



Mariposa County
Health & Human Services Agency
Healthy. Safe. Thriving.

Dr. Sonia Angell, MD, MPH
State Health Officer
California Department of Public Health
PO Box 997377, MS 0500
Sacramento, CA 95899-7377

Dear Dr. Angell,

Please find attached my attestation and associated documents in order to move forward on Stage 2 variations in the California Roadmap to Modify the Stay-at-Home Order.

As per the template, Mariposa County will meet all of the metrics necessary to implement the variations on or about May 13, 2020. This time reflects when our cases will fall below 1/10,000 resident in the previous fourteen days. Aside from this metric, we currently meet all other criteria as detailed in the template as well as in our containment plan.

In addition to the template and containment plan, there are letters of support from the Mariposa County Board of Supervisors and John C. Fremont Healthcare District.

We feel given the continued limitation on non-essential travel throughout Stage 2 that containment in Mariposa and adjacent jurisdictions is sustainable. We believe that Stage 3 activities short of lifting this limitation would also allow us to remain in containment.

We very much appreciate the role of the OptumServe specimen collection site in helping us to maintain containment. This allows us to do surveillance in addition to testing symptomatic individuals.

We look forward to continuing to coordinate activities as we progress from Stage 2, its variations, and into Stage 3. Please feel free to contact me with any questions or concerns that you may have.

Best Regard,



Eric M. Sergienko, MD, MPH
Health Officer

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



COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR Mariposa County

Background

On March 4, 2020 Governor Newsom proclaimed a State of Emergency as a result 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 of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

Local Variance

A county that has met certain criteria in containing COVID-19 may consider increasing the pace at which they advance through Stage 2, but not into Stage 3, of California's roadmap to modify the Stay-at-Home order. 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 public health officer must:

1. Notify the California Department of Public Health (CDPH) and 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 public health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a 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. The full submission must be signed by the local public health officer.

All county attestations, and submitted plans for moving through Stage 2 as outlined below, will be posted publicly on CDPH's website.

While not required, CDPH recommends as a best practice the development of a county COVID-19 containment plan by the local public 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.

In addition to pre-submission phone consultations, CDPH is available to provide technical assistance to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at Jake.Hanson@cdph.ca.gov to set up a time with our technical assistance team.

County Name: Mariposa County

County Contact: Eric Sergienko

Public Phone Number: 209-966-2000

Readiness for Variance

The county's documentation of its readiness to increase the pace through Stage 2 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 residing in long-term care and locally controlled custody facilities, 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.

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 for modifying the pace of advancing through stage 2, including reinstating restrictions, in advance of any state action. Counties must also submit their plan for how they anticipate moving through Stage 2 (e.g., which sectors will be opened, order of opening etc.).

Readiness Criteria

To establish readiness for an increased pace 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 an epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
 - No more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.

Mariposa County has a population of 18,251, per the last census. This would put our allowable case count at 2 within a 14 day period, per the guidance outlined by the State. Mariposa County has had a total of 15 cases. These consist of two known clusters. The first cluster was identified on April 27, 2020. All cases have completed their isolation periods. All contacts will have completed their quarantines by the time the variances are implemented. The other two cases are associated with an outbreak in a rehabilitation facility in Stanislaus County. These cases were diagnosed on May 4 and 5. Although these are Mariposa residents, they do not reflect a chain of transmission within the County. Using this criteria, Mariposa County could implement variances of Stage 2 by May 13, 2020.

- No COVID-19 death in the past 14 days prior to attestation submission date.

Mariposa County has had zero COVID-19 deaths.

- **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 copies of the guidance(s).

All Mariposa County guidances are in accordance with CDPH. See attached documents for the following:

Retail Guidance

Childcare Guidance

Office Guidance

Restaurant Guidance (DRAFT)

Mariposa Adult Detention Facility Pandemic Response Plan

Farmers Market Guidance

Mariposa Brewery and Tasting Room Guidance

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

Mariposa County has supplied all county employees with cloth masks, and has additional PPE available for employees that have direct contact with clients and the public. Additionally, HHSa has developed cleaning protocols and PPE guidance that have been implemented across all county departments. HHSa has secured the necessary masks, gloves, and gowns for County employees, so that they can comply with the PPE standards for their specific roles. The County MHOAC has developed an inventory of PPE available for use by County employees and partners, as well as assessed all suppliers and sources for ordering. Our assessment indicates we have sufficient PPE on hand and available for day to day needs, as well as in the event of an outbreak or surge.

The Chamber of Commerce is provided with 200 cloth masks per week made by a volunteer organization for distribution to the public. Many community volunteers and organizations are making cloth masks for essential workers, as needed. Additionally, the Chamber of Commerce is working alongside our County Public Works Department to ensure that if there is a shortage of cleaning supplies, we can do bulk orders to ensure private businesses are able to access what they need.

We have assessed the PPE and cleaning products on hand for our Skilled Nursing Facility, our childcare centers/homes, the Mariposa County Jail, our STRTP, our homeless shelter, our CalFire partners, our State Agency partners (DMV), and all County Departments and feel assured they have the necessary supplies to meet the demands.

Our Health Officer's Order, which became effective on 3/19/20 and was updated on 4/29/20, requires employers to screen for Febrile Respiratory Illness. A screening checklist was created (attached), and an accompanying online screening tool through ArcGIS, for all County employees and businesses.

- **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 volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county's average daily testing volume for the past week. If the county does not believe a testing volume of 1.5 per 1,000 residents is merited, please provide justification for this.

Mariposa County has three testing site locations: John C. Fremont Hospital, OptumServe, and Yosemite Medical Clinic. In the past seven days, we have tested an average of 58 individuals per day. JCF Hospital has the ability to test 10 individuals per day, the OptumServe testing site has the ability to test 132 individuals per day, and the Yosemite Medical Clinic has the ability to test up to 30 individuals, however, are currently only testing symptomatic individuals. OptumServe will be conducting specimen collection at the Mariposa Alternate Education site in Mariposa, located in the most highly concentrated population center in the County. We are exploring the possibility of OptumServe providing these services one week per month in Yosemite National Park, for Park and Concessionaire employees and visitors. With a total population of just over 18,000 residents in the county, and our current total testing capacity at 172 tests daily, our testing capabilities exceed the required testing volume of 1.5 per 1,000 residents (or a minimum of 27 tests per day).

- Testing availability for at least 75% of residents, as measured by 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, whether there are any geographic areas that do not meet the criteria, and plans for filling these gaps. If the county depends on sites in adjacent counties, please list these sites as well.

Mariposa County is served by three testing locations within the County boundaries, and six locations in neighboring counties. There are zero residents within the County that are located outside of the 60 minute requirement for rural residents or 30 minutes for urban residents. Please see locations of testing sites and GIS map below.

Testing sites within the County:

John C Fremont Hospital
5189 Hospital Rd.
Mariposa, CA 95338

Mariposa Alternative Education
Site - OptumServe
5171 Silva Rd.
Mariposa, CA 95338

Yosemite Medical Clinic
9000 Ahwahnee Dr.
Yosemite Valley, CA 95389

Testing site locations in adjacent counties:

Adventist Health Sonora
1000 Greenley Rd.
Sonora, CA 95370

Mercy Medical Center Merced
333 Mercy Ave.
Merced, CA 95340

Merced Fairgrounds -
OptumServe
900 Martin Luther King Jr Way
Merced, CA 95341

Camarena Health Center
Oakhurst
49169 Road 426
Oakhurst, CA 93644

Madera Community Hospital
1250 E Almond Ave
Madera, CA 93637

- **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:
 - Sufficient contact tracing. For counties that have no cases, there should be at least 15 staff per 100,000 county population trained and available for contact tracing; for counties with small populations, there must be at least one staff person trained and available. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge.

Mariposa County currently has a Contact Tracing Unit of 16 individuals including a Sheriff's Sergeant (who is lead for the team), Sheriff's Detectives, Sheriff's Deputies, Probation Officers, a District Attorney Investigator, and Public Health Staff. Our Public Health nurses and staff serve as subject matter experts and provide the training and tools necessary to the contact tracing team. We have developed a training for contact tracers locally, but will adopt CDPH curriculum as it becomes available. We also have the capacity to rapidly train and deploy more staff from various County Departments as contact tracers, as needed. Each of these individuals can contact, at minimum, 5 contacts per day, resulting in 560 contacts in one week. This team was tested and the plan validated through our only identified cluster in the county. A team of three detectives was able to identify 70% of contacts in the first day of operations and completed contact tracing, including coordination with an adjacent county, in the second day of operations. This is sufficient to meet anticipated surge.

Although under exclusive Federal jurisdiction, Yosemite National Park will maintain a contact tracing team built around their public health lead and three Special Agent investigators. As needed, they will coordinate with the Mariposa County Contact Tracing Unit.

- 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 private bathroom), for the duration of the necessary isolation or quarantine period.

Mariposa launched Project Roomkey (attached) on April 11th and currently has the overall capacity to serve 44 individuals in hotel rooms in the community. We currently have 13 units occupied by vulnerable homeless individuals who need to be sequestered due to age or underlying medical vulnerabilities. The most current full point-in-time count in January of 2019 indicated that we currently have 58 individuals experiencing homelessness in Mariposa County, as per HUD definitions. These hotel rooms are specifically indicated for this population should they require isolation and/or quarantine during an outbreak. Each of the 44 rooms has its own private restroom.

Mariposa County HHS is providing wraparound services to these individuals, including daily food and supply delivery, case management and housing navigation services, health care management and screenings, laundry and cleaning services, PPE as needed, transportation to medical appointments, and security.

We have worked closely with our homeless shelter, Connections, to provide technical assistance on social distancing, to conduct health screenings, and to provide the necessary cleaning supplies and PPE to meet the demands. We have established protocols with the shelter to quickly move symptomatic individuals who are in need into Project RoomKey to prevent transmission amongst the homeless community.

We have two encampments in Mariposa County that we routinely check in with to determine if there are needs for individuals to seek testing, medical care or isolation/quarantine/sequestration through Project RoomKey.

- **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 a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Mariposa County HHS, in coordination with John C. Fremont (JCF) Healthcare District and Mountain Valley Emergency Medical Services, has developed a plan for Medical Surge. This plan can accommodate a minimum of 35% surge due to COVID-19 cases. The plan outlines both the existing bed capacity within JCF's Critical Access Hospital, as well as the ability to add beds and establish an alternate care site. The plan both addressed the physical bed capacity, as well as the workforce and medical supply needs.

JCF is licensed for a total of 30 beds. Nine of these are dedicated for acute patients, but JCF is able to surge to 26 patients without moving into transitional or SNF beds. This addresses staffing and infrastructure. They have access to 9 ventilators available for use, but trained staff to manage five ventilator patients. Mariposa County and our partners have planned for an Alternate Care Site with an additional 27 beds, if needed, for surge. An overview of our ACS Plan has been attached (ACS Plan Overview) and the full plan can be made available upon request.

See attached: Local Hospital Capacity, ACS Plan

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

JCFHCD has a robust plan to protect it's hospital workforce. An inventory of PPE was completed and additional supplies were ordered in April to ensure there was an adequate supply on hand for the entire Healthcare District, including the District's Skilled Nursing Facility, located on the Hospital campus.

JCFHCD currently has: 8500 surgical masks; 950 N-95 respirators; 100,000 pairs of gloves; 2400 isolation gowns; 1900 COVID gowns; and 1500 face shields. JCFHCD still receives regular deliveries of PPE from their supplier and anticipates they will continue to receive these deliveries, as scheduled.

There is no need to access State resources for Mariposa County healthcare facilities at this time.

- **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:
 - 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 has to track PPE availability across SNFs..

Mariposa County has one Skilled Nursing Facility (SNF), operated by JCFHCD on the Hospital campus. It is called the Ewing Wing. As outlined above, JCFHCD has access from their non-state supply chain to 8500 surgical masks; 950 N-95 respirators; 100,000 pairs of gloves; 2400 isolation gowns; 1900 COVID gowns; and 1500 face shields. The contact for the SNF is Nanette Wardell nanette.wardle@jcf-hospital.com or (209) 966-3631. PPE is supplied through recurring weekly deliveries through non-state suppliers. Since there is only one SNF in the county, they manage all inventory and report their PPE inventory information to the state.

In addition to PPE, the SNF has developed very robust protocols for ensuring the health and safety of its residents. An overview of the measures our SNF has put in place has been attached (See: Congregate Living Plans).

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. This 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. Please note that this variance should not include sectors that are part of Stage 3.

On May 8, as the State moves into Stage 2, in accordance with State guidelines issued on May 7th, Mariposa County will allow retail businesses to open with curb-side services only. Our plan for reopening does not deviate from the state's order. On May 12, the Mariposa County Public Health Officer will present this Attestation and a Letter of Support from the Healthcare District at a Board of Supervisors Meeting, and seek a Letter of Support from the Board of Supervisors to move forward with the Variance Plan. In this meeting, there will be time for public comment and input from the Board members. Additionally, there will be a summary from our Joint Information Center about public input that has been received to date regarding plans to reopen. If the Board of Supervisors votes to support the Attestation, then Mariposa County will allow for the remaining Stage 2 businesses to open with appropriate social distancing measures in place. For Mariposa County, this will primarily include: offices that cannot otherwise telework, retail businesses that can meet the social distancing guidelines and restaurants, as per the guidelines expected to be released on May 12th. Mariposa County does not have outdoor museums or shopping malls.

Between May 12th afternoon and May 14th, we have set up a series of Zoom meetings, by business sector, to provide information and technical assistance to businesses. We have also established a weekly collaborators meeting with our County Business Support Team (from HHS Public and Environmental Health), the County Public Information Officer, and the Economic Development Agency, Chamber of Commerce and Tourism Bureau to determine how to best support businesses as they adjust to this new normal. This Team is also assisting businesses to look at ongoing strategies for the future to continue to promote economic growth through online services, delivery, curbside pick up, technological strategies for limiting lines and wait times, etc.

A County Department Head meeting was held on May 8th to discuss this plan, offer technical assistance, and provide a strategy for a measured and phased in approaches to re-opening. The focus is to allow vulnerable employees to continue to work remotely and bring back only essential employees in phases to prevent disease transmission whenever possible. We will continue teleworking through Stage 2 for all functions that can continue to be accomplished remotely and are assessing what telework strategies will remain in place in an ongoing way even when we enter Stage 3 as a State.

As per our current Health Officer's Orders, Febrile Respiratory Illness screenings will be required for all employers in Mariposa County and regular COVID-19 testing will be encouraged for employees who have regular contact with the public.

Yosemite National Park is a major attraction for our Community. As outlined in this document and in our Roadmap, we have been working in conjunction with Park officials and other gateway counties to ensure we have all health and safety measures in place before they open their gates. It is estimated that YNP will open when the State moves into Stage 3, lifting the ban on non-essential travel. For this reason, we are already beginning our work to support the hospitality industry to prepare for reopening the lodging industry so they have all the protective measures in place at that point.

See attached: Area Coordination Team Timeline

- **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 for how the county will inform the state of emerging concerns and how it will implement early containment measures.

Based on the existing criteria presented for moving into Stage 2, Mariposa will use the reverse to determine when/if to implement more stringent mitigation measures. The following indications will be used as a trigger for adjusting modifications:

Indications to Increase Mitigation Measures

Monitoring criteria for implementing more stringent mitigation actions, or dropping back to an earlier stage, are based on the above gating criteria. These criteria will be monitored on a daily basis by the local health department and YGACT. Any two of these criteria being met, regardless of the capability area, will trigger a health officer and YGACT IC review of available data to determine appropriate next steps.:

1. Syndromic surveillance (Capability Area-1)

Upward trajectory of Febrile Respiratory Illness (FRI) reported by healthcare within a 7-day period regardless of reporting

Upward trajectory of Febrile Respiratory Illness (FRI) reported by employers sites within a 7-day period with stable or improving reporting

Upward trajectory in Difficulty Breathing ('DB') calls responded to by EMS within a 7-day period

2. Case surveillance (Capability Area-1)

Upward trajectory of documented cases within a 7-day period

More than 10% of tests positive within a 7-day period

Upward trajectory of positive tests as a percent of total tests within a 7-day period

More than 1 case per 10,000 population within a 7-day period

More than one COVID-19 death within a 7-day period

3. Testing capability (Capability Area-1)

<60% of probable COVID-19 cases and PUI receive testing within 48 hours of symptom onset within a 7 day period

<50% of healthcare workers with patient care responsibilities are screened for COVID-19 at least once within 14 day period

Fewer than 1 test conducted daily per 1,000 population within a 7 day period

4. Contact tracing capability (Capability Area-1)

<70% of probable and confirmed cases are interviewed within 24 hours of receiving report within 7 day period

<70% of contacts are notified within 24 hours of case interview within 7 day period

Less than 10 staff per 100,000 population trained in contact tracing are available to conduct contact tracing activities (due to illness or conflicting responsibilities)

5. Support for at risk individuals (Capability Area-2)

>90% of available temporary housing units for county residents experiencing homelessness are occupied within a 7-day period

More than one skilled nursing facility has an ongoing COVID outbreak

6. Hospital capability (Capability Area-3)

One or more hospitals used crisis care protocols to treat patients on at least two days within a 7 day period

Regional ICU beds at >80% capacity within a 7-day period

One or more hospitals is consuming PPE faster than they are able to replace it using established supply channels

7. Support for businesses and the community (Capability Area-5)

More than two essential workplaces have ongoing COVID outbreaks.

- **Your plan for moving through Stage 2.** Please provide details on your plan for county to move through opening sectors and spaces that are part of the State's plan for Stage 2. A reminder, that this variance only covers those areas that are part of Stage 2, up to, but not including Stage 3. For additional details on sectors and spaces included in Stage 2, please go to the [California Coronavirus \(COVID-19\) Response County variance web page](#)

As noted above, Mariposa County will follow the State's plan for Stage 2 to allow for opening curb-side pick up for retailers on May 8th.

On May 13th, pending Board support, the County will allow for moving to variances within Stage 2, which will include all sectors in the State's Plan. For Mariposa County, this will most impact the low risk retail sector, offices, and dine-in restaurants. Each of these sectors will need to demonstrate that they can meet the guidelines. Technical assistance will be provided by the County and our private partners to ensure guidelines are both well understood and can be adhered to. Businesses will be required to post a checklist for the public to see what they are doing to adhere to the state's guidelines.

During this variance to Stage 2, FRI Screenings will be required and testing will be encouraged for increased surveillance. Our Public Health Officer and epidemiology team will be looking at data daily to determine what the impacts of opening these sectors are. The indicators, warnings and triggers outlined in this document will be assessed to determine if there are concerns with any particular sector. Our Business Support Team will be out and about checking to see if businesses are adhering to guidelines and providing technical assistance and support as needed.

When we have a case emerge during this period, an investigation will be conducted to determine what steps could have been taken to prevent that case or further transmission. This will be done in consultation with the State. Should the Health Officer need to amend the Variances or enact restrictions within Stage 2 for community safety, he will do so. We will work alongside our Sheriff's Office to enforce these guidelines, if necessary.

See attached: Mariposa County Roadmap

COVID-19 Containment Plan

While not mandatory, CDPH strongly recommends that counties requesting a variance to increase the pace through Stage 2 create a county COVID-19 containment plan as noted above. While not exhaustive, the following areas and questions are important to address in any containment plan.

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 <7% 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?

Mariposa County now has an OptumServe testing site which has the capacity to collect 132 tests per day. With a population of just above 18,000, these 132 tests/day satisfy the recommended capacity. The average percentage of positive tests in the past 7 days has been less than 1% and is declining. Specimen collection locations have been identified for all residents to reach in less than 60 minutes. Mariposa County has relationships with 13 processing labs. Mariposa County has started the processes to implement fecal testing in order to determine virus levels in human waste at multiple collection sites throughout the county. There is also an Self-screening FRI tool, and accompanying online application, that is being used by the County and will be available to employers for monitoring the welfare of their employees who resume work functions as restrictions are lifted.

See attached: One Hour Drive Time Map, COVID-19 Employee Screening Form, and OptumServe Testing Site Operation and Logistics

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?

Mariposa County currently has 16 individuals that have been trained for contact tracing in addition to two Public Health Nurses that lead the communicable disease team. With current staffing, the contact tracing unit could identify eighty contacts per day as a conservative estimate. These individuals represent a cross-section of the diversity of our population. There are plans in place for training additional identified staff for expanded contract tracing as needed.

If isolation of low income individuals is necessary due to a positive test result, there are support plans in place for providing food and resources, as needed. In addition, the County has leased a hotel that can provide housing to those may be otherwise unable to isolate or quarantine themselves.

See attached: Contact Tracing Organizational Chart, Policy for Mariposa Project Roomkey, and COVID-19 Food Resources

Protecting the Vulnerable

- 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?
- Do facilities have the ability to safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safety 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 these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

In Mariposa County there are three congregate care facilities: one Assisted Living Facility (ALF) (16 beds), one Skilled Nursing Facility (SNF) (26 beds), and one Short Term Residential Treatment Program (STRTP) for youth (6 beds). Additionally, there is one adult detention facility that can house up to 58 inmates (average census 30) and one homeless shelter, Connections, which has the capacity of safely housing 21 individuals with social distancing guidelines in place. In total, there are approximately 100 individuals residing in congregate living sites in Mariposa County.

