROFESSIONAL POST ACUTE CENTER-SAN RAFAEL	Kristine Pacheco	KRISTINE.PACHECO@ PROFESSIONALPAC.COM
SAN RAFAEL HEALTHCARE AND WELLNESS CENTER LP-SAN RAFAEL	Jesse barrios	Administrator@sanrafaelhc.com
SMITH RANCH SKILLED NURSING AND REHABILITATION CENTER-SAN RAFAEL	Nathan Noe	nathannoe@lifegen.net
SOUTH MARIN HEALTH AND WELLNESS CENTER-GREENBRAE	Kyle Necke	kylen@aspenskilledhealth.com
THE REDWOODS A COMMUNITY OF SENIORS-MILL VALLEY	Carolyn Martin, Catherine Scott, Maggie Takata	Cmartin@theredwoods.org, Scott@theredwoods.org, mtakata@theredwoods.org
THE TAMALPAIS-GREENBRAE	Rob Goerzen	rgoerzen@sequoialiving.org
VILLA MARIN RETIREMENT RESIDENCES-SAN RAFAEL	Patricia Stephens	Pstephens@villa-marin.com

- **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.

Marin County's reopening plan aligns with the State's reopening plan. Insofar as state shelter at home elements are clear in specific sectors or activities that are prohibited in the future, Marin County will follow this guidance at the local level. The County has moved into Stage 2 at a rate slower than most other counties in the State, being mindful of Bay Area specific conditions for reopening.

The County will continue to provide County required protocols for reopening, which are currently outlined for businesses as follows:

1. Verify that business type is authorized to be open or reopen, as outlined in the Public Health Order
2. Download the required Site-Specific Protection Plan (SPP) from the Marin Recovers website.
3. Copy in the approved industry-specific guidance from the Marin Recovers website into the Industry/Business Best Practice portion of the SPP
4. Complete SPP with an assessment of the businesses' specific worksite
5. Assign the worksite owner, manager, or employee to implement the SPP
6. Post completed SPP at major worksite entrances
7. Train staff according to the content of the SPP

8. Post signs noting 5 public health guidelines at each public entrance of each worksite, including direction to:
    a. Avoid entering or using the facility if you have COVID-19 symptoms;
    b. Maintain a minimum six-foot distance from one another;
    c. Sneeze and cough into a cloth or tissue or, if not available, into one's elbow;
    d. Wear face coverings, as appropriate; and
    e. Not shake hands or engage in any unnecessary physical contact
9. Prepare worksite environment and purchase necessary cleaning and PPE supplies per the SPP
10. Reopen

Each phase of reopening Stage 2 businesses is contingent upon their readiness to implement and comply with sector-specific guidance.

Proposed Future Openings

Phase:	Start Date:	Allowed businesses and industries:
2g	Anticipated June 29, 2020	• Hair and Nail Salons • Campgrounds, Hotels, Motels, Hospitality (leisure and tourism) • Indoor dining • Gyms and Fitness studios
	TBD based on data surveillance and State directives	• Bars & nightclubs • Body art businesses • Community centers – indoor • Creative businesses • Education – K-12 • Higher education • Fairs & festivals • Libraries – indoor • Massage therapists (non-healthcare) • Museums – indoor • Personal training services (fewer than 4 people) • Pet-handlers and pet-transports • Pet-training services • Faith-based organizations – indoor • Professional beauty services • Salons & spas - all except hair salons • Sun-tanning services • Theater & symphonies

View the Marin County COVID-19 Recovery Plan online at https://marinrecovers.com/documents/marin-county-covid-19-phases-of-recovery/

- **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.

We are following a wide range of indicators to describe the local experience of the pandemic and to guide strategy. These can be found at:

- https://coronavirus.marinhhs.org/surveillance
- https://coronavirus.marinhhs.org/progress

Dashboards include the CDPH county level indicators, Bay Area regional indicators, and Marin specific metrics. Strategic decisions in pandemic control, including shelter in place, will take into account the totality of indicators.

Any step to move onto a more restrictive shelter in place policy would be made in consultation with CDPH. The following metrics, derived from the state watch list metrics, to follow as triggers for notifying CDPH and for slowing the pace through tightening modifications:

- Case rate per 100,000 (sum of past 14-days) exceeds 25 and test positivity (7-day average) exceeds 8%.
- % change in 3-day average COVID+ hospitalized patients exceed 20% when there are more than 10 patients hospitalized
- % of ICU beds currently available is less than 20%.

In addition, we developed with other Bay Area counties a set of indicators that we have been tracking to ensure we are prepared to detect, manage, and mitigate any surge in cases in our county:

Indicators:

1. The total number of cases in the community is flat or decreasing, and the number of hospitalized patients with covid-19 is flat or decreasing
2. We have sufficient hospital capacity to meet the needs of our residents
3. Sufficient covid-19 viral detection tests are being conducted each day
4. We have sufficient case investigation, contact tracing, and isolation/quarantine capacity
5. We have at least a 30-day supply of personal protective equipment (ppe) available for all healthcare providers

- **COVID-19 Containment Plan**

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

The County of Marin activated its Emergency Operations Center on March 3, 2020. Each operational period (typically 24 hours, Monday through Friday and 48 hours on Saturday/Sunday) has an Emergency Action Plan that identifies priorities, objectives, activities and staffing needs (see *APPENDIX F: Sample Emergency Operations Center Action Plan (EAP)*).

The Emergency Action Plan serves as the County's COVID-19 containment plan Insofar as it represents the daily operations and short- and long-term planning occurring within the EOC, related to management of COVID-19 in the County. The document is complete; however, it is subject to change on a regular basis due to the adaptive management required during an emergency event.

The Emergency Action Plan was developed and is modified as necessary based on input and collaboration with stakeholders across the County of Marin. The list of Stakeholders includes:

- County of Marin Board of Supervisors
- All Cities, Towns and Special Districts of Marin
- Marin Health Medical Center
- Kaiser Permanente San Rafael
- Sutter Novato Community Hospital
- Kentfield Rehabilitation Hospital
- St Vincent de Paul Society of Marin
- Marin Community Clinic
- Marin City Health and Wellness Clinic
- Ritter Center San Rafael
- Coastal Health Alliance
- Canal Alliance
- Marin Senior Coordinating Council, dba Whistlestop
- Marin County Office of Education
- Marin Recovers Industry Group
- MCIL
- Chambers of Commerce of all 12 Cities, Towns and jurisdictions of Marin
- All Skilled Nursing Facilities and Residential Care Facilities for the Elderly of Marin

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

Testing

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

Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
For Marin County, this corresponds to approximately 520 tests daily. At the current testing rate, this goal is achieved most days. Expanding beyond this is important as we see hot spots of transmission at the neighborhood level, and we are increasing mobile testing capacity through public and private partnerships.

Is the average percentage of positive tests over the past 7 days <8% and stable or declining?
Yes, the percent positive remains below 8 percent. See figure of percent positives over time on page 5 above.

Have specimen collection locations been identified that ensure access for all residents?
All residents have access to testing within 45 minutes' drive of their home. 99 percent have access with 30 minutes. Testing in low income, high incidence areas is designed to be available for walk-up access.

Have contracts/relationships been established with specimen processing labs?
Public health testing is processed through agreements with three laboratories: The CDPH Viral and Ricketsial Disease Laboratory (VRDL) in Richmond, Napa Solano Marin Yolo Regional Public Health Laboratory in Fairfield, and University of California San Francisco based BioHub. Testing among the clinical providers countywide occurs in facility level-technologies (e.g. Cepheid, Abbott) as well as usual private contracts (e.g. Quest, LabCorp.) To meet surges in demand, resources are sometimes shared through partnership and informal agreements.

Is there a plan for community surveillance?
See above surveillance systems in place. All county residents who work in public facing essential roles have been encouraged to be tested up to monthly, through the public health testing sites referenced above, or their healthcare provider if resources allow. At the community level, targeted testing in high incidence areas provides valuable surveillance data regarding the characteristics of cases, including age, gender occupation, and living conditions. On June 10, Marin County Public Health Officer issued an order to Skilled Nursing Facilities and Residential Care Facilities to test all staff monthly. In addition, the mobile testing unit visits higher risk workplaces for staff wide testing on a rotating basis. In addition, we have entered into research agreements with CDPH for community surveillance, as well as UCSF for whole genome sequencing to identify and describe specific patterns of transmission within our community. Additionally, see *APPENDIX C: CDPH COVID-19 Community Sentinel Surveillance Protocol*

Additional information in testing section above

Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?
- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?

- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

How many staff are currently trained and available to do contact tracing?
Marin County Public Health currently has 41 contact tracing staff which meets the state guidance of 15 staff per 100,000 (37.5 for Marin's population of 250,000) and expects to have a total of 50 on board in the near term once we have completed the transition to CA Connect contact tracing software.

See *APPENDIX D: COVID-19 Case and Contact Investigation Unit Variance Attestation* for a more detailed Contact Tracing Plan

Are these staff reflective of community racial, ethnic and linguistic diversity?
See above.

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?
Marin County Public Health is now recruiting 15 full time bilingual public health investigators to strengthen contact tracing capacity prior to a surge. Marin County Public Health has also increased recruitment of Marin Medical Reserve Corps (MMRC). We have a pool of more than 100 licensed health care volunteers who have expressed readiness to be trained and deployed for contact tracing. Marin County Public Health has also established plans with College of Marin and Dominican University to offer field-based contact tracing courses to students (estimated 80 students per semester). Students will complete the Johns Hopkins University's COVID-19 Contact Tracing course and then be onboarded into the contact tracing team to complete their coursework. Marin County Public Health also leads the Community Academic Practice Alliance (CAPA), which provides clinical placements for student nurses. Student nurses place in Public Health will join the contact tracing team. Lastly, if additional contact tracers needed, the EOC Public Health branch would request activation of disaster service workers to meet unanticipated contact tracing needs.

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?
See hotel plan in Containment Policy section above

Living and Working in Congregate Settings

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Is there a plan to track and notify local public health of COVID-19 case rate within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals?
- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?

- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
- Does the workforce have access to locations to safely isolate?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

Congregate Care Facilities in Marin County
Marin County has approximately 95 congregate care facilities including skilled nursing, independent living, residential care, other group living and intermediate care facilities with a total approximate of 3,250 beds. Specifically, Marin has 13 licensed skilled nursing facilities with total bed capacity of 993.

For details on SNFs and shelters and the County's Containment Plan for these facilities, please see responses under Containment Capacity and Vulnerable Populations above.

Correctional facilities in Marin County:
The County of Marin has two detention facilities within the County, one serving male and female adult offenders and one for juvenile offenders. Both facilities receive health services from the Marin County Public Health and Human Services medical staff. Jail and Juvenile Hall administrators are in direct communication with public health staff to ensure appropriate reporting, testing, and tracking of any suspected or confirmed cases. The County Jail has released certain inmates to reduce jail population as part of a mitigation effort. Juvenile Hall has the capacity to house 40 juveniles and is currently holding 8 individuals. The County Jail facility has the capacity to house 376 inmates and has a current population of 119. Both the County Jail and the Juvenile Hall facilities have the ability to adequately and safely isolate individuals who test positive for COVID-19 but do not require hospitalization. There are protocols in place at both facilities requiring all incoming offenders to be isolated in individual cells for 10-14 days. As of the date of this submission, neither the Marin County Jail or Juvenile detention facilities had any positive COVID-19 cases within their staff or inmate population. A mobile testing team is assembled and available to deploy to these detention facilities as requested by facility managers or by the Public Health team.

In addition to the correctional facilities listed above, Marin County is also home to San Quentin State Prison which is operated and managed by the California Department of Corrections and Rehabilitation. Approximate inmate census is 3600. An outbreak began in this facility in early June, and as of June 15, 2020, San Quentin has 26 active cases of COVID-19 that the facility is managing.

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.)?

Our county's efforts to identify and meet the needs of vulnerable populations builds on lessons learned and partnerships forged from past incidents that disproportionately affected low-income residents, communities of color, and older adults in Marin County. Since the 2017 wildfires, the County of Marin has actively partnered with Marin Voluntary Organizations Active in Disaster (Marin VOAD), Marin County Office of Education (MCOE), Marin Center for Independent Living (MCIL), Aging Action Initiative (AAI) and many other community-based organizations, including AFN stakeholders, to identify and address gaps in readiness and resources countywide.

The County of Marin partnered with Marin Community Foundation and the Marin Health Care District to provide additional funding to support vulnerable populations, including mobile testing and rental assistance. The Emergency Operations Center and Care & Shelter branch has coordinated with Marin Health and Human Services (Marin HHS) to develop a comprehensive communitywide approach to deploy resources and increase access to public benefits for residents disproportionately affected by COVID-19. This includes expanded services for persons experiencing homelessness, community mask distributions, implementation of rental assistance programs, the Great Plates Delivered Program, expansion of food pantry and delivery programs among other efforts.

Marin County Public Health has developed and implemented a data-driven, equity-focused emergency response plan that built on Marin HHS' Strategic Plan to Achieve and Wellness Equity Plan. Marin County Public Health led the state in collecting socio-demographic testing data to identify inequities in testing access. This data informed the deployment of county testing resources to Marin City and the Canal area of San Rafael.

When COVID transmission shifted to under-resourced communities of colors, the County of Marin engaged and funded trusted community partners to deploy additional resources including culturally-responsive and inclusive outreach and education, testing, income replacement, quarantine resources, and care navigation. For example, Marin County's Public Health Emergency Preparedness Program is funding Canal Alliance, Performing Stars, North Marin Community Services and San Geronimo Valley Community Center to provide additional outreach and support for COVID-positive residents.

Finally, Marin HHS is contracting with Devi Partners to develop a countywide COVID-19 outbreak management plan based on Marin County Public Health's outbreak response to the Canal area of San Rafael. This work will be included in our updated Infectious Disease Emergency Response Plan.

Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?

- Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?
- Are hospitals testing all patients prior to admission to the hospital?
- Do hospitals have a plan for tracking and addressing occupational exposure?

Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?
See Hospital Capacity section above

Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?
Receiving hospitals are not relying on the MHOAC for PPE.

Are hospitals testing all patients prior to admission to the hospital?
All three of Marin's receiving hospitals test patients prior to admission. Two of the three test all patients while the third hospital have a protocol for testing patients when appropriate.

Do hospitals have a plan for tracking and addressing occupational exposure?
Yes, all Marin receiving hospitals have robust occupational exposure protocols to address COVID exposures. Plans include meticulous tracking of who was in contact with each patient and dedicated contact tracing teams to follow up.

See also *APPENDIX E: ACS Activation and Deployment Plan*

Essential Workers

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

How many essential workplaces are in the county?

We no longer define workplaces as essential versus non-essential. We support all workplaces to operate safely.

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

See the APPENDIX A: COVID-19 Site-Specific Protection

, put in place for all workplaces, defining safety measures and establishing county wide standards for customers and staff.

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

Yes, as described in the Protection of Stage 1 Essential Workers section above.

Is there a testing plan for essential workers who are sick or symptomatic?

See Testing section above. Briefly, mobile testing is conducted by Public Health for all employees at worksites where cases have been identified. In addition, free testing is available to workers 6 days per week at two sites through an online self-registration process, as described in testing section above.

Is there a plan for supportive quarantine/isolation for essential workers?

See Contact Investigations section above. Briefly, Contact Investigators and Case managers support workers who are COVID positive to either safely isolate within their place of residence, or move into one of the locations set aside for this purpose as described above. Isolation and quarantine needs are defined, and cases are tied to available resources on a case by case basis, to match the particular needs of impacted individuals and families.

Special Considerations

- Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, e.g. agriculture or manufacturing?
- Are there industries in the county that make it more feasible for the county to increase the pace through Stage 2, e.g. technology companies or other companies that have a high percentage of workers who can telework?

See testing and surveillance strategy section above. We collect occupation data at testing sites, and find differential case rates between different sectors. (See table above). We use this information to target sectors for more proactive outreach, education, resource support, and testing. The largest employers in Marin County have a significant office-based workforce, and this offers an opportunity for a larger fraction of our community to remain employed while working from home.

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?

The County of Marin engaged with cities/towns and community/business stakeholders to develop a reopening plan for the community. See *APPENDIX G: Marin Recovers Reopening Plan*. The County Public Health Officer has weekly meetings with Marin's city/town managers and nightly Situation Reports are sent out to operational area partners including city/town, fire, law, school district and other agency representatives. The County of Marin Public Information Office shares information with the community via social media, nightly status update reports and daily videos (including Spanish language videos). The County status updates (and videos, as part of those status updates) are sent out to a subscriber list of 12,000+ and shared on the County's website, on Facebook, Twitter, and sent out to all subscribers on Nextdoor.com, among other networks. County Public Health Videos: https://www.youtube.com/playlist?list=PLEJhSDW-n-8nqgP2DkvOF872IgO_OLWhP County Public Health Daily Updates: https://coronavirus.marinhhs.org/updates

Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?

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

Are surrounding counties experiencing increasing, decreasing or stable case rates?
Case rates are increasing regionally.

Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties? What systems or plans are in place to coordinate with surrounding counties (e.g. health care coalitions, shared EOCs, other communication, etc.) to share situational awareness and other emergent issues.

Marin County is part of two regional collaboratives for COVID-19 response. The Association of Bay Area Health Officers (ABAHO) for the greater Bay Area, and the smaller, six counties (Santa Clara, San Mateo, San Francisco, Alameda, Contra Costa, Marin) coalition that joined for the initial Shelter in Place Order. Since mid-March, these counties have been moving forward in a coordinated fashion based on regular communication, data sharing and pooled expertise. Wherever possible, policies are aligned to acknowledge the reality of a shared population across the region, where travel and employment across county borders are common. All are moving forward through Stage 2. A shared set of indicators have been defined for the six Bay Area counties (https://coronavirus.marinhhs.org/progress). The ABAHO group meets twice weekly during the COVID-19 response to address regional challenge and refine strategies.

How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?
Increased travel will increase risk of COVID-19 transmission state-wide, and in Marin. The CalRedie statewide COVID-19 case reporting system facilitates inter-county coordination of case allocation and tracking between jurisdictions.

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

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

Printed Name Dr. Matt Willis

Signature 

Position/Title Public Health Officer

Date 6/17/2020

COUNTY OF MARIN

BOARD OF SUPERVISORS

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June 16,2020

The Honorable Gavin Newsom
Governor of California
State Capitol
Sacramento, CA 95814

The Honorable Mark Ghaly, MD
Secretary, CA Health and Human Services Agency
160 Ninth Street, Room 460
Sacramento, CA 95814

The Honorable Sonia Y. Angell, MD
California Department of Public Health Director
State Health Officer
P.O. Box 997377 MS 0500
Sacramento, CA 95899

Dear Governor Newsom, Secretary Ghaly, and Director Angell:

The Marin County Board of Supervisors is pleased to provide you with our support for the attestation that Marin County Public Health Officer, Dr. Mathew Willis, is making with respect to meeting the readiness criteria set forth in the California Department of Public Health's (CDPH's) Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order COVID-19 County Variance Attestation Form.

Dr. Willis took the bold action of issuing a Shelter-In-Place order on March 16,2020 in conjunction with five other bay area Health Officer's in an attempt to reduce the spread of COVID-19 in our community. Thorough data surveillance, aggressive testing and contact tracing efforts, the implementation of protection measures for the most vulnerable residents within our community, the establishment of an Alternate Care Site (ACS), combined with the implementation of an aggressive communication strategy that includes our local cities and towns within Marin have proven successful in substantially flattening the COVID-19 curve in Marin County.

Marin County's Public Health team, in partnership with the State, has significantly increased our testing and contact tracing capacity, including a mobile team to ensure swift response to positive test results in congregate living facilities, residential care facilities and skilled nursing facilities. Testing locations have expanded and become readily available to all Marin residents and employees, with a strong focus on our most vulnerable communities

Over the past several weeks, as restrictions have loosened and testing has increased, we have seen a modest increase in positive cases but the percentage rate of positive results has remained between 3-4%, which is well below the State criteria of 8%. In addition,

hospitalization rates have remained low and the availability of ICU beds and ventilators within Marin's hospitals are well within the criteria set by the State.

The County assembled a group comprised of the business community, local governments, chambers of commerce, and others representing the various sectors of our local economy to create a plan to reopen the economy. This effort, MarinRecovers, resulted in the establishment of guidelines and support mechanisms to help various sectors of our community gradually reopen under the direction of Dr. Willis and in alignment with the States direction. These guidelines provide protective measures to help mitigate the community transmission of the COVID-19 virus.

The Marin County Board of Supervisors prioritize the need to protect vulnerable populations, continue social distancing, and monitor indicators that may trigger the need to reinstate more restrictive measures. At the same time, it is important to find balance that allows for some businesses to reopen while protecting the community's health. We believe Marin County's plan to proceed with a variance in order to allow more businesses and workplaces to open, with appropriate modifications and protocols, is in the best interest of our community. As a Board, we have full confidence in Dr. Willis and support the approach contained in the attestation and acknowledge our readiness to carefully move further into Stage 2 of the recovery plan.

We greatly appreciate the State's partnership and thank you for the opportunity to state our support of this variance request.

Sincerely,

Katie Rice, Chair
Marin County Board of Supervisors

marinhealth
Medical Center

June 16, 2020

To Whom It May Concern,

As one of Marin County's local hospitals, Marin Health understands that the County Public Health Officer, Dr. Mathew Willis, is attesting that the County has met the California Department of Public Health's (CDPH's) readiness criteria to mitigate the spread of COVID-19. Our hospital also understands the the purpose of this certification is to permit counties, like Marin County, that are able to demonstrate an ability to protect the public and essential workers to progress further into Stage 2 by reopening additional businesses and workplaces.

During the COVID-19 pandemic, Dr. Willis has met regularly with the hospitals and our health care systems to coordinate surge planning, monitor healthcare capacity, and obtain our feedback. Dr. Willis has also implemented community mitigation strategies that have helped Marin County substantially flatten the COVID-19 curve. We strongly agree with Dr. Willis' assessment that Marin County is actively monitoring infection through epidemiology, implementing containment measures, offering sufficient amount of testing and contact tracing, monitoring hospital capacity and plans for surge, and protecting vulnerable populations. Our hospital has sufficient personal protective equipment (PPE) to protect our hospital workforce, both clinical and nonclinical, today and going forward as we move further into Stage 2 of the recovery plan.

As the Chief Executive Officer for MarinHealth Medical Network and Chief Medical Officer of MarinHealth Medical Center, we support the need to protect vulnerable populations, continue social distancing, and monitoring metrics that may trigger the need to reinstate more restrictive measures. At the same time, we recognize the importance of finding balance in allowing some businesses to reopen while ensuring the community's health. Marin County's plan to proceed with a variance in order to allow more business and workplaces to open is good for our community.

MarinHealth supports the attestation by Dr. Mathew Willis that the County can meet the readiness criteria outlined by CDPH to allow for further progression into Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,

Eric Pifer, M.D.
Chief Medical Officer, MarinHealth Medical Center
Chief Executive Officer, MarinHealth Medical Network

250 Bon Air Road, Greenbrae, CA 94904 | O 1-415-925-7000

www.mymarinhealth.org

KAISER PERMANENTE®

June 19, 2020

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

To whom it may concern:

In response to your request, Kaiser Permanente San Rafael Medical Center in Marin County County:

- Has capacity to accommodate a minimum surge of 35% due to COVID-19 cases, in addition to providing usual care for its non-COVID-19 patients.
- Has adequate Personal Protective Equipment (PPE) to protect its workforce.

We understand that the County of Marin has requested this information in order to assess its readiness to request a local variance to move to Stage 2 in California's Roadmap to Modify the Stay-At-Home Order.

As an active participant in Marin's Healthcare Preparedness Program, the hospital disaster coalition, Kaiser Permanente supports the attestation by Dr. Mathew Willis that the County can meet the readiness criteria outlined by CDPH to allow for further progression into Stage 2 of the Governor's Pandemic Roadmap.

Tarek Salaway, MHA, MPH, MA Sr. VP/Area Manager
Kaiser Permanente
Marin-Sonoma Service Area

Kaiser Permanente San Rafael Medical Center
99 Montecillo Road, San Rafael, CA 94903
Phone 415.444.2217, FAX 415.444.2492

APPENDIX A: COVID-19 Site-Specific Protection

Posted: https://marinrecovers.com/documents/covid-19-site-specific-protection-plan-spp/

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COVID-19 Site-Specific Protection Plan Guidance & Template for Developing Your Own Plan (Appendix A)

Purpose of this Document

The purpose of this document is to provide each business with clear guidance for reopening in a manner that provides a safe, clean environment for employees and customers.

This COVID-19 Site-Specific Protection Plan (Revised Appendix A) applies to all businesses but gives a two week grace period to businesses already allowed to be operating under prior orders. Please note that Essential and Outdoor Businesses, which were permitted to operate prior to May 18, 2020, and are currently following the Public Health Order's prior Appendix A "Social Distancing Protocol" may continue to conduct business consistent with that protocol until June 1, 2020. However, effective June 1, 2020, Essential and Outdoor Businesses shall comply with the updated Appendix A "COVID-19 Site-Specific Protection Plan Guidance & Template for Developing Your Own Plan."

Description of a COVID-19 Site-Specific Protection Plan (SPP)

The Site-Specific Protection Plan (SPP) template below combines state-level guidance published in the California State Resilience Roadmap and local Marin County public health policies.

The State of California requires all businesses to:

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

As the COVID-19 public health crisis continues to evolve and new Public Health Orders are issued both at the State and local levels, amendments to individual businesses' SPPs may be needed in order to incorporate new requirements. The Marin Recovers website will post and disseminate updated information and tools for you to use in developing any needed amendments.

COVID-19 Site-Specific Protection Plan (SPP)

Guidance for Developing Your Businesses' COVID-19 Site-Specific Protection Plan (SPP)

1. Perform a risk assessment of your business practices and use the Approved Business-Specific Protocols found at MarinRecovers.org [1] as a guide for conducting your assessment.
2. Use the template below to create your own SPP by filling in the required details, based on your individual business model, to ensure your business can protect the safety of employees and customers. Use the Approved Business-Specific Protocols published on the Marin Recovers Website in developing your SPP. These protocols were developed for your specific business type (i.e., retail, restaurant, etc.) and have been (or will be once they are posted) approved for use by the County of Marin's Public Health Officer.
3. Finalize your SPP and physically post it at your place of business at a visible location near the entrance where staff and customers can easily review it without touching the document.
4. Signage also needs to be posted at each public entrance of each worksite to inform all employees and customers that they should:
    - Avoid entering or using the facility if you have COVID-19 symptoms;
    - Maintain a minimum six-foot distance from one another;
    - Sneeze and cough into a cloth or tissue or, if not available, into one's elbow;
    - Wear face coverings, as appropriate; and
    - Do not shake hands or engage in any unnecessary physical contact.

Sign templates can be downloaded for use from the Marin Recovers website.

Tools for Developing Your Site-Specific Protection Plan

1. **COVID-19 Site-Specific Protection Plan (SPP) Template**
   Marin Recovers is providing a template that can be used by any business in Marin to create their own Site-Specific Protection Plan (SPP). It contains all of the standard content already written for you to re-open your business and prompts you to "fill in the blank" where unique information is required in order to complete your SPP. The template has been authorized by the County's Public Health Officer, so you can be confident you are safely re-opening your business if you use this template.

2. **Business Specific Best Practices**
   Industry-specific Marin Recovers working groups comprised of Marin business owners have also helped to develop specific best practices for each type of business/industry which can be found on the Marin Recovers website. These best practices are based on State and industry guidelines and have been approved by the county's Public Health Officer. There is a section in the Template document that instructs you to cut/paste these best practices by business type (i.e., retail, restaurant, etc.) right into your SPP.

[1] Each of the Industry specific Marin Recovers group is developing this specific guidance in real time. If they are not yet posted, please subscribe and you will be notified as soon as new content is posted.

COVID-19 Site-Specific Protection Plan (SPP)

Business Name:

Facility Address:

This COVID-19 Site-Specific Protection Plan (SPP) was most recently updated on:

The person(s) responsible for implementation of this Plan is:

Name: **Title:**

I, certify that all employees have been provided a copy of it and have reviewed it and received training as required in this SPP.

Name: **Signature:**

Individual Control Measures and Screenings

- ☐ Employees whose work duties can be conducted remotely are doing so and will continue to do so until the Shelter in Place Order is lifted, with particular consideration for employees above the age of 65 and others at increased risk for more severe disease if infected.
- ☐ All employees have been provided with temperature and/or symptom screenings at the beginning of their shift and all other employees entering the worksite at all times. The individual conducting the temperature/ symptom screening will avoid close contact with employees to the extent possible. Both screeners and employees wear face coverings during each screening. Screening follows CDC Guidelines.
- ☐ Employees are provided with all required protective equipment (i.e., face coverings) and the employer ensures this equipment is worn properly at all times.
- ☐ Employees are provided with and use protective equipment when offloading and storing delivered goods.
- ☐ Employees inspect deliveries and perform disinfection measures prior to storing goods in warehouses and facilities.
- ☐ Face coverings are required when employees are in the vicinity of others. Face coverings are not shared at this worksite.
- ☐ Employees take reasonable measures to communicate with the public that they should use face coverings.
- ☐ Employees who are sick or exhibiting symptoms of COVID-19 are directed to stay home and Centers for Disease Control guidelines will be followed for when that employee can return to work.

Types of protective equipment provided to employees at this worksite location include:

COVID-19 Site-Specific Protection Plan (SPP)

Additional control measures you are implementing at this worksite include:

Cleaning and Disinfecting Protocols

- ☐ Thorough cleaning in high traffic areas is performed regularly. Commonly used surfaces are frequently disinfected.
- ☐ All shared equipment and touchable surfaces are cleaned and sanitized between each use.
- ☐ Customer entrances and exits, and points of sale are equipped with proper sanitation products, including hand sanitizer and/or sanitizing wipes
- ☐ Hand washing facilities will be made available and will stay operational and stocked at all times and additional soap, paper towels, and hand sanitizer are supplied when needed.
- ☐ Hand sanitizer will be provided where businesses do not have indoor plumbing.
- ☐ Sanitizing supplies are provided to promote employees' personal hygiene. This may include tissues, no-touch trash cans, hand soap, adequate time for hand- washing, alcohol-based hand sanitizers, disinfectants, and disposable towels.
- ☐ Cleaning products are used that meet the Environmental Protection Agency (EPA)'s- approved for use against COVID-19 list.
- ☐ Business hours and/ or other procedures have been modified to provide adequate time for regular, thorough cleaning, product stocking, or other measures.
- ☐ Employees are provided adequate time to implement cleaning practices before and after shifts.
- ☐ Hands-free devices have been installed, if possible, including motion sensor lights, contact-less payment systems, automatic soap and paper towel dispensers, and timecard systems.

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COVID-19 Site-Specific Protection Plan (SPP)

Schedule for disinfecting high traffic areas and commonly used surfaces.