Currently there is a 0% case rate at the above mentioned facilities. These facilities are able to safely isolate and/or quarantine infected individuals and there is sufficient testing capacity to conduct a thorough outbreak investigation. The SNF has access to 8500 surgical masks, 950 N-95 respirators, 100,000 pairs of gloves, 2400 isolation gowns, 1900 COVID gowns, and 1500 face shields. The ALF, STRTP, corrections facility and homeless shelter also have enough PPE to cover 14 days in the event of an outbreak. These facilities have developed plans to keep their clients and staff safe and healthy (Congregate Living Plans). These facilities have additional staffing resources available should an employee shortage occur. In the event that the facilities have an outbreak or run short on PPE, the County HHSA will provide both PPE resources from our cache, as well as staffing to support operations.

See attached: Congregate Living Plans, Local Hospital Capacity, and Mariposa County Adult Detention Facility Jail Pandemic 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?

Currently, daily tracking of hospital resources includes patients with COVID-19, available beds for ICU and non-ICU, equipment availability, staffing availability, and surge capacity at both the hospital site and Alternate Care Site. Our hospital is relying on their own PPE supply chains, including regularly scheduled deliveries from non-state suppliers. The hospital has 8500 surgical masks, 950 N-95 respirators, 100,00 pairs of gloves, 2400 isolation gowns, 1900 COVID gowns, and 1500 face shields. The hospital is conducting FRI screenings on all patients prior to and during their admission. Additionally, they are COVID testing patients with FRI symptoms or who have had contact with someone who has symptoms. The hospital is currently tracking and addressing all occupational exposure within their environment.

See attached: Local Hospital Capacity

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?

Mariposa County currently has approximately 1000 essential employees at work. We have distributed business specific guidance for employers within the county for modified operating conditions during the re-opening process. Through various feedback and meetings with our employers in the county, they have the necessary cleaning supplies and PPE. For those that voiced concerns that they were unable to source the cleaning products needed, we have established a process for them to request and order them through our County Public Works Department. In the upcoming days, we will be hosting a series of Zoom Meetings by sector to further assess needs for PPE or cleaning products based on the newly distributed State guidance. Employees will be required by a HOO for performing a self screening for FRI through a phone app before they report for work each day. Employees who are symptomatic and sick will be encouraged to be tested for COVID-19 at a local testing facility and will be asked to remain in quarantine/isolation until results are available. Employees that have tested positive will need to remain in isolation until they are recovered.

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?

Mariposa County has been adaptable in creating processes/protocols and purchasing equipment that allows essential employees to telework during this pandemic. State and federal guidance and relaxation of requirements has enabled this to be possible in the healthcare sectors, the social services and behavioral health sectors, the criminal justice/courts sectors, and some essential government services. There are still a number of essential businesses that have required essential employees to be on-site (Sheriff's Deputies on patrol, Public Works crews, essential repair and contractors industries, childcare homes, grocery stores, etc.). For those required to be on-site; FRI screenings have been required; routine testing has been encouraged since capacity has increased; PPE has been supplied and guidance has been provided; environmental mitigation strategies (barriers/glass/etc.) have been put in place; and cleaning protocols have been created and enhanced cleaning has been implemented. Although we don't have an accurate count, it is estimated that approximately 1000 individuals in Mariposa County have been relied upon to provide in person essential services since the statewide Stay at Home order took effect. Although not applicable in Stage 2, Mariposa County is in close proximity to Yosemite National Park and relies heavily upon visitors to support the local economy. For this reason, we are working closely with our local businesses that cater to tourists to ensure that strategies are in place to mitigate the impact of individuals traveling from more highly affected communities to the extent possible. Strategies will allow for an enjoyable visitor experience while still implementing non-pharmaceutical interventions. Those being discussed include: FRI Screenings for tourists in the downtown area, encouraging tourists to get tested upon arrival to the County, more online/delivery or dispersed shopping for souvenirs, and more reservations or scheduled times for dining in or delivery of food to lodging/AirBnB's, for tourists.

Community Engagement

- Has the county engage 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?

Mariposa does not have any incorporated cities. We have been in close contact with the various communities, business sectors and stakeholders within the county. Stakeholders include representatives from different organizations within the county such as Board of Supervisor members and their constituents, County Administration, Health Officials, Law Enforcement partners, Chamber of Commerce/Tourism Bureau, School District leadership, Services Clubs, Faith Leaders, and the community at large. We continue to disseminate information through virtual community forums, including community Zoom meetings and Facebook Live events with our Public Health Officials. Input is also taken from community members at the County Board of Supervisors meetings. We solicited community input specifically for this Attestation as well. The members mentioned in the groups above represent a cross section of the diversity of our county.

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?
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

Mariposa County is part of the Yosemite Gateway Area Coordination Team which includes partnership with Mariposa, Madera, Tuolumne and Yosemite National Park. More recently, Mono County has joined discussions as they represent the eastern entrance to Yosemite. We continue to coordinate with these counties through regular planning meetings of our Department Operations Centers, Advanced Planning Meetings, and the Multi-Agency Coordination Group consisting of our elected and appointed officials (Board Chairs, Sheriffs, County Administrative Officers, County Counsels) and public health officials in each of these counties and the Park.

Our neighbors are also planning to increase their pace to re-open and modify current orders, although each county has slightly different industries/sectors and factors to take into account. Case rates within all of these counties remain stable. As travel increases due to the lifting of Stay-at-Home orders, all our counties and the Park will see an influx of travel from other regions and will be prepared to coordinate testing, isolation, and tracing with other jurisdictions as needed.

See attached: ACT Roadmap

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

CDPH COVID-19 VARIANCE ATTESTATION FORM

I Eric , hereby attest that I am duly authorized to sign and act on behalf of Mari. I certify that Mari 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 Mari, 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 Eric Sergienko

Signature Eric Sergienko  Digitally signed by Eric Sergienko
Date: 2020.05.12 15:02:57 -07'00'

Position/Title Mariposa County Health Officer

Date 05/11/2020



COVID-19 INDUSTRY GUIDANCE: Retail

May 7, 2020

covid19.ca.gov



OVERVIEW

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

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

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

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

Key prevention practices include:

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

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

Purpose

This document provides guidance for retailers to support a safe, clean environment for workers. The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA.¹ Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has additional safety and health guidance on their Cal/OSHA COVID-19 Infection Prevention for Logistics Employers and Employees [webpage](#). CDC has more

guidance [for businesses and employers](#) and specific guidance for [grocery and food retailers](#). FDA has best practices for [retail food stores, restaurants, and food pick-up/delivery services](#).



Worksite Specific Plan

- Establish a written, worksite-specific COVID-19 prevention plan at every facility, perform a comprehensive risk assessment of all work areas, and designate a person at each facility to implement the plan.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among employees.
- Train and communicate with employees and employee representatives on the plan.
- Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Identify close contacts (within six feet for 10 minutes or more) of an infected employee and take steps to isolate COVID-19 positive employee(s) and close contacts.
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.



Topics for Employee Training

- Information on [COVID-19](#), how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with have been diagnosed with COVID-19.

- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol or 70% isopropanol when employees cannot get to a sink or handwashing station, per [CDC guidelines](#)).
- The importance of physical distancing, both at work and off work time (see Physical Distancing section below).
- Proper use of face coverings, including:
 - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
 - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
 - Employees should wash or sanitize hands before and after using or adjusting face coverings.
 - Avoid touching eyes, nose, and mouth.
 - Face coverings should be washed after each shift.



Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any personnel entering the facility. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible. Both screeners and employees should wear face coverings for the screening.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers should provide and ensure workers use all required protective equipment. This includes protections for cashiers, baggers, and other workers with regular and repeated interaction with customers. Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.
- Employers should also be provided and use protective equipment when offloading and storing delivered goods. Employees should inspect

deliveries and perform disinfection measures prior to storing goods in warehouses and facilities when there are signs of tampering.

- Face coverings are strongly recommended when employees are in the vicinity of others. Workers should have face coverings available and wear them in retail facilities, offices, parking lots or garages, or in company-owned vehicles. Face coverings must not be shared.
- Retailers must take reasonable measures to communicate with the public that they should use face coverings.



Cleaning and Disinfecting Protocols

- Perform thorough cleaning in high traffic areas, such as break rooms, lunch areas and areas of ingress and egress including stairways, stairwells, escalators, handrails, and elevator controls. Frequently disinfect commonly used surfaces, including shopping carts, baskets, conveyor belts, registers (including self-checkout), scanners, register telephones, hand-held devices, counters, door handles, shelving, ATM PIN pads, customer assistance call buttons, handwashing facilities, etc.
- Clean and sanitize shared equipment, including but not limited to, pallet jacks, ladders, supply carts, time clocks, payment portals, and styluses between each use.
- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to working surfaces, tools, and stationary and mobile equipment controls.
- Equip customer entrances and exits, checkout stations, customer changing rooms with proper sanitation products, including hand sanitizer and sanitizing wipes, and provide personal hand sanitizers to all frontline staff (e.g., cashiers).
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.
- Provide resources to promote employees' personal hygiene. This will include tissues, no-touch trash cans, hand soap, adequate time for hand-washing, alcohol-based hand sanitizers, disinfectants, and disposable towels.
- When choosing cleaning chemicals, employers should use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use

disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide employees training on manufacturer's directions and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves as required by the product instructions.

- Adjust or modify store hours to provide adequate time for regular, thorough cleaning and product stocking. Stagger stocking so that associates are in different aisles.
- Provide time for workers to implement cleaning practices before and after shifts. If cleaning is assigned to the worker, they must be compensated for that time. Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.
- Install hands-free devices, if possible, including motion sensor lights, contactless payment systems, automatic soap and paper towel dispensers, and timecard systems.
- Encourage the use of debit or credit cards by customers, for example, through signage, encourage customers to clean their reusable bags frequently through in-store signage, and Require customers who bring reusable bags to bag their own purchases.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in offices and other spaces.



Physical Distancing Guidelines

- Implement measures to ensure physical distancing of at least six feet between workers and customers. This can include use of physical partitions or visual cues (e.g., floor markings, colored tape, or signs to indicate to where workers and/or employees should stand).
- Take measures at checkout stations to minimize exposure between cashiers and customers, such as Plexiglas barriers. Where barriers are not feasible, employees should wear face coverings and customers are strongly recommended to wear face coverings as well. Some jurisdictions already require face coverings outside the home. Display signage at entrances, checkout lanes, and registers to remind customers of physical distancing at every opportunity.

- Adjust in-person meetings, if they are necessary, to ensure physical distance and use smaller individual meetings at facilities to maintain physical distancing guidelines.
- Place additional limitations on the number of workers in enclosed areas to ensure at least six feet of separation to limit transmission of the virus.
- Stagger employee breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.
- Close breakrooms, use barriers, or increase distance between tables/chairs to separate workers and discourage congregating during breaks. Where possible, create outdoor break areas with shade covers and seating that ensures physical distancing.
- Close in-store bars, bulk-bin options, and public seating areas and discontinue product sampling.
- Dedicate shopping hours for vulnerable populations, including seniors and those medically vulnerable, preferably at a time following a complete cleaning.
- Increase pickup and delivery service options for customers to help minimize in-store contact and maintain social distancing, such as online ordering and curbside pick-up.
- Provide a single, clearly designated entrance and separate exit to help maintain physical distancing where possible.
- Adjust maximum occupancy rules based on the size of the facility to limit the number of people in a store at one time, using no more than 50% maximum occupancy.
- Be prepared to queue customers outside while still maintaining physical distance, including through the use of visual cues.
- Encourage employees to practice physical distancing during pickup and delivery by talking with the customer through a passenger window, loading items directly into the customer's trunk without contact, or leaving items at their door.
- Make some locations pickup- or delivery-only to minimize employee/customer contact, where possible.

- Install transfer-aiding materials, such as shelving and bulletin boards, to reduce person-to-person hand-offs where possible. Wherever possible, use contactless signatures for deliveries.
- Expand direct store delivery window hours to spread out deliveries and prevent overcrowding.
- Ask non-employee truck drivers, delivery agents, or vendors who are required to enter retail locations to have their employees follow the guidance of local, state, and federal governments regarding wearing face coverings and PPE.

¹Additional requirements must be considered for vulnerable populations. The retail industry must comply with all [Cal/OSHA](#) standards and be prepared to adhere to its guidance as well as guidance from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#). Additionally, employers must be prepared to alter their operations as those guidelines change.





KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

APRIL 7, 2020

PIN 20-06-CCP

TO: ALL CHILD CARE FACILITY LICENSEES AND PROVIDERS

FROM: ***Original signed by Pamela Dickfoss***
PAMELA DICKFOSS
Deputy Director
Community Care Licensing Division

SUBJECT: **SOCIAL AND PHYSICAL DISTANCING GUIDANCE AND HEALTHY PRACTICES FOR CHILD CARE FACILITIES IN RESPONSE TO THE GLOBAL CORONAVIRUS (COVID-19) PANDEMIC WRITTEN IN COLLABORATION WITH THE CALIFORNIA DEPARTMENT OF EDUCATION**

Provider Information Notice (PIN) Summary

PIN #20-06-CCP provides joint guidance and practices regarding social and physical distancing for providers to prevent exposure to COVID-19 while providing care for children.

The California Department of Social Services (CDSS) worked in collaboration with the California Department of Education (CDE) to develop this PIN regarding social and physical distancing for child care providers. We are committed to supporting our child care providers who continue to provide quality care for the children of families working on the frontlines against the coronavirus (COVID-19) pandemic. Essential workers include health care workers, emergency personnel, and first responders battling against this health crisis and those providing the vital services that we depend on daily, such as utilities. They also include employees from a wide range of businesses, such as grocery stores, gas stations, and hardware stores.

Child care providers deliver care and supervision for our essential workforce and play a key role in helping to stop the spread of COVID-19 within our communities. This PIN provides guidance informed by public health guidance regarding social and physical distancing and healthy practices to prevent exposure to the virus. This guidance should be followed until June 30, 2020, or an earlier date upon written notice from the Department, after which time previous licensing rules and guidance shall apply. Child care providers must comply with more rigorous requirements if ordered by federal, state

or local authorities. Additionally, licensed child care providers looking for guidance on how to prioritize enrollment for children of essential critical infrastructure workers can reference future guidance jointly developed by the CDSS and the CDE, which will be posted on the CDE Early Learning and Care Division COVID-19 resources website at: <https://www.cde.ca.gov/sp/cd/re/elcdccovid19.asp>.

Social and Physical Distancing

Social and physical distancing is a practice recommended by public health officials to slow down the spread of disease. It requires the intentional creation of physical space between individuals who may spread contagious and infectious diseases. It additionally requires canceling or postponing the number of gatherings and group activities, reducing all group sizes, and maintaining six feet of distance between every individual, as much as possible.

Specific to child care it is important to adhere to the following distancing guidelines:

- Children should remain in groups as small as possible not to exceed ratio and capacity requirements in the charts below. *It is important to keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible.*
- Extend the indoor environment to outdoors, and bring the class outside, weather permitting.
- Open windows to ventilate facilities before and after children arrive.
- Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6-foot separation, when possible.
- Find creative ways to use yarn, masking tape, or other materials for children to create their own space.

Teacher to Child Ratio & Group Size Guidance

Child Care Centers

All child care centers should adhere to the following teacher: child ratios and group size outlined below for prevention, containment, and mitigation measures.

Follow the group sizes in the chart below, unless more restrictive group sizes are required by federal, state or local authorities. Note that the group sizes below do not include the teacher. When mixed ages are present and include an infant under 18 months, adherence to the 1:6 ratio must be followed to allow for responsive caregiving. If all children being cared for are infants, adherence to the 1:4 ratio must be followed within a group size, with no group no larger than 10.

Age	Staff: Child Ratio	Group Size
0-18 months (infant)	1:4	10
18-36 months (toddler)	1:6	10
3 years - kindergarten entry (preschool) & kindergarten entry + (school age)	1:10	10
0 to school age (mixed age groups)	1:6	10

Family Child Care Homes (FCCH)

Small and large family child care homes may serve a total capacity of no more than 14, and group size may not exceed 10 children, unless more restrictive group sizes are required by state, federal or local authorities. (Over ten children will require an additional staff or assistant to maintain group sizes of ten or fewer children.)

In other words, if there are more than 10 children in care, then the children need to be divided into two small groups and kept separate from the other group of children each day, to the greatest extent possible. *It is important to keep the same children and teacher or staff with each group and include children from the same family within the same group, whenever possible.*

The following are required ratios for infants in a FCCH:

Infants 0-18 months	Provider: Infant Ratio	Group Size
Infants only	1:4 Infant	4
No more than two infants when 6 children are present	1:6 (2 Infant +4 children)	6

Exclude from your facility any child, parent, caregiver, or staff showing symptoms of COVID-19.

- Child Care Providers must implement screening procedures for all staff, residing family members in a FCCH, and children. This includes asking all individuals about any [symptoms](#) (primarily fever, cough, difficulty breathing or other signs of illness within the last 24 hours) – that they, or someone in their homes, might have. Providers should also ask individuals if they have had any exposure to another individual with suspected or confirmed COVID-19 cases. As a daily best practice, it is recommended to document and track all known incidents of possible exposure to COVID-19.

Child care facilities should:

- Follow procedures daily for self-screening for all staff, residing family members in a FCCH, and children. This should include taking temperatures before arriving to work or beginning care.
- Train staff about the new screening procedures and notify caregivers. Ask caregivers to screen themselves and children daily, prior to coming to your facility. Caregiver must also notify you if children have taken any fever reducing medications in the prior 24 hours.
- If anyone has a temperature of 100.4°F/38°C or higher they must be excluded from the facility.
- It is recommended as a best practice to take children's temperature each morning **only if the facility uses a no-touch thermometer. The no touch thermometer needs to be wiped with an alcohol wipe after each use.**
- If the facility uses a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.), it should only be used when a fever is suspected.
- Thermometers must be properly cleaned and disinfected after each use. (Information regarding best practices for thermometers can be found within the CDC document at [this link.](#))
- Monitor staff and children throughout the day for any signs of possible illness.
- If staff or a child exhibit signs of illness, follow the facility procedures for isolation from the general room population and notify the caregiver immediately to pick up the child.
- Implement and enforce strict handwashing guidelines for all staff and children.
- Post signs in restrooms and near sinks that convey proper handwashing techniques.

Review and share with staff and caregivers important guidance related to prevention and social and physical distancing:

[OSHA Safety and Health Guidance](#)

[Practice Social & Physical Distancing](#)

How to Talk to Young Children about Social Distancing

- Implement strategies to model and reinforce social and physical distancing and movement.
 - Use carpet squares, mats, or other visuals for spacing.
 - Model social distancing when interacting with children, families, and staff.
 - Role-play what social distancing looks like by demonstrating the recommended distance.
 - Give frequent verbal reminders to children.
 - Create and develop a scripted story around social distancing, as well as handwashing, proper etiquette for sneezes, coughs, etc.

- Send home a tip sheet for parents and caregivers to also learn about social distancing.

Practice Healthy Hygiene

- Teach, model, and reinforce healthy habits and social skills.
 - Explain to children why it's not healthy to share drinks or food, particularly when sick.
 - Practice frequent handwashing by teaching a popular child-friendly song or counting to 20 (handwashing should last 20 seconds).
 - Teach children to use tissue to wipe their nose and to cough inside their elbow.
 - Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.

During Drop Off and Pick Up

- Conduct visual wellness checks of all children upon arrival and ask health questions when concerned.
 - Ask caregivers and parents to meet at the facility entryway for pick-up and drop-off of children whenever possible.
 - Explain to parents and caregivers that all visits should be as brief as possible.
 - Ask parents or caregivers to enter and exit the room one person at a time to allow for social and physical distancing.
 - Ask parents and caregivers to wash their own hands and assist in washing the hands of their children before drop off, prior to coming for pick up, and when they get home.
 - Ask parents and caregivers to bring their own pens when signing children in and out.
 - Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.

Examine your Environment

- Implement procedures to frequently clean all touched surfaces.
 - Have multiple toys and manipulatives accessible that are easy to clean and sanitize throughout the day.
 - Limit the amount of sharing.
 - Offer more opportunities for individual play and solo activities, such as fine motor activities (i.e., drawing, coloring, cutting, puzzles, and other manipulatives).
 - Plan activities that do not require close physical contact between multiple children.
 - Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.
 - Designate a tub for toys that need to be cleaned and wiped after use.

Meal Times

- Utilize more tables to spread children out or use name cards to ensure adequate spacing of children.
 - Practice proper handwashing before and after eating.
 - Use paper goods and disposable plastic utensils when possible, following CDC and CDPH COVID-19 food handling guidelines.
 - Immediately clean and disinfect trays and tables after meals.
 - Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination.

Toothbrushing

- Stop toothbrushing during class. Encourage parents and caregivers to regularly brush teeth at home.

Bathroom

- Use this time as an opportunity to reinforce healthy habits and monitor proper handwashing.
 - Sanitize the sink and toilet handles before and after each child's use.
 - Teach children to use a tissue when using the handle to flush the toilet.
 - Wash hands for 20 seconds and use paper towels (or single use cloth towels) to dry hands thoroughly.

Personal Items

- All personal items should be labeled and kept in a separate bag to ensure personal items are separate from others. During this time, personal toys should be kept at home until further notice.

Napping

- Space cots 6 feet apart from each other. Arrange the head of each bed alternately, in opposite directions, to lessen the possible spread of illness between children from coughing or sneezing.

Note: The COVID-19 pandemic is a challenging and fluid situation. Federal, state and local orders and guidance may change frequently. Please refer to the [Child Care Licensing Webpage](#) for up-to-date information and resources. The licensee should adhere to the local public health department's orders and guidelines for providing a healthy and safe child care environment. The licensee should also incorporate policies and procedures provided by CDSS, California Department Public Health, California Department of Education, health care providers, and other essential government authorities. Please also check [Governor's Office COVID-19 Updates](#) and your [local county public health department](#) for the most current updates and requirements.



COVID-19 INDUSTRY GUIDANCE: Office Workspaces

May 7, 2020

[covid19.ca.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Industry-Guidance-Office-Workspaces.aspx)



OVERVIEW

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- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training employees on these and other elements of the COVID-19 prevention plan.

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

Purpose

This document provides guidance for businesses operating in office workspaces to support a safe, clean environment for employees. The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA.¹ Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on their [Cal/OSHA Guidance on Requirements to Protect Workers from Coronavirus webpage](#). CDC has additional guidance [for businesses and employers](#).



Worksite Specific Plan

- Establish a written, worksite-specific COVID-19 prevention plan at every office location, perform a comprehensive risk assessment of all work areas, and designate a person at each office workspace to implement the plan.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among employees.
- Train and communicate with employees and employee representatives on the plan.
- Regularly evaluate the office workspace for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Identify close contacts (within six feet for 10 minutes or more) of an infected employee and take steps to isolate COVID-19 positive employee(s) and close contacts.
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.



Topics for Employee Training

- Information on [COVID-19](#), how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with have been diagnosed with COVID-19.

- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol or 70% isopropanol when employees cannot get to a sink or handwashing station, per [CDC guidelines](#)).
- The importance of physical distancing, both at work and off work time (see Physical Distancing section below).
- Proper use of face coverings, including:
 - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
 - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
 - Employees should wash or sanitize hands before and after using or adjusting face coverings.
 - Avoid touching eyes, nose, and mouth.
 - Face coverings should be washed after each shift.



Individual Control Measures and Screening

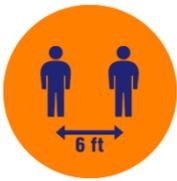
- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any personnel entering the facility. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible. Both screeners and employees should wear face coverings for the screening.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers should provide and ensure workers use all required protective equipment. Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.
- Face coverings are strongly recommended when employees are in the vicinity of others. Workers should have face coverings available and wear them when at work, in offices, or in a vehicle during work-related travel with others. Face coverings must not be shared.

- Employers must take reasonable measures to remind workers that they should use face coverings.



Cleaning and Disinfecting Protocols

- Perform thorough cleaning on high traffic areas such as break rooms and lunch areas, and areas of ingress and egress including stairways, stairwells, escalators, handrails, and elevator controls. Frequently disinfect commonly used surfaces including doorknobs, toilets, and handwashing facilities.
- Require employees to clean and disinfect personal work areas often and supply the necessary cleaning products. Provide time for workers to implement cleaning practices before and after shifts. If cleaning is assigned to the worker, they must be compensated for that time.
- Adjust or modify hours to provide adequate time for regular thorough cleaning and disinfection of office spaces.
- Avoid sharing phones, other work supplies, or office equipment wherever possible. Never share PPE.
- Where such items must be shared, disinfect between shifts or uses, whichever is more frequent, including the following: shared office equipment such as copiers, fax machines, printers, telephones, keyboards, staplers, surfaces in reception areas, shared work stations, etc., with a cleaner appropriate for the surface.
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.
- When choosing cleaning chemicals, employers should use product approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide employees training on manufacturer's directions and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves as required by the product instructions.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in offices and other spaces.



Physical Distancing Guidelines

- Implement measures to ensure physical distancing of at least six feet between workers and customers. This can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate to where employees should stand).
- Utilize telework options and modified work schedules.
- Redesign office spaces, cubicles, etc. and decrease the capacity for conference and meeting to ensure workspaces allow for six feet between employees.
- Close or restrict common areas, using barriers, or increasing physical distance between tables/chairs where personnel are likely to congregate and interact, such as kitchenettes and break rooms, and discourage employees from congregating in high traffic areas such as bathrooms, hallways, and stairwells.
- Establish directional hallways and passageways for foot traffic, if possible, to eliminate employees from passing by one another.
- Designate separate routes for entry and exit into office spaces to help maintain social distancing and lessen the instances of people closely passing each other.
- Limit the number of individuals riding in an elevator and ensure the use of face coverings. Post signage regarding these policies.
- Utilize work practices, when feasible and necessary, to limit the number of employees at the office at one time. This may include scheduling (e.g. staggering start/end times), establishing alternating days for onsite reporting, returning to the office workspace in phases, or continued use of telework when feasible.
- Stagger employee breaks, within compliance with wage and hour regulations, to maintain physical distancing protocols.
- Discontinue nonessential travel and encourage distance meetings via phone and internet.
- Require employees to avoid handshakes and similar greetings that break physical distance.
- Dedicate staff to direct guests to meeting rooms upon entry to office space rather than congregating in lobbies or common areas.
- Install production transfer-aiding materials, such as shelving and bulletin boards, to reduce person-to-person production hand-offs.

¹Additional requirements must be considered for vulnerable populations. Employers must comply with all [Cal/OSHA](#) standards and be prepared to adhere to its guidance as well as guidance from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#). Additionally, employers must be prepared to alter their operations as those guidelines change.



Recommendations for Re-opening California Restaurants and COVID-19 Restaurant Operating Procedures

As the state and local public health officials prepare for a gradual transition to re-open the economy, we recognize that the relaxing of restrictions must balance the social and economic environment with continued effective health protection. We further agree that preventing the virus from rapidly spreading again is paramount to which statewide public health officials, the California Restaurant Association, the California Conference of Local Health Officers, and the California Conference of Directors of Environmental Health are prepared to continue their partnership with meeting that objective.

We believe a risk-based strategy must address the regional threat and thus the local Health Officer should be able to consider their regions' infection rate and potential for spread. Consistent with Governor Newsom's leadership and publicly stated sentiment that "localism will be determinative", our collective recommendation is for the state to provide overarching guidance, while continuing to defer to local health departments to establish risk-based guidelines. This type of governing model has historically been the model for the food-service community and has been further solidified since the March 15th restrictions and closures of statewide restaurant dining rooms.

Collectively we are recommending that the state establish very clear expectations for the statewide re-opening of restaurant dining rooms in Phase II by requiring the following public health imperatives:

1. Advance notice of modifications to the statewide stay at home directive concerning restaurant dining rooms.
2. Protect employee health.
3. Social distancing.
4. Education for the dining public.
5. Measures to increase sanitization and disinfection.

By requiring the above procedural categories on a statewide basis, local public health officials can ensure and socialize the accompanying recommended measures below. For example, the "COVID-19 Restaurant Operating Procedures" referenced in the procedures below are intended to be mandatory with a template for use by restaurants in each jurisdiction to indicate which measures they are implementing or to document what alternative measures are being implemented based on the local health order.

In order to ensure restaurant dining rooms are ready to re-open to the public, it is critical to have as much advance notice regarding when the statewide restaurant dining rooms can gradually re-open. Such notice will help ensure the elevated health protocols below are in place, allow time to ramp up restaurant staffing, and assist with restaurant purchases from suppliers.

These guidelines envision a broad statewide mandate for physical distancing in restaurant dining rooms. Focusing on social distancing between parties and staff provides the framework needed for varying models to operate safely. Creating maximum occupancy restrictions and/or requiring affixed seating to be removed is not necessary and may not be the most effective way to protect public health. Tables and seating can be cordoned off to ensure associated parties and employees maintain six feet of distance during Phase II. This approach would also allow needed flexibility in approaching seating which happens quickly when customers are directed to their seats. Requiring six feet of physical distance between associated party seating arrangements should suffice given experiences happening in real time in grocery and convenience stores.

1. PROTECT EMPLOYEE HEALTH:

IMPLEMENT MEASURES TO ENSURE FOOD HANDLERS DO NOT WORK IF ILL AND ARE PROTECTED FROM BECOMING ILL IN THE WORKPLACE.

Local jurisdictions will need to establish specific measures, such as:

- Ensuring employees have been told not to come to work if sick.
- Conducting thermal or temperature scans of employees.
- Conducting a health survey with each employee prior to the beginning of each shift.
- Face coverings to be worn by all employees that interact with the public and when unable to social distance with other employees.
- Implement a cleaning and disinfection schedule for employee restrooms and breakrooms.
- Implement mandatory hand washing at timed intervals.
- Provide a copy of the COVID-19 Restaurant Operating Procedures to each employee to ensure they understand and will implement the procedures.

2. SOCIAL DISTANCING:

IMPLEMENT MEASURES TO ENSURE SOCIAL DISTANCING IS ADHERED TO. RESTAURANT TABLES SHALL BE SIX FEET APART OR IF UN-MOVABLE, A BARRIER OR PARTITION MUST SEPARATE TABLES TO PROTECT THE PUBLIC.

Local jurisdictions will need to establish specific measures, such as:

- Adhere to the mandatory requirement to space all tables six feet apart or if un-movable, a barrier or partition must separate tables to protect the public.
- Measures to ensure social distancing is adhered to while customers are waiting to be seated, during ordering and pick-up of food.
 - Placing tape or markings at least six feet apart in any area where members of public may form a line.
- Limit tables to family/household members of not more than 10 people.
- Encourage reservations or advise people to call in advance to confirm seating/serving capacity. Consider a phone reservation system that allows people to queue or wait in cars and enter only when a phone call, text, or other method, indicates that a table is ready.
- Efforts to expand outdoor seating where possible along right of ways or other outdoor areas as approved by local jurisdictions.

3. EDUCATION FOR THE DINING PUBLIC:

IMPLEMENT MEASURES TO ENSURE THE PUBLIC IS EDUCATED ON DINING OUT SAFELY, THROUGH PUBLIC NOTIFICATIONS.

Local jurisdictions will need to establish specific measures, such as:

- Post signs to remind the dining public to maintain social distancing of six feet, wash hands or use sanitizer upon entry into a restaurant, and to stay home if they are ill or have symptoms consistent with COVID-19 (Note: sample signs will be available online for use).
- The COVID-19 Restaurant Operating Procedures is posted at a location visible to the public.
- Reinforce contactless payment systems with customers.

4. MEASURES TO INCREASE SANITIZATION AND DISINFECTION:

IMPLEMENT MEASURES TO PROTECT THE PUBLIC THROUGH THE LIMITATION AND FREQUENT DISINFECTION OF COMMON HAND TOUCH POINTS AND SANITIZATION OF FOOD CONTACT SURFACES.

Local jurisdictions will need to establish specific measures, such as:

- No food items can have multiple contacts or be shared between tables such as condiment bottles, salt and pepper shakers, or breadbasket.
- No self-service buffets or salad bars.
- Self-service machines, such as soda and frozen yogurt machines, shall be sanitized in intervals determined by local public health orders.
- Non-food items that may be used by multiple customers, such as menus, must be disinfected between each use or modified to be a single service item, such as a disposable paper menu.
- Ensure that all utensils and food-ware are properly washed, rinsed and sanitized. Verify the required contact time (the time the utensils must be submerged in the sanitizer) for the sanitizer to be effective. If this cannot be reasonably accommodated, only single-service utensils or food-ware should be used.
- Frequent disinfection of high contact touch points, such as phones, door handles, credit card terminals, etc. using a disinfectant that is effective against Coronavirus.
- When feasible, provide disinfection wipes or hand sanitizer (at least 60% alcohol) for customers at tables.
- When feasible, use equipment that has touch free motion detectors, such as hands-free soap and towel dispensers.
- Restrooms must be disinfected every hour.
- Designate a team member per shift to oversee the additional sanitization and disinfection procedures.
- Limit the number of employees who serve individual parties. Consider assigning the same employee to each party for entire experience (as long as that does not conflict with mandatory meal and rest break laws).

MARIPOSA COUNTY ADULT DETENTION FACILITY
JAIL POLICIES AND PROCEDURES
PANDEMIC RESPONSE PLAN
710.05

PURPOSE:

The purpose of this policy is to establish a Pandemic Response Plan for the Mariposa County Adult Detention Facility to be prepared to respond promptly and appropriately to all types of pandemic emergencies.

POLICY:

It is the policy of the Mariposa County Adult Detention Facility to follow the Pandemic Response Plan when the pandemic has the potential to affect the jail facility. A pandemic is the worldwide spread of a new disease. A pandemic occurs when a new virus or bacteria emerges and spreads around the world, and most people do not have immunity.

EFFECTIVE DATE: 03-18-2020

APPROVED BY: Sheriff Doug Binnewies

REFERENCE:

Title 15 Section 1051

PROCEDURES:

A. Initial Screening

1. Develop **specific** screening questions regarding travel history, contact history, and symptoms based on the current pandemic outbreak. These questions will be asked in the vehicle sally port prior to admittance into the jail facility.
2. Based on the answers to the specific screening questions identify immediate needs and protocols necessary. For example, placing a mask on the inmate, not allowing the arrestee to enter the facility, escorting them to an isolated holding cell, etc.
3. Notify the Command Staff and medical staff immediately. Medical staff will complete an evaluation of the inmate and document their findings. Medical staff will call the Mariposa Health Department for assistance if needed.
4. All jail staff will use CDC recommended Personal Protection Equipment based on the specific pandemic outbreak during contact

MARIPOSA COUNTY ADULT DETENTION FACILITY
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710.05

with a suspected or known infected inmate when available. For example, gloves, mask, eye protection, gown, shoe covers, etc.

B. Facility Illness Tracking

1. Medical staff will track suspected cases of pandemic illness. Mariposa County Sheriff's Office in combination with Health and Human Services have an established tracking protocol. This tracking mechanism will provide for a baseline of cases and quickly identify any increase of incidents of illness. Creating medical isolation areas or units and transporting inmates for more advanced care may become necessary.
2. The medical vendor will be responsible to supply supplemental health care staff as needed and ensure a supply of pharmacy and medical supplies in case normal supply sources are limited.
3. In collaboration with the Mariposa County Public Health Department the medical vendor will be responsible for performing inmate medical testing when required.
4. The medical vendor is responsible to provide their staff with appropriate PPE depending on the level of response.

C. Infection Control

1. Infection Control Strategy and Droplet Precautions.
 - a) Use universal hand washing practices (20 seconds and frequently).
 - b) Use hand sanitizer frequently.
 - c) Do not touch your face.
 - d) Cough or sneeze in to the bends of your arms – not your hands.
 - e) Be cautious about handshaking.
 - f) Post signage reminders in inmate, staff and visitor occupied areas.
2. Cleaning Protocols
 - g) Maintain high levels of sanitation throughout the facility and use a 10:1 ratio of water-bleach solutions. Pay special attention to doorknobs, hand rails, phone handles, etc.
 - h) Make sure to maintain hand sanitizing products/supplies

MARIPOSA COUNTY ADULT DETENTION FACILITY
JAIL POLICIES AND PROCEDURES
PANDEMIC RESPONSE PLAN
710.05

throughout the facility for both inmates and staff for frequent use.

- i) Standard precautions will be implemented for linen and laundry items that might be contaminated with respiratory secretions.
 - j) Inmates with suspected or known to have a pandemic related illness will be fed with disposable dishes and utensils.
 - k) Cleaning products and PPE equipment will be stocked and monitored closely for reordering purposes. Reminder that product shortages from vendors may exist.
 - l) Jail vehicles and facility areas in need of specialized chemical sterilization will be coordinated by the Jail Lieutenant with local EMS/Ambulance resources.
3. Creating medical isolation areas or units and transporting inmates for more advanced care may become necessary.

D. Modification of Activities

1. The suspension of visits (official and otherwise) will be dependent upon the number of identified cases experienced in the region. This decision will be made by command staff in consultation with the County Health Officer.
2. Consideration of closing the jail facility to new arrests with the exception of those arrested for violent crimes will be made by command staff. Alternate means of incarceration should be considered when appropriate.
3. Strategies will be implemented to encourage social distancing such as temporarily suspending programs inside the facility. The determination to place the facility in a full lockdown will be made by command staff.
4. Vendors having to enter the facilities to deliver critical supplies will be provided with masks and hand sanitizer. These persons will be required to wash their hands before entering the facility and will be advised to do the same prior to exiting.
5. Suspected or known to be infected inmates will be fed in their cells.
6. Any food service provider meal menu modifications due to the

MARIPOSA COUNTY ADULT DETENTION FACILITY
JAIL POLICIES AND PROCEDURES
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710.05

emergency is subject to approval by the Command Staff.

7. Potential staff shortages will be monitored closely by Jail Sergeants and the Command Staff; modifications may be necessary due to a reduction of available personnel.
8. Staff and inmates will be provided with as much general information regarding the pandemic as possible with care being given to prevent panic.

A. Discharge from Custody

1. Inmates confirmed as having been infected during a pandemic or inmates exhibiting symptoms of the same, may not be directly released into the community. Coordination between the jail facility, jail medical vendor and the Public Health Department will be necessary to provide further medical care, and direction to the individual inmate so as to alleviate potential risk to the community. Inmates deemed healthy and eligible for release will be released as normal.

B. Inquiries

1. Press: The Mariposa County Sheriff's Office Public Information Officer (PIO) will be the one point of contact for any press inquiries.
2. Inmate's Family/Friends: All staff will reassure inmates and the public who contact the jail for information that the jail facility is prepared appropriately. Further inquiries will be forwarded to the PIO.



COVID-19 Mariposa County Farmers Market Guidelines

The Mariposa Certified Farmer's Market is scheduled to begin May 20, 2020. Based on the current knowledge about transmission and severity of coronavirus disease 2019 (COVID-19), Mariposa County Health and Human Services Agency, Public Health Branch is providing the following guidance and requirements.

In any venue where the public is gathering, the following precautions must be taken to prevent the potential spread of diseases. Currently we are working diligently to stop the spread of COVID-19. These actions can help to protect attendees and the vendors at the event from COVID-19 infections, and to reduce community transmission of COVID-19.

Requirements:

- Limit close contact by enforcing social distancing is an important step. Post signs throughout the venue reminding people to maintain a minimum of six (6) feet distance per person for non-family members.
- Ask that vendors and customers not to attend the market if they are sick with any cold or flu-like symptoms. Ask that they screen themselves for febrile-respiratory illnesses and not to attend the market if ill.
- Set up the farmer's market to allow for one-way foot traffic. Have one entrance and one exit to promote flow in one direction. If possible, limit the number of people in the market at one time (assign times, have patrons wait in cars, etc.) to reduce crowding.
- Space vendor booths 10 feet apart minimum, to increase social distancing among non-related customers while they shop and stand in line. Mark spaces on the ground to show proper distances.
- Vendors must use best hygiene practices, including washing hands for 20 seconds with soap under running water. If vendors are wearing gloves, they still need to remember to use best hygiene practices (changing gloves if contaminated or dirty, washing hands between glove use, not using same gloved hand to touch money and then touch produce). Vendors must have sanitizing or handwashing station in the booth, and clean and sanitize any payment devices and surfaces frequently.
- Offer handwashing stations throughout the venue for use by customers.
- **DO NOT** offer sampling. Do not allow the sales of prepared food or foods prepared at the market.

The logo features a stylized tree with colorful leaves (yellow, orange, red, green) at the top. The trunk of the tree is formed by two blue human figures with their arms raised, holding hands.

Mariposa County
Health & Human Services Agency
Healthy. Safe. Thriving.

Guidance:

- Urge vendors to offer touch free and/or cashless transactions, such as payment via a smartphone app.
- Encourage pre-bagging and/or pre-pricing items to expedite buying activities.
- Encourage the vendors to have separate duties behind the booth, such as one person taking money and one person bagging produce.
- Have produce touched and bagged only by the vendor, not the customer, if possible. Have the customer point to their choices and have the vendor place the produce in the bag.
- Remind customers to wash their fruits and vegetables at home, prior to consuming or preparing them for eating.
- If possible, offer a list of available produce at the farmers market, so customers can make choices before entering market. Use of a website or smart phone app may be useful.
- If possible, have a time set aside for seniors and at-risk customers to shop.

If you have any questions about these requirements and guidelines, please do not hesitate to contact us at (209) 966-2220, or email us at kgibbons@mariposacounty.org .



April 23, 2020

Director, Eric Sergienko, MD, MPH
Mariposa County Public Health Dept.

Re: Re-Opening Guidelines for Brewery and Winery Tasting Rooms

Dear Dr. Sergienko,

On behalf of our member breweries and wineries we write to thank you for acting quickly to ensure the safety of the public, including our members, their employees and their customers. The impact of COVID-19 has been devastating to our state in every possible way.

As you consider how best to ease the restrictions of the local order, we would like to request that brewery and winery tasting room businesses be considered equally with restaurants in the adherence to safety protocols and staging for re-opening to the public.

Similar to restaurants, our state's breweries and wineries depend heavily upon on-site sales to pay rent and support jobs in their local communities. Operational tasting rooms also provide a public benefit of education and enjoyment of California made products in a safe environment. And, like restaurants, these businesses are nimble and can be properly configured to adhere to local health orders and ensure the continued safety of their communities.

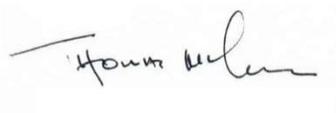
Our members and their employees are engaged in direct sales of a highly regulated and perishable product. As such, they are trained to meet and exceed rigorous public safety and cleanliness standards as an industry practical rule. Moreover, our industries are committed to developing protocols to ensure that a re-opening can be done in a manner protective of the health and safety of both our workers and the public.

As science guides the eventual re-opening of our economy these businesses are uniquely qualified to implement and strictly adhere to new orders established by your local health

department. We know the road to normalcy is unpredictable and likely a long one, but the safe re-opening of these local businesses is a critical step for many.

Thank you in advance for your consideration of our request. If you should have questions or should need additional information about the beer or wine industries, please do not hesitate to reach out to us individually below.