Fill in the fields below with the schedule for how often each area is disinfected.
Mark N/A for all that do not apply to your specific worksite and add any that are missing to "Other"

Break rooms:	Scanners:
Bathrooms:	Telephones:
Handrails/door handles/counters/shelving:	Time clocks:
Shopping carts/baskets:	Handwashing facilities:
Hand/held devices (payment portals, including ATM PIN pads, stylus):	Custom equipment and tools (i.e., pallet jacks, ladders, supply carts):
Registers:	Conveyor belts:
Others:	

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COVID-19 Site-Specific Protection Plan (SPP)

Description of specific operational procedures being implemented to ensure there is adequate time for cleaning/disinfecting:

Additional measures that have been taken at this business location:

Physical Distancing Guidelines

- ☐ Employee breaks and break rooms are managed to allow employees to eat on premises in designated areas where they can remain 6 feet apart.
- ☐ Customers are not permitted to bring their own bags, mugs, or other reusable items from home.
- ☐ Tape or other markings have been placed at least six feet apart in customer line areas on sidewalks or other walkways near public entrances with signs directing customers to use the markings to maintain distance.
- ☐ All desks or individual workstations are separated by at least six feet or employees otherwise maintain six feet if workspace is limited.

The following per-person limits have been placed on goods that are selling out quickly to reduce crowds and lines.
If not applicable mark as "N/A"

Description of the layout of your worksite and how we accomplish physical distancing measures:

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COVID-19 Site-Specific Protection Plan (SPP)

Business/Industry (i.e., retail, restaurant) Best Practices

- ☐ Go to Marin Recovers website and find the list of specific best practices for your type of business and copy/paste them into the section .
- ☐ If you've implemented additional measures specific to your business type, include them here as well.

Best Practices for:

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COVID-19 Site-Specific Protection Plan (SPP)

Notification of COVID-19 Positive Case at your Worksite

- ☐ County of Marin Public Health is notified of all positive COVID-19 cases.
- ☐ If an employee is diagnosed with COVID-19, Marin County Public Health will provide assistance in the assessment of potential worksite exposures, and any recommended testing, quarantine, or isolation instructions.
- ☐ Employers and employees are aware that they can call Marin Public Health if a suspected exposure has occurred at 415-473-7191.

Training

Employees have been trained on the following topics

- ☐ Information from the Centers for Disease Control and Prevention (CDC) on COVID-19, how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
- ☐ Self-screening at home, including temperature and/or symptom checks using CDC guidelines.
- ☐ The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with have been diagnosed with COVID-19.
- ☐ The importance of seeking medical attention if an employees' symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on CDC's webpage.
- ☐ The vulnerability of older adults and people with chronic medical conditions, and the need to practice particular caution to protect these groups.
- ☐ The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol or 70% isopropanol when employees cannot get to a sink or handwashing station, per CDC guidelines).
- ☐ Manufacturer's directions and Cal/OSHA requirements for safe use of personal hygiene and cleaning products.
- ☐ The importance of physical distancing, both at work and off work time (see Physical Distancing section above).
- ☐ **Proper use of face coverings, including:**
- ☐ Face coverings do not protect the wearer and are not personal protective equipment (PPE).
- ☐ Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
- ☐ The importance of washing and/or sanitizing hands before and after using or adjusting face coverings.
- ☐ Avoid touching eyes, nose, and mouth.
- ☐ Face coverings to be washed after each shift.

Other worksite training measures taken:

Compliance and Documentation

- ☐ This worksite is regularly inspected for compliance with this Site-Specific Protection Plan (SPP) and any deficiencies are documented and corrected.
- ☐ All new business operations will continue to be accessible to consumers and employees with disabilities, complying with the Americans with Disabilities Act, Title III which covers private business entities.

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COVID-19 Site-Specific Protection Plan (SPP)

Exhibit A – Physical Distancing for Operating Indoors[2]

Effective date this business is permitted to operate indoors:

The number of individuals allowed indoors at any one time is limited to which allows customers and employees to easily maintain at least six-foot distance from one another at all practicable times.

☐ An employee will be assigned during all operating hours to ensure that the maximum number of customers indoors is not exceeded.

[2] Not all businesses are permitted to operate indoors yet. The State and County Public Health Orders provide specific direction as to when and what type of businesses are permitted to operate indoors. Please incorporate Exhibit A into your Worksite Specific Plan when your business type is permitted to do so.

APPENDIX B: Sample Sector Guidelines – Small Commercial

Marin Health Order effective May 4, 2020 Appendix B-1

Small Construction Project Safety Protocol

1. Any construction project meeting any of the following specifications is subject to this Small Construction Project Safety Protocol ("SCP Protocol"), including public works projects unless otherwise specified by the Health Officer:

    a. For residential projects, any single-family, multi-family, senior, student, or other residential construction, renovation, or remodel project consisting of 10 units or less. This SCP Protocol does not apply to construction projects where a person is performing construction on their current residence either alone or solely with members of their own household.

    b. For commercial projects, any construction, renovation, or tenant improvement project consisting of 20,000 square feet of floor area or less.

    c. For mixed-use projects, any project that meets both of the specifications in subsection 1.a and 1.b.

    d. All other construction projects not subject to the Large Construction Project Safety Protocol set forth in Appendix B-2.

2. The following restrictions and requirements must be in place at all construction job sites subject to this SCP Protocol:

    a. Comply with all applicable and current laws and regulations including but not limited to OSHA and Cal-OSHA. If there is any conflict, difference, or discrepancy between or among applicable laws and regulations and/or this SCP Protocol, the stricter standard shall apply.

    b. Designate a site-specific COVID-19 supervisor or supervisors to enforce this guidance. A designated COVID-19 supervisor must be present on the construction site at all times during construction activities. A COVID-19 supervisor may be an on-site worker who is designated to serve in this role.

    c. The COVID-19 supervisor must review this SCP Protocol with all workers and visitors to the construction site.

    d. Establish a daily screening protocol for arriving staff to ensure that potentially infected staff do not enter the construction site. If workers leave the jobsite and return the same day, establish a cleaning and decontamination protocol prior to entry and exit of the jobsite. Post the daily screening protocol at all entrances and exits to the jobsite. More information on screening can be found online at: https://www.cdc.gov/coronavirus/2019-ncov/community/index.html

    e. Practice social distancing by maintaining a minimum six-foot distance between workers at all times, except as strictly necessary to carry out a task associated with the construction project.

    f. Where construction work occurs within an occupied residential unit, separate work areas must be sealed off from the remainder of the unit with physical barriers such as plastic sheeting or closed doors sealed with tape to the extent feasible. If possible, workers must access the work area from an alternative entry/exit door to the entry/exit door used by

residents. Available windows and exhaust fans must be used to ventilate the work area. If residents have access to the work area between workdays, the work area must be cleaned and sanitized at the beginning and at the end of workdays. Every effort must be taken to minimize contact between workers and residents, including maintaining a minimum of six feet of social distancing at all times.

g. Where construction work occurs within common areas of an occupied residential or commercial building or a mixed-use building in use by on-site employees or residents, separate work areas must be sealed off from the rest of the common areas with physical barriers such as plastic sheeting or closed doors sealed with tape to the extent feasible. If possible, workers must access the work area from an alternative building entry/exit door to the building entry/exit door used by residents or other users of the building. Every effort must be taken to minimize contact between worker and building residents and users, including maintaining a minimum of six feet of social distancing at all times.

h. Prohibit gatherings of any size on the jobsite, including gatherings for breaks or eating, except for meetings regarding compliance with this protocol or as strictly necessary to carry out a task associated with the construction project.

i. Cal-OSHA requires employers to provide water, which should be provided in single-serve containers. Sharing of any of any food or beverage is strictly prohibited and if sharing is observed, the worker must be sent home for the day.

j. Provide personal protective equipment (PPE) specifically for use in construction, including gloves, goggles, face shields, and face coverings as appropriate for the activity being performed. At no time may a contractor secure or use medical-grade PPE unless required due to the medical nature of a jobsite. Face coverings must be worn in compliance with the Health Officer Order Generally Requiring Members of the Public and Workers to Wear Face Coverings, dated April 17, 2020, or any subsequently issued or amended order.

k. Strictly control “choke points” and “high-risk areas” where workers are unable to maintain six-foot social distancing and prohibit or limit use to ensure that six-foot distance can easily be maintained between individuals.

l. Minimize interactions and maintain social distancing with all site visitors, including delivery workers, design professional and other project consultants, government agency representatives, including building and fire inspectors, and residents at residential construction sites.

m. Stagger trades as necessary to reduce density and allow for easy maintenance of minimum six-foot separation.

n. Discourage workers from using others’ desks, work tools, and equipment. If more than one worker uses these items, the items must be cleaned and disinfected with disinfectants that are effective against COVID-19 in between use by each new worker. Prohibit sharing of PPE.

o. If hand washing facilities are not available at the jobsite, place portable wash stations or hand sanitizers that are effective against COVID-19 at entrances to the jobsite and in multiple locations dispersed throughout the jobsite as warranted.

p. Clean and sanitize any hand washing facilities, portable wash stations, jobsite restroom areas, or other enclosed spaces daily with disinfectants that are effective against COVID-19. Frequently clean and disinfect all high touch areas, including entry and exit areas, high traffic areas, rest rooms, hand washing areas, high touch surfaces, tools, and equipment

q. Maintain a daily attendance log of all workers and visitors that includes contact information, including name, phone number, address, and email.

r. Post a notice in an area visible to all workers and visitors instructing workers and visitors to do the following:

i. Do not touch your face with unwashed hands or with gloves.

ii. Frequently wash your hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

iii. Clean and disinfect frequently touched objects and surfaces such as work stations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs.

iv. Cover your mouth and nose when coughing or sneezing, or cough or sneeze into the crook of your arm at your elbow/sleeve.

v. Do not enter the jobsite if you have a fever, cough, or other COVID-19 symptoms. If you feel sick, or have been exposed to anyone who is sick, stay at home.

vi. Constantly observe your work distances in relation to other staff. Maintain the recommended minimum six feet at all times when not wearing the necessary PPE for working in close proximity to another person.

vii. Do not carpool to and from the jobsite with anyone except members of your own household unit, or as necessary for workers who have no alternative means of transportation.

viii. Do not share phones or PPE.

APPENDIX C: CDPH COVID-19 Community Sentinel Surveillance Protocol

California Department of Public Health
COVID-19 Community Sentinel Surveillance

Background

Since the emergence of coronavirus disease 2019 (COVID-19) in California in January 2020, the California Department of Public Health (CDPH) and local public health partners have been tracking and monitoring COVID-19 cases in California and have implemented containment and mitigation efforts. Due to limitations on supplies for specimen collection (e.g., swabs, media), laboratory testing (e.g., test kits and reagents), and personal protective equipment [PPE], the diagnosis of COVID-19, as of April 2020, has focused primarily on people who have traveled to countries first impacted by the disease (e.g., China), have been a close contact of a confirmed case, or have had severe disease requiring hospitalization. These limitations have inhibited the ability of public health to estimate background disease prevalence, particularly among people with mild disease who may add to identified cases to represent how much COVID-19 is within the community and are an important group to help estimate true burden of disease. Estimates of disease prevalence among people who are mildly ill requiring outpatient care (i.e., urgent care, ER, drive-through testing) and with likely community transmission help public health make informed decisions about prevention and control of COVID-19, including measures such as social distancing.

In our first phase of community surveillance which was unfunded, two counties in California were able to implement surveillance, Santa Clara and Los Angeles. During March 5-14, 2020, Santa Clara County public health worked with local clinicians to conduct SARS-CoV-2 PCR testing on specimens from 79 patients who presented to urgent care with respiratory symptoms and who tested negative for influenza.[1] Of the 79 patients, 9 (11%) tested positive for SARS-CoV-2, helping to confirm community transmission in the county. Results of this analysis influenced in-county community mitigation strategies including canceling of mass gatherings and shelter-in-place orders. Independent from the CDC and CDPH-led community surveillance efforts, the Los Angeles County + University of Southern California Medical Center and the Los Angeles County Department of Public Health conducted sentinel community surveillance between March 12-13 and 15-16 and found that 7/131 (5.3%) specimens tested positive for SARS-CoV-2.[2] Of note, the Santa Clara surveillance project only tested influenza negative specimens for SARS-CoV-2, whereas the Los Angeles surveillance tested specimens for SARS-CoV-2 regardless of influenza results.

As community transmission of COVID-19 increases in California, sentinel community surveillance is essential to estimate disease prevalence over time, throughout the state, and among key groups (e.g., demographic groups at high risk for infection) in order to inform containment, mitigation and prevention measures, which may vary depending on regional COVID-19 epidemiology. Therefore, **CDPH and several California local health departments (LHDs) are working with the U.S. Centers for Disease Control and Prevention (CDC) to initiate sentinel community surveillance for COVID-19.** Los Angeles County will be independently implementing their own sentinel community surveillance for COVID-19, and their methods will be coordinated with CDPH.

Detecting community transmission by testing individuals with mild outpatient illness and understanding who those people are (e.g., by age groups, demographics, etc.) is critical for shaping response activities including testing criteria, quarantine guidance, investigation protocols, and additional public health preparedness measures. Most critically, data from this surveillance will guide decisions based on the effectiveness of implemented mitigation strategies (e.g., shelter-in-place

orders) and how public health can most effectively utilize mitigation and containment strategies moving forward.

Objective

To conduct SARS-CoV-2 PCR and respiratory viral panel (RVP) testing of respiratory specimens from a convenience sample of patients who (a) visit select outpatient healthcare facilities located in one of the community sentinel surveillance local health jurisdictions (LHJs) (b) meet the clinical criteria based on the Council of State and Territorial Epidemiologists (CSTE) interim case definition for COVID-19[3], and define who these people are in terms of age, demographics and occupation. Unlike typical surveillance activities, individual patients who test positive or inconclusive for COVID-19 will be notified of their test result and followed up with accordingly. In addition, it is important to gather denominator information, including estimates of population served, number of weekly visits to the healthcare facility, number of patients who met clinical criteria, and the number with specimens collected and tested, overall and by age group.

Methods

Identifying Sentinel Outpatient Facility Sites

Participating LHDs should select one or more outpatient healthcare facility or mobile non-clinician directed testing sites (e.g., urgent care, emergency room, drive-through testing, pop-up clinic) located within their LHJ from which a total of 10-50 specimens per week can be submitted for SARS-CoV-2 PCR and RVP testing. Ideally, LHDs will collect patient data and specimens from a total of ~50 patients per week across all enrolled facilities in their LHJ. LHDs can enroll >50 patients per week; however, if RVP testing will be done at the CDPH Viral and Rickettsial Disease Laboratory (VRDL) and not the local public laboratory, then the VRDL can only receive a maximum of 50 specimens per week per LHJ due to resource constraints.

Both adult and pediatric patients should be represented in weekly LHJ data, but individual healthcare sites do not need to see both adult and pediatric patients (i.e., LHDs could choose one adult and one pediatric site). LHDs can weigh more towards adult patients if a denominator is available among all people tested.

Other factors to consider when selecting a site include:

- Meet minimum weekly volume of patients with symptom criteria for testing (10-50/week)
- Established ongoing relationship between LHD and the healthcare facility site or previous experience with the site as a reliable study or surveillance partner
- If possible, LHDs may choose to select a healthcare facility site where the LHD has easy access to the site medical records
- Sites physically near LHD may help for specimen pick up or drop off each week, eliminating shipping costs
- Sites that represent the diversity and breadth of the LHJ population (e.g., demographics, socioeconomic factors, vulnerable populations)
- Sites that serve sub-populations that may be at higher risk for contracting and transmitting COVID-19 or developing severe disease such as populations who:
    - *Live in congregate settings*: Workers and residents of correctional facilities, long-term care or skilled nursing facilities, and on-campus university housing
    - *Do not or cannot routinely and easily access the healthcare system*: Persons experiencing homelessness, persons living in highly rural, isolated areas, certain immigrant populations, or people who might not otherwise get tested (i.e., testing deserts)
    - *Cannot abide by shelter-in-place or other mitigation orders*: Essential workers (e.g., healthcare workers [inpatient, ambulatory care, dentistry, etc.], delivery or grocery

store workers), workers unable to telework, populations with high proportions of persons of lower socioeconomic status who may be financially unable to forgo work
- *Are at higher risk of severe disease*: Elderly populations, populations at medical risk (e.g., chronic lung disease, severe asthma, heart conditions, immunocompromised, severe obesity, diabetes, chronic kidney disease undergoing dialysis, or liver disease)

Eligible Patients

Patient eligibility includes:

- Visit one of the selected healthcare facilities, and
- Meet the clinical criteria below. Listed symptoms should be new or worsening (i.e., exclude patients who chronically have these symptoms due to long-term comorbid conditions):

  - At least two of the following symptoms (if patient is non-verbal [e.g. infant] at least one of the following is sufficient):
    - Fever (measured or subjective)
    - Cough
    - Shortness of breath or difficulty breathing
    - Chills or rigors
    - Myalgia
    - Headache
    - Sore throat
    - New olfactory and taste disorder(s)

- Have been notified about SARS-CoV-2 either verbally or in writing

Collection, Shipping, and Testing of Specimens

Participating healthcare facility sites will prospectively obtain respiratory specimens collected from patients who meet the above eligibility criteria using specimen collection and handling protocols recommended by current CDC guidance for SARS-CoV-2.[3] If more than one specimen type is collected, the specimens should be combined to maximize the number of patients that can be tested. For example, combine nasopharyngeal (NP) swab with oropharyngeal (OP) swab into one tube of viral transport medium if both specimen types are collected.

It is recommended that each healthcare facility identify 1-2 healthcare providers who are willing to collect respiratory specimens, have knowledge of epidemiologic studies, and are available during the 3-6-month or longer surveillance period. Each healthcare facility and provider can determine the dates and times of data collection each week. Participating healthcare providers will need to collect specimens while wearing all recommended PPE.

Clinical specimens from patients should have RVP and FDA-authorized SARS-CoV-2 molecular assay testing performed, ideally by a state or local public health laboratory. Respiratory specimens should be transported in accordance with CDC guidance.[3]

If the local PHL will send specimens to the CDPH VRDL for SARS-CoV-2 and/or RVP testing, CDPH can accept a maximum of 50 specimens per week per jurisdiction and they should submit the following test requisition form to be completed electronically (using a computer):

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/VRDL_General_Purpose_Specimen_Submittal_Form.pdf

Once the form is completed on the computer, please print it out and include ONE completed form for EACH specimen submitted. If you have several specimens to submit to the VRDL, please contact the VRDL at 510-307-8585 and request a group file accessioning form.

If the local PHL will perform SARS-CoV-2 testing but will not perform a full RVP (e.g. no testing for other respiratory viruses, only influenza testing, etc.), the local PHL can send a split of the original specimen (at least 1mL) to the VRDL for all or some RVP testing. Please complete a submittal form or group file accessioning form as described above.

Any questions about submitting specimens to the VRDL can be sent to VRDL.Mail@cdph.ca.gov or phoned to 510-307-8585.

The VRDL RVP includes the following respiratory viral pathogens through a single-plex wet assay:

	VRDL Resp PCR panel
1	Flu A
2	Flu A H1
3	Flu A H3
4	Flu B
5	Flu B Yamagata
6	Flu B Victoria
5	RSV
6	Adenovirus
7	Human Metapneumovirus
8	Parainfluenza Type 1
9	Parainfluenza Type 2
10	Parainfluenza Type 3
11	Parainfluenza Type 4
12	Human Coronavirus NL63
13	Human Coronavirus 229E
14	Human Coronavirus OC43
15	Human Coronavirus HKU1
16	Enterovirus
17	Rhinovirus
18	Mycoplasma (bacterium)

Patient-level Data Collection and Transmission

For each patient, collected data should include demographics, contact information, address, occupation, exposure and travel history, symptoms, onset date, specimen collection details, and results, as listed in Table 1. The provided data collection tool template (Appendix A) and patient intake form (Appendix B) can be customized and used by the healthcare facility or LHD, if helpful. Sites are not required to use these forms; however, data elements should be collected in the formats shown in these forms (e.g. response options to each question).

Per established electronic laboratory reporting (ELR) protocols for COVID-19, positive and negative SARS-CoV-2 results will come into the CalREDIE Disease Incident Staging Area (DISA) for either “Novel Coronavirus 2019 (nCov-2019)” or “Coronavirus disease 2019 – non-positive ELR” depending on whether results are positive or negative, respectively. These results can be imported into disease incidents in CalREDIE by LHD staff, but this is not required. The required or preferred data elements below can either be entered into CalREDIE for data management or entered into the data collection tool in Appendix C.

TABLE 1. COVID-19 COMMUNITY & SENTINEL SURVEILLANCE DATA ELEMENTS

	DATA ELEMENT	REQUIRED	PREFERRED	IF APPLICABLE
JURISDICTION	Reporting jurisdiction	X		
ID	CalREDIE incident ID			X
	Local ID			X
	MRN			X
HEALTHCARE FACILITY	Healthcare facility/site name	X		
	Healthcare facility/site address	X		
	Healthcare facility/site type	X		
PATIENT	First name	X		
	Last name	X		
	Date of birth (mm/dd/yyyy)	X		
	Age		X	
	Gender	X		
	Race	X		
	Ethnicity	X		
	Address (Street, city, zip, county)	X		
	Phone number (xxx - xxx - xxxx)	X		
	Work (month prior)		X (highly)	
	Occupation (month prior)		X (highly)	
	Occupation Setting/Industry (month prior)		X (highly)	
	Work outside home (month prior)		X (highly)	
	Employer name		X	
	Homelessness (month prior)		X (highly)	
	Congregate living setting (month prior)		X (highly)	
	Comorbid conditions		X (highly)	
	Pregnant			X
	Travel history (month prior)		X	
	Sexual orientation		X	
CLINICAL	Symptoms	X		
	Onset date (mm/dd/yyyy)	X		
	Contact to case	X		
SPECIMEN	Ordering physician			X
	Specimen collection setting (e.g., in-office, drive-through)	X		
	Accession number		X	
	Collection date (mm/dd/yyyy)	X		
	Specimen type	X		
SARS-COV- 2 RESULTS	Report date (mm/dd/yyyy)	X		
	Results	X		
RVP RESULTS	Report date (mm/dd/yyyy)	X		
	Results	X		

Complete data should be transmitted to CDPH weekly.

- LHDs who are collecting and managing data in CalREDIE, can enter all data into the CalREDIE incident, however, LHDs will also need to email CDPH a linelist of patient incident IDs (or patient name and date of birth) each week in order to identify patients who are part of this project. A guide for entering data into CalREDIE can be found in Appendix D.
- LHDs who are collecting and managing data independent of CalREDIE, can securely email CDPH each week with the completed data collection tool provided in Appendix C.

VRDL RVP results will be transmitted directly from VRDL to the CDPH epidemiology team for this project.

CDPH will transmit weekly de-identified data to the CDC. Data will be presented in aggregate.

Facility-level Data Collection and Transmission

CDC is also requesting weekly facility-level data from participating healthcare facility sites to be used in COVID-19 modeling efforts. The objective of this data request is to gather the minimum data needed to provide a crude estimate of underlying burden of COVID-19 cases in each participating jurisdiction. **Please note that if collection, reporting, and transmission of these data are challenging, this piece of the project can wait until specimen and other data collection procedures have been established and refined.** CDPH will host a training call with CDC partners, likely in early July, on this piece to answer questions about data collection and transmission.

If possible, please provide values across all ages, and stratified by the following age groups: 0-4 years, 5-17 years, 18-49 years, 50-64 years, and ≥65 years. If it is not possible to provide values by facility, please provide value totals for all participating facilities in your jurisdiction, an estimate of the proportion each facility contributes, and the type of patient population served by the facility (e.g. pediatric).

Table 2 describes the data request from each participating site each week per CDC guidance. Please note that items A, B, and E from Table 2 have been deleted from the original protocol and now only items C and D are being requested. Data can be transmitted weekly to CDPH using the facility data collection tool in Appendix E.

TABLE 2. FACILITY-LEVEL DATA

	Value
C	Number of ILI visits or unique ILI patients seen at facility, per week
D	Number of total visits or unique patients seen at facility, per week

This data will be transmitted to CDC each week by CDPH.

Considerations for Individuals Tested

The activities under this surveillance are not considered research by CDC or CDPH. The specimens obtained will be collected as part of routine clinical care when investigating the cause of a respiratory illness or as a result of participation in another surveillance effort. However, specimens will be identifiable to LHD and hospital/facility staff since finding a positive COVID-19 result does have implications for clinical management of the patient and disease control. As some COVID-19 patients initially present with mild illness only to return with more severe disease, identifying COVID-19 cases through this surveillance may benefit some patients as they would get more timely appropriate care if their illness worsens. In addition, the LHDs can then follow-up with the patient for appropriate investigation (e.g. contact tracing) and quarantine recommendations. Therefore, prior to specimen collection, each participating site must notify the patient of SARS-CoV-2 testing either verbally or in writing. Examples of notification options can be found in Appendix B.

Onboarding of Participating Healthcare Facilities

Onboarding of participating healthcare facility sites is likely to require training of healthcare facility site administration, healthcare providers, and laboratory staff. Templates for such materials are provided in Appendix F.

Obtaining Supplies for this Surveillance Project

If an LHD or healthcare facility needs supplies for this project (e.g. PPE, swabs, media, test kits, reagents), the LHD should put in a formal request through their Medical Health Operational Area Coordination (MHOAC) for assistance and specify that supplies are being requested in support of

CDPH COVID-1 Community & Sentinel Surveillance. If an LHD is still unable to obtain the necessary supplies through this mechanism, please contact CDPH for assistance.

Follow-up on Confirmed Cases of COVID-19

Upon identification of a confirmed case of COVID-19 through sentinel community surveillance, LHDs should follow-up with the patient and their healthcare providers per routine local COVID-19 protocols for management, containment, and infection control.

Considerations for when Current Containment Strategies May Change Based on Results of Testing

The purpose of this testing is to detect cases of COVID-19 that may circulate in the community among persons with no exposures known to be associated with infection. Data on community transmission collected through this will help inform local, statewide, and, potentially, national decisions on measures to limit spread of the virus, including the implementation, continuation, or termination of mitigation or containment efforts, such as shelter-in-place order.

Contact Information

CDPH contacts

- General CDPH Community & Sentinel Surveillance email address: covCommunitySurveillance@cdph.ca.gov
- Seema Jain, MD, Chief of the Disease Investigations Section (DIS), Infectious Diseases Branch, seema.jain@cdph.ca.gov, Cell: 415-699-1366, Work: 510-620-3444
- Debra Wadford, PhD, Chief of the Viral and Rickettsial Disease Laboratory debra.wadford@cdph.ca.gov, Cell: 510-685-2965, Work: 510-307-8624
- Gail Sondermeyer Cooksey, MPH, DIS Senior Epidemiologist gail.cooksey@cdph.ca.gov, Cell: 267-566-5197, Work: 510-620-3631
- Lauren Linde, MPH, Surveillance Epidemiologist lauren.linde@cdph.ca.gov
- Sam Schildhauer, MPH, Surveillance Epidemiologist samuel.schildhauer@cdph.ca.gov

Appendices

Appendix A. Data Abstraction Form	 Appendix A. Data Abstraction Form_V8
Appendix B. Patient Intake Form	 Appendix B. Patient Intake Form_V8.doc
Appendix C. Patient-level Data Collection Tool	 Appendix C. Patient-level Data C
Appendix D. CalREDIE data entry	 Appendix D. CalREDIE Data Entry
Appendix E. Modeling Activity Variables	 Appendix E. Modeling Activity Va
Appendix F. Healthcare Facility Onboarding	 Appendix F. Onboarding Health

References

1. Zwald ML, Lin W, Sondermeyer Cooksey GL, et al. Rapid Sentinel Surveillance for COVID-19 — Santa Clara County, California, March 2020. MMWR Morb Mortal Wkly Rep. ePub: 3 April 2020. DOI: http://dx.doi.org/10.15585/mmwr.mm6914e3
2. Spellberg B, Haddix M, Lee R, et al. Community prevalence of SARS-CoV-2 among patients with influenzalike illnesses presenting to a Los Angeles medical center in March 2020. JAMA 2020
3. Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19) Guidelines for Clinical Specimens. https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html.

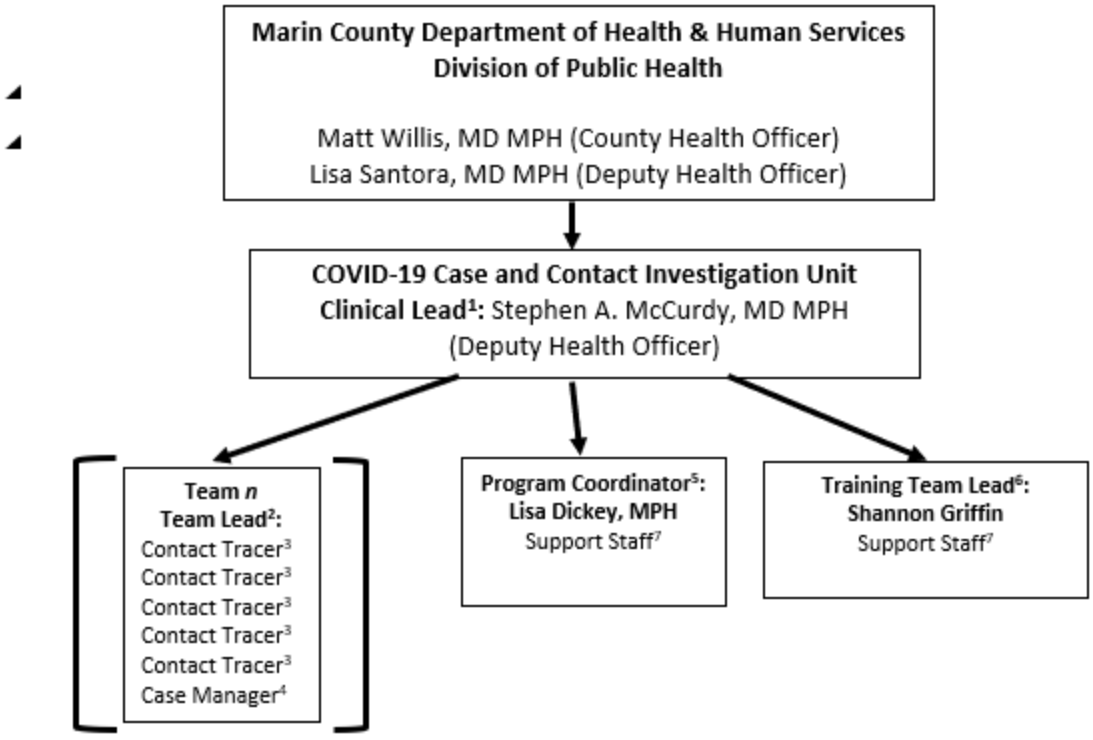
APPENDIX D: COVID-19 Case and Contact Investigation Unit Variance Attestation

I. Overview of Case Investigation and Contact Tracing

The overall purpose of Case Investigation and Contact Tracing is to identify and isolate infectious Index Cases (i.e., persons with a positive COVID-19 PCR test result) and their associated Close Contacts, thereby reducing their contact with susceptible persons and spread of infection.

Figure 1 below illustrates the organizational structure of the COVID-19 Case and Contact Investigation Unit (C3IU), which is charged with these tasks.