Sincerely,



Tom McCormick
California Craft Brewers Association
530-305-1128
Tom@californiacraftbeer.com



Tim Schmelzer
Wine Institute
916-441-6974
tschmelzer@wineinstitute.org



Pete Downs
Family Winemakers of California
707-291-3200
pete@familywinemakers.org

COVID-19 Screening Checklist for Employers

Name: _____ Date: _____ Time: _____

PURPOSE: Based on the Febrile Respiratory Illness Health Order that took effect on 04/29/2020, all employers, on a daily basis, are to screen all employees for signs of respiratory illness accompanied by fever. Symptoms may appear 2-14 days after exposure to the virus. People with COVID-19 have had a wide range of symptoms reported - ranging from mild to severe.

INSTRUCTIONS: ALL employees entering the building must be asked the following questions; Businesses can determine whether to use this tool for customers, as well.

1. Do you have any of the following symptoms?

- Sore Throat Cough Shortness of Breath Muscle or Body Aches
 Vomiting or Diarrhea Change in Smell or Taste Other Symptoms
 Chills Fever

*** If experiencing fever, is your temperature 100.4°F or greater?** Yes No

2. Have you had contact with someone who is COVID-19 positive? Yes No

3. Have you had contact with someone who has been in close contact with someone who is COVID-19 positive? Yes No

4. If you answered Yes to *any* of the above questions:

- Do not physically go to work
- Notify your supervisor
- Call your medical provider to determine if testing is appropriate for you

REMINDERS:

- Do not shake hands with, touch, or hug others while in the building.
- Wash your hands or use alcohol-based hand sanitizer throughout your time in the building.
- Maintain appropriate social distancing (6' feet distance), whenever possible.

Person Performing Screening: _____

For more information, call the COVID-19 Helpline at: (209) 259-1332.

Policy

Document Title:	Mariposa Project Roomkey
Division:	All
Branch / Unit / Program:	All
Date Due for Review:	
Approval Date: ____/____/____	 Chevon Kothari, MSW Director
Revised Date:	N/A
Supersedes:	N/A

Purpose: Based upon the Governor’s launch of Project Roomkey, Mariposa County Health & Human Services Agency (HHS) initiates the Mariposa Project Roomkey program.

References/Regulations:

1. California State Initiative in response to COVID-19, announced April 03, 2020.
<https://www.gov.ca.gov/2020/04/03/at-newly-converted-motel-governor-newsom-launches-project-roomkey-a-first-in-the-nation-initiative-to-secure-hotel-motel-rooms-to-protect-homeless-individuals-from-covid-19/>
2. HHS COVID-19 Isolation and Quarantine Protocol:
<https://drive.google.com/file/d/1k4nOMrIIQcXXGgnatx5o85ylswzhBFIf/view?usp=sharing>
3. Program Forms
 - a. Overview: Mariposa Project Roomkey
https://docs.google.com/document/d/1rfSLPAhWODuIQzp_oHSs0te0yXQLkUk8FpRphTn2h0/edit?usp=sharing
 - b. Criteria for Placement in the Project Roomkey
<https://docs.google.com/document/d/1dNqPMGsJDkqUs3GGfoVDEMYpjIvFZAbXdAODxtxoJs/edit?usp=sharing>
 - c. Client Move-In Tracking (confidential, will be shared with assigned Mariposa Project Roomkey staff only)
 - d. COVID-19 Housed Clients Tracking (confidential, will be shared with assigned Mariposa Project Roomkey staff only)

- e. Process for Sick Clients https://docs.google.com/document/d/1w7bO9F_F9o8eRzKaFPg7K2x-1jYM01vLxUzaiPPBZuI/edit?usp=sharing
 - f. Wrap Around Services
https://docs.google.com/document/d/1YOBq6Fw8FC86z_8B45itPw6YB1r4vCE06x-4LocQjiE/edit?usp=sharing
 - g. Personal Laundry Sign In Sheet
https://docs.google.com/document/d/15w3oguwExFSmiQEdpyETjk2HPP85M06jz_pOtnr5HvA/edit?usp=sharing
 - h. Laundry Use Expectations
<https://docs.google.com/document/d/1h7TICQywBFBvkiNnY9brgz01Fi61qQ9usSck7514Tfg/edit?usp=sharing>
 - i. Cleaning Protocol <https://docs.google.com/document/d/1Hb-gHkzkFfsWKLSJy-dW2JhXdD5ppcahICcvRopFaRk/edit?usp=sharing>
4. Client Forms
- a. Client Expectations and Responsibilities
<https://drive.google.com/file/d/1JvVIdE4I6KfPcIrERLic6RXbuHP5Ou1d/view?usp=sharing>
 - b. Pre-Screening Approval
<https://docs.google.com/document/d/1zb5Cg3xjjW8pfRTp43bM6dak3FUD7YiWXrGw5FMrh20/edit?usp=sharing>
 - c. New Client Intake Form
<https://docs.google.com/document/d/1URjvXes8iDYxm99Jj5CPkEx6wL6M0KyrZ4mwJRyIgPs/edit?usp=sharing>
 - d. Room Condition Check List
<https://docs.google.com/document/d/1wCdL43ExQLMT4IR170i1QmnKWTl651XjhVINTE4KqGQ/edit?usp=sharing>
 - e. Incident Report
<https://docs.google.com/document/d/1HTlZrQkdP2UUKSF77TMHgZe2yGnBM2JV4Joj-kGLRP8/edit?usp=sharing>

Definitions:

1. **HHS or Agency:** Mariposa County Health & Human Services Agency.
2. **Mariposa Project Roomkey:** A program for vulnerable community members who need to be housed, isolated or quarantined AND who either are considered high risk for COVID-19, test positive for the COVID-19 Virus or who is a Person Under Investigation. This program is being utilized as a way to provide emergency, non-congregate sheltering (Emergency NCS). Congregate sheltering is being limited at this time in order to reduce the spread of COVID-19.
3. **Wrap Around Services:** Includes providing assistance to clients with the intake process, meal preparation and delivery, room cleaning and laundry services, case management, maintenance needs, and security. (See Wrap Around Services in references section above for more information.)

Policy:

1. The County entered into a 90-day lease with the owner of Yosemite Inn, Monarch Inn, and Mariposa Lodge, which are all located in Mariposa, to provide rooms at all sites for use for this project. Clients placed at either the Monarch Inn or Mariposa Lodge are those that don't need high levels of case management or security. All others will be placed at the Yosemite Inn. Hotel managers and the owner will be provided cell phone numbers for all the staff and management team that are working in this program.
2. The County will provide all Wrap Around Services required for Mariposa Project Roomkey. These include meal preparation and delivery, cleaning through a professional cleaning service, case management services which include housing navigation services and supports, discharge planning, supportive behavioral health services through the use of telephonic and teled services, public health services, and other services as needed.
3. County Staff presence will be onsite 24/7 and will include staff from HHSA, the Sheriff Department and Probation.

Procedure:

1. Staff assigned to Mariposa Project Roomkey are expected to be familiar with project responsibilities prior to meeting with clients.
 - a. Mariposa Project Roomkey staff should also be familiar with the program forms. (See Program Forms in the references section.)
 - b. In addition staff need to review & be familiar with the isolation and quarantine protocol. (See HHSA COVID-19 Isolation and Quarantine Protocol in the references section.)
2. HHSA staff are encouraged to refer clients to Mariposa Project Roomkey by sending an email to mproomkey@mariposahsc.org.
3. Mariposa Project Roomkey staff will reach out to referred clients for screening. (See Criteria for Placement in the Project Roomkey in the reference section.)
 - a. After the screening a determination will be made as to whether or not the client qualifies for Mariposa Project Roomkey.
4. If a client is qualified to enter the program, Mariposa Project Roomkey staff shall complete required documents for each client. (See Client Folder Forms in references section.)
5. Mariposa Project Roomkey staff shall discuss all expectations with the client. (See Client Expectation and Responsibilities, Laundry Use Expectations, and Cleaning Protocol forms in the reference section.)
 - a. Clients must agree to the expectations in order to stay in one of the identified Mariposa Project Roomkey hotels.
6. Staff assigned to Mariposa Project Roomkey will monitor clients as needed for health and safety.

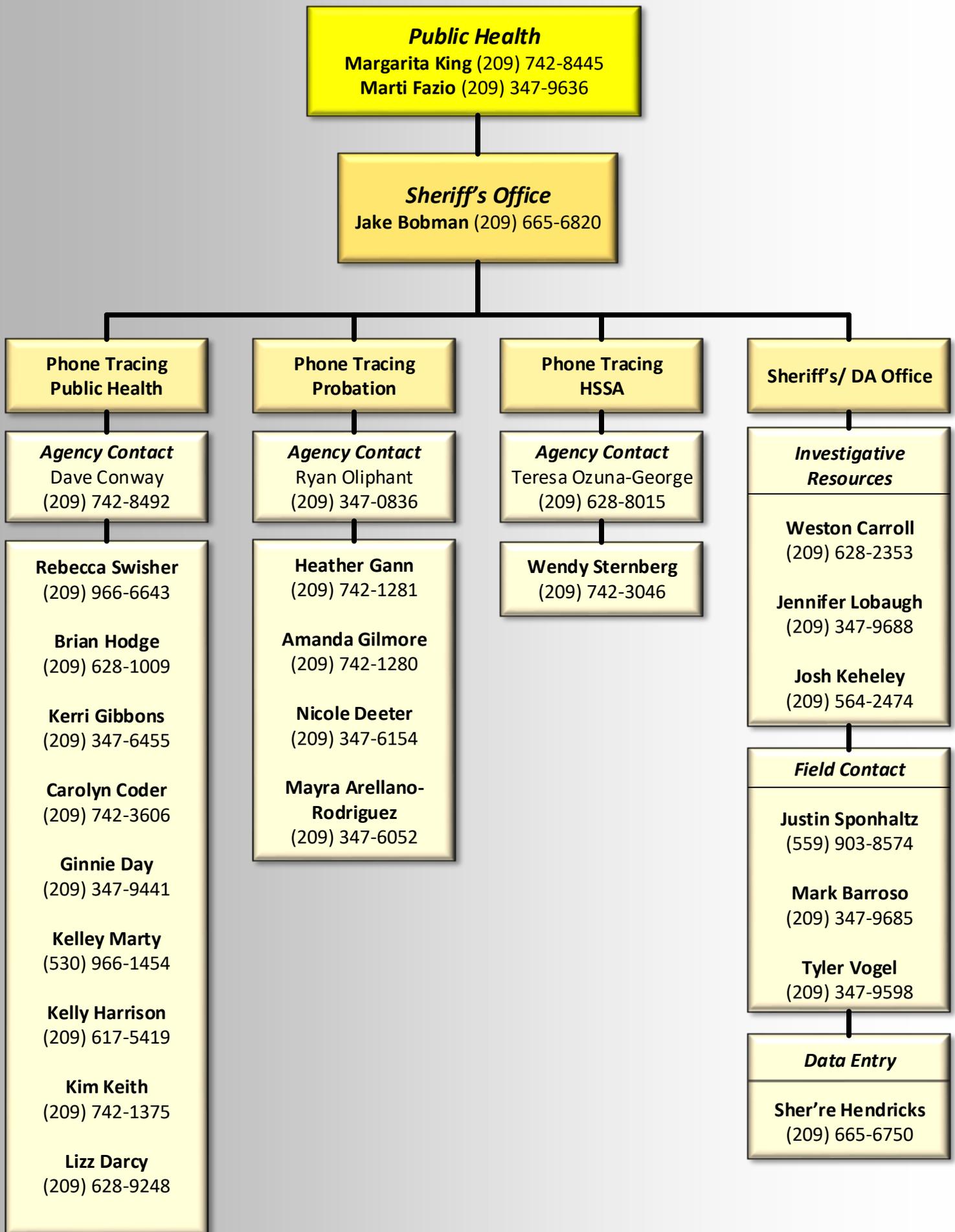
7. Mariposa Project Roomkey staff will assist clients with Wrap Around services as appropriate. (See Wrap Around Services in references section.)

Responsibilities:

1. HHSa staff assigned to Mariposa Project Roomkey are responsible for adhering to this policy and process including providing support to the individuals placed at the hotel locations and are responsible for ensuring clients are adhering to the signed agreement (see Client Expectation and Responsibilities form in the reference section) and expectations (see Laundry Use Expectations and Cleaning Protocol forms in the reference section).

Appendix: N/A

Contact Tracing Flowchart





JOHN C. FREMONT
Healthcare District



May 6, 2020

Alternate Care Site Action Plan Overview

Objective

The objective is to provide an Alternative Care Site (ACS) during a medical surge in Mariposa County due to COVID-19. The John C. Fremont Healthcare District (JCFHD), Mariposa County Health and Human Services Agency (HHSA) and Mountain Valley EMS (MVEMSA) have partnered to develop a framework of operations by creating and/or updating policies and procedures, protocols, agreements and securing contracts to ensure capacity and provision of care at the ACS.

The ACS will be located at the Mariposa County Fairgrounds. HHSA has secured a contract for the use of the Mariposa County Fairgrounds. HHSA has a permit from the State Fire Marshal to utilize the site. The site has two buildings at the Fairgrounds that can be utilized for patient care; Building A and Building B. The buildings will be opened in a phased approach, and as needed for increased capacity.

Building A will be the first building to open and has capacity to care for 14 patients. Should there be a need to increase capacity, Building B will be opened with the capacity to serve 13 patients. The trigger for opening Building B will be when Building A has 13 patients. In order for the buildings to be utilized the Fire Marshal must conduct a walk through at the site, prior to its use.

The ACS is under a unified command with HHSA and JCFHD.

The trigger point for opening the ACS will be when JCFHD exceeds capacity in the hospital and patients begin to be placed into the surge tent located at JCFHD. JCFHD will notify the ACS leadership when this occurs. The ACS will have initial operating capacity within four days of notification.

The ACS team intends to exercise the plan prior to September of 2020.

Operations

Medical Branch

The medical branch will be led by a Registered Nurse from the Public Health Branch of HHSA.

All medical care at the ACS will be under the direction of the Medical Director of the JCFHD Emergency Department. The ACS will provide care for non-acute patients who will be transferred from JCFHD to the ACS by Mercy Ambulance. Mercy has ensured capacity for all necessary transports and only has availability to transport via ALS rigs. JCFHD has secured a contract with ProTransport as a backup plan in the event Mercy capacity is exceeded. JCFHD will determine which patients will be transferred to the ACS.

When a patient is transferred from JCFHD to either the ACS or another hospital, they will have the HICS Patient Tracker monitor the patient's movement. As well, the Patient Tracker will monitor bed availability within the region.

JCFHD and HHSA have drafted COVID-19 policies and procedures, protocols, and operational guidelines for the ACS.

Please see following guidelines for the medical branch operations at the ACS:

- Clinical Admission Criteria
- Intake/Discharge
- Patient Care guidelines
- Patient Transfer guidelines
- End of Life guidelines

Logistics

A logistics section chief for the ACS has been identified. They will help order non-medical supplies for the site and coordinate with the DOC logistics section chief. Both logistics sections have access to the non-medical supplies list for reference of what will need to be ordered.

A map of the Fairgrounds has been developed indicating flow of traffic, where specific supplies are to be located and what the use of each building is designated as. Please see attached Fairgrounds Map.

Security

The Sheriff's Department is responsible for ensuring adequate security for the ACS. The plan is to have security personnel on duty 24 hours a day for 7 days a week. The shifts are 0600-1800 day shift and 1800-0600 night shift. Security is coordinated through the EOC. The security team will also act as the fire monitor for the ACS.

Volunteer Staff Coordinator

A volunteer coordinator for HHSA will provide local outreach for Mariposa County-specific volunteers to be added in the DHV system to ensure local capacity for medical surge. There are

currently four local volunteers in the DHV system for Mariposa County. There is a goal to increase this capacity to 10 by May 8th and to 20 by May 29th.

Food Unit

There will be designated food unit leads from both HHSA and JCFHD. JCFHD will provide four meals per 24 hour period for both patients and staff at the site. Please see the food unit protocol for specific meal times and plans.

These leads will ensure that healthy snacks and drinks are provided onsite for staff and patients.

Finance

A finance section chief for the ACS that has been identified. They will track all ordering and purchasing of supplies for the ACS and coordinate with the DOC finance lead.

Safety Officer

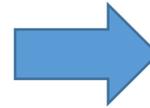
There will be a designated safety officer for the ACS from HHSA. The safety officer will be responsible for ensuring that all donning and doffing activities are monitored and conducted in line with infectious disease control standards. The safety officer will monitor all aspects of the site to ensure operations are being done according to safety standards for an ACS.

Clinical Admission Criteria for Alternate Care Site (ACS)
ONLY Implemented when John C. Fremont Healthcare District's (JCFHD)
Hospital is at 90% or More of Capacity

ACS ADMISSION CRITERIA

Patient Demonstrates:

- Respiratory (COVID-19) diagnosis
- Hemodynamic stability (MAP > 65) with no vasoactive infusions
- No need for cardiac monitoring
- Initial laboratory and radiology tests completed
 - Lactic Acid < 2.0 mmol/L
- Need for supplemental oxygen by nasal cannula < 6L/minute
- Ability to ambulate either independently



Admit
to ACS

ACS EXCLUSION CRITERIA

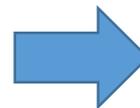
- Age < 18 years
- Requiring > 6L/minute of supplemental oxygen
- Non-respiratory diagnosis

ACS Admission/Transfer

If patient requires 6L/minute or more of oxygen, they need to be transferred from ACS back to JCFHD via ALS ambulance.

Signs of clinical decompensation, as determined by provider, will prompt communication between ACS provider and JCFHD provider to determine appropriate transfer destination.

JCFHD Hospitalist and RN House Supervisor will evaluate clinical condition of patients admitted to JCFHD at least daily and will communicate needs and bed availability with ACS medical provider.



Transfer
to
JCFHD
or Higher
Level of
Care



Protocol

Document Title:	Alternate Care Site (ACS) Supply Ordering COVID-19 Protocol
Division:	Health & Human Services Agency
Branch / Unit / Program:	Public Health
Date Due for Review:	(every three years or as needed)
Approval Date: ____/____/____	XXXXX's Signature Here
Revised Date:	Insert date of approved revision
Supersedes:	If there is an existing protocols or procedure that is being replaced insert that previously approved date here, otherwise state "N/A"

Purpose: The purpose of this protocol is to provide guidance to individuals needing to order medical and non-medical supplies in preparation and during the operation of the Alternate Care Site (ACS) during the COVID-19 pandemic.

Reference/Regulations: N/A

Definitions:

ACS is the Alternate Care Site that will be set up for patient care in the event that John C. Fremont Hospital has a medical surge due to COVID-19 positive patients.

Policy: Individuals involved in the set up and the operation of the Alternate Care Site (ACS) during the COVID-19 pandemic will follow the below procedure for ordering medical and non-medical supplies.

Procedure: Individuals who are a part of the ACS Logisitics team will follow the below procedure for ordering supplies for the ACS for COVID-19.

1. Fill out a Resource Request Form ICS 213RR
2. ACS Logistics shall make a copy of the ICS 213RR form, keep the copy for their records and send the original to the DOC Logistics team.

Responsibilities: Individuals in need of ordering medical and non-medical supplies for the preparation of the ACS site are responsible for ensuring they are following this procedure.

Appendices:

ICS 213RR Form:

RESOURCE REQUEST MESSAGE (ICS 213 RR)							
1. Incident Name: COVID19			2. Date/Time		3. Resource Request Number: DOC_		
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):						
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost
					Requested	Estimated	
5. Requested Delivery/Reporting Location:							
6. Suitable Substitutes and/or Suggested Sources:							
7. Requested by Name/Position:			8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		9. Section Chief Approval:		
10. Logistics Order Number:				11. Supplier Phone/Fax/Email:			
12. Name of Supplier/POC:							
13. Notes:							
14. Approval Signature of Auth Logistics Rep:				15. Date/Time:			
16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC							
17. Reply/Comments from Finance:							
18. Finance Section Signature:				19. Date/Time:			
ICS 213 RR, Page 1							

Alternate Care Site (ACS) COVID-19 Screening Checklist

Name: _____ Date: _____ Time: _____

Purpose: Based on the Febrile Respiratory Illness Health Order that took effect on 03/25/2020, all employers, on a daily basis, are to screen all employees/volunteers for signs of respiratory illness accompanied by fever.

Instructions: ALL individuals entering the ACS must be asked the following questions:

1. Have you washed your hands or used alcohol-based hand sanitizer on entry?

YES NO – Ask them to do so.

2. Do you have any of the following respiratory symptoms?

Fever Sore throat New or worsening cough New or worsening shortness of breath

- If YES to any, restrict them from entering the ACS and send person home.*
- If NO to all, proceed with remainder of questionnaire.

3. Employee's/Volunteer's temperature: _____ °F.

3A. Does the employee/volunteer have a fever (temperature 100.4°F or greater) YES NO

- If YES to any, restrict them from entering the building and send them home.*
- If NO, proceed with remainder of questions.

3B. Ask the employee/volunteer the following:

1. Have you worked in facilities with confirmed COVID-19 cases? YES NO

- If YES, remind them to wear appropriate PPE and to maintain social distancing and proceed to step #4.
- If NO, remind them to wear appropriate PPE and to maintain social distancing and proceed to step #4.

4. Allow entry to the ACS and remind individual to:

Wash their hands or use alcohol-based hand sanitizer frequently throughout their time at the ACS.

Not to shake hands with, touch, or hug other individuals unless required by their role while they are at the ACS.