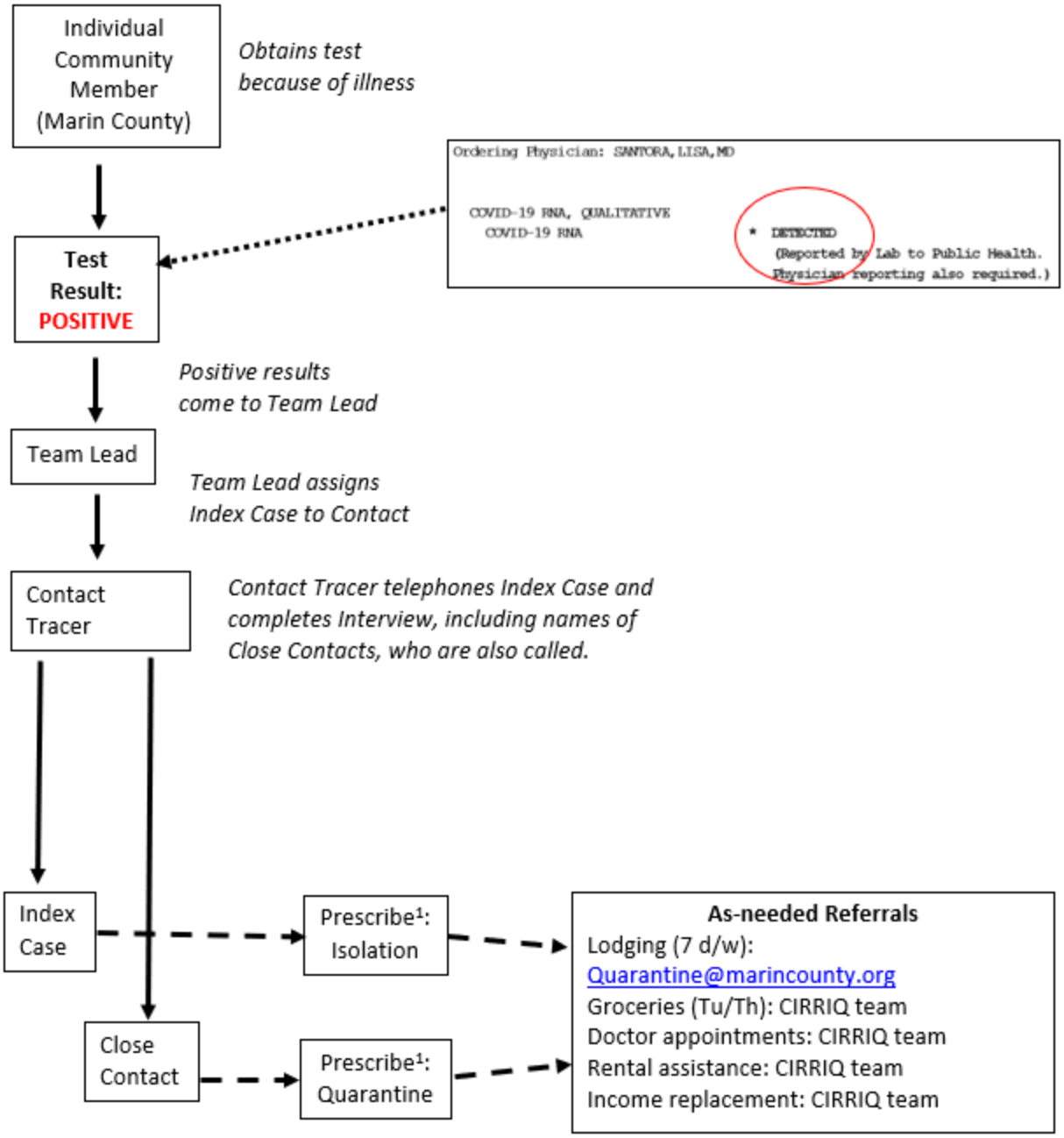
Figure 1. Organizational Structure



(We anticipate a total of *n* = 10 teams, each consisting of a Team Lead, 5 Contact Tracers, and a Case Manager.)
(Case Managers shown here embedded in Teams. We may move to a separate Case Management group.)

Figure 2 illustrates the process of communicating with Index Cases and Close Contacts.

Figure 2. Diagram of Testing and Communication with Index Cases and Close Contacts.



1: *Isolation* and *Quarantine* are not recommendations or guidance; they are legally binding orders. We must be artful and empathetic in communicating this and emphasize resources (e.g. lodging, groceries, income assistance) available to assist.

Summary: All laboratories performing COVID-19 PCR testing provide results to the Marin County Division of Public Health. Positive results (i.e., for Index Cases) are forwarded to the COVID-19 Case and Contact Investigation Unit, where a Team Lead distributes them to the team of approximately five Case Investigators/Contact Tracers. The Case Investigators/Contact Tracers communicate with their assigned Index Cases to determine demographic characteristics and clinical features (symptoms, date of onset if symptoms present). Index Cases are required to *Isolate*, i.e., remain at home without contact with others, for at least 10 days. Case Investigators/Contact Tracers also learn from the Index Case about any associated Close Contacts, such as family and household members and co-workers. These Close Contacts are required to *Quarantine* for

14 days beyond their most recent exposure to an Index Case. We also educate and make referrals for resources, including lodging, food, and income replacement, during *Isolation* or *Quarantine*.

2. Status of Indicators

Table 1 below shows the indicators relevant to the COVID-19 Case and Contact Investigation Unit.

Table 1. Activity Indicators		
Indicator	**Target value**	**14-day average (5/28/20 – 6/9/20)**
Daily Tests	$2.0/10^5$ = 500/day	629
% of Tests Positive	-	2.1%
Daily New Index Cases	-	13.2
% Index Cases Reached within 24º	90%	79%
% Index Cases Reached overall	90+%	90%
Close Contacts per Index Case	-	3.5
% Close Contacts Reached overall	-	47%

3. Workforce Capacity

Table 2 below shows our estimated need for human resources and current status.

Table 2. Human Resource Needs			
Role	**Estimated need[1]**	**Current status**	**Comment**
Clinical Lead	1	1	Stephen McCurdy, MD MPH
Program Coordinator	1	1	Lisa Dickey, MPH
Training Coordinator	1	1	Shannon Griffin
Team Lead	10	4	Plans to onboard professional staff after CAConnect transition
Case Investigator/Contact Tracer (includes professional staff and volunteers)	50	39	Plans to onboard professional staff and volunteers after CAConnect transition
Case Managers	5	1	Currently working with Marin Health, Canal Alliance, and Marin Community Clinic to increase staffing.
1: Estimates are based on experience of surrounding counties, adjusted for population size and other local factors.			

4. Transition to CAConnect

We are currently transitioning to the CAConnect system, the statewide data platform for Case Investigation and Contact Tracing. Over the coming two weeks, we will have trained all staff and completed our transition. Transition to CAConnect will improve our ability to document the status of Index Cases and Close Contacts and standardize communications with our clients.

APPENDIX E: ACS Activation and Deployment Plan

MARIN HEALTH & HUMAN SERVICES

Marin County Health and Human Services

ACS Activation and Deployment Plan

For COVID-19 Pandemic - 2020

INCIDENT MANAGEMENT TEAM NORTH BAY

MARIN COUNTY SHERIFF OES OFFICE OF EMERGENCY SERVICES

FINAL Version 2.0

April 28, 2020

Marin County ACS Activation and Deployment Plan for COVID-19

Executive Summary

The California Department of Public Health Standards and Guidelines for Healthcare Surge Emergencies defines healthcare surge as follows:

"A healthcare surge is proclaimed in a local jurisdiction when an authorized local official, such as a local health officer or other appropriate designee, using professional judgment determines, subsequent to a significant emergency or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity in hospitals, long-term care facilities, community care clinics, public health departments, other primary and secondary providers, resources and/or emergency medical services."

The Marin County ACS Activation and Deployment Plan for COVID-19 was prepared specifically for Marin County's response to the COVID-19 pandemic and includes guidance and a framework for response when the number of injured or ill patients exceeds the capacity of area hospitals. External healthcare surge may be necessary during an acute infectious disease outbreak, such as the current COVID-19 pandemic. This plan is also being modified to address the potential need to support residential facility and skilled nursing facility populations which have been evacuated due to staffing or facility failures.

This plan includes guidance for:

- Assessing the need for an external healthcare surge.
- Activating external healthcare surge operations, including personnel able to activate.
- Coordinating response from the Operational Area Emergency Operations Center (EOC) Operations Section, Surge Branch, Medical/Health Branch and the HHS Department Operations Center (DOC) as it relates to external healthcare surge.
- Managing resources for external healthcare surge including facilities, staffing, and equipment and supplies.
- Activating government Alternate Care Sites (ACS), including facilities used, level of care, and staffing.
- Ethical principles of surge, including the allocation of scarce resources.
- Waivers of liability during emergencies.

Marin County external healthcare surge operations may include any of the following, depending on the situational assessment:

- Operational Area EOC and HHS DOC
- MHOAC to provide medical support
- EOC Logistics Section to provide logistics support
- Medical supplies and pharmaceuticals from the Strategic National Stockpile (SNS)
- Alternate Care Site (ACS)

Version Date: 04/28/2020

Marin County ACS Activation and Deployment Plan for COVID-19

This plan describes, but does not include complete management, set-up, and operations for an ACS, which are detailed in the Marin County Alternate Care Site (ACS) Plan. The purpose of the ACS is to absorb patient load as resources permit, until hospitals, clinics, long-term care facilities and other local healthcare system facilities can once again treat all patients.

The goal of an establishment of the ACS is to provide additional capacity in the County healthcare system in the event of a surge of patients due to an unforecasted event. The ACS will be established to provide local area hospitals with a "Medical-Surgical-type of facility", treating only less acute, non-acute ambulatory patients. The ACS may also provide/support palliative and hospice care.

In the case of ACS Activation and Deployment for COVID-19, *the specific goal is to provide COVID and Non-COVID ACS facilities to support healthcare facilities to manage their in-facility populations.*

During a healthcare surge, the standard of care will shift from focusing on patient-based outcomes to population-based outcomes. The provision of healthcare services to support inpatient and outpatient care required after a catastrophic emergency is subject to the availability of resources needed to provide that care. Those persons involved in formulating and implementing the response to a healthcare surge should pursue the goal of preserving as many lives as possible.

External Healthcare surge activation will require activation of the HHS DOC or Operational Area EOC, which has already occurred. The activation of the ACS Activation and Deployment Plan for COVID-19 *may also require the activation of an ACS Unit or an External Patient Surge Group under the Medical Health Branch of the Operational Area Emergency Operations Center to coordinate the process between the hospitals and Alternate Care Sites, as well as directly support the Alternate Care Sites.*

Plan Approval:

_____ Date: ___/___/2020

Angela Nicholson
Assistant County Administrator
County of Marin

Version Date: 04/28/2020

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Marin County ACS Activation and Deployment Plan for COVID-19

1. Introduction

a. Purpose of the Plan

The Marin County ACS Activation and Deployment Plan for COVID-19 includes guidance and a framework for response when the number of injured or ill patients exceeds the capacity of area hospitals. This plan is intended as an Appendix to the Marin County Healthcare Surge Plan (03/2015) and focused on the response to the COVID-19 pandemic beginning in March 2020.

Operational procedures for the set up and management of Alternate Care Sites have been developed in the Marin County Alternative Care Site (ACS) Plan (06/2010).

This plan includes guidance to:

- Determine the need for an external healthcare surge.
- Activate external healthcare surge operations.
- Activate resource management in support of the Alternate Care Sites.
- Coordinate response from the Operational Area Emergency Operations Center (EOC) Operations Section, Medical Health Branch in support of the ACS Activation and Deployment Plan for COVID-19.
- Coordinate external healthcare surge with area acute care hospitals:
    - Kaiser Hospital, San Rafael
    - Marin General Hospital, Greenbrae
    - Novato Community Hospital, Novato
    - Kentfield Rehabilitation Hospital, Kentfield
- Manage resources for external healthcare surge including:
    - Alternate Care Site Facilities
    - Expanded workforce in support of Alternate Care Sites
    - Equipment and supplies in support of Alternate Care Sites

External healthcare surge will require coordination with the Operational Area EOC to:

- Coordinate overall county support of an ACS if activated, which may include transportation, communications, law enforcement, sanitation, water supply, and other support, as required.

b. Precedence of Plans

The ACS Activation and Deployment Plan for COVID-19 is based on the Marin County Alternate Care Site Plan (06/2010) and includes specific guidance and recommendations based on the COVID-19 pandemic. In that sense, the guidance and recommendations in this plan should be read as superseding the Alternate Care Site Plan. However, items not addressed in this plan should still be based on that Alternate Care Site Plan.

c. Definitions

The following definitions are used to describe county healthcare surge:

- **Alternate Care Site (ACS)** – A location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support, at a minimum, inpatient and/or outpatient care required after a catastrophic emergency. Alternate Care Sites are not part of the expansion of an existing healthcare facility, (i.e., general acute care hospitals, clinics, or long-term care facilities), but rather are designated under the authority of the local government. More than one ACS may be opened, if resources allow.

- **External Hospital Patient Surge** - The movement and care of patients from a hospital to and from Alternate Care Sites established by the County of Marin. The hospital no longer retains medical oversight and medical control of patient care at the Alternate Care Site.

- **Field Treatment Site (FTS)** – A temporary medical support facility/site that is established in times of emergency or disaster when medical health resources are overwhelmed. In Marin County, a Field Treatment Site may be established adjacent to a hospital when the hospital must expand the footprint to provide care for additional patients. In this case, the hospital requests EOC assistance to set up and staff the FTS. The hospital retains medical oversight and control of patient care at the site.

- **Healthcare Surge** - A healthcare surge is proclaimed in a local jurisdiction when an authorized local official, such as a local health officer or other appropriate designee, using professional judgment determines, subsequent to a significant emergency or circumstances, that the healthcare delivery system has been impacted, resulting in an excess in demand over capacity in hospitals, long-term care facilities, community care clinics, public health departments, other primary and secondary providers, resources and/or emergency medical services. The local health official uses the situation assessment information provided from the healthcare delivery system partners to determine overall local jurisdiction/Operational Area medical and health status.
- **Healthcare System** – For the purposes of this plan, the healthcare system is described as the types of health care delivery in Marin County including, for example:
    - Acute care hospitals
    - Long-term care facilities
    - Rehabilitation centers
    - Community clinics
    - Public Health clinics and services
    - Outpatient surgery centers
    - Urgent care centers

- Dialysis centers
- Physician offices
- Medical laboratories
- Emergency Medical Services Agency
- Public and Private ambulance services
- Diagnostic centers
- Physical therapy centers

- **Hospice Care** - To provide symptom control and psychosocial support to patients who are in the last six months of life and who have elected to pursue treatment for their symptoms, but not for the illness itself. In general, these patients have elected not to be brought to the hospital if they physically decline.

- **Hospital Surge** – Activities of a hospital when they must expand the footprint to care for an overwhelming number of patients. Hospital surge may include the need to expand to another site. The hospital retains medical oversight and medical control of patient care at the site. The hospital may request additional resources from the Operational Area EOC for this purpose.For the purposes of this plan, this includes the movement of patients to and from other hospitals in the same healthcare system. (Internal Surge).

- **Hospital Surge Plans** – Procedures to manage physical space, personnel allocation, and equipment and supplies if conventional available health care resources are overwhelmed in the setting of a mass casualty, infectious pandemic, or other surge in demand for healthcare resources.

- **Medical Surge Capacity** – The ability to evaluate and care for a markedly increased volume of patients that challenges or exceeds normal operating capacity. This may require the use of additional medical health resources to care for a number of patients that exceeds day-to-day operations during emergency response. This may include field treatment sites, alternate care sites (ACS) and/or deployment of related equipment, supplies or pharmaceutical caches.

- **Palliative Care** - To provide medications or other interventions to reduce physical, emotional, and spiritual suffering in the context of a life-threatening or life-limiting illness. Patients may continue to receive standard medical care for their illness in addition to hospitalizations. PC providers have expertise in guiding patients and their families through complex decision-making including changes to code status and advance directives.

- **Spiritual Care** - To provide non-denominational psychosocial support to patients who are experiencing significant illness. Spiritual care providers have expert

knowledge and skill in facilitating religious or spiritual practices for patients with serious illness including dying patients. They also explore issues around advance care planning and end-of life care, including burial planning.

- **Standard of Care** – The utilization of skills, diligence, and reasonable exercise of judgment in furtherance of optimizing population outcomes that a reasonably prudent person or entity with comparable training, experience or capacity would have used under the circumstances.

- **Surge Event** - A significant event or circumstances that impact the healthcare delivery system resulting in excess demand over capacity and/or capability in hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services.

- **Triage** – The process of sorting people based on their injuries or illness. Triage is done when limited medical resources must be allocated to maximize the number of survivors.

d. Scope and Limitations

- This ACS Activation and Deployment Plan for COVID-19 addresses how the County manages ACS Activation and Deployment It does not address pre-hospital or hospital activities and surge.
- Each acute care hospital maintains an internal hospital medical surge plan. Hospital medical surge plans describe how the hospital manages patient load internally. This plan does not describe procedures for internal hospital surge.
- This plan does not include operational procedures to setup and manage a Marin County ACS. These are detailed in a separate Marin County ACS Plan, however based on this particular pandemic, this plan does recommend modifications to the ACS plan specific to this COVID-19 event.
- This plan does not include a detailed assessment of the potential number of injured or ill cases that would be referred to Alternate Care Sites resulting from the COVID-19 pandemic.
- Selected information on county surge capacity developed by Marin HHS is included.
- A detailed Hazard Vulnerability Analysis (HVA) was not prepared specifically for this plan. Instead, this plan refers to HVA information prepared for other county response plans.

e. Related Plans

The Marin County Operational Area Medical Health Annex outlines concepts and policies to provide medical and public health response in emergencies and disasters, including strategies to:

- Maintain medical capabilities and provisions for self-sufficiency for 96 hours or more.
- Recognize and characterize the event as quickly as possible.
- Save as many lives as possible.
- Minimize morbidity/mortality from disease and/or injury to the extent possible.
- Utilize all existing resources within the county prior to requesting regional/state/federal assistance.
- Provide timely and accurate medical and public health information and guidance to affected populations and responding organizations.

The following Marin County response plans and county code provisions contain additional information related to the ACS Activation and Deployment Plan for COVID-19:

1. Marin County Operational Area Emergency Operations Plan (EOP), October, 2014
2. Marin County Healthcare Surge Plan, March 2015
3. Medical/Health Annex, November 2006
4. Medical Countermeasures Plan, March 2015
5. Pandemic Influenza Emergency Response Plan, June 2014
6. Surveillance and Epidemiologic Response Plan, June 2006
7. Public Health Risk Communication Handbook, October 2014
8. Medical/Health Supplies Receipt and Management Plan, July 2009
9. Alternate Care Site Plan, June 2010
10. Multiple Patient Management Plan, January, 2018
11. Marin County Code, Title 2, Chapter 2.99

f. Planning Scenario

In the current case, the need for a healthcare surge in Marin County is the result of the COVID-19 pandemic, which may cause an overwhelming number of injured or ill patients who may require hospitalization and external healthcare surge.

Medical surge planning requires consideration of the following for different scenarios:

1. *Will the expected number of patients exceed the bed capacity in the county?*

2. *What is the likely severity of injury or illness? And, will specialized or complex surgical or medical treatment be required?*

3. Would decontamination or isolation be required?

4. Would specialized equipment, such as ventilators be required?

5. What is the geographic impact of the event and would assistance and resources be available within the region or from the State or Federal government?

6. What is the likely duration of the incident?

7. What is the impact of the event on the healthcare delivery facilities and the county infrastructure? Would hospitals be damaged and require evacuation?

8. Would hospital and other healthcare staff be impacted by illness or injury?

9. Would staff availability be impacted due to safety and exposure concerns?

For planning purposes, the following scenario was considered:

SCENARIO	DESCRIPTION	IMPACTS
#1 – Acute Infectious Disease	Pandemic influenza, Severe Acute Respiratory Syndrome (SARS), illnesses associated with bioterrorism including smallpox, anthrax, plague.	An illness event with long duration and widespread impact within and outside of Marin County. Healthcare workers may be ill, and the community support infrastructure may be impacted by illness. The County Public Health Officer may order population-based protective measures. The number of patients needing ventilators will exceed resources. The worried well may impact the Emergency Department (ED) capacity. Note – As observed so far in this event, we are observing a different effect with the imposition of Shelter-in-place and similar measures. It appears that people are instead staying at home too long with Non-COVID illnesses with negative consequences. This may be the result of Non-COVID patients avoiding the ED to avoid COVID exposure. *(See the Pandemic Preparedness and Response Plan for additional planning scenario assumptions).*

g. Planning Assumptions

1. All licensed hospitals have internal operational medical surge plans.
2. Efforts to handle surge within hospital facilities, their healthcare systems (Such as Sutter and Kaiser), and the ability to seek hospital capacity in other counties has been exhausted.
3. The Medical Health Operational Area Coordinator (MHOAC) program has been activated to request medical mutual aid resources.

4. Local hospitals and healthcare providers may be required to be self-sufficient for several hours to days before adequate resources arrive in the County, as mutual aid may be severely limited.
5. Transfer of patients from other Operational Areas is not anticipated while Marin County is in Surge conditions.
6. County healthcare surge operations seek to save as many lives as possible and minimize morbidity/mortality from illness or injury to the extent possible.
7. The three primary hospitals can increase their bed count from a total of 239 to 403.
8. The Alternate Care Site should plan to support up to 250 beds.
9. Sites for additional Alternative care Sites should also be identified.
10. ACS Focus is primarily on COVID patients well enough to avoid admission but not safe for home/residential care treatment and COVID patients eligible for discharge from the hospital but not safe for home/residential care treatment or skilled nursing care. Secondarily, similar Non-COVID patients can also be accommodated in a separate or separated facility.
11. No other large-scale emergency situation (i.e. earthquake, community fire) will cause the emergency response efforts and resources for this event to be diverted.

2. **Concept of Operations:**

a. Authority to Activate:

1. The Public Health Officer (PHO) or his/her designee, the Medical Health Operational Area Coordinator (MHOAC), or the EMS Medical Director may determine when to activate county healthcare surge, when to activate an Alternate Care Site (ACS) and when to activate this ACS Activation and Deployment Plan for COVID-19 and the External Patient Surge Group within the Medical Health Branch of the Marin Operational Area EOC.

2. In the case of COVID-19 authority to activate is provided as follows: "Indication from CDC modeling tools that the incidence of illness during a pandemic will increase." (Marin County Public Health Department ALTERNATE CARE SITE (ACS) PLAN VOLUME 1 – ACS Activation and Set-Up Final Draft June 2010, page 5)

b. Activation:

1. ACS: Activation Checklist with "actions" and "who is responsible" can be found in the Marin County Public Health Department ALTERNATE CARE SITE (ACS) PLAN VOLUME 1 – ACS Activation and Set-Up Final Draft June 2010, beginning on page 11. This checklist assumes the activation of the Operational Area EOC and Medical/Health Branch.

3. Actions / Triggers / Decision Points for ACS activations

Figure 1: ACS Activations

	Who	What
		Ensure that all three hospitals have set up surge tents at their facilities to function as Field Treatment Sites
		Resource requests/orders need to be entered as soon as possible once the decision is made to activate the ACS. Details on staffing and equipment needs are detailed later in this plan.
		Identify Alternate Care Site
		Determine if plans are being made at the federal level for a hospital ship to be dedicated to the Bay Areas
		EMS RAS Guidance/Protocol – See attachments
		Query on inpatient hospice availability

		Regional receiving facility inquiries and coordination
		Mass Fatality Plan Activation (Hospital action. All use same mortuary – Chapel of the Hills)

Figure 2: Determining Surge

ARE HOSPITALS COPING WITH PATIENT OVERLOAD?	IS THE COUNTY IN HEALTHCARE SURGE?	WILL THE COUNTY SOON BE IN HEALTHCARE SURGE?
• Is there one hospital in Marin • County with patient overload, but no emergency event has occurred. • Can patient overload be managed internally? • Can patient overload be managed through diversion to another hospital? • Can other hospitals receive patients?	• Are multiple hospitals in Marin unable to accept patients due to patient overload? • Is any hospital unable to function due to physical damage? • Is there 1 or more SNF/RCFE facilities in or anticipated to be in Major Impact? • Is infrastructure in Marin damaged so that utilities and HVAC are impacted and will compromise healthcare? • Has the Marin County Health Officer proclaimed a Local Health Emergency? • Have all hospitals in Marin activated their internal surge plans?	• Is there an infectious disease outbreak that may result in patients that will overload Marin's healthcare system capacity, including SNF/RCFE facilities? • Is there an infectious disease outbreak somewhere is the world meeting WHO or CDC criteria for a pandemic and is this anticipated to significantly impact Marin County? • Has there been an event (e.g. earthquake) outside of Marin that may result in an influx of patients that could overload the healthcare system?
COUNTY HEALTHCARE SURGE IS NOT REQUIRED	**IF THE ANSWER IS "YES" TO ANY OF THESE QUESTIONS, COUNTY HEALTHCARE SURGE SHOULD BE CONSIDERED.**	**IF THE ANSWER IS "YES" TO ANY OF THESE QUESTIONS, COUNTY HEALTHCARE SURGE IS REQUIRED.**

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Figure3: Surge Levels

LEVELS	ACTIONS TO CONSIDER

1. **MINOR SURGE**
Current overall healthcare system can handle the event by expanding footprints, canceling elective procedures, and shifting patient loads. MHOAC may consider deployment of Marin Medical Reserve Corps volunteers.
 	
2. **MODERATE SURGE**
Current capacity and capability is exceeded. Hospitals may transfer less acute patients to other facilities. MHOAC may consider deployment of Field Treatment Sites and/or medical supply trailers and caches. RCFE/SNF at major impact status.
 	
3. **SEVERE SURGE**
Hospitals are overwhelmed and/or logistics (personnel & materiel) are unable to handle the volume of patients or severity of illness and medical care required. The County may consider activation of an Alternate Care Site. Three RCFE/SNF facilities at Major Impact and/or One or more RCFE/SNF at Major Impact and at least One Closed.
 	
4. **CATASTROPHIC SURGE**
All of the above and the surrounding jurisdictions are unable to provide assistance.
	• Proclamation of a Local Health Emergency by Health Officer.
	• Proclamation of a Local Emergency by
	  ○ Director of Emergency Services.
	• Activation of Operational Area EOC.
	• Deployment of Marin Medical Reserve
	  ○ Corps.
	  ○ EOC conducts planning to determine current and anticipated extent of healthcare impacts and develops an Incident Action Plan (IAP).
	• Medical Health Branch in EOC Operations
	  ○ Section coordinates with hospitals.
	  ○ Public Health Officer coordinates with regional Health Officers.
	  ○ The MHOAC updates and coordinates with the RDMHC/S.
	• The Health Officer coordinates with the
	  ○ CDPH or CDC for situational guidance.
	  ○ The Health Officer, MHOAC, or EMS Medical Director recommends opening the Marin ACS.

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3. If a single ACS is activated IMT staff can integrate into the ICS structure of the Command and General Staff of the ACS.

4. If multiple ACS sites are activated, The IMT, in collaboration with the Medical/Health Branch will establish an ACS Unit within the Medical Health Branch or an Area Command Structure such an External Patient Surge Group to assist with management, communication and coordination between the ACS's and the EOC Medical Health Branch.