*** The person being sent home is responsible for following-up with their primary care physician if needed.**

Person Performing Screening: _____



Mariposa County
Health & Human Services Agency

Protocol

Document Title:	Alternate Care Site (ACS) End of Life Protocol
Division:	Insert Division Name
Branch / Unit / Program:	Insert Branch, Unit and/or Program
Date Due for Review:	(every three years or as needed)
Approval Date: ____/____/____	XXXXX's Signature Here
Revised Date:	Insert date of approved revision
Supersedes:	If there is an existing protocols or procedure that is being replaced insert that previously approved date here, otherwise state "N/A"

Purpose: The purpose of this protocol is two-fold: 1) to provide guidance on end of life care for patients diagnosed with or suspected of having COVID-19 who are admitted to the Alternate Care Site (ACS) (e.g., at the Mariposa County Fairgrounds (Fairgrounds)) and 2) to establish a consistent procedure for clinical documentation in the event of a death at the ACS.

Reference/Regulations:

California Department of Public Health. (2020). *AFL 20-24: Guidance for procedures and transfer of deceased persons with confirmed or suspected coronavirus disease 2019 (COVID-19)*. Retrieved from <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-24.aspx>

Centers for Disease Control and Prevention. (2020). *Coronavirus disease 2019 (COVID-19). Healthcare professionals. Infection control. Alternate care sites*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html>

Code of Federal Regulations. (2020). *Title 42: Public health. Chapter IV: Centers for Medicare & Medicaid Services, Department of Health and Human Services*. Retrieved from https://www.ecfr.gov/cgi-bin/text-idx?SID=10cf203da06b305fd16a925881ee4987&mc=true&tpl=/ecfrbrowse/Title42/42cfrv5_02.tpl#0

John C. Fremont Healthcare District. (2015). *Med/Surg policy and procedure. N-MS-707: Death of a patient*.

John C. Fremont Healthcare District. (2015). *Med/Surg policy and procedure. N-MS-722: Do not resuscitate (DNR)*.

John C. Fremont Healthcare District. (2015). *Med/Surg policy and procedure. N-MS-724: End of life care: Withholding or withdrawing life-sustaining treatment*.

U.S. Department of Health & Human Services. (2020). *Topic collection: Alternate care sites (including shelter medical care)*. Retrieved from <https://asprtracie.hhs.gov/technical-resources/48/alternate-care-sites-including-shelter-medical-care/47>

Definitions:

Alternate Care Site (ACS): “Alternate Care Sites (ACS) may be created to enable healthcare providers to provide medical care for injured or sick patients or continue care for chronic conditions in non-traditional environments” (U.S. Department of Health & Human Services, 2020). Per the Centers for Disease Control and Prevention (CDC) (2020), “An increase in the number of patients seeking medical care might require jurisdictions to establish alternate care sites (ACS) where patients with COVID-19 can receive medical care for the duration of their isolation period. The ACS is typically established in non-traditional environments and depending on the jurisdictional needs, ACS could provide two levels of care:

1. **General (non-acute) Care:** General, low level care for mildly to moderately symptomatic COVID-19 patients. This includes patients that may need oxygen (less than or equal to 2L/min), who do not require extensive nursing care, and who can generally move about on their own. This type of ACS might care for nursing home residents who have COVID-19 and need to be moved out of their facility or patients with COVID-19 who are currently hospitalized but can be discharged to a lower level of care.
2. **Acute Care:** Higher acuity care for COVID-19 patients. This level includes critical care, emergency care, and advanced cardiovascular life support (ACLS).

End of Life Care: There are two key defining features for end of life care: 1) life-limiting disease with irreversible decline and 2) expected survival in terms of months or less (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3870193/>). The primary goal is symptom management to ensure patient comfort during the dying process.

Palliative Care: Palliative care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family (<http://www.npcrc.org/content/15/About-Palliative-Care.aspx>).

Protocol: This document will remain in effect throughout the duration of the medical surge event and admission to and discharge of patients to the ACS. Changes to this document may be made based upon required alterations to workflow once the ACS is live. Direction and orders from the Mariposa County Health Officer may also result in modifications to this protocol as conditions warrant.

Policy: Only adults who are positive for COVID-19 or who are suspected of having COVID-19 will be admitted to Mariposa County’s General (non-acute) Care ACS. Upon identification of a patient whose physical status is deteriorating and who has expressed a desire to not receive life sustaining treatments, such as intubation, ACS staff/volunteers will collaborate with community agencies to provide end of life care as described in the following procedure. Furthermore, ACS staff/volunteers will ensure all necessary notifications occur and appropriate documentation is made in the medical record in the event of a death at the ACS.

Procedure: The following procedure will be used to manage patients who are at end of life while admitted to the ACS and who wish for symptom relief rather than potentially curative interventions. ACS staff/volunteers may choose to consult John C. Fremont Healthcare District’s Med/Surg Policy and Procedure “N-MS-724: End of Life Care: Withholding or Withdrawing Life-Sustaining Treatment” for further guidance on end of life care (see Appendices).

Recognition of Deterioration of Physical Status: Upon recognition of a patient’s deteriorating physical status and the patient’s expressed wishes to not receive life sustaining treatments, ACS staff/volunteers will ensure that the following steps are completed.

1. ACS Registered Nurse (RN) will consult with ACS provider.
2. ACS provider will assess patient and confer with patient regarding “Do Not Resuscitate” (DNR) code status.
 - a. If patient does not have decisional capacity, treatment decisions will be based on any known desires of patient, consultation with patient’s surrogate decision maker, the healthcare team, and/or any executed advanced directive.
3. ACS provider will write a DNR order in the patient’s chart.
4. ACS provider will complete the Physician’s Order for Life Sustaining Treatment (POLST) form, noting patient’s DNR status.
5. ACS provider will document outcome of interaction in progress note in patient’s chart.
6. RN will have patient sign POLST form and give the completed form to administrative staff/volunteer.
 - a. If patient does not have decisional capacity, the RN and another licensed individual (e.g., provider, LVN) will confer telephonically with patient’s surrogate decision maker (i.e., DPAHC), obtain authorization for DNR status, and then both will sign on the POLST.
 - b. The RN will document this communication in the patient’s chart, including name and number of surrogate decision maker.
7. Administrative staff/volunteer will place the completed POLST form in the patient’s chart
8. Patient Care Assistant (PCA), Licensed Vocational Nurse (LVN), or Paramedic will place DNR wristband on patient if not already in place

Provision of End of Life Care: ACS staff/volunteers will remain cognizant of and endeavor to implement the following while providing end of life care.

1. Create a plan of care that is reflective of each person’s wishes, as end of life is an individualized experience.
2. Apply a team approach involving patient and other staff/volunteers, including the Medical Branch Lead, John C. Fremont Healthcare District (JCFHD) Case Manager, etc., in creating the plan of care.
 - a. Designate preferred funeral home/mortuary.
3. Preserve patient dignity, hygiene, and comfort at all stages of end of life care.
4. Provide patient with as much privacy as possible, using available resources, such as privacy screens.
5. Collaborate with community agencies’ resources to ensure appropriate support of patient and patient’s family and loved ones (e.g., Health & Human Services Agency (HHS) Supportive Counseling Team)

6. Manage physical, emotional, and spiritual symptoms, using such available resources as:
 - a. Music therapy
 - b. Prayer
 - c. Meditation
 - d. Therapeutic touch
 - e. Electronic (e.g., telephone, FaceTime, etc.) communications with loved ones
 - f. Pharmacologies:
 - i. Medications will be administered per JCFHD Hospice protocol (see Appendices for “John C. Fremont Healthcare District Emergency Symptom Relief – Standing Orders”).
 - ii. An “E-kit,” which includes Morphine Sulfate IR oral liquid 20mg/mL, Lorazepam (Ativan) oral liquid 2mg/mL, and Atropine 1% (0.4mg), will be available for use on site.
 - iii. Other end of life medications will be ordered on a per patient basis per ACS provider order.
7. Seek support from others, including other ACS staff/volunteers, for own well-being.

Post-Mortem Notifications: In order to adhere to Title 42 regulations, ACS staff/volunteers will follow the below steps with regard to post-mortem notifications, using the John C. Fremont Healthcare District Authorization and Death Record (see Appendices below) to ensure appropriate timing and signatures.

1. The ACS provider will perform the following tasks related to communication of patient’s death:
 - a. Declare death of patient.
 - b. Record in the progress note the cause of death.
 - c. Complete and file a death certificate within 24 hours of the patient’s death.
2. The Registered Nurse (RN) will perform the following tasks related to communication of patient’s death:
 - a. Notify the family of the death.
 - i. The RN may request that the provider notify the patient’s family.
 - b. Contact “Donor Network West” at 800-553-6667 within one hour of death pursuant to Title 42 CFR 482.45 and 42 CFR 486, subpart G.
 - c. Notify the sheriff (coroner) of the death.
 - d. Notify the mortuary/funeral home that is noted in the medical record or as designated by the next of kin to pick up the deceased patient.
 - e. All information pertaining to a patient death (i.e. date, time of death, the name and title of individual pronouncing death, name of mortuary, name of person removing the deceased patient, etc.) must be recorded in the nurse’s notes.
 - f. Complete and ensure all signatures are on “Authorization and Death Record” (see Appendices below).
3. Administrative Staff/Volunteer will perform the following tasks related to communication of patient’s death:
 - a. Notify clergy, as needed.
 - b. Notify JCFHD Front Desk (209-966-3631 x5000).

- c. Notify JCFHD Medical-Surgical Department (209-966-3631 x5006) and request that the Ward Clerk notify all other JCFHD departments, including:
 - i. Nutrition & Food Services (209-966-3631 x5021)
 - d. Notify Medical Branch Lead.
4. Medical Branch Lead or designee will perform the following tasks related to communication of patient's death:
 - a. Notify JCFHD's Health Information Management (HIM) Director so that they are aware of the need to process the death certificate.
 - b. Complete Quality Review Report (QRR) and submit to John C. Fremont Healthcare District.
 - c. Ensure record is complete and forward to HIM for disposition.

Summary of Persons to Notify Upon Patient Death:

- Attending provider
- Family
- Organ/tissue donation agency
- Sheriff/Coroner
- Mortuary/Funeral home noted in patient's chart
- Medical Branch Lead
- JCFHD Health Information Management (HIM) Director (209-966-3631 x5010) (leave message)
- JCFHD Front Desk (209-966-3631 x5000)
- JCFHD Medical-Surgical Department (209-966-3631 x5006)
 - JCFHD Nutrition & Food Services (209-966-3631 x5021)

Post-Mortem Preparation of the Body:

1. The RN will be responsible for ensuring that the deceased patient is prepared for discharge. (The RN may delegate this task to ACS Staff/Volunteers as appropriate to their scope of practice.)
2. ACS Staff/Volunteers will provide care to the body:
 - a. Postmortem activities will be conducted with a focus on avoiding aerosol generating procedures.
 - b. Ensure surgical mask is placed on patient's face before providing post-mortem care.
 - c. Leave all indwelling tubes in place (e.g., Foley catheters, saline locks, etc.). NOTE
 - d. Provide care to the body, including pericare.
 - e. Ensure patient is lying flat.
 - f. Ensure patient's eyes are closed.
 - g. Pack patient's belongings.
 - a. Have two ACS Staff/Volunteers sign off on patient's belonging list.
3. Mortuary transports body from Fairgrounds:
 - h. Postmortem activities should be conducted with a focus on avoiding aerosol generating procedures.
 - i. Mortuary staff wear appropriate personal protective equipment (PPE) as established by their facility's protocol.
 - j. Mortuary enters Fairgrounds property following the established traffic route (see Map of Fairgrounds).
 - k. ACS Staff/Volunteers collect gurney and body bag from mortuary staff.

- l. ACS Staff/Volunteers place patient's remains in a body bag on gurney.
- m. ACS Staff/Volunteers wheel gurney outside to waiting mortuary staff.
- n. Mortuary staff place patient's remains in mortuary vehicle.
- o. ACS RN obtains name of mortuary staff as well as mortuary staff signatures as required on John C. Fremont Healthcare District Authorization and Death Record.
- p. The person removing any personal belongings must sign the release for valuable and personal property (see Appendices for John C. Fremont Healthcare District Authorization and Death Record).
- q. The person removing the deceased patient from the facility must sign the release for the body (see Appendices for John C. Fremont Healthcare District Authorization and Death Record).

Responsibilities: The ACS staff responsible for the above process include, but are not limited to, the Medical Doctor (MD), Nurse Practitioner (NP), Physician's Assistant (PA), Registered Nurse (RN), Licensed Vocational Nurse (LVN), Paramedic, "Patient Care Assistant" (e.g., Certified Nurse Assistant (CNA), Medical Assistant (MA), Emergency Medical Technician (EMT)).

Appendices:

John C. Fremont Healthcare District Emergency Symptom Relief – Standing Orders:



John C Fremont Healthcare District

Emergency Symptom Relief - Standing Orders

Pain:

- Acetaminophen 650 mg PO or PR suppository every 4-6 hrs PRN mild pain/fever >100.5.
- Morphine Sulfate IR liquid 20 mg/ml 0.25 to 1 ml (5-20 mg) PO every 2-4 hrs PRN moderate to severe pain/SOB.
- Morphine Extended Release ___mg _____ PRN moderate to severe pain/SOB.(need 15 mg and 60 mg tabs available in formulary)
- Dilaudid 2 mg to 4 mg PO every 4-6 hrs PRN moderate to severe pain.
- Methadone 10 mg (1/2 to 1 tab) PO every 4 hrs PRN moderate to severe pain.
- Fentanyl Patch 50-200 mcg every 48 to 72 hrs PRN moderate to severe pain.

Nausea/Vomiting:

- Phenergan 12.5 to 25 mg PO or PR every 6 hrs PRN nausea/vomiting.
- Reglan 10 mg PO every 6 hrs PRN nausea/vomiting.
- Zofran (Ondansetron) 4 mg PO/ODT every 8 hrs PRN nausea/vomiting not controlled by Phenergan or Reglan.

Excessive Secretions:

- Scopolamine 1.5 mg patch to skin every 3 days PRN excessive oral secretions.
- Atropine 1% (0.4 mg) Ophthalmic solution 2 to 4 drops SL every 4 hrs PRN excessive oral secretions. (Do Not Use In Eyes)

Anxiety/Agitation:

- Ativan 1/2 to 1 mg tab PO every 2-4 hrs PRN agitation or seizure.
- Ativan liquid 2 mg/ml, 0.25 ml for mild agitation, 0.5 ml for moderate agitation, 1 ml for severe agitation SL every 2-4 hrs PRN agitation or seizure.
- Haldol 2 mg/ml, 0.25 ml to 2.5 ml (0.5 to 5 mg) PO every 4 hrs PRN (Titrate dose: Scale 0=None; 2=0.5 mg; 3=2.5 mg; 4=5 mg (Max 30 mg/day) agitation/delirium.

Pruritis/Itching:

- Benadryl 25 mg PO every 4-6 hrs PRN itching/sleep.

Constipation:

- Senna-S 2 tabs PO twice daily PRN mild constipation. Senna-S 4 tabs PO twice daily PRN moderate to severe constipation.
- Docusate 2 tabs PO twice daily PRN mild constipation. Docusate 4 tabs PO twice daily PRN moderate to severe constipation.
- Bisacodyl 10 mg suppository PR daily PRN no bowel movement for 3 days.
- May perform rectal check PRN. If impacted, may remove manually.
- Fleet's enema PRN constipation.
- Miralax 17 gms/1 capful PO every day PRN constipation; 2 tbs in 8 oz water PO daily PRN constipation.

Diarrhea:

- Imodium 2 mg, 2 tabs PO after first loose stool then 1 tab after each loose stool. (max 8 tabs/24 hrs)

MEDICATIONS (CONTINUED):

Dyspnea:

- Oxygen via nasal cannula at 2-4 L/min PRN shortness of breath.

Insomnia:

- Temazepam 15 mg PO every HS PRN insomnia. May repeat times one.
- Trazadone 25 mg PO every HS PRN insomnia. May repeat times one.

Urinary Retention:

- Foley catheter to gravity

Patient Allergies: _____

Physician Signature _____

Clinician Signature _____

Draft: Hospice/Hospice Order Set/Emergency Symptom Relief – Standing Orders 05-2014

POLICY AND PROCEDURE

JOHN C. FREMONT HEALTHCARE DISTRICT
MARIPOSA, CALIFORNIA

DIVISION		Med/Surg	
SUBJECT			
End of Life Care: Withholding or Withdrawing Life-sustaining Treatment			
SECTION	N-MS-724	PAGE	1 OF 5
DATE	01/21/2015	SUPERSEDES	03/13/2013

APPROVED BY:

Alan MacBeth

PURPOSE:

To establish guidelines for decisions to withdraw or withhold life-sustaining treatment.

POLICY:

The following procedure is to be instituted by a physician when a patient or their surrogate decision maker considers withholding or withdrawing life-sustaining treatment:

PROCEDURE:

I. Physician Responsibilities

A. Procedures for Decision-making

1. Please refer to policy and procedure entitled "informed consent for medical treatment."
2. When a health care provider makes a diagnosis that a patient has a terminal illness the health care provider is required to notify the patient or, when applicable, another person authorized to make health care decisions for the patient, of the right to receive comprehensive information and counseling regarding legal end-of-life options.
 - a. The notification may be provided at the time of diagnosis or at a subsequent visit in which the provider discusses treatment options with the patient or the other authorized person.
3. The comprehensive information must be given in a culturally sensitive manner and must include, but is not limited to:
 - a. Hospice care at home or in a health care setting
 - b. A prognosis with and without the continuation of disease-targeted treatment
 - c. The patient's right to refuse or have withdrawn life sustaining treatment
 - d. The patient's right to continue to pursue disease-targeted treatment, with or without concurrent palliative care.
 - e. The patient's right to comprehensive pain and symptom management at the end-of-life, including, but not limited to, adequate pain medication, treatment of nausea, palliative chemotherapy, and relief of shortness of breath and fatigue, and other clinical treatments useful when a patient is actively dying.
 - f. The patient's right to give individual health care instruction such as an advance health care directive, and the patient's right to appoint a legally recognized health care decision maker (surrogate).
4. If the patient does not have an advance directive and wishes to execute one a referral to social services shall be made.
 - a. Upon notification from nursing, the Social Worker shall meet with the patient to provide information regarding advanced directives and/or answer questions.
 - b. If the patient wishes to execute or change an advanced directive, the Social Worker shall assist the patient in completing the directive, and

POLICY AND PROCEDURE

JOHN C. FREMONT HEALTHCARE DISTRICT
MARIPOSA, CALIFORNIA

DIVISION		Med/Surg	
SUBJECT			
End of Life Care: Withholding or Withdrawing Life-sustaining Treatment			
SECTION		PAGE	OF
N-MS-724		2	5
DATE		SUPERSEDES	
01/21/2015		03/13/2013	

APPROVED BY:

Alan MacPhee

- c. Notify the patient's nurse and physician that the patient has executed an advanced directive.
4. If a physician does not wish to comply with his or her patient's request for information on end-of-life options, the physician shall do both of the following:
 - a. Refer or transfer a patient to another physician that shall provide the requested information.
 - b. Provide the patient with information on procedures to transfer to another physician that shall provide the requested information.

II. Patient's Desire: Best Interest

- A. If a patient does not have decisional capacity, treatment decisions are based on any known desires of the patient. The physician should determine, on the basis of his/her knowledge of the patient, his/her consultation with the patient's surrogate decision maker, any involved members of the health care team, and any executed advanced directive whether the patient has previously expressed a desire to have life-supporting measures applied under all conditions or a desire to not have his/her life artificially prolonged. If a patient has expressed any desires regarding treatment preferences with regard to life-sustaining treatment, these desires are to be upheld.
 1. If it is determined the patient is expressing or has expressed a desire to have life-supporting measures applied under all conditions, an order to withhold or withdraw life-sustaining treatment should not be issued unless authorized by a court.
 2. If a patient's desires are not known, the surrogate shall act in the patient's best interests. If the patient has no surrogate please refer to policy: "patient with no Surrogate Decision Makers."
 3. In general, treatment should be provided unless it is considered to be disproportionate to terms of the benefits to be gained versus the burdens to the patient attendant to the treatment.

III. Determining Whether Treatment Is Proportionate or Disproportionate

- A. Patients and surrogate decision makers considering whether to withdraw or withhold life-sustaining treatment should consider whether treatment is proportionate or disproportionate. This determination depends on an assessment of the treatment's expected benefits versus the burdens to the patient attendant to the treatment. The patient's physician(s) should assist the decision maker in this assessment.
- B. The unique facts of each case must be considered. Relevant considerations include:
 1. How long the treatment is likely to extend life and whether it can improve the patient's prognosis for recovery.

POLICY AND PROCEDURE

JOHN C. FREMONT HEALTHCARE DISTRICT
MARIPOSA, CALIFORNIA

DIVISION		Med/Surg	
SUBJECT			
End of Life Care: Withholding or Withdrawing Life-sustaining Treatment			
SECTION	N-MS-724	PAGE	3 OF 5
DATE	01/21/2015	SUPERSEDES	03/13/2013

APPROVED BY:

Alan MacPherson

2. The nature of the patient's additional life and, specifically, the possibilities of a return to cognitive, sapient life and, of a remission of symptoms enabling a return towards a normal, functioning, integrated existence.
3. The degree of intrusiveness, risk, and discomfort associated with the treatment.
4. The relief of suffering.
5. The impact of the decision on those people closest to the patient.