Figure 4: Position of the Surge Branch in the Emergency Operations Center

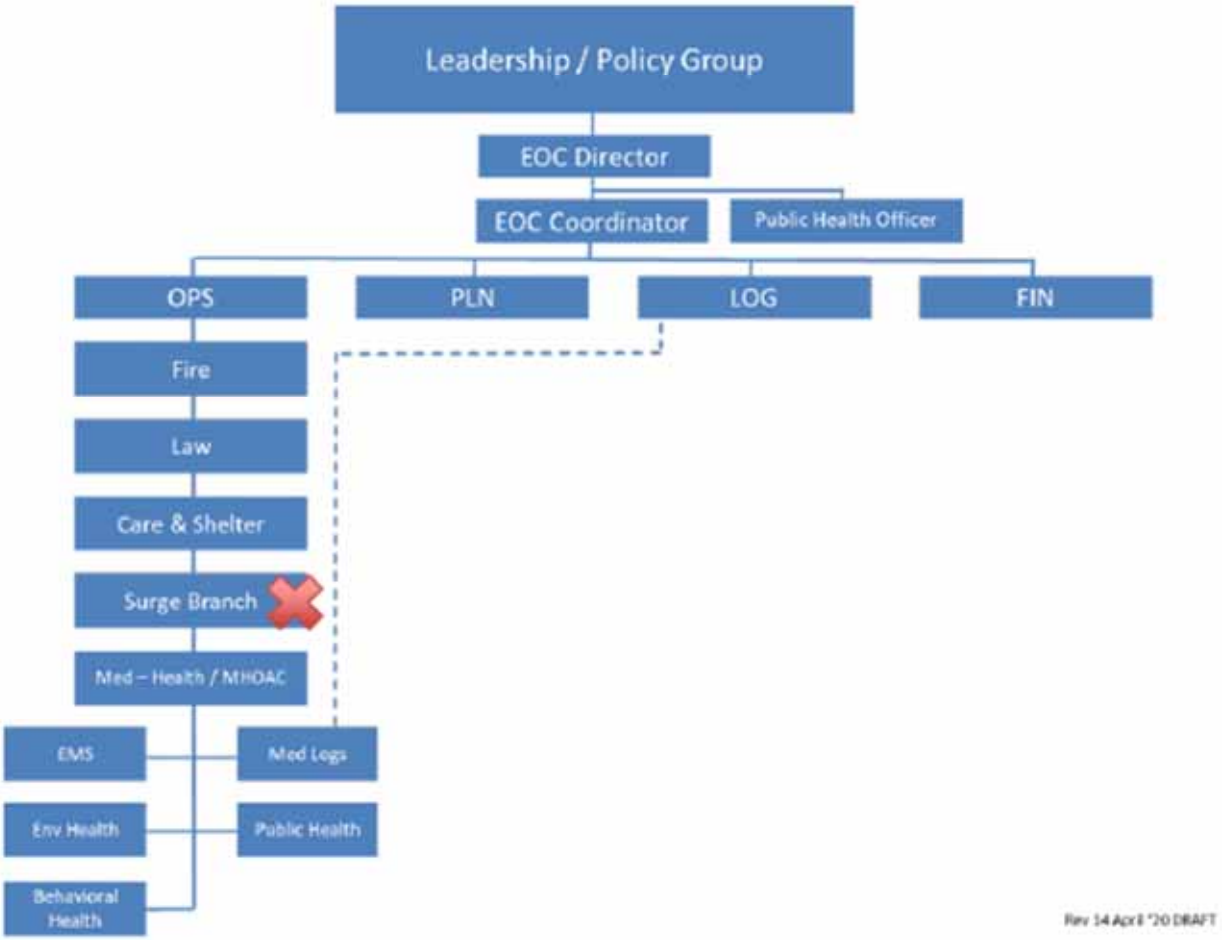

Figure 5: Position of the ACS Site(s) in the EOC Operations Section

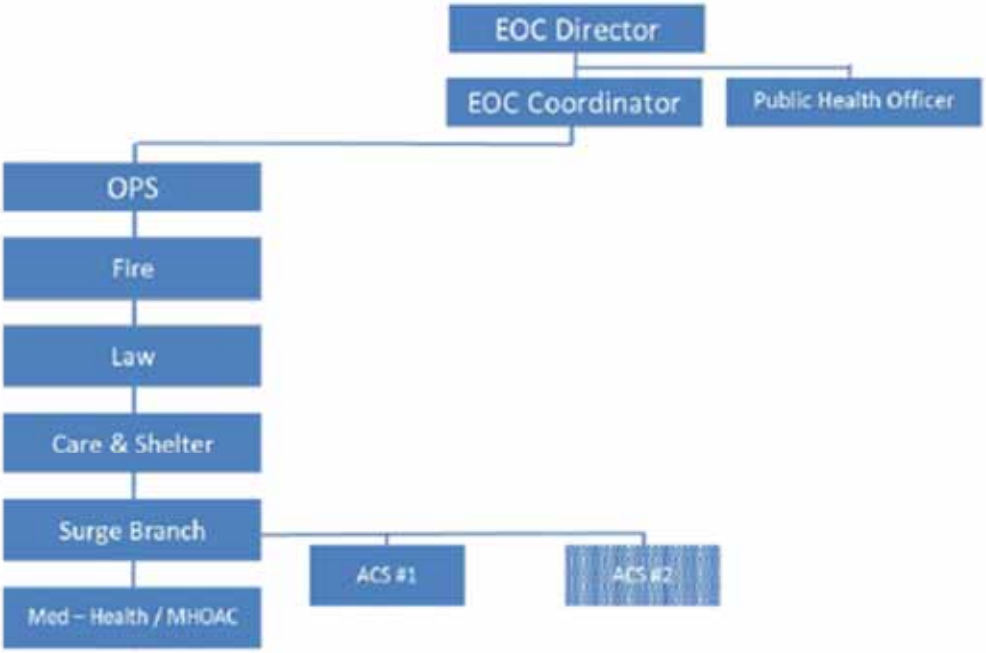

Figure 6: Organization Chart for the External Patient Surge Group

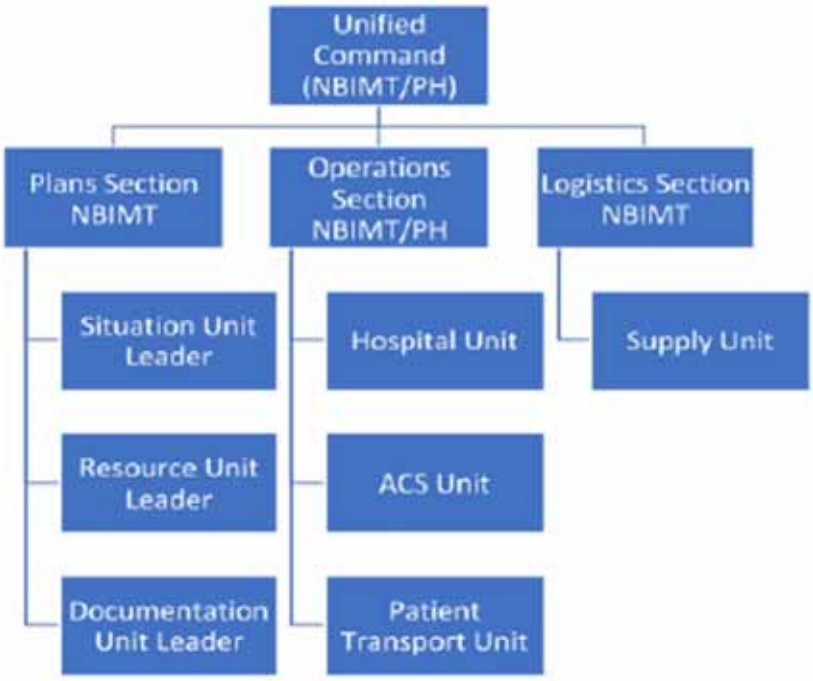

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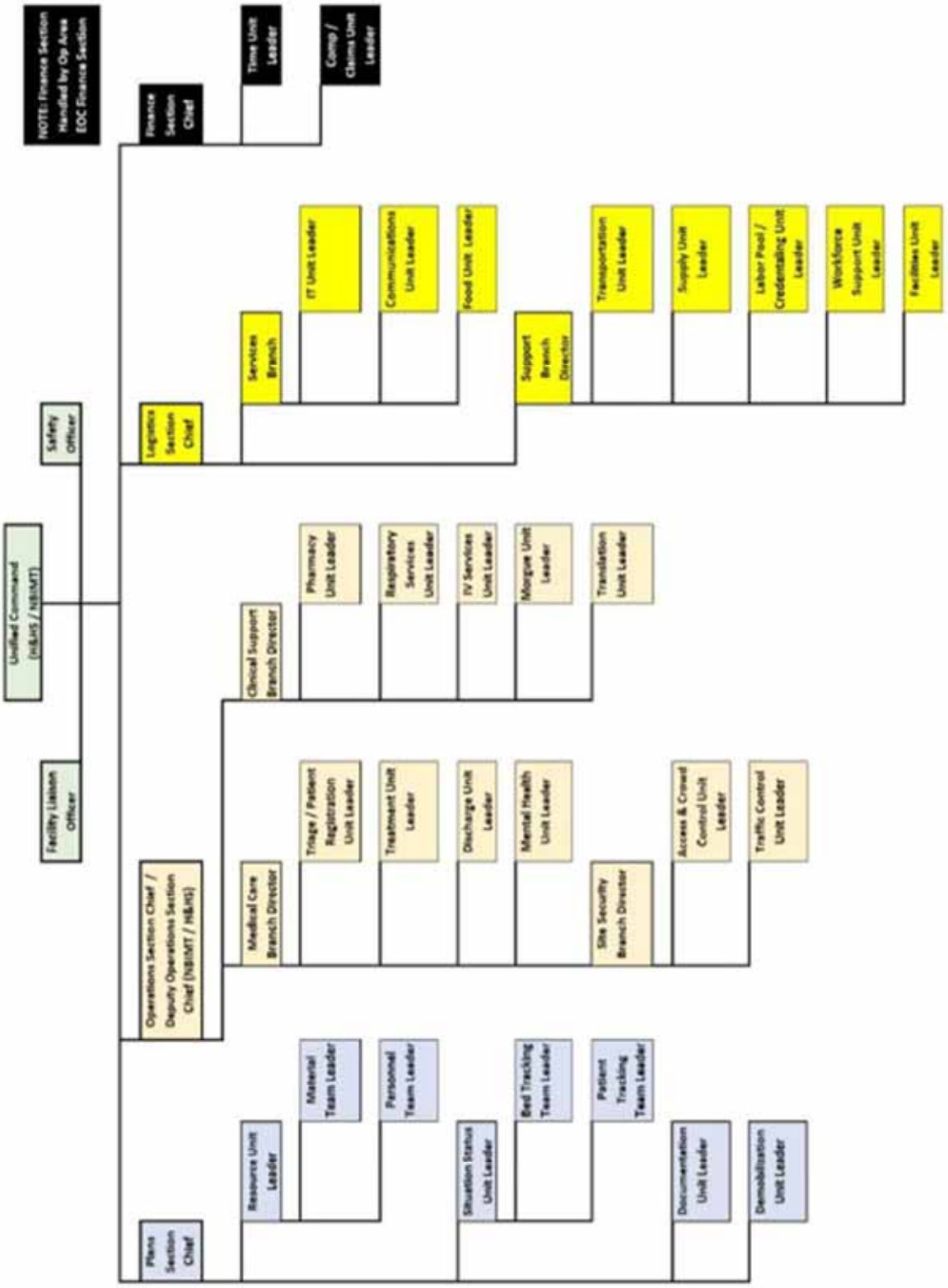
Figure 7: Organization Chart for the Alternative Care Site (250 bed Activation)



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5. An ACS Site Set-Up Team is assembled and deployed by the Logistics Section of the EOC or Department Operations Center and arrives on-site to set up equipment and supplies into areas designated for ACS.
6. The Logistics Section should be provided as much advance notice of the activation in order to fill the personnel order. A list of positions needed for a full ACS activation are found in the Alternate Care Site (ACS) Plan, Volume 2 – ACS Management and Operations, Attachment B, beginning on Page 1. There are 38 specific positions listed for a full ACS activation.
7. At a minimum, the decision to activate an ACS should provide AT LEAST seven days to obtain resources and staffing, set up the facility and conduct just in time training before acceptance of patients. For planning purposes, the activation schedule should include:
    a. Day One - Place all resource and staffing resource requests, confirm location agreement.
    b. Day Three - Begin on-line staff meetings with ACS leadership
    c. Two days prior to Patient Acceptance - Physical Set Up of Facility
    d. One day prior to Patient Acceptance - ACS staff meets for introductions, assignments, training and scenario exercises.

c. Ongoing Operations:

1. Once an ACS is activated, Patient Flow follows the following process:

a. Pre-Hospital Activities: Patients may present at the hospital by ambulance or walk-in. (Detailed plans are in development by the Fire Operational Area Coordination (FOPAC).)
b. Hospital Activities: Hospitals are expected to manage their patient loads internally based on:
    i. Their normal facility capacities.
    ii. Expanded on-site Surge capabilities within the facility and on the grounds of the facility
    iii. Opportunities for transfers of patients within the hospital's healthcare system, for example Sutter facilities to Sutter facility or Kaiser to Kaiser facilities.
c. Post-Hospital Activities:
    i. Patients may be moved from the hospital setting to an Alternative Care Site to open capacity within the hospital facility.
    ii. Patients may need to be moved back to a hospital setting if they need care beyond the capability of the ACS.
    iii. Transfers to ACS must be approved by the ACS prior to transfer.
    iv. ACS facilities will not accept walk-in patients.
    v. ACS facilities will be identified as COVID or Non-COVID facilities.
    vi. Once a patient is transferred to an ACS facility, they are the responsibility of that ACS.

vii. California Government Code Section 8659 addresses immunities in that physicians, hospitals, pharmacists, respiratory care practitioners, nurses, and dentists who render services during a declared emergency do not have any liability for any injuries sustained as a result of these services, provided that the injuries are not caused by willful conduct. This means that these providers enjoy broad immunity from malpractice claims when they are responding to an emergency such as the COVID-19 crisis.

d. Triggers for Transfer to an ACS facility.
   i. The hospital should contact the ACS (Or External Patient Surge Group, if activated) when they anticipate needing to transfer patients to the ACS.
      1. Hospitals should consider transfers to ACS when 90% of their internal bed capability is in use.
      2. Transfers to ACS should be scheduled no more than once each morning and once each afternoon/evening. Late night/Early morning transfers should be avoided unless exigent.
      3. Hospitals will be encouraged to arrange their own transportation from Hospital to Alternate Care Site. If a hospital is not able to arrange transportation, the ACS or External Patient Surge Group will coordinate transportation through EMS resources.
      4. For Hospital and SNF/RCFE transfers, if medically appropriate, alternative transportation models may be considered. Examples include:
         a. Ambulances: Fire or Private
         b. Para Transit or Buses
         c. Facility Owned Vans and Buses
         d. Agency Buses and Crew Vehicles
         e. Families, if Non-COVID

e. Patient Types acceptable for transfer to ACS:
   i. COVID patients well enough to avoid admission but not safe for home/residential care treatment
   ii. COVID patients eligible for discharge from the hospital but not safe for home/residential care treatment or skilled nursing care.
   iii. Non-COVID patients similar to above (If Non-COVID bed space is available).
   iv. See Figure 8 – Patient Transfer Guidelines (Page 20) for details.
   v. Skilled Nursing Facility Patients (SNF) and Residential Care Facility for the Elderly (RCFE), that otherwise meet criteria for transfer to an ACS facility. These transfers, as with hospital transfers, will require doctor to doctor discussions prior to acceptance.
   vi. Patients utilizing or needing Palliative Care (PC), Hospice Care or Spiritual Care (SC) can be transferred to an ACS facility provided they otherwise meet criteria for transfer to an ACS. The ACS will cooperate providing Palliative Care, Hospice Care and Spiritual Care providers access to patients at the ACS.

Figure 8: Patient Transfer Guidelines

ABOVE THE LINE – NO Transfer to ACS	BELOW THE LINE – CAN Transfer to ACS
Pts on any sort of medication drip	SpO2 ≥ 90% on ≤ 6L NC
Intubated or vent	Hospice enrolled
Severe Dementia / Dementia with Behavioral Disturbance / Elopement Risk Acute Severe Mental Illness / Severe Delirium	Mild Dementia / Any Dementia on Hospice No Acute Severe Mental Illness
Cardiac patients/monitored or requiring cardiac monitoring / Arrhythmia / HR >115 / Heart failure / Other Cardiovascular condition	Non ambulatory if post op or not requiring continuous assistance No Significant Rehab Needs
Pts that require higher level labs. troponin etc.	BG checks
C-diff	Foley
High flow oxygen	Heplock peripheral IV or NS TKO or D5 but no other med. drips
Pregnant /Pediatrics	Basic wound care
Immunocompromised (HIV, high-dose steroids, TNF- Alpha	Trach suctioning not deep suctioning
Needing Imaging	Basic labs (point of care)
BP below baseline	Basic NG tube with continuous suctioning
Asthma, COPD, or Other Lung Disease	Basic PEG feeding
Current Solid Organ or Hematological Malignancy	Low Safety Risks (Falls, Wandering, Elopement)
End-Stage Renal Disease or End-Stage Liver Disease	Able to feed self
Active Alcohol Use Disorder with Prior Withdrawal, DT's, or Seizures	Hemodynamically Stable

f. Patient Movement between facilities:
   i. Transfers in from Hospitals:
      1. Every effort will be made to have the transferring hospital facility arrange for transportation from the hospital facility to the ACS site.
      2. If the hospital is unable to arrange transportation, the ACS (Or External Hospital Patient Surge Group) will request transportation from EMS. It is not anticipated that the ACS will have its own internal patient transportation capability.

g. Patient release from ACS:
   i. Release to home -With support from Discharge Planners, patients may be released to home or care facilities when appropriate.
   ii. Transfer to Hospital – Alternate Care Sites cannot offer the same breadth of services as a hospital and will not be able to perform the close monitoring needed if a patient's condition deteriorates. When this occurs, patients may have to be transferred to a hospital as a result of their worsening condition. A patient may also be transferred to a hospital if a provider assesses that they require medical care beyond the level available at the alternate care site for an acute medical issue (e.g., new onset abdominal pain, worsening respiratory status.)
   iii. Transfer to morgue - Should a patient not survive; the patient will be transferred to a morgue/mortuary facility.

Figure 9: Patient Flow

Pre-Hospital Care	Hospital Care / Internal Surge	External Surge / ACS Care
RESPONSIBLE: BWO by MCFD	RESPONSIBLE: Hospital Surge Plans – By each Facility	RESPONSIBLE: ACS Activation and Deployment Plan for COVID-19 - NBIMT

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TIME PERIOD:	TIME PERIOD:	TIME PERIOD:
From initial call to arrival at Hospital, Includes non-transport calls.	From arrival at the hospital, until release or movement to External surge. Includes internal surge efforts in facility or in system (i.e., Kaiser to Kaiser).	Once Hospital exceeds its internal or system surge efforts and desires to move patients to External Surge facilities until return to Hospital or Release.
PATIENT RELEASE: 1) Home 2) Hospital	PATIENT RELEASE: 1) Home 2) ACS Site 3) Morgue	PATIENT RELEASE: 1) Home 2) Hospital 3) Morgue

2. An Incident Action Plan should be developed to formally document goals, operational period objectives, and the specific work assignments, resource accountability and documentation. The Planning P process should be used to establish and maintain a consistent rhythm to meet the goals established for the operational period.
3. An Incident Management Team, such as the North Bay Incident Management Team (NBIMT/Type 3) can be requested to support the planning functions in this regard.
4. To support advanced planning the IMT should work with Advanced Planning in the EOC to provide status on:
    a. Surge/saturation at the Alternate Care Sites (ACS).
    b. Identify shortages in equipment, material or personnel and coordinate through chain of command to request support.

d. End State

The ACS facility will be demobilized when the Marin EOC Medical Health Branch determines that based on current ACS activities and input from the hospitals that additional need for an external surge ACS is no longer needed.

Marin County ACS Activation and Deployment Plan for COVID-19

3. ACS Staffing and Resources

a. Recommended ACS Medical Staffing Levels

Figure 10: ACS Medical Staffing Levels

Medical Personnel			Marin County ACS per Shift Staffing (25-250 Patients)											
ACS Position	Source	Ratio:	25		50		100		150		200		250	
			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Medical Director (MD)	1 County Health Officer 2 Marin Community Clinic 3 Hospitals: Kaiser, MarinHealth, NCH	50	1 On call	1 On call	1	1 On call	2	2	3	3	4	4	5	5
Treatment Group Supervisor and Lead Practitioners: NP PA MD	1 TBD Per Diem HCW 2 Marin Community Clinic 3 Volunteer: MRC/Surge Team 4 Hospitals: Kaiser, MarinHealth, NCH	50	1	1 On call	1	1	2	2	3	3	4	4	5	5
Lead RN	1 County RN (Jail, Public Health RN) 2 Marin Community Clinic 3 Volunteers MRC/Marin Surge Team, School RN 4 Hospitals: Kaiser, MarinHealth, NCH	50	1	1	1	1	2	2	3	3	4	4	5	5
Staff RN	1 County RN (Jail, Public Health RN) 2 Marin Community Clinic 3 Volunteers MRC/Marin Surge Team, School RN 4 Hospitals: Kaiser, MarinHealth, NCH	25	2	1	2	2	4	3	6	4	8	6	10	7
Caregivers (Health Technicians, CNA, LVN, Nursing Students)	1 Marin Community Clinic 2 Volunteers: MRC/Marin County Surge Team 3 Hospitals: Kaiser, MarinHealth, NCH 4 Nursing Students: Look at agreements with Tara Clark	15	2	1	4	3	7	5	10	7	14	10	17	12
Unit Clerk (EMT/Paramedic, inactive RN, Nursing Students, medical office assistants, hospital/ed unit clerks, medical assistant) Support to RN, admissions, runner, clinical calls, charting support, pt. log updated, supply restocking)	1 DSWs 2 Marin Community Clinic, CERT, CVNL 3 Volunteers: MRC/Marin County Surge Team	30	1	0	2	1	4	2	5	3	7	4	9	5
Mental Health Professionals (Psychologist, MFT, Psychiatrist)	1 Marin County Behavioral Health 2 Marin Community Clinic 3 Volunteer: MRC/Surge Team 4 Hospitals: Kaiser, MarinHealth, NCH	50	1	0	1	1	2	1	3	2	4	2	5	3
Case Management (Social Worker/Discharge Planner) (Depends on pt - SNF vs hospital surge)	1 Marin County: Behavioral Health, Public Guardian, County Social Workers / Eligibility Worker 2 Marin Community Clinic 3 Volunteer: MRC/Surge Team 4 Hospitals: Kaiser, MarinHealth, NCH	60	1	0	1	0	2	1	3	1	4	2	5	3
Pharmacists/Pharmacy Techs	Golden Gate Pharmacy, all Pharm TBD, Kaiser Volunteer: MRC	100	On call	0	1	On call	1	On call	2	On call	2	1	3	1
	Total Medical Personnel per Shift		9	3	14	9	26	18	38	26	51	37	64	46
	Total Medical Personnel per Day		12		23		44		64		88		110	

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b. Recommended ACS Non-Medical Staffing

Figure 11: ACS Non-Medical Staffing

	Non-medical staffing for 100 Patients									
ACS Incident Command System Position	Staffing Requirement for One (1) 12-Hour		Additional Staff for PM 12-Hour Shift			25 Patient Start up Staffing				
	Onsite	EOC	Onsite	EOC	On Call	Day Shift	Location	Night Shift		From
ACS Incident Commander	1				1	1	Unified with EOC/Branch		On Call	NBMT/HHS
Operations Section Chief	1		1			1	Marin Center		On Call	NBMT/HHS
Safety Officer	1		1			1	Marin Center		On Call	NBMT
Facility Liaison (Marin Center Staff)	1				1	1	Marin Center Staff		On Call	Marin Center Staff
Translation Services Staff	1				1				On Call	DSW
Site Security (Private Security).	1				1		Contractor		Contractor	Contractor
Logistics Section Chief	1				1	1	Marin Center			NBMT
Services Branch Director	1		1							
Communications Unit Leader	1			1						
IT/IS Unit Leader	1				1	1	Marin Center			DSW
Food Service Preparation/Distribution Team	2					2	Marin Center			DSW
Support Branch Director	1				1					
Facility Unit Leader	1				1	1	Marin Center		On Call	NBMT
Medical Device/Gases Team	1				1					
Workforce Support Unit Leader	1		1							
Workforce Support Team	1		1							
Labor Pool/Credentialing Unit Leader		1				1	Remote			DSW
Labor Pool/Credentialing Team		1								
Supply Unit Leader	1				1	1	Marin Center		On Call	NBMT
Supply Team	1		1							
Transportation Unit Leader (staffed by EOC)		1			1					
Planning Section Chief	1				1	1	Remote			NBMT
Resource Unit Leader	1		1			1	Marin Center			NBMT/DSW
Personnel Tracking Team		1			1					
Situation Unit Leader	1		1			1	Remote			NBMT
Patient Tracking Team	1		1							
Bed Tracking Team	1									
Documentation Unit Leader		1		1		1	Marin Center			DSW
Finance/Administration Section Chief		1				1	EOC			DSW
Time/Unit Leader		1				1	EOC			DSW
Compensation/Claims Unit Leader		1								
Runners	2					2	Marin Center			DSW
Total	24	8	9	2	13	19		0		

c. Potential ACS Staffing Sources

Figure 12: Potential ACS Staffing Sources

ACS STAFFING REQUIREMENT	SOURCES FOR STAFFING
1. ACS Set-Up Team (workstations, computers, communications, electrical, cooling, signage, etc).	a. EOC Logistics Section b. County/City/District employees as Disaster Service Workers c. Volunteers (may include: convention coordinators and staff, corporate facility staff, electricians, community college computer students) d. Sheriff's Office Search & Rescue (SAR) Team e. American Red Cross and other CBOs. f. Faith-based organization volunteers. g. Community Emergency Response Teams (CERT) h. Utility technicians/representatives I. Contractors/Vendors
2. Clinical and morgue staff	a. Marin Medical Reserve Corps b. Marin Medical Society volunteer physician group c. Disaster Healthcare Volunteers of California d. Other clinical volunteers (not pre-registered) e. Paramedics f. Local pharmacists and pharmacy technicians g. Non-traditional clinical staff with transferable skills: dentists, veterinarians h. Retired nurses i. Coroner/Medical Examiner's staff J. Contractors/Vendors K. Nursing Students (added by KS)
3. Expanded clinical and morgue workforce from State and Federal resources	a. CalMATs b. Mission Support Teams c. National Guard (Medics) d. DMORTs

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Marin County Surge Unit. FYI: Both the MMRC and Surge team are volunteers vetted through the Disaster Healthcare Volunteers (DHV) system. The Marin County "Surge" team is where all NEW licensed/credentialed medical volunteers will be placed. The MMRC is a more-active volunteer program that does preparedness work and has a higher-level of training year-round.

e. Volunteer Management

Volunteer recruitment and management will be coordinated by the Marin County EOC.

f. County Cached Equipment and Supplies

Existing caches will be inventoried to evaluate conformity to the Marin ACS Cache Product list defined in Marin County Public Health Department Alternate Care Site (ACS) Plan - Volume 1 - ACS Activation and Set-Up

g. Recommended ACS Facility-Related Equipment Needs

Figure 13: Recommended ACS Facility-Related Equipment Needs

MARIN ACS FACILITY EQUIPMENT LIST		25 Person Count	100 Person Count
Vendor	Equipment Type	Qty:	Qty:
Dpw	metal chair for bedside	50	150
Dpw	8 ft tables	20	
	25 ft extention cords	10	
	surge protectors	6	
	Dumpsters for Trash and Recycling 30 yard size	2	
	1" blue masking tape 5 pack	1	
	1" green masking tape 5 pack	1	
	1" yellow or red masking tape 5 pack	1	
	64qt sterilite Latching box with lid for med supply storage	20	
	Portable lap tops for ICP	3	
	Brother printer, scanner, copier for ICP	1	
	Marin Center	1	1
Action	Showers - Non ADA 16 head	1	2
Action	Showers - Non ADA 16 head	0	0
Action	Showers - Non ADA 20 head	0	1
Western Shelter	Med Cots		
Golden years Medical	Medical bed full electric	25	100
	Showers - ADA compliant		
Action	Hand washing station - 10 basin	1	2
Action	Hand washing station - 12 basin	2	2
Action	Hand washing station - 14 basin	0	0
Action	Laundry service (working to see if Covid compliant)	1	1
Cultural Services	Covid Laundry service already at ACS site		1
United - Marin DPW	Porta potties - Non ADA - 28 billing cycle	10	50
United - Marin DPW	Porta potties - ADA compliant - 28 billing cycle	2	4
	Porta pottie hand washing station - 28 day billing cycle	2	4
Embassy Suites	Food catering - 3 meals per day / person	60	175
Lunch in a box	Food catering - 3 meals per day / person + delivery $20	0	0
Norcal Ambulance	Stand by Private ALS transport ambulance per 12hr shift	0	0
DPW	Barricades	50	50
DPW	Dilineators	50	50
DPW	Fencing - 1000 feet estimate	1000	1000
DPW	Security - 1 security per 12 hour shift	4	4
DPW	Signs - Exterior (e.g., Parking, E/MS, Visitors) 11x17"	30	30
DPW	Signs- Interior (e.g., Pharmacy, Nurse's station, Break Room, Bathroom) 18"x24"	12	15

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4. Transportation	a. Local delivery vehicles and drivers b. School district bus assets and drivers c. Taxi cab companies d. Paratransit vehicles and drivers e. Ambulance Strike Team/Task Force
5. Support Staff: Administration	a. HHS staff as Disaster Service Workers b. Other county/City/District staff as Disaster Service Workers
6. Support Staff: Security and Parking/Traffic Control	a. County law enforcement b. Private security firms
7. Support Staff: Food Service	a. Provided by contract with the hotel, if hotel location is selected. b. American Red Cross and other CBOs b. Local restaurant volunteers c. Local grocery volunteers d. Salvation Army
8. Support Staff: Child Care	a. Community college volunteers b. American Red Cross and other CBOs c. School district teachers, volunteers
9. Support Staff: Engineering & Maintenance	a. County/City/District employees as Disaster Service Workers
10. Support Staff: Laundry and Medical Waste Removal	a. Contracted to appropriate vendors-TBD
11. Support Staff: Mental Health Care	a. Faith based organization volunteers. b. Mental Health practitioners, including County employees as Disaster Service Workers.

d. Marin Medical Reserve Corps/Marin County Surge Unit (Marin H&HS)

The Marin Medical Reserve Corps *and* the Marin County Surge Unit are volunteer programs sanctioned by the County of Marin and housed within the Health and Human Services Public Health Preparedness program. Any reference to the MMRC should also include the

h. Recommended ACS Medical Equipment Needs

Figure 14: Recommended ACS Medical Equipment Needs

ACS Medical Equipment from Marin ACS Cache List	Patients:	25	50	100	
Description	UNIT	QTY:	QTY:	QTY:	
Complete PPE for Medical Staff, cleaning crew for COVID-19 positive patients per 24 hour period		25	50	75	Daily
PPE for COVID-19 positive patients		25	50	100	per patient
Foam wedges for cots		10	25	50	per patient
Collapsible bed with adjustable back		0	0	0	daily
Patient Cots w/ adjustable back		0	?	0	daily
Disposable bed sheet (40" x 90")		75	150	300	as needed
Disposable male urinal		15	30	60	per patient
Wheelchair		1	2	4	general use
Walker (not in ACS cache)		1	2	4	general use
Cane (not in ACS cache)		1	2	4	general use
Adult diapers - Large (20qty)		2	4	8	as needed
Adult diapers - Medium		2	4	8	as needed
Adult diapers - Small		2	4	8	as needed
Bed pan		25	50	100	per patient
Bedside commode (not in ACS cache)		2	4	8	as needed
Patient restraints		2	4 pair	8	as needed
Disposable pillows (this would be 3 per patient and they can keep them their entire stay)		75	150	300	per patient
Patient gowns (not in ACS cache)		30	50	150	per patient
Wash cloth (disposable)		50	100	200	per patient
Bath towels (disposable) 200 Qt		25	50	100	per patient
Laundry hamper for sheets, towels (not in ACS cache)		1		4	general use
Scrub brush w/ 4% CHG		5	10	20	general use

Scrub brush - surgical w/PCMX		5	10	20	general use
Emesis basins		25	50	100	per patient
Wash basin		25	50	100	per patient
Comfort care items: could put in a wash basin, toothbrush, toothpaste, combs (hair), lip balm, lotion, no slip socks/slippers (1 per admission) (not in ACS cache)		30	100	100	per patient
Blankets -polyester (50" x 84")		75	150	300	per patient
Foley Kit (Tray w/ 14Fr Catheter)		1	2	12	as needed
Foley Kit (Tray w/ 16Fr Catheter) (not in ACS cache) an 18 is in the cache...		3	2	24	as needed
Thermometers (not in ACS cache)		2	10	10	general use
Rolling pole with an electronic BP machine with different sized cuffs, with a pulse oximeter and thermometer attached, can be rolled between patients after getting wiped down, keep a container of sanitizing wipes in a basket on the pole [Nonin Onyx 9500 Pulse Oximeter Unit will include clip-on belt pouch] (not in ACS cache)		1	5	10	general use
Probe Covers for thermometers (box of 100 (need to make sure that the probe covers work for the specific thermometer. We would prefer the touchless thermometers and then probes won't be needed)	Bx 100	0	3 bxs	0	general use
Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Adult) (would like one each on crash cart)	EA	1	1	4	general use
Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Adult, Lrg) (would like one each on crash cart)	EA	1	1	4	general use
Sphygmomanometer, Aneroid Set, Nylon Blue Cuff w/Case (Adult, XL) (would like one each on crash cart)		1	1	4	general use
Sprague-Rappaport design Stethoscope	EA	2	3	6	general use

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Tongue Blades	EA	250	500	1000	general use
Body Bags	Box	2	5	10	general use
1" Clear Tape (box of 12)	Box 12	1	1	2	general use
1" Cloth Tape (box of 12)	Box 12.	1	1	2	general use
Arm Board, Padded, Long (Size = 3" x 18")	EA	12	24	48	general use
Bandage, ("ACE type") Elastic, 2" x 4.5 yds (LATEX FREE) box 10	EA	1	10	10	general use
Bandage, ("ACE type") Elastic, 4" x 4.5 yds (LATEX FREE) box 10	EA	1	10	10	general use
Bandage, Triangular box of 10	EA	1	10	10	general use
Cotton Tip, Sterile, Applicators box 500	EA	1	1	2	general use
IV Poles -4 hook, 5 ball bearing swivel casters, telescopic, stainless steel	EA	12	25	50	general use
Short Arm Board (size = 2" x 6") (only individuals with IV need this)	EA	12	25	50	general use
Tape, Cloth (2" x 10 yards) case of 10	EA	1	3	5	general use
Tape, Surgical, Micropore (1") case of 10	EA	1	3	5	general use
Tourniquet, 1" x 18", Disposable, (LATEX FREE) case of 100	EA	1	1	2	general use
Lab specimen collection supplies: butterflies, tubes, plastic bags (not in ACS cache)		1	2	4	general use
IV start kits: angiocaths, tourniquets, telfa, cleansing sponge (not in ACS cache)		1	?	50	general use
IV solutions (not in ACS cache)		10	?	50	general use
Airway, Oral, 100 mm (Adult) store in crash cart	EA	1	2	4	general use
Airway, Oral, 90 mm (not in ACS cache) store in crash cart	EA	1	2	4	general use