IV. General Treatment Principles

- A. Life-sustaining treatment need not be continued solely because it is initiated. It may be appropriate in some cases to initiate a treatment either to determine whether it will prove beneficial or to provide a patient (or surrogate decision maker) time to reach decisions regarding treatment. Once treatment has been initiated, treatment may be stopped if the treatment does not prove to be beneficial or is the patient (or surrogate decision maker) decides treatment should be stopped.
- B. Dignity, hygiene, and comfort of patients should be preserved in all circumstances even if specific life-sustaining treatment is withheld or withdrawn.
- C. Any involved family members or significant others will receive appropriate psycho-social support from the health care team.
- D. Medication should be given as indicated for pain or discomfort even if it may tend to hasten death.
- E. Medically administered nutrition and hydration (including NG tubes, gastrostomies, intravenously administered fluids, and hyperalimentation) should be analyzed in the same way as any other medical treatment. Nutrition and hydration have powerful symbolic significance to many members of the public as well as to many caregivers. It is, therefore, particularly important that those people who take care of the patient fully understand the rationale for any order to forego medically administered nutrition and hydration.

V. Legal Consideration

- A. Most cases involving the foregoing of life-sustaining treatment can be, should be, and are, resolved without the involvement of the courts.
- B. When necessary, the courts may be approached to resolve legal disputes, such as when health care providers cannot determine who the proper surrogate is, or when they believe that the surrogate is not acting in the patient's best interest.
- C. Withholding or withdrawing life-sustaining treatment at the direction of a patient or appropriate surrogate does not legally constitute encouraging or participating in suicide.
- D. Physician orders to withhold or withdraw life-sustaining treatment in appropriate circumstances does not create civil or criminal liability for the physician.

POLICY AND PROCEDURE

JOHN C. FREMONT HEALTHCARE DISTRICT
MARIPOSA, CALIFORNIA

DIVISION		Med/Surg	
SUBJECT			
End of Life Care: Withholding or Withdrawing Life-sustaining Treatment			
SECTION	N-MS-724	PAGE	4 OF 5
DATE	01/21/2015	SUPERSEDES	03/13/2013

APPROVED BY:



VI. Use of Ethics Committee

- B. Physicians may request case review by the Ethics Committee prior to executing orders to withhold or withdraw life-sustaining treatment (e.g. when there are not surrogate decision makers who can act on behalf of the patient or under any other circumstances during which the physician would appreciate committee review).
- C. In the event a dispute arises concerning the issuance (or lack thereof) of an order to withhold or withdraw treatment, any member of the health care team may refer the case to the Ethics Committee.

VII. Administrative Review

- A. The hospital's administrator, or his/her designee, shall be consulted before an order to withhold or withdraw treatment is issued whenever:
 - 1. The patient's condition has resulted from an injury which appears to have been inflicted by a criminal act;
 - 2. The patient's injury or condition has been created or aggravated by a medical accident;
 - 3. The patient is pregnant, or
 - 4. The patient is a parent with custody or responsibility for the care and support of young children.

VIII. Procedure For Issuing An Order To Withhold Or Withdraw Life-Sustaining Treatment

- A. All orders to withhold or withdraw life-sustaining treatment must be written and signed by the physician ON THE PHYSICIAN ORDER SHEET IN THE PATIENT'S MEDICAL RECORD. Oral telephone orders will be accepted and must be signed within 48 hours. In addition, the physician must orally inform the nursing staff that such an order has been given to assure that the order is known and understood at the time it is written. A completed copy of the form: "Consent & Authorization to Withhold or Withdraw Life-sustaining Equipment is also required to be in the patient's medical record.
- B. The orders and decision to withhold or withdraw life-sustaining treatment must be supported by complete documentation in the medical record progress notes of all the circumstances surrounding the decision. Such documentation must include, but is not limited to:
 - 1. A summary of the medical situation which specifically addresses the patient's condition. This must include reference to the patient's mental status, diagnosis, test results (either current or previously performed, or an explanation if no tests are performed), and prognosis.
 - 2. The outcome of any consultations with other physicians. Physicians who provide consultation must document their consultative findings and recommendations.

POLICY AND PROCEDURE

JOHN C. FREMONT HEALTHCARE DISTRICT
MARIPOSA, CALIFORNIA

DIVISION		Med/Surg	
SUBJECT			
End of Life Care: Withholding or Withdrawing Life-sustaining Treatment			
SECTION	N-MS-724	PAGE	5 OF 5
DATE	01/21/2015	SUPERSEDES	03/13/2013

APPROVED BY:

Alon MacPhee

3. A statement indicating the basis upon which a particular person or persons have identified as appropriate surrogate decision maker(s) for the patient.
4. Whenever the patient has a guardian or conservator authorized to make health care decisions for the patient, a copy of the certified letters of guardianship or conservatorship must be obtained and placed in the patient's medical record.
- C. The patient's physician shall be responsible for disconnecting medical devices. Nursing shall not be required to (but if they wish they may) disconnect any life-sustaining medical devices.
- D. All decisions to withhold or withdraw life-sustaining treatment must be re-evaluated periodically, but not less often than every seven (7) days, as medically indicated. In addition, such decisions must be reviewed whenever a change in the patient's condition warrants review. All reviews must be documented in the patient's medical record.
- E. Every necessary procedure should be performed to relieve the patient's suffering and to maintain the patient's comfort.

References:

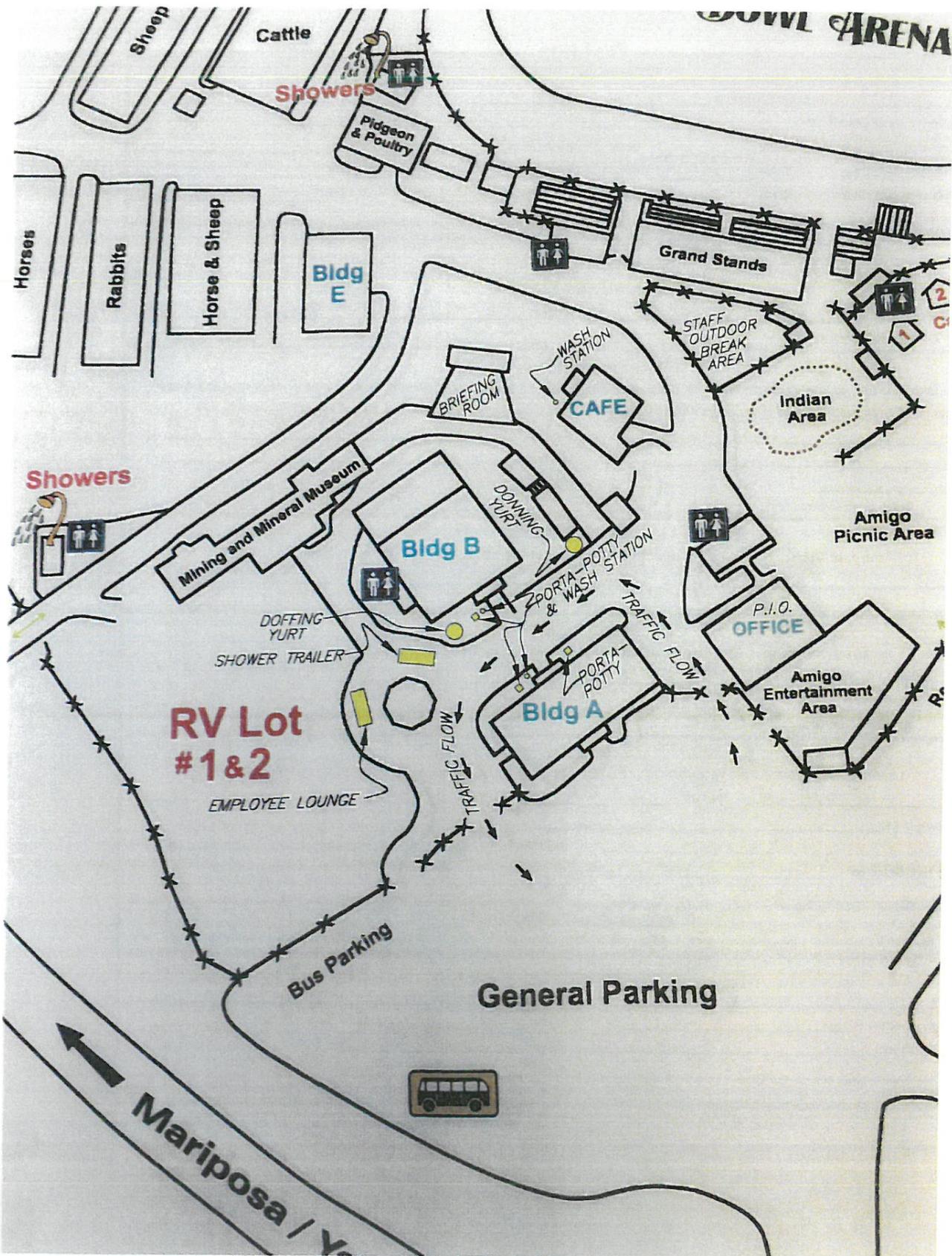
California Department of Public Health. AFL 14-27. AB 2139: Provision of End-of-Life Options Information and Counseling.
Assembly Bill 2139 (Chapter 568, Statutes 2014)
Health and Safety Code (HSC) Sections 442.5 and 442.7

Reviewed: Medical Staff approved 01/14/2014, 1/21/2015

John C. Fremont Healthcare District Authorization and Death Record:

John C. Fremont Healthcare District Authorizations and Death Records		<input type="checkbox"/> Acute <input type="checkbox"/> ER <input type="checkbox"/> SNF
Name of Deceased: _____ Date Expired: _____ Hour (24 Hour Clock): _____		
Next of Kin: _____ Relationship: _____ Phone: _____		
Room: _____ Account Number: _____ M.R.#: _____		
Physician to Sign Death Certificate: _____		
Coroner Notified:	Date: _____	Hour (24 Hour Clock): _____ By: _____
Police Notified:	Date: _____	Hour (24 Hour Clock): _____ By: _____
Mortuary Notified:	Date: _____	Hour (24 Hour Clock): _____ By: _____
Mortuary Called: _____ Individual Notified: _____		
1 Organ and Tissue Donation: For All Deaths Call 800-553-6667 <i>Organ Network will evaluate and approach family when appropriate.</i> Document the Following:		
Date and Time of Referral: _____ Nurse: _____		
Coordinator Who Took Referral: _____ Case #: _____		
2 Authority for Release of Remains <i>This is to certify that I, as the nearest kin to the deceased, hereby authorize John C. Fremont Healthcare District to release the remains to the below named mortuary or the Mariposa County Coroner's Office, as appropriate and required by law.</i>		
Print Name: _____	Signature: _____	
Relationship: _____	Witness: _____	
Date: _____	Hour (24 Hour Clock): _____	
Release to (Mortuary): _____		
3 Coroner's Release <i>The Mariposa County Coroner's Office does hereby release the remains of the above named deceased.</i>		
By: _____	I.D. #: _____	
Witness: _____	Date: _____ Hour (24 Hour Clock): _____	
4 Receipt for Remains <i>Received from John C. Fremont Healthcare District: The remains of the above stated deceased.</i>		
Released by (Hospital Representative): _____		
Received by: _____	Date: _____	Hour (24 Hour Clock): _____
Autopsy Requested: Yes <input type="checkbox"/> No <input type="checkbox"/> Coroner <input type="checkbox"/> Mortuary <input type="checkbox"/>		
5 Receipt for Valuables and Personal Property <i>I hereby certify that I have received custody of the following valuables and/or personal belongings:</i>		
Money: \$ _____	Jewelry: _____	
Personal Belongings: _____		
Received by: _____	Released by: _____	
Relationship to Deceased: _____		
Date: _____	Hour (24 Hour Clock): _____	
6 Permission for Private Autopsy <i>In the hope, and with the expectation, that this authorization will contribute to the advancement of medical knowledge and progress, the undersigned, being the legally recognized next of kin and authorized by law to direct disposition of the remains of the above-named patient, does hereby authorize the performance of a post-mortem examination upon the said patient.</i>		
Signature: _____	Autopsy Limited To: _____	
Relationship to Deceased: _____	Date: _____	Hour (24 Hour Clock): _____
Pathologist Notified: _____	Time: _____	
Chart to Lab: _____	Time: _____	
Witness: _____	Witness: _____	

Map of Fairgrounds:



John C. Fremont Healthcare District
Authorizations and Death Records

- Acute
- ER
- SNF

Name of Deceased: _____ Date Expired: _____ Hour (24 Hour Clock): _____

Next of Kin: _____ Relationship: _____ Phone: _____

Room: _____ Account Number: _____ M.R.#: _____

Physician to Sign Death Certificate: _____

Coroner Notified: Date: _____ Hour (24 Hour Clock): _____ By: _____

Police Notified: Date: _____ Hour (24 Hour Clock): _____ By: _____

Mortuary Notified: Date: _____ Hour (24 Hour Clock): _____ By: _____

Mortuary Called: _____ Individual Notified: _____

1 **Organ and Tissue Donation: For All Deaths Call 800-553-6667**
Organ Network will evaluate and approach family when appropriate.
Document the Following:
Date and Time of Referral: _____ Nurse: _____
Coordinator Who Took Referral: _____ Case #: _____

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Print Name: _____ Signature: _____
Relationship: _____ Witness: _____
Date: _____ Hour (24 Hour Clock): _____
Release to (Mortuary): _____

3 **Coroner's Release**
The Mariposa County Coroner's Office does hereby release the remains of the above named deceased.
By: _____ I.D. #: _____
Witness: _____ Date: _____ Hour (24 Hour Clock): _____

4 **Receipt for Remains**
Received from John C. Fremont Healthcare District: The remains of the above stated deceased.
Released by (Hospital Representative): _____
Received by: _____ Date: _____ Hour (24 Hour Clock): _____
Autopsy Requested: Yes No Coroner Mortuary

5 **Receipt for Valuables and Personal Property**
I hereby certify that I have received custody of the following valuables and/or personal belongings:
Money: \$ _____ Jewelry: _____
Personal Belongings: _____
Received by: _____ Released by: _____
Relationship to Deceased: _____
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Signature: _____ Autopsy Limited To: _____
Relationship to Deceased: _____ Date: _____ Hour (24 Hour Clock): _____
Pathologist Notified: _____ Time: _____
Chart to Lab: _____ Time: _____
Witness: _____ Witness: _____



Emergency Symptom Relief - Standing Orders

Pain:

- Acetaminophen 650 mg PO or PR suppository every 4-6 hrs PRN mild pain/fever >100.5.
- Morphine Sulfate IR liquid 20 mg/ml 0.25 to 1 ml (5-20 mg) PO every 2-4 hrs PRN moderate to severe pain/SOB.
- Morphine Extended Release ___ mg _____ PRN moderate to severe pain/SOB. (need 15 mg and 60 mg tabs available in formulary)
- Dilaudid 2 mg to 4 mg PO every 4-6 hrs PRN moderate to severe pain.
- Methadone 10 mg (1/2 to 1 tab) PO every 4 hrs PRN moderate to severe pain.
- Fentanyl Patch 50-200 mcg every 48 to 72 hrs PRN moderate to severe pain.

Nausea/Vomiting:

Metoclopramide 5mg/5ml 5ml every 6 hours PRN

- Phenergan 12.5 to 25 mg PO or PR every 6 hrs PRN nausea/vomiting.
- Reglan 10 mg PO every 6 hrs PRN nausea/vomiting.
- Zofran (Ondansetron) 4 mg PO/ODT every 8 hrs PRN nausea/vomiting not controlled by Phenergan or Reglan.

Excessive Secretions:

- Scopolamine 1.5 mg patch to skin every 3 days PRN excessive oral secretions.
- Atropine 1% (0.4 mg) Ophthalmic solution 2 to 4 drops SL every 4 hrs PRN excessive oral secretions. (Do Not Use In Eyes)

Anxiety/Agitation:

- Ativan 1/2 to 1 mg tab PO every 2-4 hrs PRN agitation or seizure.
- Ativan liquid 2 mg/ml, 0.25 ml for mild agitation, 0.5 ml for moderate agitation, 1 ml for severe agitation SL every 2-4 hrs PRN agitation or seizure.
- Haldol 2 mg/ml, 0.25 ml to 2.5 ml (0.5 to 5 mg) PO every 4 hrs PRN (Titrate dose: Scale 0=None; 2=0.5 mg; 3=2.5 mg; 4=5 mg (Max 30 mg/day) agitation/delirium.

Pruritis/Itching:

- Benadryl 25 mg PO every 4-6 hrs PRN itching/sleep.

Constipation:

- Senna-S 2 tabs PO twice daily PRN mild constipation. Senna-S 4 tabs PO twice daily PRN moderate to severe constipation.
- Docusate 2 tabs PO twice daily PRN mild constipation. Docusate 4 tabs PO twice daily PRN moderate to severe constipation.
- Bisacodyl 10 mg suppository PR daily PRN no bowel movement for 3 days.
- May perform rectal check PRN. If impacted, may remove manually.
- Fleet's enema PRN constipation.
- Miralax 17 gms/1 capful PO every day PRN constipation; 2 tbsp In 8 oz water PO daily PRN constipation.

Diarrhea:

- Imodium 2 mg, 2 tabs PO after first loose stool then 1 tab after each loose stool. (max 8 tabs/24 hrs)

MEDICATIONS (CONTINUED):

Dyspnea:

- Oxygen via nasal cannula at 2-4 L/min PRN shortness of breath.

Insomnia:

- Temazepam 15 mg PO every HS PRN insomnia. May repeat times one.
- Trazadone 25 mg PO every HS PRN insomnia. May repeat times one.

Urinary Retention:

- Foley catheter to gravity

Patient Allergies: _____

Physician Signature _____

Clinician Signature _____

Alternate Care Site Evacuation Plan Mariposa County Fairgrounds

PURPOSE:

When a situation arises requiring evacuation of patients from threatened or affected areas, safety of lives is our primary concern. Therefore, the evacuation must be carried out as quickly and efficiently as possible.

DEFINITIONS:

- Horizontal Evacuation - Patients are transferred from one area of the fairgrounds to another.
 - Where a given area is uninhabitable for patient safety, requiring transfer to another building, transfer to another facility or discharge
- Full Evacuation - Patients are transferred from the ACS to an outside area, to another hospital or alternate healthcare facility.
 - All patients shall be evacuated due to:
 - Disruption or discontinuance of services
 - Power outage or other calamity that causes damage to the facility or threatens safety and welfare of patients and staff
 - Natural disaster of such magnitude or threat so as to threaten the safety and welfare of patients and staff
- ACS- Alternate Care Site

POLICY:

- In the event of an emergency/disaster requiring evacuation the Alternate Care Site Evacuation plan will be activated.
- Authority to order an evacuation is vested only in the hospital Alternate Care Site Manager/ Incident Commander or designee.

Alternate Care Site Evacuation Plan
Mariposa County Fairgrounds

PROCEDURE FOR EVACUATION AND DISCHARGE OF PATIENTS AS NECESSARY:

- All staff must be able to identify the nearest posted evacuation route.
- A Patient Tracker shall be assigned to each branch to direct the evacuation of patients. These individuals shall not be clinical staff in order to free up clinical staff to provide patient care. The Patient Tracker will be an assigned RN or higher medical licensed individual on site.
- Patients shall be evaluated by physicians present. Categories of Care shall be used (acuity of patient):
 - Category 1 – can be discharged home
 - Category 2 - discharge home or to evacuation facility
 - Category 3 – Send to John C Fremont
 - Category 4 – Transfer to Hospital outside of Mariposa County
- Patient Tracker shall notify patient's family of discharge and location of patient. He/she shall make a list of the patients who were evacuated to other areas and/or facilities. This list, along with discharged rooms, shall be given to the Hospital Command Center.
- John C Fremont shall notify hospitals in the area via EMS System and the possibility of needing to receive evacuees at their facility.
 - If possible, the patient's medical record shall be photocopied and accompany the patient to the receiving facility.
 - If unable to photocopy the medical record, send the original with the patient and retrieve it at a later time.
 - Patient medications, supplies and equipment shall also be transferred with the patient.

Alternate Care Site Evacuation Plan Mariposa County Fairgrounds

- Obtain needed help from the Labor Pool.
- Patients shall be evacuated to an area of safety (staging area in preparation to move to another facility) by whatever means are available, and provide for the patient's comfort and safety:
 - The use of wheelchairs/gurneys from the unit.
 - Stretchers.
 - One (1) and/or two (2) man carries for bed patients.
 - Seriously ill patients are to be left on bed and moved to a safe area. Move with oxygen tank if needed.
 - Assist ambulatory patients to form a line and lead them to an area of safety.
 - RN's will take narcotics to the locked cabinet if it is not affected by the emergency. Be sure the medication cart is locked.
 - The medical record is to accompany each transferred patient, whether within or outside the facility. Discharged patients' medical records are to go to John C Fremont Medical Records.
 - The staging area shall be staffed by RNs and physician if available.

Alternate Care Site Evacuation Plan Mariposa County Fairgrounds

- Methods of Transportation of Patients:
 - Families of patients being discharged
 - Auxiliary staff
 - Ambulance services
 - Busses
 - American Red Cross
- Patient Care Associate or volunteers shall accompany all discharged patients to the parking lot, whenever possible.
- Safety Officer or Fire personnel shall conduct a walkthrough of each area affected to ensure patients and staff have been cleared from the patient care unit:
 - Each area doors shall be marked with a sign or tape on the closed door indicating the room has been checked and is clear.
- Patient tracking information shall be documented using:
http://www.emsa.ca.gov/hospital_incident_command_system_forms
 - HICS 255 - Master Patient Evacuation Tracking Form
 - HICS 260 - Patient Evacuation Tracking Form

Alternate Care Site Evacuation Plan
Mariposa County Fairgrounds

DEPARTMENT DUTIES:

- Kerri Gibbons (Safety Officer, Environmental Health Specialist 209-966-2220)
 - Initiate call to: CalOES Walt Kent
 - Call number: (916) 396-9292
 - State: California
 - Type of situation resulting in partial/total evacuation
 - Approximate number of patients needing transport
 - If possible, note:
 - Number of ambulatory patients
 - Number of patients needing ambulance
 - If telephone system is non-functioning, go to nearest emergency phone system:
 - Call 911
 - Use radio equipment available to forward information
 - Evacuation Route:
 - Follow fire evacuation route as designated by map posted throughout the building.

Alternate Care Site Evacuation Plan Mariposa County Fairgrounds

- Security Department: Tim Rumfelt (Sheriff Sgt. 209-617-0316)
 - Responsible for securing buildings and equipment in order to protect the assets of the county and hospital.
- Mike Healy (Director of Public Works and Transportation 209-966-5356)
 - The Engineering Department shall be responsible, after conferring with the Hospital Command Center, for shutting down the air conditioning, heating, medical gases, electricity, water and other utilities to all or part of the facility.
 - If the Engineering Department is unable to reach the Hospital Command Center due to the urgency of the situation or unavailability of communication equipment, they have the authority to proceed with the shutdown. As soon as possible, the Hospital Command Center and Engineering Department Director shall be informed of the action.
 - Oxygen can be shut off to a specific area by either:
 - ◆ Engineering Department
 - ◆ Supervisor/delegate of that area, if the presence of the oxygen is seen as a safety threat

Dave Conway (Environmental health Director 209-966-2220)

- Collect all available gurneys and wheelchairs and take to area(s) needing evacuation.
- Help with evacuation of patients.

Alternate Care Site Evacuation Plan
Mariposa County Fairgrounds

- RN:
 - Ensure patient medications are transferred with the patients.
 - Determine which medications need to be available in the staging area.
 - Ensure emergency medications are available in the staging area.

- All Departments:
 - Release all possible staff to Labor Pool to assist with evacuation.
 - Be sure your area is evacuated of all staff.

Alternate Care Site Evacuation Plan
Mariposa County Fairgrounds

RESOURCES:

- Agency for Healthcare Research and Quality (AHRQ), Public Health Preparedness, *Disaster Alternate Care Facility Selection Tool*, September 2009, <http://archive.ahrq.gov/prep/acfselection/>
- Agency for Healthcare Research and Quality (AHRQ), Public Health Preparedness, *Hospital Evacuation Decision Guide*, AHRQ Publication No. 10-0009, May 2010, <http://archive.ahrq.gov/prep/hospevacguide/>
- Agency for Healthcare Research and Quality (AHRQ), Public Health Preparedness, *Hospital Assessment and Recovery Guide*, AHRQ Publication No. 10-0081, May 2010, <http://archive.ahrq.gov/prep/hosprecovery/>

REFERENCE:

Continuum Health Partners, Center for Bioterrorism Preparedness and Planning, *Evacuation Planning for Hospitals, Draft Document*, May 2006, <http://www.nyc.gov/html/doh/downloads/pdf/bhpp/bhpp-hospital-evac-plan.pdf>



LEGEND

- PE PRIMARY EXIT
- SE SECONDARY EXIT
- F FIRE EXTINGUISHER
- H FIRE HYDRANT

*SECONDARY ROUTES NOT ADA COMPLIANT

ASSEMBLY AREA

MUSEUM

SECONDARY EXIT ROUTE

PAVILLION

SECONDARY EXIT ROUTE

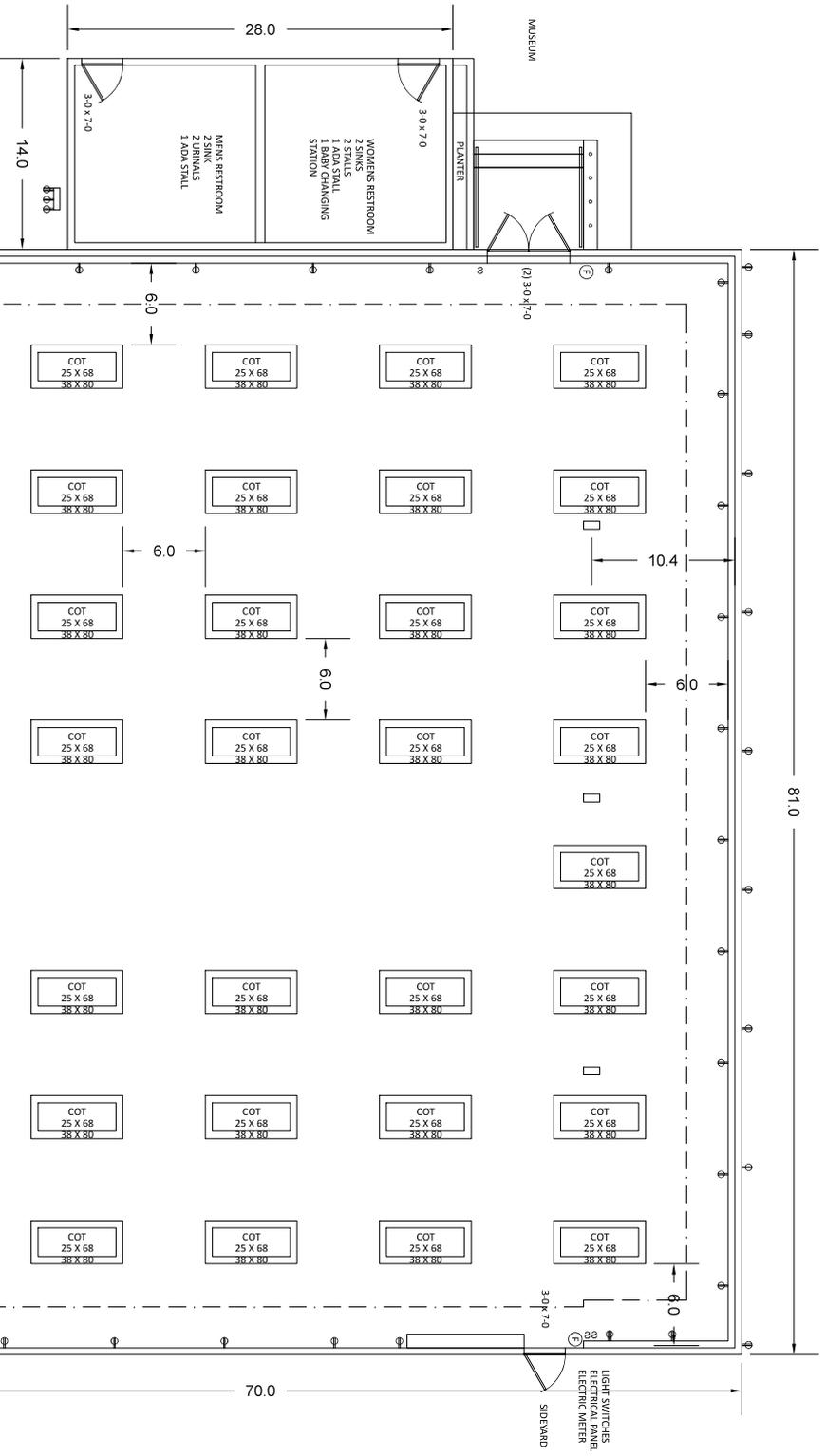
PRIMARY EXIT ROUTE

PRIMARY EXIT ROUTE

BUILDING 'B'

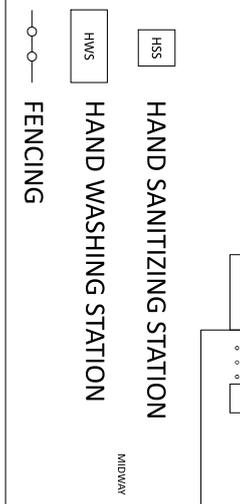
BUILDING 'A'

PROJECT NO.	DATE
0289-2001	4/17/2020
EMERGENCY EXIT ROUTES	DRAWN BY
	ROK
COUNTY OF MARIPOSA	
DEPARTMENT OF PUBLIC WORKS	
SHEET	DATE
1 of 1	



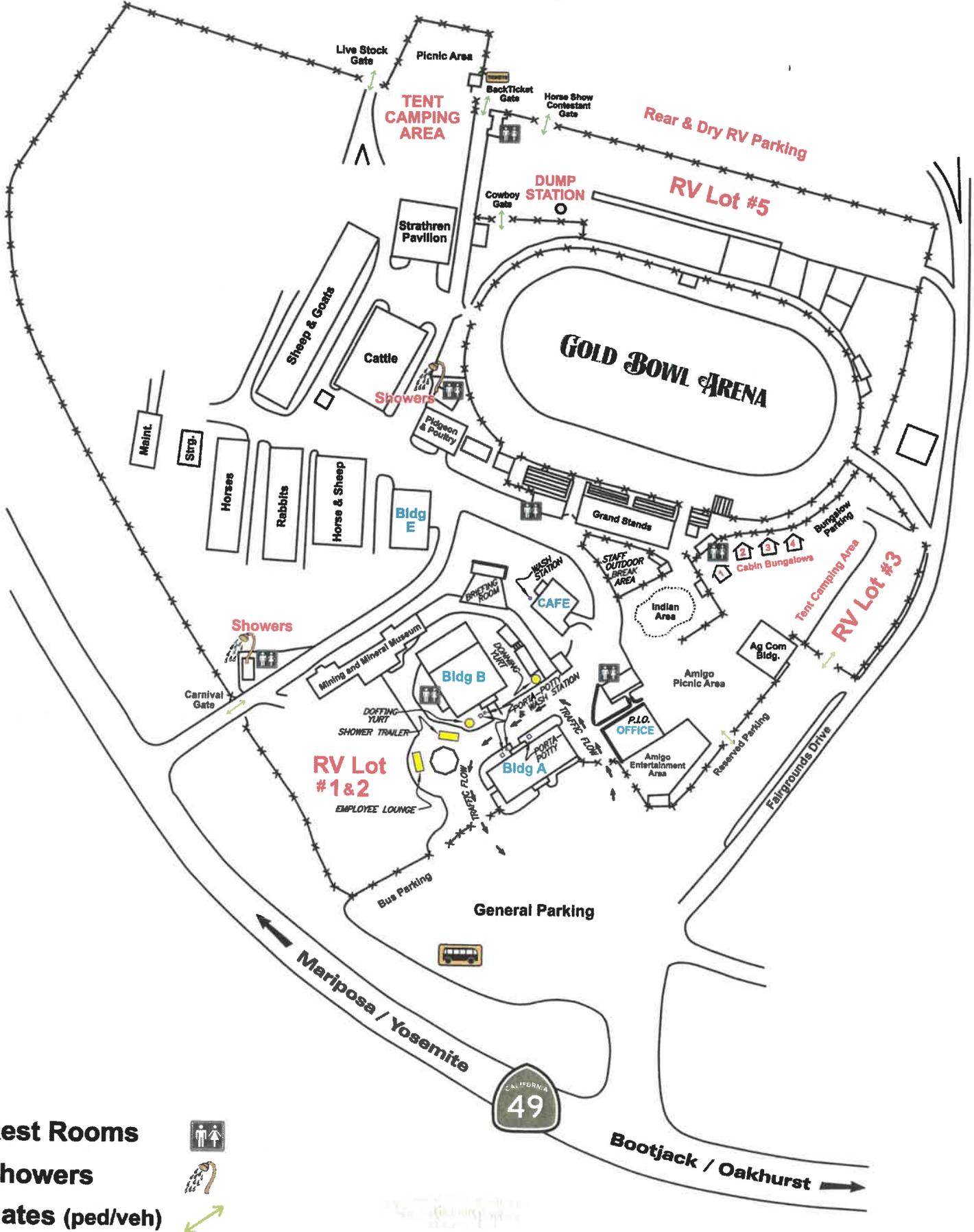
BOM

- (1) 20' EXTENTION CHORD FOR EACH OUTLET (27)
- (1) 4 PLUG POWER STRIP FOR EACH CHORD (27)
- (1) GENERATOR FOR EACH BUILDING
- (3) ADA COMPLIANT PORTABLE TOILETS
- (2) HAND WASHING STATIONS
- (2) HAND SANITIZER STATIONS
- CUSTODIAL SUPPLIES AS REQUIRED



PROJECT NO.	0289-2001	DRAWING NAME:	FAR GROUND BUILDING "B"	DATE:	3/27/2020
SHEET:	1 of 1	DRAWING NO.:	TOWNPARK.C1d	DRAWN BY:	ROK
			COUNTY OF MARIPOSA		
			DEPARTMENT OF PUBLIC WORKS		

MARIPOSA COUNTY FAIRGROUNDS



- Rest Rooms 
- Showers 
- Gates (ped/veh) 



Mariposa County
Health & Human Services Agency

Protocol

Document Title:	Alternate Care Site (ACS) Treatment Protocol
Division:	Insert Division Name
Branch / Unit / Program:	Insert Branch, Unit and/or Program
Date Due for Review:	(every three years or as needed)
Approval Date: ____/____/____	XXXXX's Signature Here
Revised Date:	Insert date of approved revision
Supersedes:	If there is an existing protocols or procedure that is being replaced insert that previously approved date here, otherwise state "N/A"

Purpose: The purpose of this protocol is to provide guidance for Alternate Care Site (ACS) staff regarding the expected and approved care of adult patients diagnosed with or suspected of having COVID-19.

Reference/Regulations: These protocols were developed from recommendations garnered from expert sources, including the following:

Barclays Official California Code of Regulations. (2020). 22 CCR §70717. *Admission, transfer and discharge policies. Title 22. Social security. Division 5. Licensing and certification of health facilities, home health agencies, clinics, and referral agencies. Chapter 1. General Acute Care Hospitals. Article 7. Administration.* Retrieved from [https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I10CD1731D4BC11DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I10CD1731D4BC11DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

Centers for Disease Control and Prevention. (2020). *Coronavirus disease 2019 (COVID-19). Alternate care sites: Infection prevention and control considerations for alternate care sites.* Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Falternative-care-sites.html

Infectious Disease Society of America. (2020). *Infectious Disease Society of America guidelines on the treatment and management of patients with COVID-19.* Retrieved from <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>

- (n.a.). (2020). *Federal healthcare resilience task force alternate care site (ACS) toolkit. Second edition*. Retrieved from <https://files.asprtracie.hhs.gov/documents/acs-toolkit-ed1-20200330-1022.pdf>
- University of Michigan. (2020). *Antimicrobial stewardship: COVID-19 (novel coronavirus) information*. Retrieved from <http://www.med.umich.edu/asp/>
- University of Pennsylvania. (2020). Penn medicine treatment guidelines for SARS-CoV-2 infection: Treatment of adult patients with laboratory-confirmed SARS-CoV-2 (COVID-19) infection. Retrieved from <http://www.uphs.upenn.edu/antibiotics/COVID19.html>
- University of Washington. (2020). *COVID-19 resource site. UW Medicine*. Retrieved from <https://covid-19.uwmedicine.org/Pages/default.aspx>
- University of Washington. (2020). *UW medicine interim treatment guidelines for SARS-CoV-2 infection/COVID-19*. Retrieved from file:///C:/Users/rswisher/Downloads/08%20-%20UW%20ID%20Treatment%20Guidelines%20for%20SARS-CoV2%204_02_2020.pdf
- UpToDate. (2020). *Coronavirus disease 2019 (COVID-19): Management in adults*. Retrieved from [https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-management-in-adults/print?search=covid 19 treatment&topicRef=126981&s...](https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-management-in-adults/print?search=covid%2019%20treatment&topicRef=126981&s...)
- U.S. Department of Health & Human Services. (2020). *Topic collection: Alternate care sites (including shelter medical care)*. Retrieved from <https://asprtracie.hhs.gov/technical-resources/48/alternate-care-sites-including-shelter-medical-care/47>
- World Health Organization. (2020). *Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance 13 March 2020*. Retrieved from [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

Definitions:

Alternate Care Site (ACS): “Alternate Care Sites (ACS) may be created to enable healthcare providers to provide medical care for injured or sick patients or continue care for chronic conditions in non-traditional environments” (U.S. Department of Health & Human Services, 2020). Per the Centers for Disease Control and Prevention (CDC) (2020), “An increase in the number of patients seeking medical care might require jurisdictions to establish alternate care sites (ACS) where patients with COVID-19 can receive medical care for the duration of their isolation period. The ACS is typically established in non-traditional environments and depending on the jurisdictional needs, ACS could provide two levels of care:

1. **General (non-acute) Care:** General, low level care for mildly to moderately symptomatic COVID 19 patients. This includes patients that may need oxygen (less than or equal to 2L/min), who do not require extensive nursing care, and who can generally move about on their own. This type of ACS might care for nursing home residents who have COVID-19 and need to be moved out of their facility or patients with COVID-19 who are currently hospitalized but can be discharged to a lower level of care.
2. **Acute Care:** Higher acuity care for COVID 19 patients. This level includes critical care, emergency care, and advanced cardiovascular life support (ACLS).

Protocol: This document will remain in effect throughout the duration of the medical surge event and admission to and discharge of patients to the ACS. Changes to this document may be made based upon required alterations to workflow once the ACS is live. Direction and orders from the Mariposa County Health Officer may also result in modifications to this protocol as conditions warrant.

Policy: Only adults who are positive for COVID-19 or who are suspected of having COVID-19 will be admitted to Mariposa County's General (non-acute) Care ACS. Upon admission to this site, these patients will receive appropriate care and diagnostic testing per established protocols based on their healthcare status. Goals of treatment at the ACS include:

- Establish and formalize collaborative partnership between Mariposa County providers (e.g., John C. Fremont Healthcare District, Mariposa County Health & Human Services Agency, Mercy Ambulance) to ensure positive patient outcomes
- Manage respiratory dysfunction
- Manage and/or stabilize chronic conditions
- Maintain or improve physical conditioning to ensure patient's ability to perform activities of daily living at baseline level

Procedure: At the time of the writing of this protocol, there are no Federal Drug Administration (FDA)-approved or clinically proven therapies for treatment of COVID-19. Therefore, the following procedure reflects recommendations that have been garnered from expert sources that are feasible for delivery in a rural, resource-limited location. The following procedure will be used to admit and provide care for those who are admitted to the ACS.

ACS Admission Criteria (see Appendix): Patients who demonstrate the following may be admitted to the ACS at the discretion of the provider.

- Respiratory (COVID-19) diagnosis
- Hemodynamic stability (MAP > 65) with no vasoactive infusions
- No need for cardiac monitoring
- Initial laboratory and radiology tests completed
 - Lactic Acid < 2.0 mmol/L
- Need for supplemental oxygen by nasal cannula < 6L/minute
- Ability to ambulate either independently

ACS Exclusion Criteria (see Appendix): Patients who demonstrate the following may not be admitted to the ACS.

- Are age < 18 years
- Require > 6L/minute of supplemental oxygen
- Have non-respiratory (COVID-19) diagnosis

ACS Transfer Criteria (see Appendix): ACS and JCFHD staff will consider the following when determining appropriate transfer of patients.

- If patient requires 6L/minute or more of oxygen, they need to be transferred from ACS back to JCFHD via ALS ambulance.
- Signs of clinical decompensation, as determined by provider, will prompt communication between ACS provider and JCFHD provider to determine appropriate transfer destination.

- JCFHD Hospitalist and RN House Supervisor will evaluate clinical condition of patients admitted to JCFHD at least daily and will communicate needs and bed availability with ACS medical provider.

Laboratory Studies (Prior to Admission to ACS)¹: Patients will have the following laboratory tests done and results will be available prior to admission to the ACS. Additionally, patients' results will also be within certain parameters prior to transfer to the ACS, for several laboratory tests as noted below.

- Blood cultures x2
- Complete blood count with differential (CBC with diff), including the following:
 - *WBC* < 15.0 cells/mcL
 - *Hemoglobin* > 10.0 g/dL
 - *Hematocrit* > 30.0%
- Complete metabolic panel (CMP), including the following:
 - *Sodium* 130 – 145 mEq/L
 - *Potassium* 3.0 – 5.0 mEq/L
 - *Calcium* 8.3 – 10.0 mg/dL
- B-type natriuretic peptide (BNP) < 300 pg/mL
- Lactic acid < 2.0 mmol/L
- Troponin < 0.06 ng/mL
- D-dimer <= 700 ng/dL (or no evidence of thrombosis on imaging)
- Creatine kinase (CK) <232 U/L
- Prothrombin time (PT)/International normalized ratio (INR) with INR < 1.2
- Partial prothrombin time (PTT) 20 – 37 seconds

Diagnostic Studies (Prior to Admission to ACS)²: Patients will have the following diagnostic tests done and results will be available prior to admission to the ACS.

- Electrocardiogram (ECG)
- Chest X-Ray (CXR)

Laboratory Studies (During Admission to ACS)³: Patients will have the following laboratory tests done at least every three (3) days during their admission to the ACS and prior to discharge from the ACS. These as well as other diagnostic tests may also be ordered with greater frequency at the discretion of the provider.

- Complete blood count with differential (CBC with diff)
- Complete metabolic panel (CMP)
- Prothrombin time (PT)/Partial prothrombin time (PTT)
- D-dimer

General Management: When determining how to manage chronic medical conditions as well as prophylactic treatments, JCFHD and ACS providers will consider the following information when determining which home medications to continue and which medicines to order for use during ACS admission.

Selecting empiric treatment for bacterial pneumonia: It is not recommended that routine administration of empiric therapy for bacterial pneumonia occur in patients with documented COVID-19. However, if there is clinical suspicion, empiric antibacterial therapy may be ordered and administered. Such treatment must be reevaluated on a daily basis to ensure appropriate antibiotic stewardship practices are followed.

Prevention of venous thromboembolism: It is recommended that pharmacologic prophylaxis of venous thromboembolism be used. Unless there is a contraindication, low-molecular-weight heparin is the preferred treatment. Monitoring of PTT, PT/INR, and D-dimer levels should occur.