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Airway, Oral, 80 mm (Sm Adult/Child) store in crash cart	EA	1	2	4	general use
Laryngoscope, Mac Blade #2, Stainless Steel, Reusable store in crash cart	EA	1	2	4	general use
Laryngoscope, Mac Blade #4, Stainless Steel, Reusable store in crash cart (store in excess supply area?)	EA	1	4	8	general use
Laryngoscope, Miller Blade #0, Stainless Steel, Reusable store in crash cart (store in excess supply area?)	EA	1	2	4	general use
Laryngoscope, Miller Blade#2, Stainless Steel, Reusable store in crash cart (store in excess supply area?)	EA	1	4	8	general use
Laryngoscope, Miller Blade #3, Stainless Steel, Reusable store in crash cart (store in excess supply area?)	EA	1	4	8	general use
Mask, Bag Valve (Ambu Bag) (Adult) (LATEX FREE), Ambu Model #42024000 (store in crash cart?)	EA	1	15	15	general use
Mask, Oxygen (Adult), Medium Concentration, with 7 ft Tubing (LATEX FREE)	EA	2	5	10	general use
Mask, Oxygen (Non-Rebreather, Adult) with patient safety vent, 7 ft tubing and reservoir bag (LATEX FREE)	EA	2	5	10	general use
Mask, Pocket (Adult), Model = Ambu Res-Cue Mask	EA	2	5	10	general use
Nebulizer Air Pump	EA	2	5	10	general use
Oxygen Nasal Cannula (LATEX FREE) Adult	EA	25	100	120	general use
Oxygen Nebulizer, Inline, Handheld (Includes: breathing device, canister and 6' of O2 tube) (LATEX FREE)	EA	12	25	50	general use
Yankauer suction (on crash cart)		1	2	4	general use
Endotracheal suction kits 10 Fr, 14 Fr (on crash cart)	EA	1	2	4	general use

Suction Unit, V-Vac manual unit = V-Vac Handle	EA	2	5	10	general use
Suction Unit, Manual, V-Vac, Double Male Connector	EA	2	5	10	general use
Suction Unit, Manual, V-Vac, 18 Fr. Catheter (Specific To V-Vac)	EA	2	5	10	general use
Suction Unit, Manual, V-Vac, Adapter Kit	EA	2	5	10	general use
Suction Unit, Manual, V-Vac, Cartridge (Spare)	EA	2	5	10	general use
Suction Unit, Manual, V-Vac, w/Cartridge (Starter Kit)	EA	2	5	10	general use
Suction Unit, Portable, Collection Jar, Canister, 1200 cc (LATEX FREE)	EA	2	5	10	general use
Pad, Chux (17" x 24")	EA	25	50	100	general use
Ring Cutter (on crash cart)	EA	1	1	4	general use
Safety Pins, Large (keep in supply area)	EA	75	144	288	general use
Sharps Container w/Needle Remover, (Size = 8 gallon)	EA	2	5	10	general use
Sharps Shuttle, Small Conical, case of 24	cs 24	1	2	4	general use
Shears, Trauma	EA	2	5	10	general use
Crutches w/Tips/Pads Installed, Adult (keep in extra supplies)	EA	2	10	20	general use
Sam Splints (12 x 18" & 12 x 36") (can use instead of arm boards)	Kit of 24	1	1	2	general use
Splint, AlumaFoam, 1/2" x 18"	EA	10	20	40	general use
Splint, HARE Traction, Adult	EA	1	2	4	general use
Cable Ties, Bags of 100, 7.4" NAT CABLE TIE	bag	1	1	1	general use
Cable Ties, Bags of 100, 11.3" NAT CABLE TIE	bag	1	1	1	general use

Cable Ties, Bags of 100, 24" 175 lb. Tensile Natural All- Nylon Cable Tie	bag	1	1	1	general use
Cable Ties, Bags of 100, 15" NAT CABLE TIE	bag	1	1	1	general use
Drill, Corded, 110V Compatible	EA	1	1	1	general use
Dry Erase Boards, 4 feet x 4 feet (Use to Mockup one Whiteboard with current staffing/phone numbers, contact information (ICS people))	EA	1	2	4	general use
Dry Erase Markers (4 different colors)	sets of 4	2	5	10	general use
Duct Tape, 2" x 60yd	EA	1	2	4	general use
Extension Cord, 14 AMP, 50'	EA	5	5	10	general use
Felt Pens (e.g., Sharpie Permanent Marker – Medium)	EA	25	50	100	general use
Hammer, 16oz	EA	1	1	1	general use
Hammer, 20oz	EA	0	2	0	general use
Nails, 1", 5 lb boxes	BX	0	1	0	general use
Nails, 2", 5 lb boxes	BX	0	2	0	general use
Nails, 3", 5 lb boxes	BX	0	1	0	general use
Patient Charting Erasable Clip Boards	EA	25	50	100	general use
Plastic Construction Sheeting, 10' x 100' Roll, Minimum of 6 mil thickness	EA	1	1	1	general use
Power Surge Strip, 6 outlets per strip	EA	5	5	10	general use
Screws, 1", 5 LB Boxes	BX	1	1	1	general use
Screws, 2", 5 LB Boxes	BX	1	1	1	general use

Screws, 3", 5 LB Boxes	BX	1	1	1	general use
Tarp, 10' X 20'	EA	2	5	10	general use
Tarp, 20' X 40'	EA	2	5	10	general use
Trash Bags-Bio (55 gal), 50 x yellow- black or white	CS 50	1	1	1	general use
Trash Bags-Bio (55 gal), 50 x red	CS 50	1	1	1	general use
Glucometers plus test strips, lancets, and QC supplies (not in ACS cache)		2	5	10	general use
Refrigerator for meds with working thermometer and daily temperature log (not in ACS cache)		1		1	general use
Antibacterial, antiviral sanitizing wipes Hospital grade for cleaning equipment between patients (not in ACS cache) (can use bleach solution instead if necessary)		2	as much as we can get!!!	10	general use
Exam gloves, Nitrile in sizes XS, S, M, L, XL (not in ACS cache)		2	4 boxes per M & L, 1-2 bxs of sm, 1 box of xlarg e	6	general use
Crash Cart with an AED on top, can be locked with certain equipment, code meds in it, with a shift checklist to check lock number (not in ACS cache)		1		4	general use
Rolling bedside carts (charting, procedures) (not in ACS cache)		25		100	per bed
Patient person boxes for storage 64qt Sterilite latching box with lid	Bx	30	70	120	per patient

4. Legal information for Healthcare Surge.

a. The State of California has recognized that county healthcare surge may involve departures from standard medical care practice. The Marin Operational Area EOP contains legal references for:

1. Proclamation of a local emergency and public health emergency.

2. The requirement of the Board of Supervisors to review the need to continue the local emergency every fourteen days.

3. County Public Health Officer Authority to proclaim a Local Health Emergency

b. California Government Code Section 8659 addresses immunities in that physicians, hospitals, pharmacists, respiratory care practitioners, nurses, and dentists who render services during a declared emergency do not have any liability for any injuries sustained as a result of these services, provided that the injuries are not caused by willful conduct. This means that these providers enjoy broad immunity from malpractice claims when they are responding to an emergency such as the COVID-19 crisis.

c. Several additional statutes provide qualified immunity to persons rendering aid during and emergency. These immunity provisions instruct the courts not to impose liability in specified emergency circumstances. Examples of such immunities in the Government Code include:

- Healthcare Services during a Proclaimed Emergency
- Emergency Care at the Scene of an Emergency
- Failure to Obtain Informed Consent Under Emergency Conditions
- Lawfully Ordered Services by Disaster Service Workers
- Facilities Use as Mass Care Centers
- Health Facilities with Inadequate Resources
- Hospital Rescue Teams
- Violation of Statute or Ordinance Under Emergency Conditions

5. Emergency Medical and Healthcare Surge Resources

a. Emergency Medical Services Post-Hospital Responders

Patients may need to be moved back to a hospital setting if they need care beyond the capability of the ACS. A list of Pre-Hospital Responders can be found in the MARIN COUNTY HEALTHCARE SURGE PLAN - Emergency Medical Service Pre-Hospital Responders Revised March 2015, page 38.

b. California HAvBED

The California enhanced system for capturing bed availability data will be used for reporting available beds within the ACS

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c. ReddiNet

Reddinet reporting by hospitals needs to be updated to reflect surge capacities until the surge has ended. The ACS will also need to access Reddinet to provide tracking of ACS space.

6. Acronyms

ACRONYM	COMPLETE TITLE OR NAME
ACS	Alternative Care Site
BOS	Board of Supervisors
CAHAN	California Health Alert Network
CALMAT	California Medical Assistance Team
CBRNE	Chemical, Biological, Radiological, Nuclear Explosive
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CERC	Crisis and Emergency Risk Communication
CERT	Community Emergency Response Team
COVID-19	CoronaVirus Disease
DC3	Marin Disaster & Citizen Corps Council
DMAT	Disaster Medical Assistance Team
DPHO	Deputy Public Health Officer
EAS	Emergency Alert System
ED	Emergency Department

EMS	*Emergency Medical Services*
EMSA	*Emergency Medical Services Authority*
EOC	*Emergency Operations Center*
EOP	*Emergency Operations Plan*
FEMA	*Federal Emergency Management Agency*
FOPAC	*Fire OPerational Area Coordinator*
FTS	*Field Treatment Site*
HAvBED	*Hospital Available Beds for Emergencies and Disasters*
HHS	*Marin County Health and Human Services Agency*
HCC	*Hospital Command Center*
HICS	*Hospital Incident Command System*
HVA	*Hazard Vulnerability Analysis*
IAP	*Incident Action Plan*
IHSS	*In-home Supportive Services*
JIC	*Joint Information Center*
JIS	*Joint Information System*
MAC	*Multi Agency Coordinating Group*

MCI	*Mass Casualty Incident*
MERA	*Marin Emergency Radio Authority*
MHCC	*Medical Health Coordinating Center*
MHOAC	*Medical Health Operational Area Coordinator*
MMRC	*Marin Medical Reserve Corps*
MPMP	*Multiple Patient Management Plan*
MRC	*Medical Reserve Corps*
MST	*Mission Support Team*
NBIMT	*North Bay Incident Management Team*
NIMS	*National Incident Management System*
OA	*Operational Area*
OA EOC	*Operational Area Emergency Operations Center*
OES	*Office of Emergency Services*
PC	*Palliative Care*
PHO	*Public Health Officer*
PIO	*Public Information Officer*
POD	*Point of Dispensing*

PPE	*Personal Protective Equipment*
PUI	*Person Under Investigation*
RACES	*Radio Amateur Civil Emergency Service*
RCFE	*Residential Care Facility for the Elderly*
RDMHC/S	*Regional Disaster Medical Health Coordinator/Specialist*
REOC	*Regional Emergency Operations Center*
SARS	*Severe Acute Respiratory Syndrome*
SC	*Spiritual Care*
SEMS	*Standardized Emergency Management System*
SNF	*Skilled Nursing Facility*
SNS	*Strategic National Stockpile*
WHO	*World Health Organization*

7. Attachments:

A) Palliative, Hospice and Spiritual Care Overview
B) EMS RAS Guidance/Protocol
C) COVID-19 EMS Field Guide

ACS Surge Plan – Attachment A 4 2020 Source: Isabelle.king@mymarinhealth.org

Hospice and Palliative Care (PC) are related, but distinct ways of caring for people with life-threatening or life-limiting illnesses. Hospice is a health care benefit and there are specific criteria which determine whether or not a patient can qualify to receive this benefit. In general, only patients that are predicted to be in the last six months of life qualify. In contrast, Palliative care (PC) is designed to be used *concurrently* with life- sustaining or life-prolonging treatments and is focused on symptom control, quality of life and support during complex decision-making processes. The focus of Spiritual Care (SC) is on providing psychosocial support to improve resiliency and ease existential suffering in patients and families.

During extreme conditions, Hospice, Palliative Care (PC), and Spiritual Care (SC) support can be used to improve equity between the patients who will receive the opportunity to receive potentially life-saving therapies and those who will not. Hospice, PC and SC provide dignity to those who will not survive by helping to mitigate the pain and suffering of the patient and their family. ***PC, Hospice and SC are fundamental to the ethical obligation of preserving dignity and non-abandonment to patients under extreme conditions and may represent the only medical care dying patients will receive.*** **PC, Hospice and SC are grounded in a philosophical approach to patient care that can be delivered in *any* setting including the home, established care facility, or alternative care sites (ACS).**

In general, the functions of each service are as follows:

1. **Hospice:** To provide symptom control and psychosocial support to patients who are in the last six months of life and who have elected to pursue treatment for their symptoms, but not for the illness itself. In general, these patients have elected not to be brought to the hospital if they physically decline.
2. **Palliative Care:** To provide medications or other interventions to reduce physical, emotional, and spiritual suffering in the context of a life-threatening or life-limiting illness. Patients may continue to receive standard medical care for their illness in addition to hospitalizations. PC providers have expertise in guiding patients and their families through complex decision-making including changes to code status and advance directives.
3. **Spiritual Care:** To provide non-denominational psychosocial support to patients who are experiencing significant illness. Spiritual care providers have expert knowledge and skill in facilitating religious or spiritual practices for patients with serious illness including dying patients. They also explore issues around advance care planning and end-of life care, including burial planning.

In general, the skills required to deliver Hospice, PC, or SC services are the following:

1. **Hospice:** Hospice focuses on teaching *lay persons* how to use medications and interventions to reduce suffering at the end of life. Hospice level of care can be delivered to patients regardless of physical location and is sometimes referred to as "comfort care" if the patient is hospitalized. Hospice workers will evaluate patients at regular intervals and are available by phone, but do not provide 24/7 care of the patients. No advance medical training required to provide hospice level of care to a patient.
2. **Palliative Care (PC):** There is both "Primary Palliative Care" and "Subspecialty Palliative Care". Primary PC encompasses the care given by *any* medical provider that explores quality of life, pain, suffering or goals of care issues. Essential skills include active listening, empathic explorations of issues important to the patient and family, and basic symptom management skills (e.g. common oral medications for pain control).
   In contrast, Subspecialty PC is needed for patients with severe or refractory symptoms that have *not* responded to primary PC interventions. At times, patients receiving hospice and primary PC services are hospitalized and cared for by Subspecialty PC providers until their symptoms are under control. Subspecialty PC specializes in goals of care conflict resolution and in managing complex medical and psychosocial situations. They also provide PC support in the form of medication management, conflict resolution and psychosocial support to medical providers who are themselves primary PC providers.
3. **Spiritual Care:** SC requires advanced training in the facilitation of spiritual and religious practices across a wide variety of cultures and religions, *even those not congruent with their own personal practices or beliefs*. They are trained to provide psychosocial support to caregivers and to lead de-briefing efforts after traumatic events affecting front line health care workers. They are familiar with regulations governing the bodies of the deceased and often act as a liaison with the coroner's office.

COVID-19 Assessment & Transport-- vs.-- Assessment & Refer Algorithm 2020

Criteria

ILL Adult (>17) AND Respiratory Complaint OR Suspected or known COVID-19 diagnosis

IF ANY OF THE FOLLOWING EXIST, TRANSPORT VIA AMBULANCE OR CONSULT BASE MD PRIOR TO TRANSPORT

Acutely Sick

Suspected Cardiac Patient

Abnormal Vital Signs & Full Code (HR >110 or Pulse Ox <90% or RR>20)

YES: Transport ALS per Protocol

NO: Continue Assessment

1. Reliable patient or surrogate decision maker?*

And/OR

2. Resides in a skilled nursing (SNF) or residential care facility (RCF)

YES: Continue Assessment

NO: Assess and Transport per protocol with proper PPE

Residential Care Facility Patient:

Reliable Patient: Offer Release at scene and referral**

Obtain & Review POLST / Advance Directives

Confirm that Fire BC/EMS MD was consulted prior to dispatch

If transported, please provide EMS notifications to receiving facility AND Advanced Directives

Skilled Nursing Facility Patient:

Confirm that SNF MD was consulted prior to dispatch

Reliable Patient: Offer Release at scene and referral**

Obtain & Review POLST / Advance Directives

MUST initiate ED MD consult prior to transport and prior to offering release at scene option

If transported, please provide EMS notifications to receiving facility AND Advanced Directives

* Patient and/or family and/or RCF/SNF staff understand when to recall 911 or provide follow up care

***Assess and Refer or Release at Scene*: A patient who, after an assessment by EMS personnel, does not meet protocol criteria for an emergency medical condition or protocol criteria for urgent treatment/transportation. Should meet all of the following:

1. Patient or designated decision-maker consents to evaluation and treatment;
2. After evaluation, medic and patient agree there is no medical emergency;
3. Patient/designated decision maker does not desire transport to an emergency department for evaluation;
4. Patient is stable for referral to the patient's physician or other community resource;
5. Patient or designated decision-maker has the mental capacity, available transportation, and technical resources to obtain assistance and medically indicated follow-up.

The use of a Refusal of Care/AMA form is not appropriate in these cases

COVID-19 Assessment & Transport-- vs.-- Assessment & Refer Algorithm 2020

Follow up instructions for Marin County patients with COVID-19 Signs & Symptoms

If you are experiencing high fever, respiratory illness or other symptoms you suspect may be related to COVID-19, reference the information below from your Marin County health care providers

If you are experiencing any life threatening symptoms - CALL 911

KAISER PERMANENTE®

Need medical advice?

Please call the advice number on your Kaiser Permanente membership card to speak with an advice nurse or to schedule a telephone or video appointment with your doctor. You can also e-mail your doctor for non-urgent concerns. If you can't find your card, visit kp.org/getcare and click on "24/7 advice".

KP Members:
Have your Kaiser card ready and call **Advice Line #: 866-454-8855 or 415 444 2940** and request a video visit or call

Testing:
Kaiser is prepared to test patients for COVID-19 if testing is necessary, per CDC and public health agency criteria. If you're concerned that you or a family member are exhibiting symptoms of COVID-19, please contact us first before coming in, as you need a referral and appointment to get tested.

Sutter Health
Novato Community Hospital

Sutter / Novato Community Hospital Patients

For existing Sutter patients, you can arrange for a Video Visit through MyHealthOnline.com

If you do not have a primary care provider, you may call the **Sutter Advice Line at (866) 961-2889** available from 8am-6pm, 7 days a week.

If you feel you need emergency care and you plan to drive to Novato Community Hospital at 180 Rowland Way, Novato: If possible, please call ahead to (415) 209-1350.

marin health

Adult Acute Care Clinic
75 Rowland Way, Suite 100
Novato
Open 9 am to 7 pm
7 days a week

BY APPOINTMENT ONLY
Call 1-628-336-5205
Call to speak to someone who will schedule the best option for you:

Telehealth appointment (video by phone or computer)

In-person appointment at the Adult Acute Care Clinic

Drive-through COVID-19 testing (with provider referral only)

If you are experiencing life-threatening symptoms, call 911 or go to the Emergency Department at Marin Health Medical Center

Up to date info available at:
mymarinhealth.org/COVID19

COVID-19 Field Guide 8.0 MARIN EMS AGENCY/ MARIN COUNTY FIRE CHIEFS

PPE for All Residential Care and Skilled Nursing Facility Patients and those with Suspicion for Respiratory Illness (Fever, Cough, Shortness of Breath, Difficulty Breathing) and Cardiac Arrests

1. Gloves and Gown – One Time Use Only
2. Full-face shield or goggles – Re-usable for 24 hrs
3. N95 respirator or P100 – Re-usable for 24 hrs
4. **All patients with any concern for respiratory illness of any kind** should have a surgical mask applied immediately. *MASK BEFORE YOU ASK*

General Guidelines/Best Practices:

1. Assume that possible COVID-19 patients may have called EMS with a non-respiratory complaint (syncope, fall, weakness)
2. Begin assessment from > 6 feet distance
3. Limit the number of providers with patient contact to minimum needed to safely treat
4. Do not rely on dispatch pre-arrival screening to catch all possible screened positives
5. Necessary PPE readily available on all calls
6. Ask for and review POLST/Advanced Directive prior transport. Consider Release at Scene discussion for Comfort Care patients with Hospital/Base MD consultation as needed.

Dispatch/EMS/Pre-Hospital Screening (as of 03/19/2020)**: For all calls (fire, law, medical)**

1. Have you tested positive for COVID-19 (Coronavirus)? Or been exposed to someone in your home who has tested positive? If YES, the patient should be considered a **SCREENED POSITIVE PATIENT.** For these patients, Dispatch and/or Responding Unit should request that patient be moved to an isolated area for assessment if possible

EMS/TRANSPORT PROCEDURES: (For Suspected /Screened Positive/Cardiac Arrest Patients)

1. PPE procedures activated for close contact responders and place surgical mask on patient
2. Limit treatment activities unless patient is unstable. Prepare medication and equipment (IV kit) in advance when possible. Obtain Hospital/Base MD consultation as needed
3. **Airway management: Exercise caution and limit treatments that may be aerosol-generating**: intubation (King tube preferred) and bag-mask ventilation. **N95 or P100 is *required* for provider administering these interventions.** HEPA filter for BVM if available. If tolerated, place clear plastic sheet over patient during airway interventions
4. **No nebulized treatments or CPAP** without MD Consult and require N95/P100 for provider. Only asthmatic/COPD patients are likely to benefit from albuterol and may use albuterol inhaler if available. Adults: 5 puffs w/spacer preferred / Children < 12: 2 puffs w/spacer preferred. Repeat q 15 min prn.
5. Nasal cannula oxygen (2-4 liters/per min) if pulse oximetry <90% & mask over cannula

Issued: 04/15/2020

COVID-19 Field Guide 8.0 MARIN EMS AGENCY/ MARIN COUNTY FIRE CHIEFS

6. **Cardiac Arrest Management:** Mechanical CPR preferred. NRB over face for 3 CPR cycles, then consider King Tube with BVM w/HEPA filter. If available, plastic sheet over patient
7. Transport according to Destination Guidelines & early notification to ED of cardiac arrest pts
8. Follow employer guidance on PPE procedures for ambulance driver/compartment
9. Set the vehicle's ventilation system to non-recirculating mode to maximize volume of outside air brought into the vehicle. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area & out the back end of the vehicle
10. Upon arrival at the ED, make phone or radio contact with ED and advise of your arrival, await further instructions from staff before unloading patient. Transfer Patient to ED per staff instructions and ask accepting MD if patient is likely a PUI
11. If patient is a PUI and appropriate PPE not worn or breached during care or transport refer to your Battalion Chief for exposure guidance
12. All patients being transported, regardless of call type or complaint, will have a red wrist band placed. The band should be labeled with the call F# as well as the transporting unit designator. (Example: F#20-001234 M61). Ask hospital to follow PUI notification protocol

DECONTAMINATION OF GEAR and EQUIPMENT:

1. Complete transfer, doff PPE, don new PPE and dispose of disposable equipment at the scene as bio-hazardous waste. If the turnout gear or station uniform is visibly contaminated by body fluid, it should be placed in a biohazard bag at the scene and washed following prescribed laundry procedures. Chlorinated bleach shall not be used with any fire fighter protective clothing
2. For decontamination of non-disposable equipment, follow manufacturer & departmental procedures
3. Vehicles used to transport persons suspected of having COVID-19 should be cleaned by staff wearing protective equipment and following County and provider decontamination procedures
4. **PPE Discard Guidelines**: Discard N95/P100 respirators/face shields following use during aerosol generating procedures and those exposed to blood, secretions or bodily fluids
5. **PPE Re-use Guidelines:** Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator when feasible to reduce surface contamination of the respirator. Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. UV light/heat treatment or rotation of masks are acceptable alternative strategies for re-use. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator. Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene
6. **Reusable** equipment/devices cleaned & disinfected per manufacturer's recommendations.

MISCELLANEOUS ITEMS:

1. Ensure crew rosters and personnel documentation is correct
2. Minimize loose and uncovered equipment in the patient area of the ambulance
3. The EMS/Fire/Law Enforcement personnel are considered "low risk" if wearing appropriate PPE prior to making contact with the patient or if > 6 feet distance. If appropriate PPE is worn, the following may occur: May remain on shift and continue providing patient care. Shall self-monitor daily for fever or any cold/flu or respiratory symptoms and report these to their supervisors and physician

Issued: 04/15/2020

APPENDIX F: Sample Emergency Operations Center Action Plan (EAP)

Marin Operational Area

MARIN: 2020-02 COVID-19

EOC ACTION PLAN

Monday

OPERATIONAL PERIOD	FROM:	TO:
#94	06/15/2020 0800	06/16/2020 0800

Accompanying Documents				Event Maps
☑	201 Current Situation	☑	Weather Forecast	☐
☑	202 Objectives	☑	Contact List (205A)	☐
☑	203 Organization	☑	Time Entry Instructions	☐
☑	206 Medical Plan	☑	Situation Report	☐
☑	207 Org Chart	☐	Other:	☐
☑	208 Safety Message	☐		☐

WEEKLY OBJECTIVE FOCUS AND GOALS

1. Name	2. Operational Period:				
MARIN: 2020-02 COVID-19	Date From:	6/15/2020	Date To:	6/16/2020	
	Time From:	0800	Time To:	0800	

1	Focus area:	Tighting Planning and Documentation for State Attestation
	Description:	Using State Variance Form as a guide, assemble plans and documentation to ensure that we have documented necessary protocols for tracking COVID-19 prevalence in the County and our preparedness for addressing outbreaks. Plans Section will develop checklist of plans/documents/data needed and reach out to leads as needed.
	Related Obj/Activity:	X - 1
	Goal/Metric:	Complete draft attestation
	Progress on Goal:	Requests for data and narrative have been sent out to all branches. Responses are in process of being added to document.
	Talking Point:	
2	Focus area:	Address increased cases at San Quentin
	Description:	Develop plan, in partnership with San Quentin leadership, for management and disposition for inmates that require hospitalization.
	Related Obj/Activity:	U - 2
	Goal/Metric:	
	Progress on Goal:	
	Talking Point:	It is important for San Quentin to set up a command structure to support management of the incident within their facility. There should be a clear plan and agreements for transferring of inmates requiring hospitalization
3	Focus area:	Reconcile and relieve POT backlog
	Description:	With use of increased scheduling staff, launch of self-schedule site and POT staff, work to get through the list of people that have submitted testing requests but have not yet been schedule. Get the people scheduled and tests completed.
	Related Obj/Activity:	C - 1 / C - 2 / C - 8
	Goal/Metric:	1. All the people on POT backlog list are scheduled by end of week (Friday 6/12) 2. Complete all tests of backlogged individuals by end of next week (Friday 6/19)
	Progress on Goal:	
	Talking Point:	
4	Focus area:	Launch COVID-19 Positive Disaster Relief Payment Program
	Description:	Obtain approval from the Board of Supervisors, develop protocols, eligibility and messaging around providing funds to COVID-19 positive individuals so that they may properly isolate.
	Related Obj/Activity:	L - 7
	Goal/Metric:	At least one (1) qualified resident is offered and recieves income support by the end of the week (Friday 6/12)
	Progress on Goal:	Not complete.
	Talking Point:	This is an important part of the contact tracing initiative as individuals that test positive need to be supported so that they can properly isolate.
5	Focus area:	Onboard staff to new contact tracing platform
	Description:	Train staff on new state contact tracing platform, CalConnect.
	Related Obj/Activity:	Z - 2
	Goal/Metric:	
	Progress on Goal:	
	Talking Point:	

7. Prepared By:	Plans Section Coordinator	Signature:	_____
8. Approved By:	EOC Coordinator	Signature:	_____
9. Approved By:	EOC Director	Signature:	_____

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EOC OBJECTIVES (202)

1. Name	2. Operational Period:	Date From:	6/15/2020	Date To:	6/16/2020
MARIN: 2020-02 COVID-19		Time From:	0800	Time To:	0800

3. Objective(s): **(NOTE: Grayed objectives are stable and on-going.)**

A. Provide ongoing situational awareness to the EOC, Cities/Towns/Agencies and other stakeholders within Marin.

B. Provide up to date Information & Guidance for Marin County healthcare partners.

C. Coordinate specimen collection and laboratory testing.

D. Provide Advanced Planning for the incident in order to be as prepared as possible for decision points, personnel & resource needs, societal impacts, and to understand the implications

~~E. Manage case and contact data for decision making and accurate tracking of incident.~~ EOC ROLE COMPLETED

F. Provide timely, accurate and accessible information to the public and ensure the county is the authoritative source for Marin specific information related to COVID-19

G. Keep leadership / policy group briefed on incident status, facilitate policy / management level discussion & decisions

H. Manage Emergency Operations Center coordination of activities.

I. Maintain accurate records for incident tracking to minimize financial impact, record expenses, and seek reimbursement

J. Work with local school districts to support community needs

K. Prepare for and implement plan and contingencies for medical surge

L. Identify needs and provide service to vulnerable poplutions

M. Ensure first responder notification of exposures

~~N. Reconcile state level directives with local implementation~~ Merged with X

O. Reduce congregation potential and public health hazards related to public parks and spaces

~~P. Support remote access for emergency operations, where feasible and appropriate~~ - COMPLETED

Q. Coordinate law enforcement and mutual aid responses countywide

R. Manage unified Call Center for COVID-19 response.

S. Monitor and support SNF's, assisted living facilities, residential care facilities and other congregate living facilities

T. Explore and manage grant opportunities related to COVID-19

U. Prepare for and implement strategies to support San Quentin and County Jail

V. Work with stakeholders to plan for and implement strategies that support the community's long term recovery from the COVID-19 Pandemic

W. Re-evaluate Wildfire and PSPS emergency response plans and update as necessary to reflect the threats associated with COVID-19

X. Design, revise and communicate public health policies to limit the spread of COVID-19

Y. Track and promote local access to therapeutics and vaccinations

Z. Build contact investigation capacity &scale up contact tracing to quickly identify, isolate, track, & alert potential exposures

AA. Develop and implement comprehensive site and sector specific outbreak management plans

7. Prepared By:	Plans Section Coordinator	Signature:	_____
8. Approved By:	EOC Coordinator	Signature:	_____
9. Approved By:	EOC Director	Signature:	_____

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EOC OBJECTIVES (202)

1. Name	2. Operational Period:	Date From: 6/15/2020	Date To: 6/16/2020
MARIN: 2020-02 COVID-19		Time From: 0800	Time To: 0800

3. Objective(s): **(NOTE: Grayed objectives are stable and on-going.)**

Objectives:	Activities:	Responsible:	Completion Status:
A. Provide ongoing situational awareness to the EOC, Cities/Towns/Agencies and other stakeholders within Marin.	1. Provide robust SA/COP for COVID-19 overall and within Marin by keeping WebEOC continually updated and by regularly publishing SitReps (min one per day).	1. EOC Coordinator supported by Sit Stat	1. Ongoing
	2. Provide updates to regional OAs, CalOES, CDPH, and others as need through standard reporting mechanism and participation in conference calls.	2. M/H Branch, EOC Coordinator and Sit Stat	2. Ongoing
	3. Track and report consistent set of indicators for Marin and Bay Area	3. Sit Stat and M/H Branch	3. Ongoing
	4. Track and monitor Marin's government services and essential consumer services status	4. Sit Stat	4. Ongoing
B. Provide up to date Information & Guidance for Marin County healthcare partners.	1. Participate in CDC, CDPH, and regional calls and take/share notes, as needed.	1. PH Branch	1. Ongoing
	2. Conduct scheduled conference calls for Hospitals, Clinics, Skilled Nursing Facilities, and other HC providers to provide updates, answer questions, and address local capacity and plans	2. PH Branch	2. Ongoing
	3.Monitor and update as needed Marin County testing criteria for sample collection/testing based on capacity.	3. PHOs	3. Ongoing
	4. Respond to phone inquiries from HC Partners through use of CD line.	4. PH Branch	4. Ongoing
C. Coordinate specimen collection and laboratory testing.	1. Maintain a process for obtaining specimens from PUIs (where, how, when, staffing).	1. PH Branch	1. Ongoing
	2. Increase site resource and staffing for Point of Testing (POT) for sample collection.	2. PH Branch	2. In Process
	3. Expand mobile testing to noncongregate sites in the County	3. PH Branch, Care and Shelter	3. Ongoing
	4. Maintain list of all testing sites operating in the County and ensure results are reported to Public Health.	4. PH Branch	4. Ongoing
	5. MAC-Testing to coordinate with healthcare partners and implement expanded Countywide testing	5. PHO, PH Branch	5. Ongoing
	6. Staff will work with AFN coordinator and other County staff to ensure that testing facilities and programs are accessible to persons with disabilites and others with access and functional needs.	6. AFN, PH Branch	6. Ongoing
	7. Promote and accelerate private testing in Marin including pharmacy based COVID-19 testing.	7. PH Branch and PH Officer	7. Ongoing
	8. Promote universal testing for essential workers through POT	8. PH Branch and PIO	8. In process
D. Provide Advanced Planning for the incident in order to be as prepared as possible for decision points, personnel & resource needs, societal impacts, and to understand the implications	1.Implement plan to repackage and deploy med/health supplies to support surge activities	1. M/H Branch and Plans	1.Ongoing
	2. Forecast resource & staffing needs for each impact levels including housing.	2. Logistics and Care and Shelter	2. Ongoing
	3. Forecast out 2-3 Operational Periods for EOC staffing.	3. Logistics	3. Ongoing
	4.Monitor CD call center to handle increased demand	4.Care and Shelter-	4. Ongoing
	5. Expand the Marin County Med/Health Response Matrix for COVID-19 to include wind down indicators.	5. Advanced Planning and PHOs	5. Ongoing
	7. Integrate AFN for people with disabilities, seniors, children, limited english proficiency and transportation disadvantaged in planning and response activities.	7. Plans and M/H Branch	7.Ongoing

4. Safety Message

If there is an emergency medical need at the EOC call 911 and report it to your direct supervisor. There are first aid and bleeding control supplies in the copy room

7. Prepared By:	Plans Section Coordinator	Signature:	_____
8. Approved By:	EOC Coordinator	Signature:	_____
9. Approved By:	EOC Director	Signature:	_____

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EOC OBJECTIVES (202)

1. Name	2. Operational Period:	Date From:	6/15/2020	Date To:	6/16/2020
MARIN: 2020-02 COVID-19		Time From:	0800	Time To:	0800

3. Objective(s): **(NOTE: Grayed objectives are stable and on-going.)**

Objectives:	Activities:	Responsible:	Completion Status:
D. (Cont.) Provide Advanced Planning for the incident in order to be as prepared as possible for decision points, personnel & resource needs, societal impacts, and to understand the implications	8. Identify & manage DSWs for long-term staffing of EOC and other incident support	8. Logistics	8. Ongoing
	9. Integrate patient care standards for potential impact levels	9. M/H Branch	9.Ongoing
	10.Maintain a surveillance process for determining and tracking med surge using ED visits, 911 calls, etc.	10. Advance Planning and PHOs	10. Ongoing
F. Provide timely, accurate and accessible information to the public and ensure the county is the authoritative source for Marin specific information related to COVID-19	1. Timely public messaging that integrates the AFN of the community including digital accessibility and is coordinated with city/town/agency partners and PIOs	1. PIO, AFN	1. Ongoing
	2. Keep MarinHHS.org/coronavirus updated, mobile and accessible and ensure all communication is multi-lingual and compliant.	2. PIO	2. Ongoing
	3. Information updates are issued at least one time daily and distributed via web, social media, email, news media and through partner networks	3. PIO	3. Ongoing
	4. Host weekly JIS calls; encourage frequent communication with JIS members via email, slack and resource toolkit	4. PIO	4. Ongoing
	5. Monitor social media and address concerns as appropriate; publish messages that reinforce current status of outbreak	5. PIO	5. Ongoing
	6. Monitor and track news media, watch for new developments and trends and address inaccuracies	6. PIO, Plans	6. Ongoing
	7. Create social publishing calendar	7. PIO	7. Ongoing
	8. Build PIO roster and staffing schedule.	8. PIO	8. Ongoing
	9. Develop policy and protocols for cohesive internal/external communications with deadlines.	9. M/H Branch, PIO	9. Ongoing
	10. Develop and distribute communication document that describes the phased recovery process	10. PIO	10. Ongoing
	11. Provide interactive video updates to community regarding changes or updates to public health order	11. PIO, PH	11. Ongoing
G. Keep leadership / policy group briefed on incident status, facilitate policy / management level discussion & decisions	1. Hold leadership / policy group meeting to brief group on changes to incident, identify policy decisions, and facility any decisions which need to be made.	1. Coordinator and Plans	1. Ongoing
	2. As needed, update BoS on general status & answer questions.	2. Coordinator, PHO, and Plans	2. Ongoing
H. Manage Emergency Operations Center coordination of activities.	1. Track EOC and field personnel hours and activity. All staff involved with the incident at all points of presence must register time and activities daily via Emergency Response Time Entry Tool.	1. All resources to Finance.	1. Ongoing
	2. Receive and respond to medical/health resource requests through the MHOAC Program.	2. M/H Branch	2. Ongoing
	3. Provide situational reports daily, or as needed.	3. Plans	3. Ongoing
	4. Create and disseminate EAPs based on OP cadence.	4. Plans	4. Ongoing
	5. Conduct regular planning meetings based on EOC Planning Cycle.	5. Plans	5. Ongoing
	6. Work with the MHOAC to create an efficient process for order the spectrum of supplies from non-medical to purely-medical, and resources which could fall into either.	6. Coordinator and Logs and M/H Branch	6. On-going
	7. Ensure that the process provides needed documentation, tracking, and will scale to meet anticipated needs.	7. Coordinator and Plans	7. Ongoing

4. Safety Message

If there is an emergency medical need at the EOC call 911 and report it to your direct supervisor. There are first aid and bleeding control supplies in the copy room

7. Prepared By:	Plans Section Coordinator	Signature:	_____
8. Approved By:	EOC Coordinator	Signature:	_____
9. Approved By:	EOC Director	Signature:	_____

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EOC OBJECTIVES (202)

1. Name	2. Operational Period:	Date From:	6/15/2020	Date To:	6/16/2020
MARIN: 2020-02 COVID-19		Time From:	0800	Time To:	0800

3. Objective(s): **(NOTE: Grayed objectives are stable and on-going.)**

Objectives:	Activities:	Responsible:	Completion Status:
H. (Cont.) Manage Emergency Operations Center coordination of activities.	8. Ensure neoessary county, state, and FEMA procurement rules are followed to maximize chanoes of reimbursement	8. Finance and Logistics	8. Ongoing
	9. Support and participate in Mulit-Agency Coordination (MAC) groups for the following:	See below	9. Ongoing
	A. MAC-PPE to develop policy for distribution of limited PPE	A. Logistics and M/H Branch	A.Ongoing
	B. MAC-Food to address continuity of aooess to food (including those with food allergies) for displaoed populations and low inoome families.	B.-Logistics, Care & Shelter	B. Ongoing
	~~C. MAC-Childcare to address emergency childcare for Medical Workers, First Responders and DSW's.~~	~~C. Liaison, Care & Shelter~~	~~C. Complete~~
	D. MAC-Housing to address housing needs for COVID positive and PUI cases among medical providers, first responders, DSW and congregates needing isolation	D. Logistics and M/H Branch, Care & Shelter	D. Ongoing
	E. MAC-Staffing to coordinate staffing needs for housing and field operations	E. Logistics and M/H Branch	E. Ongoing
	F. MAC-Med Staffing to coordinate staffing for medical needs including ACS, testing, SNFs, etc.	F. M/H Branch, Logs, MAC-Staffing	F. In Process
	10. Develop plan to receive PPE donations and encourage monetary donations through the Marin Community Foundation and in-person volunteering through Marin VOAD.	10. Logistics, PIO, CVNL	10. Ongoing
	11. Coordinate aooess to prescription medications and medical supplies for those displaoed or isolated	11. Logistics and Care and Shelter	11. In Process
I. Maintain aocurate records for incident tracking to minimize financial impact, record expenses, and seek reimbursement	1. Track labor & hard oosts as we incur costs in EOC for the field	1. Finance	1. Ongoing
	2. Maintain Activity Logs via Emergency Response Time Entry Tool on all personnel in-house & out in the field	2. Finance	2. Ongoing
	3. Track all purchases with Logistics and MUNIS.	3. Finance, HHS, CAO	3. Ongoing
	4. Clarify and document prooess for inventory tracking to meet FEMA reporting needs.	4. Logistics, Finance	4. Ongoing
	5. Identify, track and monitor secured funding sources relative to expenses and claiming allowances.	5. Finance, CAO, HHS	5. Ongoing
J. Work with local school districts to support community needs.	1. Work with MCOE and schools to develop consistent messaging regarding school closures including summer school session.	1. PIO, MCOE	1. Ongoing
	2. Jointly work with Schools, Cities, Towns, Libraries, and others to assure Internet availability for higher needs populations.	2. Logistics	2. Ongoing
	3. Provide resources for emergency childcare to support essential personnel in the event of a surge	3. Logistics, MCOE, Care & Shelter	3. Ongoing
K. Prepare for and implement plan and contingencies for medical surge	1. Assess baseline resources available at local hospitals and HC system	1. M/H Branch, ACS Branch	1.Ongoing
	2. Forecast expected surge and identify supply constraints	2. M/H Branch, Logistics, ACS Branch	2. Ongoing
	4. Develop alternate patient care standards	4. M/H Branch, ACS Branch	4. Ongoing
	5. Mass fatality Planning	5. M/H Branch, Law Branch, ACS Branch	5. Ongoing
	6. Prepare and maintain readiness of ACS site at Marin Center with resources ready for activation, material in place and staffing identified and ready to commence operation	6. ACS Logs, ACS IC/UC, ACS Branch	6. Ongoing

4. Safety Message

If there is an emergency medical need at the EOC call 911 and report it to your direct supervisor. There are first aid and bleeding control supplies in the copy room

7. Prepared By:	Plans Section Coordinator	Signature:	_____
8. Approved By:	EOC Coordinator	Signature:	_____
9. Approved By:	EOC Director	Signature:	_____

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EOC OBJECTIVES (202)

1. Name	2. Operational Period:	Date From:	6/15/2020	Date To:	6/16/2020
MARIN: 2020-02 COVID-19		Time From:	0800	Time To:	0800

3. Objective(s): (NOTE: Grayed objectives are stable and on-going.)

Objectives:	Activities:	Responsible:	Completion Status:
L. Identify needs and provide service to vulnerable poplutions	1. Assess and identify needs and current gaps in service delivery to vulnerable populations (including homeless, people with disabilities, seniors, children, those with limited English proficiency)	1. Logistics, Care and Shelter	1. Ongoing
	2. Identify resources and monitor distribution to ensure Marin's underserved communities receive safety net services such as food security.	2. Logistics, Care and Shelter	2. Ongoing
	3. Coordinate access to HC resources for vulnerable populations	3. Logistics, Care and Shelter	3. Ongoing
	4. House and manage homeless vulnerable population that meet identified medical criteria	4. Care and Shelter, Logistics	4. Ongoing
	5. Coordinate and provide transportation to POT and MH services for those in need who do not have transportation	5. Logs, PH Branch	5. Ongoing
	6. Develop strategy to reduce congregate living and dense housing for vulnerable populations	6. M/H Branch, Care and Shelter	6. Ongoing
	7. Coordinate referrals of underserved COVID 19 patients to connect these individuals to needed resources that will allow the person to appropriately isolate	7. PH Branch, Care and Shelter	7.Ongoing
	8. Coordinate and manage rental assistance requests with CBO's to process grants	8. Care and Shelter	8. Ongoing
M. Ensure first responder notification of exposures	1. Track and monitor current exposed first responders	1. Fire Branch, Law Branch	1. Ongoing
O. Reduce congregation potential and public health hazards related to public parks and spaces	1. Provide clarified and coordinated (local and regional) messaging around the use of parks and open space facilities	1. PHO	1. Ongoing
	2. Implement and monitor plan for managing park access	2. PHO, Ops, Legal, PIO	2. Ongoing
~~P. Support remote access for emergency operations, where feasible and appropriate~~ - COMPLETED			
Q. Coordinate law enforcement and mutual aid responses countywide	1. Implement plan as necessary for coordinated messaging to law enforcement agencies.	1. Ops, Law Branch	1. Ongoing
	2. Implement plan as neceessaryfor mutual aid support for potential medical surge and for potential sick first responders	2. Ops	2. Ongoing
	3. Implement as necessary enforcement strategy and share with OA jurisdictions as an FYI	3. Law	3. Ongoing
R. Manage unified Call Center for COVID-19 response.	1. Support resource needs including communication tools, guidelines and appropriate staffing levels	1. EOC Coord., Logistics, TSU/IT, M/H Branch, Care & Shelter	1. Ongoing
	2. Establish protocols and resource scripts to provide call center positions with necessary tools	2. M/H Branch, Care and Shelter	2. Ongoing
	3. Modify 473-7191 line to accommodate wildfire season and COVID	3. Coordinator, IST	3. Complete
S.Monitor and support SNF's, assisted living facilities, residential care facilities and other congregate living facilities	1. In partnership with Kaiser and Marin Health, provide guidance, training and increased outreach to SNF's, assisted living facilities, residential care facilities and other congregate living facilities with goal of keeping residents in place.	1. PHO, PH Branch	1. Ongoing
	2. Develop staffing plan for maintaining continuity of care within existing residential facilities or transfer of care as needed.	2. PHO, PH Branch	2. Ongoing
	3. Identify and stand up an alternative care site specifically for long term care facility residents requiring isolation and low acuity care.	3. PHO, PH Branch, Plans, Logistics	3. Complete
	4. Develop staffing and mobilization plan for ACS.	4. ACS, Staffing	4.Ongoing
	5. Provide direction to SNF's to develop internal capacity for testing staff and residents	5. P/H Branch	5. In Process

4. Safety Message

If there is an emergency medical need at the EOC call 911 and report it to your direct supervisor. There are first aid and bleeding control supplies in the copy room

7. Prepared By:	Plans Section Coordinator	Signature:	_____
8. Approved By:	EOC Coordinator	Signature:	_____
9. Approved By:	EOC Director	Signature:	_____

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EOC OBJECTIVES (202)

1. Name	2. Operational Period:	Date From: 6/15/2020	Date To: 6/16/2020
MARIN: 2020-02 COVID-19		Time From: 0800	Time To: 0800

3. Objective(s): **(NOTE: Grayed objectives are stable and on-going.)**

Objectives:	Activities:	Responsible:	Completion Status:
T. Explore and manage grant opportunities related to COVID-19	1. Create a grants MAC to provide direction and oversight	1. Coordinator	1. Complete
	2. Explore grant opportunities and manage current funding streams	2. Coordinator	2. Ongoing
U. Prepare for and implement strategies to support San Quentin and County Jail	1. Coordinate with San Quentin and County Jail on surge planning and implementation efforts	1. M/H Branch, Law, Liaison (Chris Reilly)	1. Ongoing
	2. Monitor and support CDCR and San Quentin's internal capacity, including medical surge, to staff, resource and manage COVID-19 outbreak at their facility	2. M/H Branch, Liaison (Chris Reilly)	2. Ongoing
V. Work with stakeholders to plan for and implement strategies that support the community's long term recovery from the COVID-19 Pandemic	1. Coordinate effort to organize and communicate local assistance and recovery resources to the community via Marin Recovers website	1 Plans, Coordinator, Liaison Officer, IST, PIO	1. Ongoing
	2. Convene Marin Recovers Industry Advisory Group to identify local industry recovery needs, alternatives, and resources	2.Plans, EOC Director, PHO	2. Ongoing
	3. Begin to model long term economic impact to community	3. Adv Pins, CDA-Economic Dev.	3. Ongoing
	4. Establish and convene Marin Recovers steering committee to present recommendations to the BOS about how the various industries could open in compliance with health officer order	4. Director, Plans	4. Ongoing
W. Re-evaluate Wildfire and PSPS emergency response plans and update as necessary to reflect the threats associated with COVID-19	1. Assess protocols and procedures related to shelters, material stockpile, communications, and personnel and identify new mitigation measures to prevent or minimize the transmission of COVID-19 during an emergency.	1. Care and Shelter, PHO, EOC Coordinator, ACS Branch	1. Ongoing
	2. Update ACS plans to prepare for a medical surge related to COVID-19 in the midst of an ongoing emergency	2. ACS Branch, M/H Branch, IMT	2.Ongoing
	3. Identify staffing needs and sites for shelters	3. Logistics, Care and Shelter, Staffing MAC	3. Ongoing
	4. Develop and pilot proactive outreach program regarding support resources for vulnerable populations.	4. Care and Shelter, M/H	4. In process
	5. Review and update Severe Weather Annex	5. Care and shelter, MH, PH	5.Ongoing
X. Design, revise and communicate public health policies to limit the spread of COVID-19	1. Coordinate with other Bay Area public health officials and the state	1. PHO	1. Ongoing
	2. Perform research to guide evidence-based decisions	2. PHO, PH Branch	2. Ongoing
	3. Work with local jurisdiction representatives and elected leaders, where possible, to obtain feedback on potential modifications in advance of publicizing ammendments to Public Health Order	3. PHO, EOC Director, EOC Coordinator	3. Ongoing
	4. Coordinate with County Counsel on revised orders	4. PHO, Legal	4. Ongoing
	5. Provide advance notification to cities/towns and elected leaders of revisions to Public Health orders or recommendations where possible and appropriate	5. PHO, EOC Director, EOC Coordinator	5. Ongoing
	6. Track and monitor other Bay Area counties for impacts and mitigation measures	6. Sit Stat	6. Ongoing
Y. Track and promote local access to therapeutics and vaccinations	1. Monitor treatment modalities and efficacies	1. PHO	1. Ongoing
	2. Ensure local access to science driven treatments	2. M/H Branch	2. Ongoing
Z. Build contact investigation capacity and scale up contact tracing to quickly identify, isolate, track, and alert potential exposures	1. Recruit and retain contact tracers by May 31, 2020 including post recruitment for public health investigators (PHI)	1. P/H Branch	1. Ongoing
	2. Implement Cal Connect contact tracing software and train contact investigation team	2. P/H Branch	2. Ongoing
	3. Provide social supports to infected individuals and their contacts	3. P/H Branch	3. Ongoing
AA. Develop and implement comprehensive site and sector specific outbreak management plans	1. Work with stakeholders such as CBOs, school districts, childcare centers and industry groups to identify proactive and responsive protocols to address COVID-19 outbreaks.	1. P/H Branch, Care and Shelter, HHS	1.Ongoing
	2. Develop outbreak management plans that include protocols for communication, testing and isolation in the event of an outbreak.	2. P/H Branch, Care and Shelter, HHS	2. Ongoing

7. Prepared By:	Plans Section Coordinator	Signature: _____
8. Approved By:	EOC Coordinator	Signature: _____
9. Approved By:	EOC Director	Signature: _____

AP 202 PAGE 7 NIMS IAP

ORGANIZATION ASSIGNMENT LIST (203) - PAGE 1 of 2			
1. Event Name MARIN: 2020-02 COVID-19	2. Operational Period: Date From: 6/15/2020 Date To: 6/16/2020 Time From: 0800 Time To: 0800		
EOC Management Section:	**Name:**	**Operation Section:**	**Name:**
EOC Director		Operations Section Coordinator	
EOC Coordinator		Fire Branch Director	
Public Information Officer		MHOAC-Medical/Health Branch Director	
Liaison Officer		Assistant to MHOAC	
Asst. Liaison Officer		EMS Group Supervisor	
		Medical Health Logistics	
Safety Officer		MMRC Coordinator	
Legal Officer		Public Health Group Director	
		Deputy PH Group Director	
Private Sector Coordinator		Testing Coordinator	
Access and Functional Needs Officer			
AFN Assistant		MAC-PPE Lead	
Stress Manager		ACS Branch Director	
		ACS Branch Support	
Public Health Officer		Care/Shelter Branch Director	
Deputy Public Health Officer		Call Center Lead	
		Isolation & Quarantine Lead	
PIO Assistant		Rental Assistance Unit Lead	
		Homeless Response Leads	
		Community Food Lead	
Agency Representatives	**Name:**	**Logistics Section:**	**Name:**
Cal OES		Logistics Section Coordinator	
Marin Humane		Procurement Unit	
Schools		IT Support	
DSW Field Personnel	**See Page 2 of Org Chart**	EOC Runner	
		Personnel Unit	
		MAC-Medical Staffing Lead	
		Volunteer Coordinator	
		Donations Management Unit	
		MAC-Housing Lead	
		Food & Water	
		Food/Water/Supply	
		Admin Support	
		Alternative Care Site (ACS) Support	
		Hotel Room Procurement (Other Hotels)	
		Front Desk Check-in/Msg Center	
Planning/Intelligence Section:	**Name:**	**Finance Section:**	**Name:**
Plans Section Coordinator		Finance Section Coordinator	
Deputy Chief		Payable/Records Branch	
Situation Analysis Unit		Timekeeping Unit Leader	
Documentation Unit		Treasury Unit	
Recovery Unit		Risk Management/Audit Unit	
Advanced Planning Unit			
Resource Status / MAC Staffing Unit			
Prepared By: Name:	Position/Title: PSC	Signature: _____	
AP 203	Date/Time: 6/14/2020 2300 hours		PAGE 8

ORGANIZATION ASSIGNMENT LIST (203) - PAGE 2 of 2			
1. Event Name MARIN: 2020-02 COVID-19	2. Operational Period: Date From: 6/15/2020 Date To: 6/16/2020 Time From: 0800 Time To: 0800		
Name:		**CARE & SHELTER BRANCH**	**Name:**
PH - Testing Division		Call Center DSW Staff (6 daily M-F)	
Point of Testing Manager		C&S Logistics Liaison	
POT Clerical Assistance		C&S Finance Liaison	
POT Greeter / Floater		C&S Communications Liaison	
POT Staff Check In		Unsheltered Response Lead	
POT Documentation Unit		Case Managers DSW Staff (4 daily M-F)	
POT Logistics		Rental Assistance Leads	
POT Specimen Collection Kit Runner		Rental Assistance - DSW Staff (6 daily M-F)	
Epidemiology Division		***Isolation & Quarantine (I&Q) Unit***	
Epi Supervisor		Inn Marin Site Manager	
Epi/Analyst - Lead		Inn Marin Staff (8:30 - 4:30 Mon-Sat) (2 DSW)	
Epi/Analyst - CD Technical Support		Inn Marin Staff Remote Workers (Mon-Sat)	
Epi/Analyst - CD/CalConnect		CIRRIQ Manager	
Epi/Analyst - Call/Email Center		CIRRIQ Staff (Mon-Sat) (Care Navigators = CN)	
Epi/Analyst - Food Access Project		***Homeless Response Unit***	
Epi/Analyst - GIS - Testing Stats		COVID-19 Vulnerable Housing	
Epi/Analyst - Testing Stats		Lead Site Manager All Hotels	
Epi/Analyst - On Call (Weekend)		Daily Site Managers 1 at each Motel Mon - Sat	
		Motel 6 Staff (7am - 1pm) (2-3 DSW)	
		Motel 6 Staff (12:45pm - 6pm) (2-3 DSW)	
		Motel 6 Staff (5:45pm - 11pm) (2-3 DSW)	
		Motel 6 Night Mgr (10:30pm - 6:30am) (1 DSW)	
		Travelodge SR (7am-1pm) (2 DSW)	
		Travelodge SR (12pm-6pm) (2 DSW)	
		Travelodge SR (5pm-11pm) (2 DSW)	
		Best Western CM (11am-7pm) (1 DSW)	
		Community Food Unit	
		Multicultural Center (SAT 6am-11am) (8 DSW)	
		Canal Alliance (Tues 7am-1pm) (9 DSW)	
		MCC San Rafael (Wed 12pm-4:30pm) (12	
		MCC Novato (Thurs 12:30pm-4:30pm) (13 DSW)	
		Marinship Park Saus. (Tues/Fri. 8am-12pm) (2 DSW)	
		West Marin	
		Grocery Bag Delivery	
		Special Assignments	
		St. Vincents de Paul Crowd Control (1-2 DSWs)	
		Ritter Ctr Crowd Control (M/W/F) (1 DSW)	
		Ritter Ctr Health Screeners (M/W/F) (2 DSWs)	
		Transportation (POT/Motels/Other) (2 DSWs)	
		Canal POT Registration Assistance (2 DSWs)	
Prepared By: Name:	Position/Title: PSC	Signature: _____	
AP 203	Date/Time: 6/14/2020 2300 hours		PAGE 8a

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period:	Date From:	6/15/20	Date To:	6/16/20
MARIN: 2020-02 COVID-19		Time From:	0800	Time To:	0800

3. Medical Aid Stations:

Name	Location	Contact Number/Freq	Paramedics
San Rafael Fire Department / Marinwood	777 Miller Creek Rd, San Rafael CA 94903	911	☑ Yes

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number	Level of Service
San Rafael Fire Department	3530 Civic Center Dr, San Rafael CA 94903	911	ALS

5. Hospitals:

Hospital Name	Address, Lat & Long Helipad	Contact Number(s)/ Frequency	Travel Time Air	Travel Time Ground	Trauma Center	Burn Center	Helipad
Marin Health Medical Center	250 Bon Air Rd, Kentfield CA 94904	(415) 925-7000	NA	14 MIN	Level 3	☐	☐
Bothin Burn Center / St Francis	900 Hyde St @ Bush, San Francisco CA	(415) 353-6255	NA	30 MIN	NA	☑	☐
Kaiser San Rafael	99 Monticello Rd, San Rafael CA 94903	(415) 444-2000	NA	3 MIN	EDAT	☐	☐
						☐	☐
						☐	☐

6. Special Medical Emergency Procedures

For Medical Emergencies in the EOC

Call 9-1-1 and activate the EMS system
If possible move the PT outside the EOC to reduce EMS responder / EOC cross contamination

EMS to access via Entrance A

Gurney access via the freight elevator (Through Entrance A past security- Straight through solid double doors Halfway down hall on the right through large - take elevator to 3rd floor)

Freight elevator access from 3rd floor (Between Suites 301 EOC and 300 Across from bathrooms through large Double doors) Los Gammos Security can assist with elevator (415) 306-8824

Report all medical emergencies / injuries to Safety & Ops

Injury Reporting Procedures

Nature of Injury:_____
Location of Patient:_____
Point of Contact:_____
Transportation Requested by: Air____ Ground_____
Point of Pick-Up:_____
Lat:_____ **Long:**_____
Patient Unit ID:_____
Is an EMT with Patient: Yes_____ No_____
Age:_____ **Sex: Male_____ Female_____**

All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

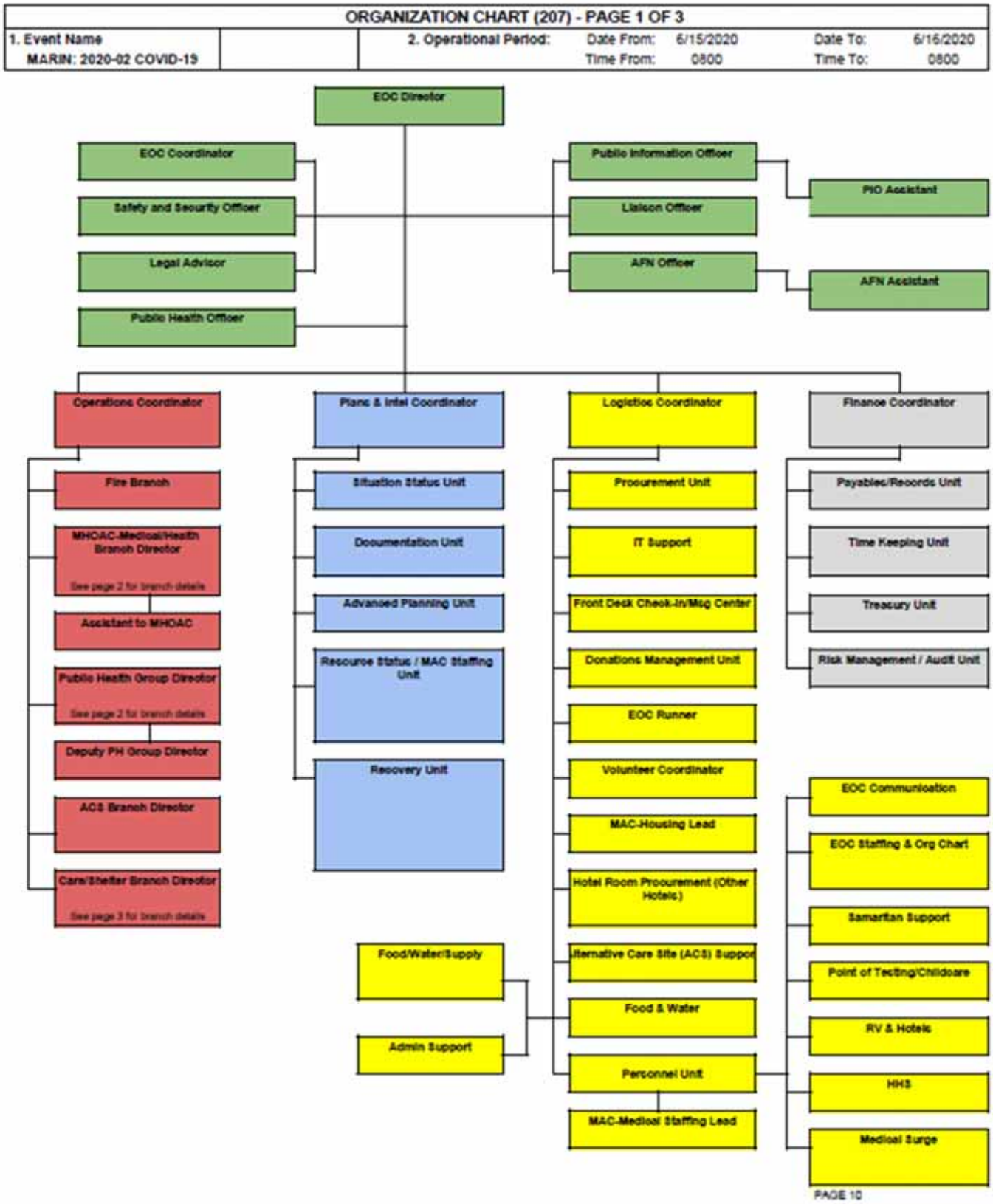
7. Prepared by (Medical Unit Leader):

Signature:_____

8. Approved by (Safety Officer):

Signature:_____

ICS 206 NIMS IAP	Date/Time:	PAGE 9


ORGANIZATION CHART (207) - PAGE 1 OF 3
1. Event Name
MARIN: 2020-02 COVID-19
2. Operational Period:
Date From: 6/15/2020
Time From: 0800
Date To: 6/16/2020
Time To: 0800
EOC Director
EOC Coordinator
Safety and Security Officer
Legal Advisor
Public Health Officer
Public Information Officer
Liaison Officer
AFN Officer
PIO Assistant
AFN Assistant
Operations Coordinator
Fire Branch
MHOAC-Medical/Health Branch Director
See page 2 for branch details
Assistant to MHOAC
Public Health Group Director
See page 2 for branch details
Deputy PH Group Director
ACS Branch Director
Care/Shelter Branch Director
See page 3 for branch details
Plans & Intel Coordinator
Situation Status Unit
Documentation Unit
Advanced Planning Unit
Resource Status / MAC Staffing Unit
Recovery Unit
Logistics Coordinator
Procurement Unit
IT Support
Front Desk Check-In/Msg Center
Donations Management Unit
EOC Runner
Volunteer Coordinator
MAC-Housing Lead
Hotel Room Procurement (Other Hotels)
Alternative Care Site (ACS) Suppor
Food & Water
Personnel Unit
MAC-Medical Staffing Lead
Food/Water/Supply
Admin Support
Finance Coordinator
Payables/Records Unit
Time Keeping Unit
Treasury Unit
Risk Management / Audit Unit
EOC Communication
EOC Staffing & Org Chart
Samaritan Support
Point of Testing/Childcare
RV & Hotels
HHS
Medical Surge
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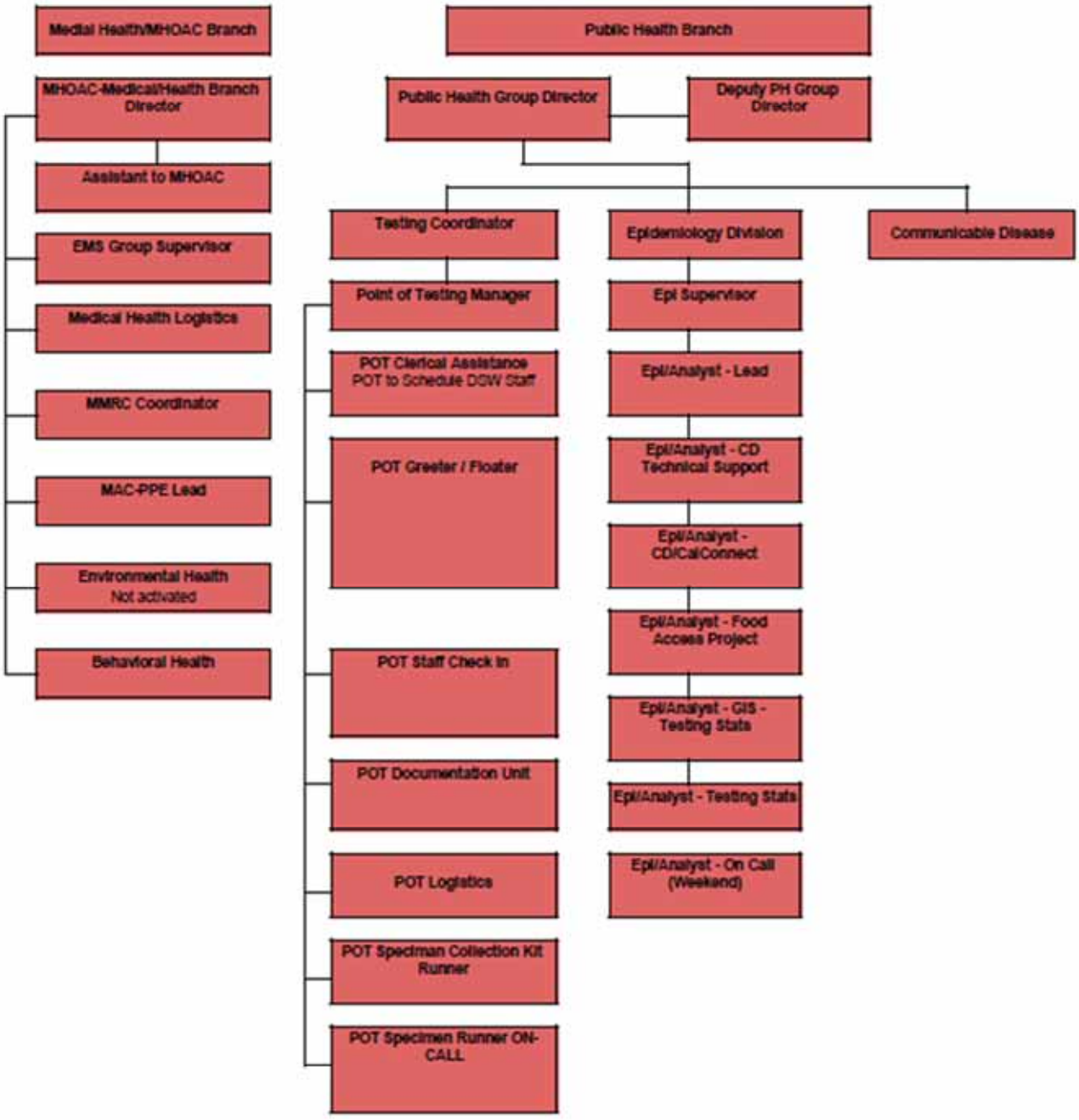
ORGANIZATION CHART (207) - PAGE 2 OF 3					
1. Event Name MARIN: 2020-02 COVID-19		2. Operational Period:	Date From: 6/15/2020 Time From: 0800	Date To: Time To:	6/16/2020 0800



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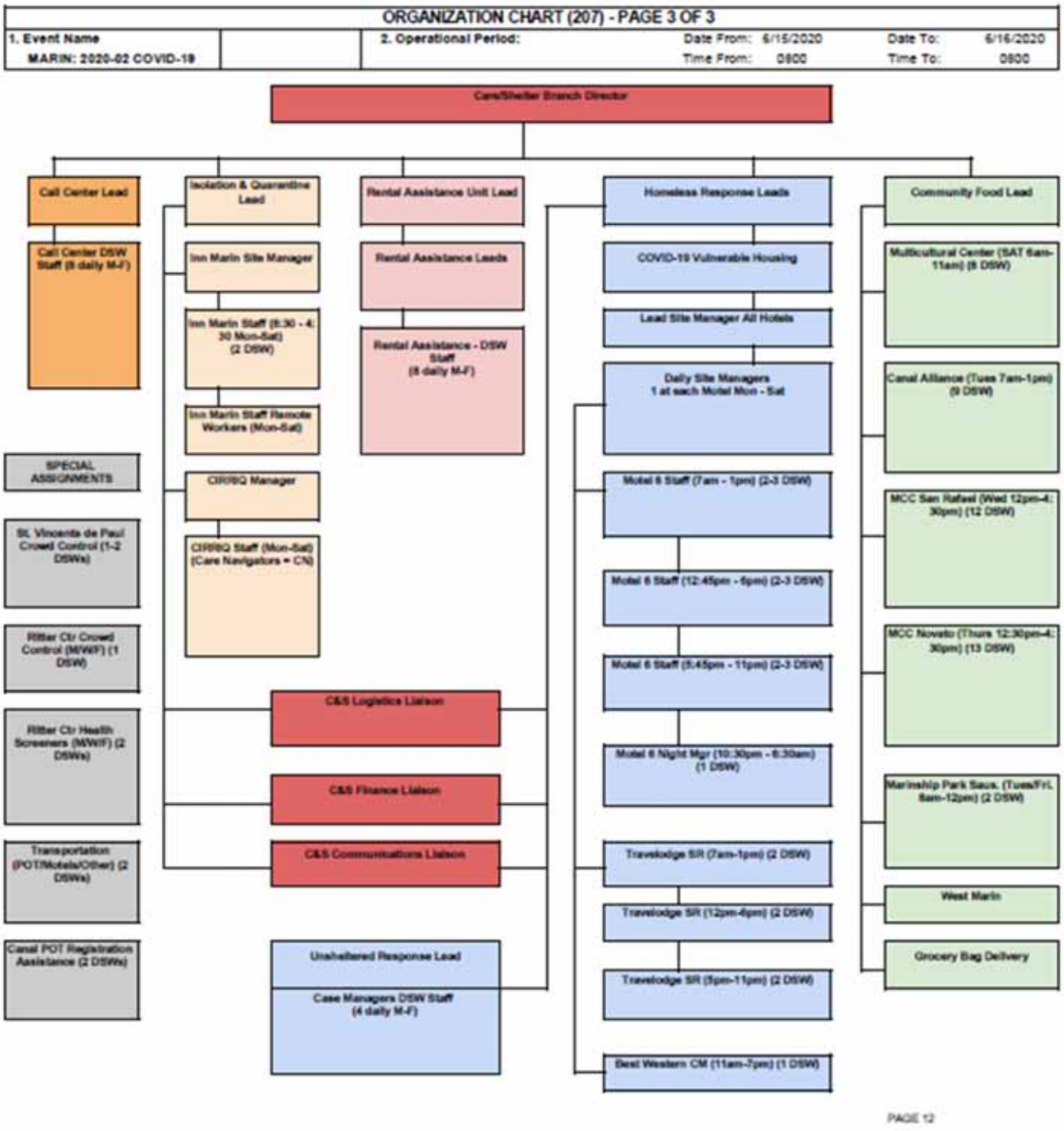
ORGANIZATION CHART (207) - PAGE 3 OF 3
1. Event Name
MARIN: 2020-02 COVID-19
2. Operational Period:
Date From: 6/15/2020
Time From: 0800
Date To: 6/16/2020
Time To: 0800
Care/Shelter Branch Director
Call Center Lead
Call Center DSW Staff (8 daily M-F)
Isolation & Quarantine Lead
Inn Marin Site Manager
Inn Marin Staff (8:30 - 4:30 Mon-Sat) (2 DSW)
Inn Marin Staff Remote Workers (Mon-Sat)
CIRBQ Manager
CIRBQ Staff (Mon-Sat) (Care Navigators = CN)
Rental Assistance Unit Lead
Rental Assistance Leads
Rental Assistance - DSW Staff (8 daily M-F)
Homeless Response Leads
COVID-19 Vulnerable Housing
Lead Site Manager All Hotels
Daily Site Managers 1 at each Motel Mon - Sat
Motel 6 Staff (7am - 1pm) (2-3 DSW)
Motel 6 Staff (12:45pm - 6pm) (2-3 DSW)
Motel 6 Staff (5:45pm - 11pm) (2-3 DSW)
Motel 6 Night Mgr (10:30pm - 6:30am) (1 DSW)
Travelodge SR (7am-1pm) (2 DSW)
Travelodge SR (12pm-6pm) (2 DSW)
Travelodge SR (5pm-11pm) (2 DSW)
Best Western CM (11am-7pm) (1 DSW)
Community Food Lead
Multicultural Center (SAT 6am-11am) (8 DSW)
Canal Alliance (Tues 7am-1pm) (9 DSW)
MCC San Rafael (Wed 12pm-4:30pm) (12 DSW)
MCC Novato (Thurs 12:30pm-4:30pm) (13 DSW)
Marinship Park Sauls. (Tues/Fri 8am-12pm) (2 DSW)
West Marin
Grocery Bag Delivery
SPECIAL ASSIGNMENTS
St. Vincents de Paul Crowd Control (1-2 DSWs)
Ritter Ctr Crowd Control (M/W/F) (1 DSW)
Ritter Ctr Health Screeners (M/W/F) (2 DSWs)
Transportation (POT/Motels/Other) (2 DSWs)
Canal POT Registration Assistance (2 DSWs)
C&S Logistics Liaison
C&S Finance Liaison
C&S Communications Liaison
Unsheltered Response Lead
Case Managers DSW Staff (4 daily M-F)
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SAFETY MESSAGE

1. Incident Name:	2. Operational Period:	Date From:	6/15/20	Date To:	6/16/20
MARIN: 2020-02 COVID-19		Time From:	0800	Time To:	0800

All staff supporting the County's response to the COVID-19 Pandemic should be aware of the County's Employee Assistance Program. Be mindful of your self care and mental well being. If you are feeling the need to talk with someone about your stress level or general mental health, please call 1-800-227-1060 or notify your supervisor.

Stay hydrated, take breaks, report any accident to your direct supervisor, watch for trip hazards and other hazards.

Don mask and sanitize hands PRIOR to entering every worksite.

Prior to entering to the EOC, everyone will have their temperature checked. Any person reading 100.4 or higher will not be admitted and safety officer or EOC Coordinator shall be notified and will connect individual to appropriate resources.

Practice standard flu precautions. Wash your hands with soap and water, use hand sanitizer if you don't have soap, don't touch your face/mouth/nose, cover your cough/sneeze, stay home when you are sick.

Practice six foot social distancing to the maximum extent feasible. Wipe down workstations regularly.

All persons engaged in field operations with potential contact with suspect or ill individuals shall don appropriate Personal Protective Equipment (PPE).

PPE Requirements:

1) Gown

2) Gloves

3) Respiratory Protection: N-95, P-100 respirator or PAPR (required at all worksites)

4) Eye Protection / Face Shield

Document any inadvertent or PPE penetration exposures to body substances and report to supervisor. Personnel should follow proper hand washing protocols prior to and after contact to individuals.

4. Site Safety Plan Required? ☐ No					
Approved Site Safety Plan(s) Located At:					PAGE 13
5. Prepared By:		Position/Title:	Safety Officer	Signature:	
AP 208		Date/Time:	6/14/2020 1600		

Weather Forecast	Latitude: 37.9871	Longitude: -122.5889	NWS Fire Weather	Update
1. Event Name: MARIN: 2020-02 COVID-19	2. Operational Period:	Date From: 6/15/20 Time From: 0800	Date To: 6/16/20 Time To: 0800	Last Update 6/14/2020

NWS Office = MTR, Zone = CAZ506
Fire Weather Planning Forecast for the San Francisco Bay Area and Central California Coast
National Weather Service San Francisco Bay Area 330 PM PDT Sun Jun 14 2020
.DISCUSSION...Little change is expected through Tuesday, except for slightly drier air in the hills. Temperatures are then expected to warm above normal on Wednesday and Thursday and drying will occur in all areas as offshore flow develops in the hills. Winds will be moderate from the northwest through Tuesday, with north winds expected to develop in the hills from Tuesday night through Wednesday night.

CAZ506-152215-
North Bay Interior Valleys-
330 PM PDT Sun Jun 14 2020

.TONIGHT...
* Sky/weather.....Mostly clear.
* Min temperature.....51-56. * 24 hr trend.....1-3 degrees warmer.
* Max humidity.....80-95 percent. * 24 hr trend.....5-10 percent drier.
* 20-foot winds.....Southwest winds 5 to 10 mph.
* CWR.....0%. * LAL.....1. * Marine layer.....1500 ft asl.

.MONDAY...
* Sky/weather.....Mostly sunny.
* Max temperature.....76-84. * 24 hr trend.....Little change.
* Min humidity.....35-45 percent. * 24 hr trend.....5-10 percent drier.
* 20-foot winds.....Southwest winds 5 to 10 mph.
* CWR.....0%. * LAL.....1. * Marine layer.....1500 ft asl.

.MONDAY NIGHT...
* Sky/weather.....Partly cloudy then becoming mostly clear.
* Min temperature.....47-53.
* Max humidity.....80-100 percent.
* 20-foot winds.....Northwest winds 5 to 10 mph.
* CWR.....0%. * LAL.....1.

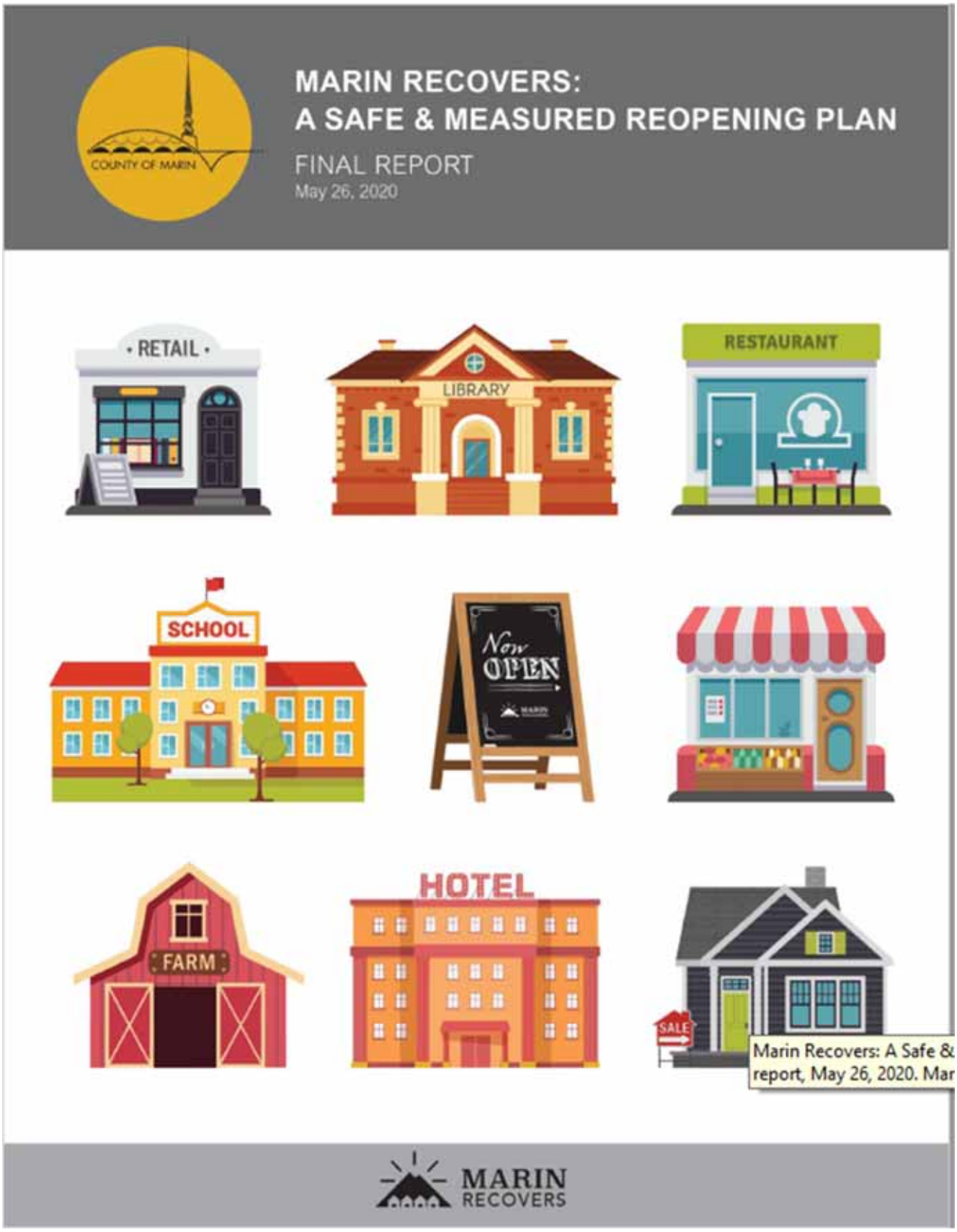
.TUESDAY...
* Sky/weather.....Sunny.
* Max temperature.....77-86.
* Min humidity.....30-40 percent.
* 20-foot winds.....Northwest winds 5 to 10 mph.
* CWR.....0%. * LAL.....1.

.EXTENDED...
.TUESDAY NIGHT...Clear. Northwest winds 5 to 10 mph. Lows in the upper 40s to lower 50s.
.WEDNESDAY...Clear. Northwest winds 5 to 10 mph. Lows in the upper 40s to lower 50s. Highs in the mid 80s to around 90.
.THURSDAY...Clear. Southwest winds 5 to 10 mph. Lows in the upper 40s to mid 50s. Highs in the mid 80s to lower 90s.
.FRIDAY...Mostly clear. Southwest winds 5 to 15 mph. Lows in the lower to mid 50s. Highs in the 80s.

PREPARED BY:	Date/Time: 3/15/20 1600	PAGE 14

APPENDIX G: Marin Recovers Reopening Plan

Posted: https://marinrecovers.com/documents/marin-recovers-a-safe-measured-reopening-plan/



COVER LETTER

The **Marin Recovers** effort to reopen businesses and other sectors represents the best parts of our community. Through this process, we have witnessed passionate discussion, flexibility, patience, care for others, and quick thinking, as the worlds of business, local government, and public health come together. Collectively, we see this process making it easier to safely reopen more parts of our community while protecting the health and safety of our employees, our customers, and our residents.

The enclosed report details a process that was rapidly put in place and is already underway to ease the way for employers and other aspects of the community to reopen in Marin County. This process of "reopening" is urgent as the State of California announces the possibility of retail, restaurants, personal services, and other sectors to reopen parts of their business. While the county must wait for local health conditions to allow for businesses and other facilities to reopen, business and community leaders are anxious to move ahead. This effort to collaborate and communicate will be ongoing as we seek to navigate changing public health conditions together; however, we are putting the pieces in place now, so we are ready.

The steering committee would like to thank each participant in this Marin Recovers effort. Business leaders, Chambers of Commerce, non-profits, local government officials, elected leaders, and county staff came together at incredible speed and dedicated long hours to ensure businesses, recreation facilities, and other community resources are ready to reopen when public health conditions are right.

We invite you to visit marinrecovers.com. Specifically, if you are a local business, we encourage you to click on the business tab to review the *Guidelines for Business* section where industry guidelines and the required Site-Specific Protection Plan template is located.

Sincerely,
Brian Colbert, San Anselmo Vice Mayor, and
Joanne Webster, President & CEO of San Rafael Chamber of Commerce
Marin Recovers Steering Committee Members

This report is presented by the members of the Marin Recovers Steering Committee:*

County Board of Supervisors:	Dennis Rodoni, Katie Rice
Marin Economic Forum:	Mike Blakeley
Small Business Development Center:	Miriam Hope Karell
Marin County Council of Mayors and Councilmembers (MCCMC):	Kate Colin (San Rafael), Brian Colbert (San Anselmo)
Chambers of Commerce:	Joanne Webster
Dominican University:	Dr. Yung-Jae Lee
Marin Managers Association:	Adam Politzer (Sausalito)
Downtown Novato Business Association:	Stephanie Koehler

*Industry Group facilitators and some Industry Group Advisors are also participants in Steering Committee meetings.

The purpose of the plan is to ensure that Marin County's re-opening re-starts our local economic engine while navigating the Covid-19-related health risks until a vaccine is developed. The industry reopening process is anticipated to change over time in response to public health data. The latest updates to guidelines for industries and the public will be maintained on the Marin Recovers website at marinrecovers.com. Marin's process follows state guidance, accounts for local health conditions, and includes a robust partnership with local governments and industries.

This effort has included many sectors and this document addresses them as sectors, industries, employers, businesses, public land managers, and non-profits- in some cases interchangeably.

THANKS TO PARTICIPANTS

A special thank you to leaders and members of the Marin Recovers Industry Advisor Groups, and local residents and business owners who have reached out to provide feedback. Through collaboration, creativity and speed, we have worked together to develop Marin specific standards to open Marin safely.

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WHAT TO DO WHEN YOUR INDUSTRY IS AUTHORIZED TO REOPEN OR EXPAND OPERATIONS

1. Verify you are authorized to be open or reopen* by reviewing the latest Public Health Order and Appendices webpage on the Marin County Health & Human Services Covid-19 webpage.

2. Download the required Site-Specific Protection Plan (SPP) template from the Marin Recovers Business webpage.

3. Cut and paste your approved industry-specific guidelines into the Industry/ Business Best Practices section of your SPP, found on the Marin

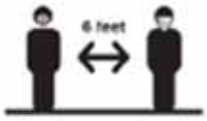
Shows a 10-step process to
verifying that you are autho
compling a Site-Specific Pro
worksite for reopening. Deta
MarinRecovers.com/busines

4. Complete your SPP with an assessment of your specific worksite.

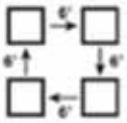
5. Assign the worksite owner, manager, or employee to implement the SPP.

6. Post your completed SPP at major worksite entrances.

7. Train your staff according to the content of your SPP.



8. Post signs noting 5 public health guidelines at each public entrance of each worksite. See pages 19-20 of this report.



9. Prepare your worksite environment and purchase necessary cleaning and PPE supplies per your SPP.

10. Reopen.

*Essential and Outdoor Businesses, which were permitted to operate prior to May 18, 2020, and are currently following the Public Health Order's prior Appendix A "Social Distancing Protocol" may continue to conduct business consistent with that protocol until June 1, 2020.

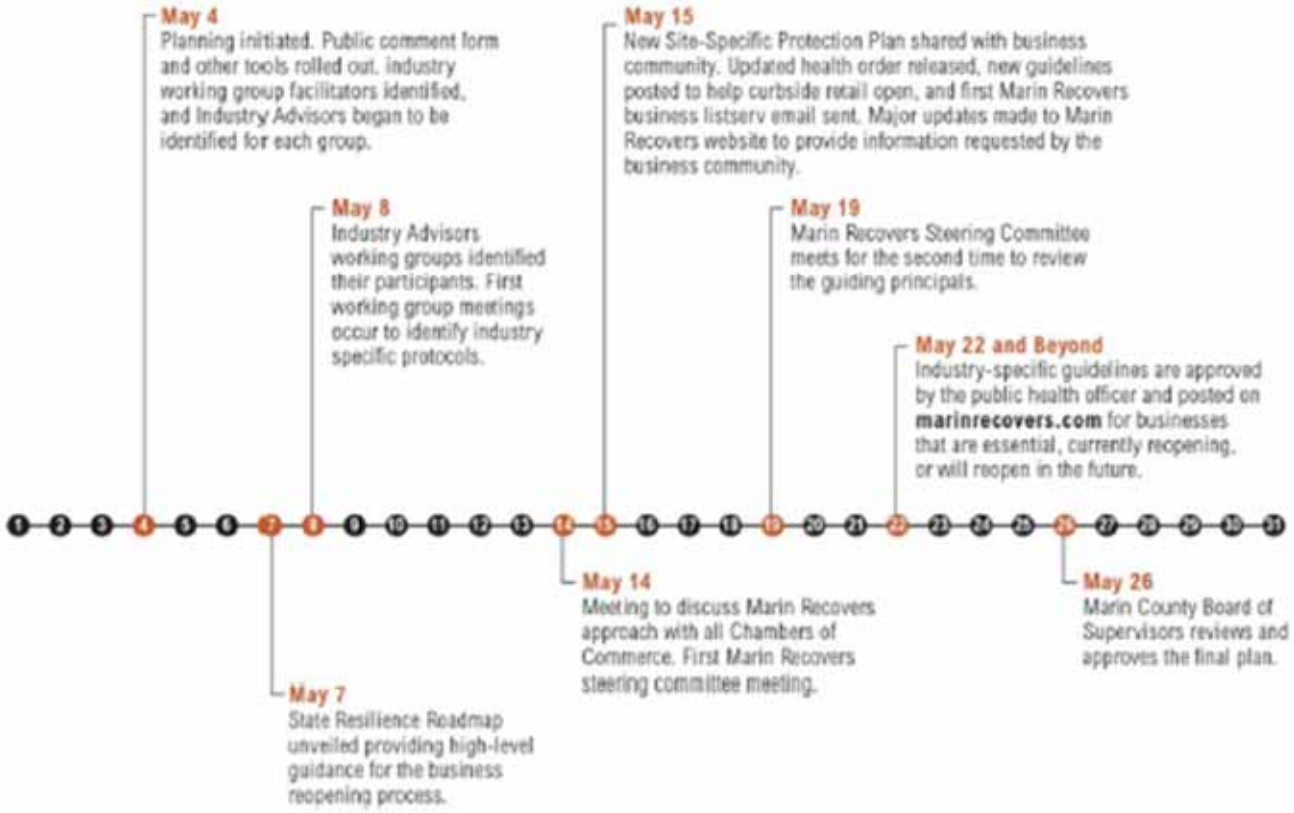
INTRODUCTION

The structure for Marin Recovers originated as a means to support multijurisdictional partnership for wildfire response in 2017. What began as a website for communications has evolved to include private/public collaboration and information about Marin's recovery from COVID-19. Marin Recovers resources and information are primarily shared through a website marinrecovers.com. This document provides information specifically about the industry-reopening and economic recovery process.

KEY COMPONENTS OF MARIN RECOVERS ECONOMIC RECOVERY EFFORT

- **Ensuring compliance with State and County public health orders**
- **Creating industry reopening/operating guidance**
- **Collaboration with industry working groups**
- **Robust 2-way communication**
- **Ensuring support and resources for industries to reopen and remain open in partnership with Chambers of Commerce and others**

RAPID RESPONSE: MAY 2020 TIMELINE OF EVENTS



BACKGROUND

Due to the detection and rapid spread of novel COVID-19 in our region in early March 2020, Marin County joined with six Bay Area counties to Shelter in Place under health officer orders on Tuesday, March 17. Governor Gavin Newsom signed the Statewide Shelter in Place Order for the state of California on Thursday, March 19. Marin's order was issued in response to rapid acceleration of COVID-19 cases, hospitalizations, and deaths regionally. As the pandemic spread globally, this action successfully flattened the curve in Marin County.

The successful response to the first phase of the epidemic in Marin has allowed us to begin the delicate process of reopening. At the same time, we know the virus is a part of our environment and we remain at risk of losing the gains we've achieved. Navigating decisions about how and when to reopen safely requires an unprecedented level of communication and collaboration between public health and sectors across our community.

We knew that in order to get it right, industry-specific guidance must be guided by local business owners. This dynamic process requires cooperation and communication between county and state public health officers, business industry leaders, local governments, staff charged with planning and implementation, and the public. Marin Recovers Industry Advisors was born out of our interest to get it right, together. It outlines the ways that business and public services are working together to respond to these challenges with a focus on public and economic health.

Marin Recovers follows three distinct phases of the reopening process. We have left Phase 1, the initial shelter in place designed to control the surge of COVID-19 cases, and we have entered Phase 2, a process of loosening Phase 1 restrictions gradually as public health conditions allow. Phase 2 is when the industry reopening and economic recovery process begins to take place, beyond those businesses deemed essential in Phase 1. Phase 2 has begun by reopening parts of industries deemed lowest risk for causing additional COVID-19 outbreaks and will move gradually toward higher-risk sectors and activities. Phase 3 is the end of the Shelter in Place, when we enter a period of ongoing vigilance under the least restrictive policies to remain safe.

MARIN COUNTY PROCESS FOR RE-OPENING

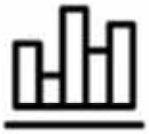
GUIDING PRINCIPLES

The goal of this collaborative effort is economic recovery, with local businesses and other sectors informing guidelines that support industries to reopen in a practical way. Marin Recovers Industry Advisors groups were initiated to engage employers to help inform guidelines for employers so they can make modifications that are practical and consistent with public health guidance. Local public health orders, appendices, and guidelines will:

Ensure compliance with the State public health orders

Consider a wide range of potential impacts including health, social, and economic

Consider business and other sector feedback that, to the extent possible, allows businesses and other sectors to remain viable and protects the public and their workers



Adjust based on public health data to both restrict or loosen orders

Minimize the opening and closing process for businesses and other sectors to avoid expensive and time-consuming processes for businesses

Maintain an ongoing mechanism to gather input from and respond to questions from businesses, other sectors, and the public

Acknowledge the role each resident and visitor has in supporting local businesses and other sectors by wearing proper PPE to protect our community's health

"When I speak with other public health officers around the state, it strikes me how unusual and beneficial the Marin Recovers business reopening process is. The new opportunity to exchange viewpoints with Marin's business community provides me with the unique perspectives and needs of businesses. These are essential to consider in our decisions about reopening. That's not necessarily happening in other counties." -Dr. Matt Willis, Marin County Public Health Officer

FACTORS FOR SAFE AND SUSTAINED REOPENING

PHASE II:
SEQUENTIAL REOPENING UNDER STAY AT HOME ORDER

As the County of Marin meets the criteria to move beyond phase I, we must implement a framework to safely and progressively reopen with new adaptations for all sectors, where we live, work and play.

1. STRENGTHEN SELF MEASURES

Simple measures can powerfully reduce risk of infection.
As activities are allowed to resume, these precautions must remain in place.

Physical Distancing

Whenever possible, maintain a distance of at least 6 feet between individuals.

Facial Covering in Public

Use of cloth facial covering while in public.

Personal Hygiene

Frequent cleaning of hands, avoiding touching face, sanitize surfaces frequently.

2. CLOSELY MONITOR COMMUNITY HEALTH

Detailed and real-time monitoring of community health indicators, allowing for the public health officer to adjust guidance as needed.

Local Health Care Coordination

Local health care partners engaged to assist public health officer in assessing health impact and determination of safety of staged re-opening. Process and metrics published at regular intervals.

3. PROGRESSIVE RETURN TO ACTIVITIES & INDUSTRIES

To carefully re-open, we must describe risk in each sector or industry and develop processes to minimize those risks. Within Phase II, starting with lowest risk activities, each moves toward reopening based on established safety criteria, assessed at 2-week intervals.

Establish set of COVID-19 safety standards

Operational criteria that would be needed to safely resume an activity or industry.

Plan for Modified Operations

Coordinate with industry advisors to create recommended operational standards by industry and aid organizations in meeting the criteria. Share launch plans on Marin Recovers.

Monitor and Adjust

Continually monitor data and COVID-19 safety standards to determine which activities and industries can be safely reopened or may need to be limited again based on COVID-19 activity.

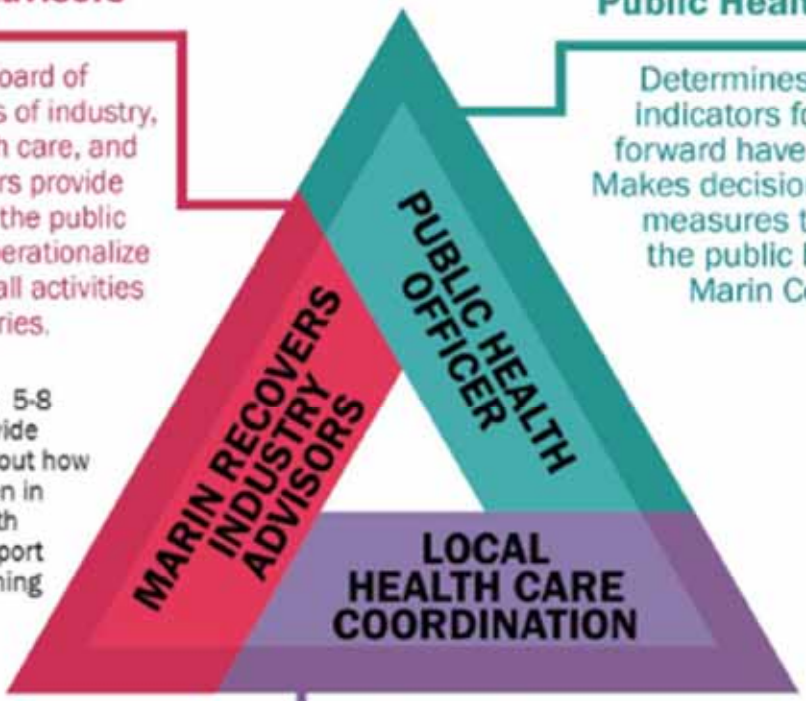
ROLES, RESPONSIBILITIES, AND PROCESS

Marin Recovers Industry Advisors

Lead by the Board of Supervisors, groups of industry, community, health care, and work-force leaders provide a connection for the public health officer to operationalize measures across all activities and industries.

Industry work groups: 5-8 people per group provide recommendations about how an industry could open in compliance with health officer order, and support organizations in planning and implementing recommendations. Groups are diverse in membership, including members who represent both small and large organizations within an individual industry, as well as trade associations.

- Restaurants
- Retail
- Construction
- Parks/Outdoor Recreation
- General Office Space (e.g., industrial, tech, etc.)
- Childcare
- School Services
- Transportation
- Hotels/Motels/Hospitality
- Personal Services
- Arts Sector
- Real Estate
- Faith Based Organizations



Public Health Officer

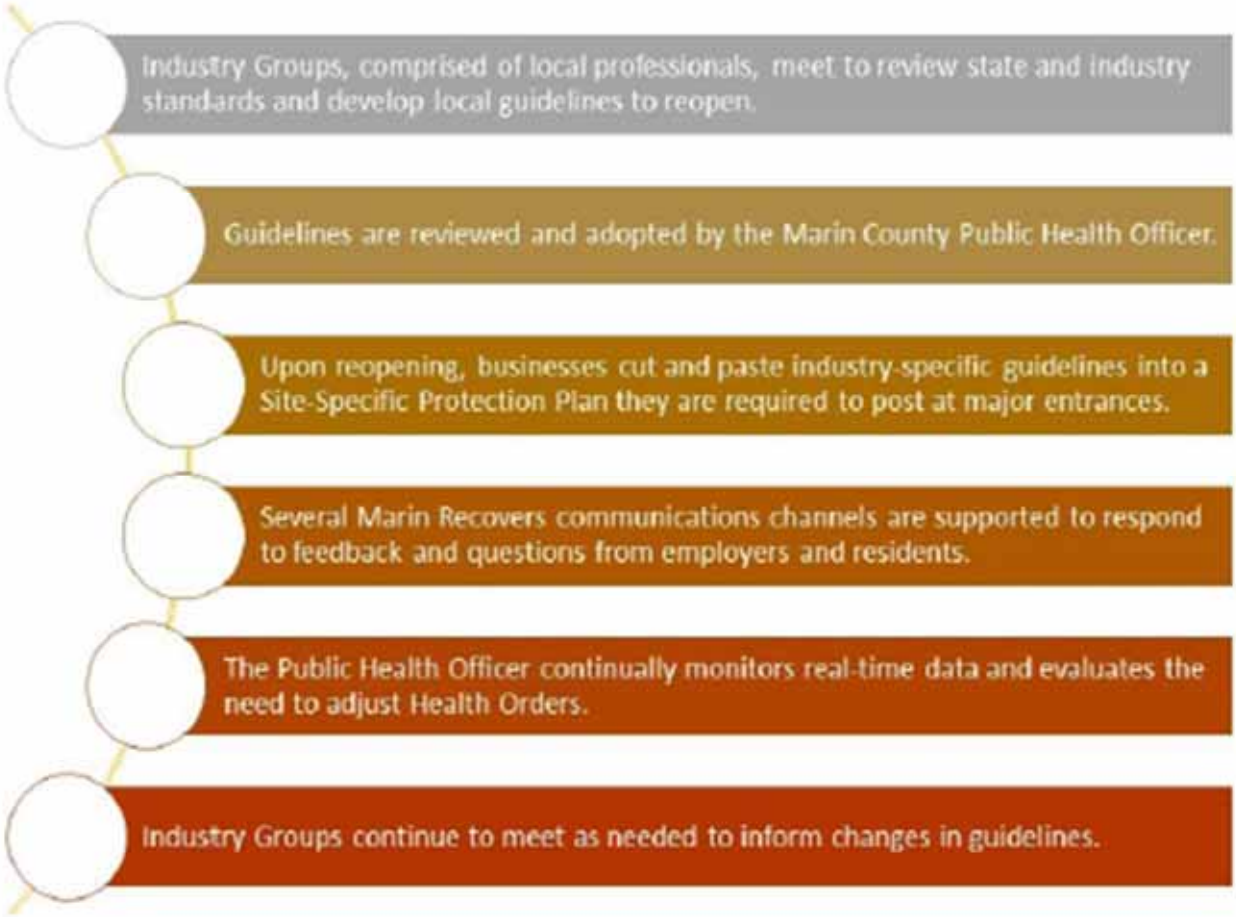
Determines whether indicators for moving forward have been met. Makes decisions regarding measures to protect the public health of Marin County.

Local Health Care Coordination

A comprehensive set of health care sector and patient populations.

- Recommends permissible activities and industries based on transmission risk factors
- Provides guidance criteria for re-opening
- Supports and consults with the Marin Recovers Industry Advisors
- Reviews proposed operational standards (as requested)

RE-OPENING WORKFLOW



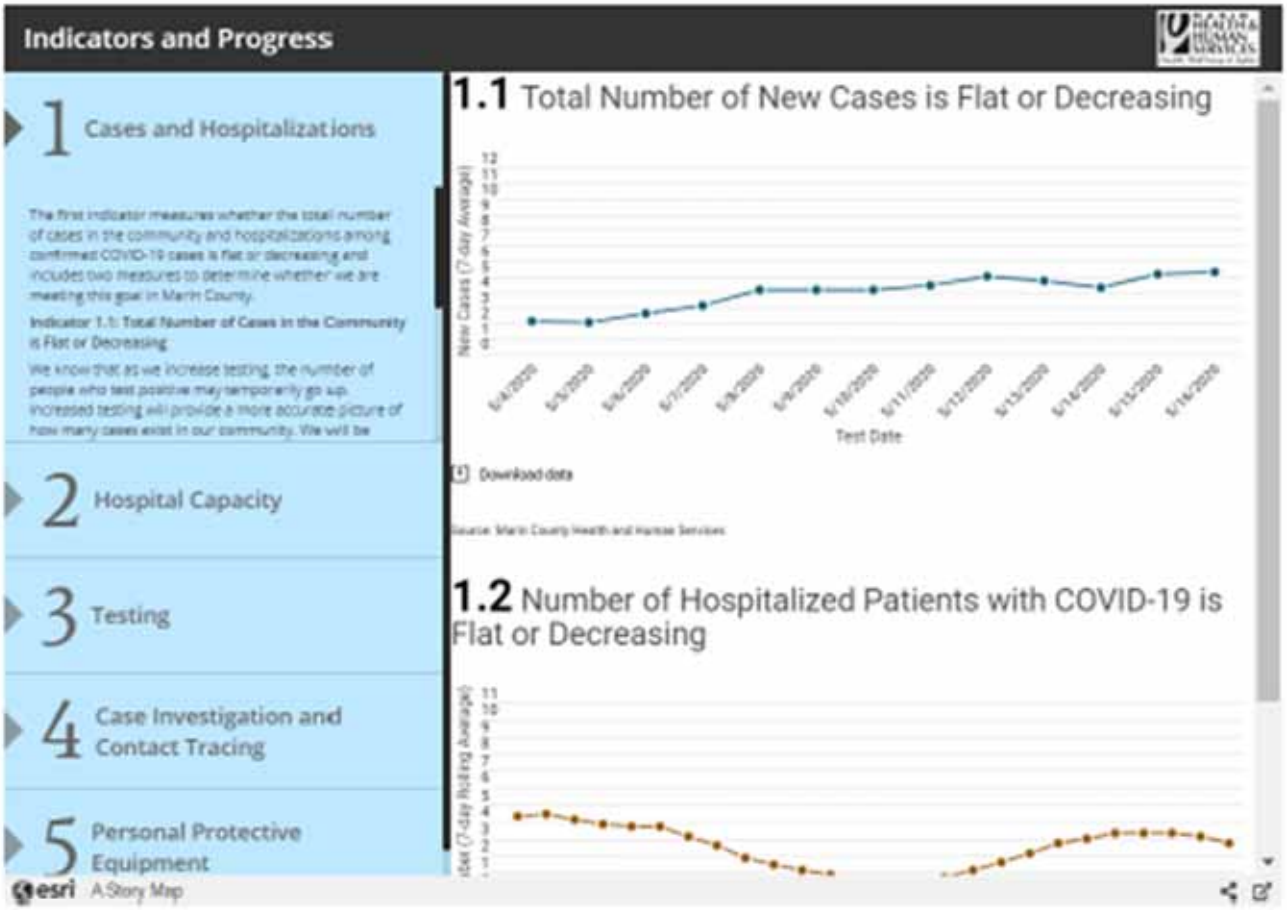
PUBLIC HEALTH INDICATORS THAT DETERMINE WHEN AN INDUSTRY OPENS

Six public health indicators were established by the Bay Area regional Health Officers to monitor the spread of COVID-19 and local readiness to respond as the pandemic evolves.

The six health indicators are important measures of progress as we assess whether and to what extent we can move away from the existing shelter-in-place restrictions. However, other factors will also guide the Health Officers' decision making, including the development of other methods to contain COVID-19, the impact of the staged reopening of various industries, the level of compliance with social distancing orders and guidance, collective compliance with isolation and quarantine directives for persons who are infected or exposed, and other scientific developments during this rapidly evolving pandemic. Furthermore, decisions to modify existing restrictions will be made based on the totality of the

circumstances; substantial progress on several important indicators and other factors may allow additional activities to resume even if certain goals within the indicators have not yet been achieved.

The current status of these health indicators in Marin are available to view at the county's Health and Human Services ("HHS") dashboard for Marin County Indicators for Assessing Progress on Containing COVID-19. These data will be updated daily as information is reported to Marin County Health and Human Services. HHS plans to report publicly on our progress on these local indicators so that the community can track our collective progress.



Above is an example of the Marin County HHS Health Indicator Dashboard. This data will be updated daily to reflect the newest public health data.

The ultimate goal of Marin Recovers is to enable our local economic engine restart while maintaining a healthy environment. Robust cross-sector collaboration and providing industry-specific guidelines will ensure local businesses can thrive in the current public health environment.

SOCIAL IMPACTS WEIGHED

As businesses closed there were and continue to be rippling impacts. People became unemployed and drew upon social services as they lacked the resources to acquire food, housing, and medical care. Tax revenues decreased and local governments found they had fewer resources to support communities. The following social impacts are summarized from information provided by the Bay Area Regional Health Inequities Initiative:

- **Housing.** Housing stability is at risk as workplaces have rapidly been closed and are slow to reopen. Housing is at the intersection of health, economy, and our politics. Access to housing is a basic human right.

- **Small businesses.** Small businesses are feeling disproportionate impacts compared to large businesses. Small businesses have smaller buffers during times of crisis, less access to capital, investments in safety make up a higher percentage of their costs, and staff makes up a higher percentage of their expenses.

- **Access to information.** Information about public health and safety, industry reopening, and steps to economic recovery must reach every resident and employer to ensure impact and social equity. This information must be accessible to those with disabilities, language/literacy barriers, and delivered in a form that is culturally relatable.

- **Racism and Discrimination.** Racism and discrimination are heightened during times of fear, and lead to well-documented health consequences in the healthcare system, inequity of access to resources, and inequity in enforcement.

ECONOMIC IMPACTS WEIGHED

More than a reopening process, this effort is about the recovery of the Marin economy.

The shelter-in-place (SIP) order instituted by the County of Marin on March 17 suspended activity for all businesses except for those deemed "essential", which could remain open with certain conditions. As a result, many business activities were suspended, and it remains unknown when that business activity will fully resume to normal conditions. Accordingly, any measure of economic impact will depend on specific variables. They include:

- **Gross Regional Product.** The value of goods and services traded by Marin County companies. This figure is estimated to decrease from 2019 by 10% or more depending on business activity.

- **Sales tax and hotel tax revenues.** Tax revenue from tourism and business transactions occurring within the county will likely be diminished for an extended period, affecting budgets of both the county as well as the cities and towns.

- **Property tax revenues.** Property tax revenues should be stable in fiscal year 2020-21 but could decrease depending on real estate values over the longer-term.

- **Unemployment.** Marin County historically has one of the lowest unemployment rates in the country. During the first month of Shelter in Place, over 15,000 Marin residents filed initial unemployment claims.

- **Higher demand for social services.** An increase in resident demand for safety net services will result in a greater need for governmental services that support the most vulnerable populations.

In their Phase 1 report *Marin County Business Retention & Expansion Project*, the Marin Economic Forum provides background on the Marin business environment in detail. For instance, Figures 4 and 5 on pages 7 and 8 depict the number of sectors, individual businesses, and sector contribution to the Gross Domestic Product in Marin. This information is important when considering current and future impacts on local industries and communities.

MARIN RECOVERS INDUSTRY ADVISORS INFORM HOW A BUSINESS CAN REOPEN AND OPERATE

Marin Recovers Industry Advisors is founded on collaboration, robust communication, and an earnest effort to find consensus. Beginning on May 4, the Marin Recovers leadership team created 16 industry advisor working groups, each composed of a facilitator and five to eight participants. These groups began by reviewing existing industry standards for reopening. Then, these standards were modified to fit the needs of business in Marin (For an example of retail standards, see Appendix B). By agreeing to establish business reopening guidelines now, this process will help to ensure business leaders are prepared when the Marin Public Health Order allows industry opening, and they will have a set of approved guidelines that make sense from the perspective of their industry.

Marin Recovers supports business reopening in the following ways:

- Develops clear, industry-specific operating guidelines and other reopening procedures in partnership with the business community to help protect public health and workplaces.

- Sustains pipelines of communication between the public health officer, industries, Chambers of Commerce, local governments, and others before, during, and after the reopening process has occurred. This process daylights important viewpoints and concerns from a variety of perspectives, which results in better communication and public health policy.

- Provides additional resources to support industries during phases of reopening (ex: social distancing sign templates, and resources to acquire personal protective equipment (PPE) and cleaning supplies).

- Provides the long-term partnership infrastructure needed to support ongoing adaptation of industries to the public health environment.

WHO PARTICIPATED?

There was strong interest in participating in Industry Advisory working groups and spots were filled quickly. Participants in working groups intentionally represent different geographic areas of the county and various types of organizations within their industry. Working groups were mostly limited to 5-8 participants, given the required quick turnaround. However, business owners that weren't selected were still able to submit industry standards and feedback and communicate directly with working group facilitators, which was incorporated into group guidelines and process.

Working group facilitators, the leadership team, and all partners invested tremendous effort into receiving feedback and listening to input. For example, during the review process of curbside retail guidelines, the retail working group worked quickly to solicit feedback through the chambers and cities and towns before guidelines were finalized.

"By selecting participants from both the public and private sectors, we were able to craft some common-sense guidelines that also incorporate health industry "best practices". From my perspective, as a local property owner, businessperson, and former elected official, the communal decision, and time sensitive response has been extremely beneficial in crafting reasonable requirements that will allow the community to safely get back to business and commerce under the "new normal". The committee structure has and will allow us to continue to adapt quickly to the ever-changing community needs and responses." - Dennis Fisco, Industry Advisor and Former Mayor of Mill Valley

WHAT INDUSTRIES AND BUSINESSES ARE REPRESENTED?

As the state's response to this pandemic evolves, we will see a growing number of businesses addressed in the state and county guidelines. Marin Recovers functions to create guidance for businesses that were not addressed in the state's Roadmap and works to try to represent a wide variety of business within each industry. The Marin Recovers website for business will be updated daily to accurately reflect the businesses that we work with and the industries they represent. Some businesses that operate within multiple industries on a site may have to combine guidelines for those industries into their site-specific plan. For example: golf courses may operate as a retail store, a restaurant, and outdoor recreation, and would include guidelines for each of those industry types in their Site-Specific Protection Plan (SPP), or may develop multiple SPPs if each activity functions from a largely separate facility or location.

Based on the work of Marin Recovers over the last two weeks, one benefit of this process is that it uncovers different industry types that need to be considered. It appears most or all types are covered by Industry Advisor working groups or can be handled on a case by case basis.

"Working with the retail industry group has been really smooth so far. It feels like they are doing everything they can to get us in a position to be able to open our stores to customers once the state allows for it. I like the mix of retailers they brought together, there's a nice diversity geographically, and from large to small. And they've been very responsive, which is especially appreciated right now given so much daily uncertainty." - Will Hutchinson, Owner, Prooflab

MARIN RECOVERS INDUSTRY ADVISORS WORK GROUP OVERVIEW

Below is a list of working group leads, breakdown of industries, and contact information.

Work Group	Lead	Email
Arts (ex: music, dance and theater performance professionals, museums, art studios, and galleries)	Gabriella Calicchio & Libby Garrison	GCalicchio@marincounty.org & Lgarrison@marincounty.org
Agriculture (ex: farms, dairies, ranching, and agricultural regulators)	David Lewis	djllewis@ucanr.edu
Construction (ex: residential, commercial, public works projects)	Brian Crawford	bcrawford@marincounty.org
Education (ex: public and private schools and universities)	Mary Jane Burke	mjburke@marinschools.org
Faith-based Organizations (ex: churches, synagogues, Islamic centers, interfaith organizations, and meditation centers)	Chantel Walker	CWalker@marincounty.org

General Office Space (ex: office or communal work setting)	David Speer	DSpeer@marincounty.org
Health/Dentistry	Kat Knecht	KKnecht@marincounty.org
Hotels/Motels/Hospitality (ex: hotels, motels, and short-term rentals such as Airbnb)	Gabriella Calicchio & Christine Bohlke	GCalicchio@marincounty.org; christine@visitmarin.org
Libraries	Bonny White	bnwhite@marincounty.org
Parks & Outdoor Activities (ex: public parks, golf courses, tennis clubs, YMCA)	Ashley Howe	ahowe@tcmmail.org
Personal Services (ex: salons and barbershops, body art, tanning salons, dog training, massage therapy, small gyms and fitness studios, spas, hair removal services, and some types dog grooming)	Alex Porteshawver	APorteshawer@marincounty.org
Real Estate (ex: real estate agents, assessors and recorders, notary services, surveyors, and leasing offices)	Shelly Scott	sscott@marincounty.org
Restaurants (Ex: restaurants, cafes, cafeterias, and other food service venue	Rebecca Ng & Thomas Lai	RNg@marincounty.org; TLai@marincounty.org
Retail (Ex: clothing, jewelry, auto dealerships, gas stations)	Danielle O'Leary & Cristine Alilovich	Cristine.Alilovich@cityofsanrafael.org; danielle.oleary@cityofsanrafael.org
Science & Technology	Kevin Wright	Kwright@marincounty.org

Summer Camps & Youth Activities (ex: camps, after school programming)	Torrey Kelly, Kelly Albrecht, & Mike Grant	Tkelly@ymcasf.org; Kelly.Albrecht@cityofsanrafael.org; mgrant@marinschools.org
Transportation (Ex: public, private, rideshare)	Farhad Mansourian	FMansourian@sonomamarintrain.org

Community centers, residential care and skilled nursing facilities, funeral homes, and other industry types are being engaged across Industry Advisor working groups or on a case-by-case basis.

STAFF TO THE MARIN RECOVERS INDUSTRY ADVISORS

Staffing for this effort include: Max Korten, Kevin Wright, Dr. Matt Willis, Angela Nicholson, Alex Porteshawyer, Kat Knecht, Pam Kuhn, Michaela Roan, and Laine Hendricks.

GUIDANCE FOR LOCAL BUSINESS: THE REOPENING PROCESS

Responding to the state's roadmap, the Marin Recovers team developed the COVID-19 Site-Specific Protection Plan ("SPP") template (Appendix A). **This plan is required for industries to reopen after being authorized by Public Health Order, and essential businesses must adopt this plan approach by June 1, 2020.** This simple plan template provides each business with a clear process for reopening and operating in a manner that provides the safest possible environment for employees and customers. The SPP template is made available on the Marin Recovers website and combines state-level guidance published in the California State Resilience Roadmap and local Marin County public health policies. The SPP is designed to be used together with the industry guidelines that were developed by the working groups. This easy-to-use template offers Marin businesses a straight-forward way to meet the state and county requirements to re-open.

Once an industry is approved to reopen, the business owner will follow this process:

1. Use the template to create your own SPP by filling in the required details, based on your individual business model, to ensure your business can protect the safety of employees and customers (See Appendix A).

2. Include the industry guidelines published on the Marin Recovers Website in your SPP. These mandatory guidelines were developed for your specific industry (i.e., retail, restaurant, etc.) and have been (or will be once they are posted) approved for use by the County of Marin's Public

Health Officer (For an example of retail protocols, please see Appendix B. All other protocols are listed at marinrecovers.com).

3. Finalize your SPP and physically post it at your place of business in a visible location near the entrance where staff and customers can easily review it without touching the document.

4. Post signage at each public entrance of each worksite to inform all employees and customers that they should:

    - Avoid entering or using the facility if you have COVID-19 symptoms;
    - Maintain a minimum six-foot distance from one another;
    - Sneeze and cough into a cloth or tissue or, if not available, into one's elbow;
    - Wear face coverings, as appropriate; and
    - Not shake hands or engage in any unnecessary physical contact.

The SPP must be posted by all businesses but gives a two-week grace period to businesses already allowed to be operating under prior orders. Please note that Essential and Outdoor Businesses, which were permitted to operate prior to May 18, 2020, and are currently following the Public Health Order's prior Appendix A "Social Distancing Protocols" may continue to conduct business consistent with that protocol until June 1, 2020.

FEEDBACK IS CRITICAL TO SUCCESSFUL REOPENING

As more industries are allowed to open, we expect continued questions about specifics of the order. The working groups will continue to support businesses and resolve issues as needed.

This work will continue. This is not just about reopening; it is about recovery of the Marin economy. We value the public-private collaboration and will continue to rely on these working groups to answer questions about innovative ways to do business in this new environment.

MARINRECOVERS.COM PROVIDES BUSINESS AND RESIDENT RESOURCES

In addition to protocols and site-specific plan criteria, the website directs residents and businesses to a broad spectrum of resources. It directs workers to job loss resources, residents to rental assistance guidance, and all of Marin to food availability throughout the County.

"Being part of the Marin Recovers task force for summer camps has allowed me to share best practices with similar organizations, and get answers to questions on Marin Health and Human Services guidelines directly from health officials, saving us plenty of time and helping us navigate the ever-changing COVID-19 reality." - Maika Llorens Gulati, Executive Director of Slide Ranch

The County will continue to ask how it can support the local economy and local industries by offering new and ongoing resources.

COMMUNICATIONS APPROACH

Because of the many possibilities that lie ahead, it is critical that communication plans are clearly outlined and put in place. The Industry Advisors provide a framework for ongoing dialogue between county public health, the Emergency Operations Center, business and public service leaders, and the public. As health indicators change, these working groups can continue to meet and update the guidelines published on the Marin Recovers website.

In addition to the valuable feedback we have received through the business working group process, a number of other communications approaches have ensured this effort is successful.

MARIN RECOVERS STEERING COMMITTEE

The Steering Committee has agreed to meet periodically and remain involved in the Marin Recovers industry reopening process.

"Participating in the Marin Recovers steering committee and industry group conversations has been helpful in fostering better coordination across the cities and towns. The sharing of ideas and plans have allowed for a rapid development of best practices and protocols. The coordination goes beyond public health guidelines to address what cities are doing to utilize their public spaces and other efforts to help open up the economy." - *Downtown Novato Business Association: Stephanie Koehler*

BUSINESS AND PUBLIC FEEDBACK FORM AND MARIN RECOVERS LISTSERV

An industry and public comment form has been created to solicit feedback throughout the reopening process. Within a few days of posting, the public comment form posted on the Business Page received 650 comments as of May 21, 2020, over half of which were from business owners. Initially, the form solicited information on interested business participants in working groups, examples of industry best practices, familiarity with and questions about the public health order, and general comments. The form

has since transitioned to receiving input on business-specific guidelines, the business reopening process, business needs for additional support to open or remain open, and general comments. The form is also one way for a business or private resident to indicate they want to receive updates when new information is posted on marinrecovers.com through the listserv.

Information received through the form is reviewed, sorted, and shared with working group facilitators to actively incorporate into their business guidelines development conversations. These comments are also shared with others to help develop additional resources to support the business community and Marin residents.

A listserv was developed allowing members of the public and industry representatives to sign up and receive updates when guidelines and other information is updated on marinrecovers.com.

COVID-19 HEALTH UPDATES

Residents and business owners can also stay up to date on COVID-19 in Marin by signing up for email and text notifications right from their mobile device.

- **Text "MARIN COVID" to 46811 for text notifications.**
- **Text "MARIN COVID [email address]" to 46811 for email notifications.**

The coronavirus.marinhhs.org website includes a wealth of information, including a link to the latest public health order update, and a Contact Marin County Coronavirus Response Team form for COVID-19 health inquiries.

Businesses may access the Marin County Health and Human Services COVID-19 Data & Surveillance webpage to view interactive graphs for confirmed COVID-19 cases, hospitalizations, and deaths. Data analysis is available by age range, gender, race, and geographic region. In addition, you can track the total number of local hospital visits due to respiratory illness-like activity, which provides situational awareness and could be an early indicator of potential hospital surge in Marin.

EDUCATION AND ENFORCEMENT OF SPPS AND BUSINESS GUIDELINES

Education or enforcement may be needed for businesses to follow the content of their site-specific protection plans, and the public to follow social distancing protocols. The Marin Recovers team will work with Chambers of Commerce and Downtown Business groups to assist businesses in making needed changes. In both cases, education is the priority, and enforcement is a last resort reserved for situations where blatant noncompliance puts others at risk. Social distancing protocols, including steps like

wearing masks and remaining six feet apart, as well as industry reopening guidelines were developed to protect the health and safety of employees and the public. By following health protocols and approved business practices we all stand a better chance of success. Local industries and residents are able to provide feedback and concerns through the Marin Recovers comment form, and this information is shared to support adaptation and improvement.

ADDITIONAL AREAS OF COMMUNICATION NEEDING FURTHER DEVELOPMENT

The Marin Recovers effort will develop or refine communications strategies to support several long-term needs:

- Develop an easy-to-find FAQ that houses frequently asked questions about industry reopening and economic recovery. Currently Health and Human Services is supporting FAQs, and industries are looking for something that speaks directly to their questions.
- Build awareness of marinrecovers.com as the go-to resource for information about business reopening through communications campaigns or other means.
- Ensure visitors traveling from outside the county are aware of county social distancing standards when they visit and are prepared to visit in a way that supports local public health and economic recovery.
- Strengthen the information and feedback loop between Marin Recovers and local industries to ensure feedback is received and everyone is informed.

CONCLUSION

Our collaborative work is not done. We will continue to engage employers to understand how we can help support a safe and measured reopening process. We will continually update marinrecovers.com to serve as a resource to provide transparency regarding any adjustments to Marin's public health order.

Thank you again to all those who participated in this important community effort.