Management of COVID-19 symptoms: There is minimal data informing the risks of non-steroidal anti-inflammatory drugs (NSAIDs) in patients with COVID-19. Given the uncertainty, acetaminophen is the preferred antipyretic agent, and if NSAIDs are needed, use of the lowest effective dose is recommended.

Avoiding nebulized medications: Due to the risk of aerosolization of the virus, no nebulized medications will be administered at the ACS.

Limiting glucocorticoids: It is recommended that systemic glucocorticoids not be used unless there are other indications related to underlying diagnoses (e.g., chronic obstructive pulmonary disease (COPD)). It is also recommended that inhaled glucocorticoids not be used, except in the presence of pre-existing pulmonary disease.

Managing Chronic Medications: When determining how to manage chronic medical conditions, JCFHD and ACS providers will consider the following information when determining which home medications to continue.

Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers: Patients receiving ACE inhibitors or ARBs should continue treatment with these medications unless an underlying medical reason indicates a need for discontinuation (e.g., hypotension, acute kidney injury). ACE inhibitors and ARBs should not be started as treatment for COVID-19.

Statins: It is recommended to continue statins in patients with COVID-19 who are already taking them.

Immunomodulatory agents: Use of immunosuppressing agents has been associated with increased risk of severe disease with other respiratory viruses, and therefore, the decision to discontinue such drugs (e.g., prednisone, biologics, etc.) in the setting of COVID-19 must be made on a case-by-case basis.

COVID-19 Specific Therapy:

Specific treatments: The use of the following treatments for COVID-19 remains investigational, and it is not recommended to treat patients with non-severe disease with experimental agents outside the context of a clinical trial.⁴

- Remdesivir
- Convalescent plasma
- Hydroxychloroquine/chloroquine
- IL-6 pathway inhibitors
- Favipiravir
- Interferon beta
- Azithromycin and hydroxychloroquine
- Lopinavir-ritonavir

Mild COVID-19 Disease: Mild disease is characterized by fever, malaise, cough, upper respiratory symptoms, and/or less common features of COVID-19, in the absence of dyspnea. Most patients with mild disease do not require hospitalization. Patients in this category may require the following interventions:

- Antipyretics
- Support to maintain functional activities of daily living (ADLs)
- Nutritional support and guidance

Individuals in this category may be admitted to the ACS at the discretion of the provider.

Non-Severe COVID-19 Disease: For those with non-severe COVID-19 disease, supportive care and close monitoring for clinical worsening, including hypoxia, tachypnea, or respiratory distress is recommended. Patients in this category may require the following interventions:

- Supplemental low-flow oxygen (< 6L/minute) via nasal cannula (NC)
- Antipyretics
- Support to maintain functional activities of daily living (ADLs)
- Nutritional support and guidance

Individuals in this category may be admitted to the ACS at the discretion of the provider.

Severe (Including Critical) COVID-19 Disease: Monitoring for laboratory risk factors for disease progression as well as consideration of therapeutic alternatives must be incorporated into the patient's treatment plan. Treatments that may be required for these patients include:

- Nebulized medications
- High flow oxygen (> 6L/minute)
- Noninvasive positive-pressure ventilation
- Other aerosolizing procedures

These procedures reflect a need for high level of care and may not be used at the ACS. Individuals in this category may not be admitted to the ACS.

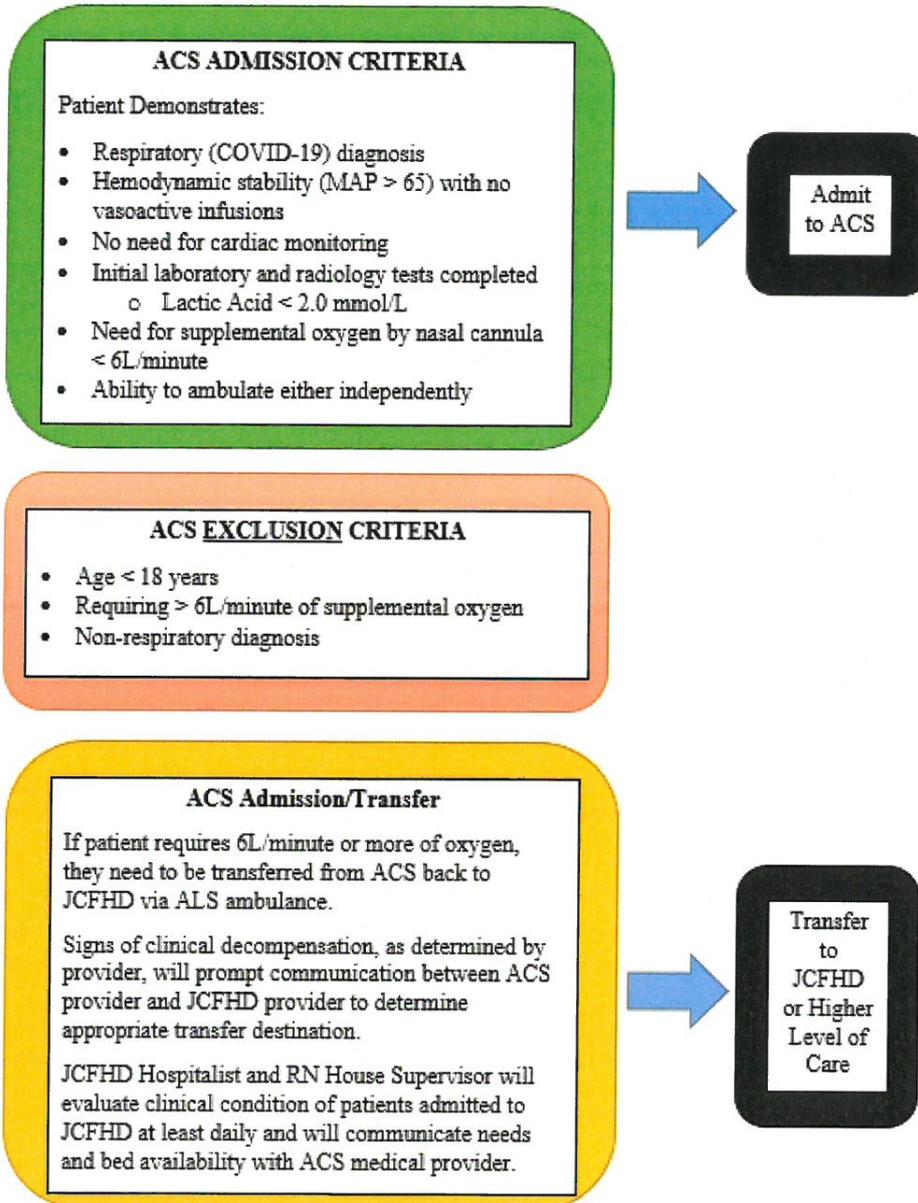
Infection Prevention & Control: Patients will wear a surgical mask while they are in the ACS facility in the presence of others. The surgical mask will be changed daily or when soiled or wet.

Responsibilities: Every person working or volunteering at the ACS in the capacity of a healthcare personnel is responsible for ensuring that they follow the above protocols.

Appendices:

Clinical Admission Criteria for ACS:

Clinical Admission Criteria for Alternate Care Site (ACS) ONLY Implemented when John C. Fremont Healthcare District's (JCFHD) Hospital is at 90% or More of Capacity



1 University of Washington. (2020). *UW medicine interim treatment guidelines for SARS-CoV-2 infection/COVID-19*. Retrieved from file:///C:/Users/rswisher/Downloads/08%20-%20UW%20ID%20Treatment%20Guidelines%20for%20SARS-CoV2%204_02_2020.pdf

2 University of Washington. (2020). *UW medicine interim treatment guidelines for SARS-CoV-2 infection/COVID-19*. Retrieved from file:///C:/Users/rswisher/Downloads/08%20-%20UW%20ID%20Treatment%20Guidelines%20for%20SARS-CoV2%204_02_2020.pdf

3 University of Washington. (2020). *UW medicine interim treatment guidelines for SARS-CoV-2 infection/COVID-19*. Retrieved from file:///C:/Users/rswisher/Downloads/08%20-%20UW%20ID%20Treatment%20Guidelines%20for%20SARS-CoV2%204_02_2020.pdf

4 Infectious Disease Society of America. (2020). *Infectious Disease Society of America guidelines on the treatment and management of patients with COVID-19*. Retrieved from <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>

Alternate Care Site Transfer to "General (non-acute) Care":		
Ambulance:	Sent:	Received:
Interfacility Transfer Summary		
Face Sheet		
Insurance Cards (<i>copies</i>)		
Consent to Transfer to Alternate Care Site (ACS) (<i>copy</i>) (<i>original to stay with JCFHD chart</i>)		
Current History & Physical (H&P)		
POLST Form (<i>copy</i>)		
ACS:	Sent:	Received:
POLST Form (<i>original</i>)		
Face Sheet		
Patient Barcode Stickers		
Insurance Cards (<i>copies</i>)		
Consent to Transfer to Alternate Care Site (ACS) (<i>copy</i>) (<i>original to stay with JCFHD chart</i>)		
CCD Patient Summary		
<i>NOTE Patient Must Have the Following Labs Done at JCFHD with Results as Noted Below:</i>		
<i>Blood cultures x2</i>		
<i>Complete blood count with differential (CBC with diff)</i>		
<i>WBC < 15.0 cells/mcL</i>		
<i>Hemoglobin > 10.0 g/dL</i>		
<i>Hematocrit > 30.0%</i>		
<i>Complete metabolic panel (CMP)</i>		
<i>Sodium 130 – 145 mEq/L</i>		
<i>Potassium 3.0 – 5.0 mEq/L</i>		
<i>Calcium 8.3 - 10.0 mg/dL</i>		
<i>B-type natriuretic peptide (BNP) < 300 pg/mL</i>		
<i>Lactic acid < 2.0 mmol/L</i>		
<i>Troponin < 0.06 ng/mL</i>		
<i>D-dimer </= 700 ng/dL (or no evidence of thrombosis on imaging)</i>		
<i>Creatine kinase (CK) <232 U/L</i>		
<i>Prothrombin time (PT)/International normalized ratio (INR) with INR < 1.2</i>		
<i>Partial prothrombin time (PTT) 20 - 37 seconds</i>		
Discharge Summary & Instructions		
Transfer Form from Flowchart		
<i>NOTE Patient Must Have the Following Diagnostics Done at JCFHD:</i>		
<i>Electrocardiogram (ECG)</i>		
<i>Chest X-Ray (CXR)</i>		

Radiology Reports		
Current History & Physical (H&P)		
Physician's Discharge Summary		
Belongings List		



Mariposa County
Health & Human Services Agency

Protocol

Document Title:	Volunteer Readiness
Division:	All
Branch / Unit / Program:	All
Date Due for Review:	
Approval Date:	Chevon Kothari, MSW Director
Revised Date:	N/A
Supersedes:	N/A

Purpose

The purpose of this protocol is to assure Mariposa County has an adequate number of medical volunteers available to provide medical or medical-related support services during a regional or national emergency.

Reference/Regulations

1. “California Health Corps Registration” Accessed: 4/22/2020
<https://healthcarevolunteers.ca.gov/>
2. “California Disaster Healthcare Volunteers Deployment Operations Manual” Accessed: 4/22/2020 <https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/DHV-DOM-5-24-2016-ver-2.1.pdf>

Definitions

1. **Response Ready:** A volunteer who has maintained all required medical, allied health, or supportive health certifications or licenses required as defined by a specific job duty in addition to other training and requirements outlined in this document.
2. **Inactive:** A volunteer who has not maintained all required medical, allied health, or supportive health certifications or licenses required as defined by a specific job duty in addition to other training and requirements outlined in this document.
3. **Disaster Healthcare Volunteer:** an individual who has completed initial requirements specified in this policy and is currently response ready or inactive. Individuals who are neither response ready nor inactive are not disaster healthcare volunteers.

Protocol

The Mariposa County Health & Human Services Agency (HHS) acknowledges in times of extended local and national emergencies; medical volunteers will be required to assist HHS to assure community health and wellness is maintained. To ensure adequate medical volunteers are available, the following steps shall be conducted:

1. The Health Care Corps Registration (Disaster Healthcare Volunteer (DHV)) website will be utilized as a primary repository of medical professionals, allied health, and ancillary medical support individuals.¹
2. Individuals who show an interest in becoming a DHV by means other than providing information to the DHV, as a first step, will be directed to the DHV as a primary means of starting the DHV process.
3. DHVs, with requisite expertise and experience who meet present and future needs, will be contacted and provided additional health and safety training.
4. DHVs are purely volunteers that will not receive recompense or any other means of payment for volunteer's time. Those desiring to earn wages for such work will be encouraged to apply for a similar position in a local for-profit or non-profit medical enterprise. Whereas a DHV will not receive traditional recompense, DHVs are not forbidden from receiving free or reduced-cost training opportunities and occasional minimal cost volunteers recognition awards and gifts that further the mission of the HHS.²

Requirements of All Disaster Healthcare Volunteers

All DHVs are required to complete training/education requirements, including specified frequency to be minimally considered response ready within the designated scope of work:

1. Be 18 years old.
2. Possess a current Basic Cardiac Life Support (BLS) CPR certification by the standards of the American Heart Association (BLS Provider), or American Red Cross (BLS for Healthcare Providers), or the equivalent. Certifications without a specific expiration date, I.E., only a month and year (2/2021) will expire on the last day of the month and year specified. Required: Must be maintained without lapse.
1. Completion of an approved Health Insurance Portability and Accountability Act (HIPAA) training. Required: At the time of DHV, initial training and may be required by HHS annually.
2. Additional Health and Safety related training specific to the scope of work, I.E., Blood Borne Pathogens, Infection Control, and Personal Protective Equipment, including N95 mask fit testing.

¹ <https://healthcarevolunteers.ca.gov/>

² Volunteer recognition awards that are not related to volunteer training shall not exceed \$ 25.00 annually and cannot consist of a monetary award. Recognition may include items such as an HHS branded t-shirt designed to show appreciation for the volunteer and market the HHS DHV program.

Anti-Harassment & Non-Discrimination of and From Disaster Healthcare Volunteers

Mariposa County Health and Human Services prohibits DHV discrimination harassment, and/or retaliation in any form that is based on sex (including pregnancy, childbirth, breastfeeding or related medical conditions), race, religion (including religious dress and grooming practices), color, gender (including gender identity and gender expression), national origin (including language use restrictions and possession of a driver's license issued under Vehicle Code section 12801.9), ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, sexual orientation, military and veteran status or any other basis protected by federal, state or local law or ordinance or regulation. It also prohibits discrimination, harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Whereas DHVs are protected from discriminatory practices DHVs are also prohibited from discriminating against other individuals.

Disaster Healthcare Volunteers with a Disability

The application and placement of DHVs in the most appropriate task for their abilities and experience is of an utmost importance to carrying out the assigned task. Whereas DHVs will be typically placed in a role based on medical need and abilities, it is also incumbent on the DHV to advise the DHV Coordinator or other managing individuals of a current disability that may impact or preclude task performance.

Precluding an individual from performing a task unilaterally will *only* occur when a “reasonable person” would conclude the disabled individual will not be able to perform essential duties of the task, I.E., a volunteer in a wheelchair will not be able to perform a task requires reaching over head if engineering solutions and reasonable accommodation solutions are not suitable.

DHVs will not be prohibited from performing a task based on a *perceived* or *assumed*³ impairment not vocalized by the DHV. Moreover, individuals that may be considered “high risk” or “susceptible” to injury or illness shall be advised of specific potential risks associated with their assigned task, but not prohibited from performing such task, I.E., “high risk” individuals must be allowed to make an informed decision regarding performing various tasks, thus not precluded from such task unilaterally.⁴

Requirement of Medically Licensed/Certified Individuals

DHVs expected to function in a defined, licensed or certified level, are required to maintain in good standing aforementioned license or certificate or risk being designated as inactive. The following DHVs patient care requirements are in addition to the aforementioned, “Requirements of All Disaster Healthcare Volunteers.”

³ Not letting someone perform a task because of a perceived disability is tantamount to discrimination under Fair Employment and Housing Act of California.

⁴ In *Johnson Controls, Inc. v. Fair Employment & Housing Comm'n*, 218 Cal. App. 3d 517, 267 Cal. Rptr. 158 (1990), the court held respondent's place of work that the fetal-protection policy prohibited women capable of bearing children from working around lead was invalid under California's fair-employment law. Whereas, discrimination standards are different for volunteers vs. employees, a volunteer must be able to make an informed decision regarding risks of conducting a volunteer task.

1. Possess local medical certification, or license equal to the local or state minimum requirements deemed required by the governing body (I.E., Local Emergency Medical Services Agency (LEMSA) for an Emergency Medical Technician or Paramedic, Board of Registered Nursing of California for an R.N. or Medical Board of California to practice as a Physician) if one is to perform the comparable occupation as defined by the same scope of work within the same region. (I.E., A Registered Nurse of which desires to become a DHV in Mariposa County is required to possess the minimum requirements of the same occupation in Mariposa County.)
2. Local or state minimums will be determined by the Disaster Medical Volunteer Coordinator and the region MHOAC or the Director of HHS.

Quantity and Retention of Disaster Healthcare Volunteers

A target of 40 volunteers, consisting of various skillsets, is desirable at all times. Active recruiting will cease when the number of DHVs is equal to or greater than 120% of the specified target. In the event of an excess supply of DHVs, the total number of volunteers will be decreased through attrition. Inactive DHVs will not be counted toward the target number of DHVs.

Procedure

The following are the steps from start to the DHV being response ready.

1. The potential DHV will register in the “California Health Corps Registration” available at <https://healthcarevolunteers.ca.gov>.
2. The Volunteer Coordinator monitors active and inactive volunteers.
3. New individuals deemed to have needed capabilities and experience are contacted to schedule required HHS specific DHV training.
4. Upon completion, the medical volunteer will be considered response ready for disaster medical requests.
5. If the supply of medical volunteers drops below 90% ($.9 * 40 = 36$) of the DHV target, DHVs will be recruited until the number of DHVs reach 120% ($1.2 * 40 = 48$).
6. DHVs designated as Inactive for one (1) year or higher will be released with the option to return to response ready when all requirements are met.

Responsibilities

1. **Medical Volunteer Coordinator:** Responsible for assuring an adequate quantity and capability of medical response ready volunteers for local medical emergencies.
2. **Disaster Healthcare Volunteer Administrator:** It is recommended more than one (1) Disaster Healthcare Volunteer Administrator is assigned to access the volunteer records from the *California Health Corps* located at <https://healthcarevolunteers.ca.gov>.
3. **Medical Volunteer Coordinator Assistant:** A HHS employee assigned to assist the Medical Volunteer Coordinator with onboarding, training, DHV management, and recruitment.

Appendices: N/A

Emergency Action Plan Alternative Care Site

**Mariposa Fair Grounds
5007 Fairgrounds Rd
Mariposa, Ca 95338**

Facility Name: _____Mariposa Fair Grounds_____

Facility Address: 5007 Fairgrounds Rd, Mariposa, Ca 95338

DATE PREPARED: Date 4/16/2020

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

DESIGNATED RESPONSIBLE OFFICIAL (Highest Ranking Manager at
Alternate Care Site):

Name: Chrissie Doss Phone: (661-204-5072)

EMERGENCY COORDINATOR:

Name: Kerri Gibbons Phone: (209-347-6455)

Date 4/16/2020

EVACUATION ROUTES

- Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:
 1. Emergency exits
 2. Primary and secondary evacuation routes
 3. Locations of fire extinguishers
 4. Fire alarm pull stations' location
 5. Assembly points
- Site personnel should know at least two evacuation routes.

EMERGENCY PHONE NUMBERS

FIRE DEPARTMENT: 911

PARAMEDICS: 911

AMBULANCE: 911

POLICE: 911

SECURITY (If applicable):

BUILDING MANAGER (If applicable):

UTILITY COMPANY EMERGENCY CONTACTS

ELECTRIC: PG&E:1-800-743-5002

WATER: (well system)

GAS: Ferrellgas: 559-683-4336

TELEPHONE COMPANY: Sierra Telephone: (209) 966-3636

Date 4/16/2020

EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

- MEDICAL
- FIRE
- SEVERE WEATHER
- BOMB THREAT
- CHEMICAL SPILL
- EXTENDED POWER LOSS

MEDICAL EMERGENCY

Call medical emergency phone number (check applicable):

- Paramedics
- Ambulance
- Fire Department
- Other

Provide the following information:

- Nature of medical emergency,
- Location of the emergency (address, building, room number), and
- Your name and phone number from which you are calling.

Do not move victim unless absolutely necessary.

Call the following personnel trained in CPR and First Aid to provide the required assistance prior to the arrival of the professional medical help:

Any medical staff will be trained in CPR and First Aid

If personnel trained in First Aid are not available, as a minimum, attempt to provide the following assistance:

- 1 Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
- 2 Clear the air passages using the Heimlich maneuver in case of choking.

In case of rendering assistance to personnel exposed to hazardous materials, consult the Material Safety Data Sheet (MSDS) and wear the appropriate personal protective equipment. Attempt first aid ONLY if trained and qualified.

Date 4/16/2020

FIRE EMERGENCY

When fire is discovered:

- Activate the nearest fire alarm (if installed)
- Notify the local Fire Department by calling: 911.
- If the fire alarm is not available, notify the site personnel about the fire emergency by the following means: Voice, Radio, Phone and Paging

Fight the fire ONLY if:

- The Fire Department has been notified.
- The fire is small and is not spreading to other areas.
- Escaping the area is possible by backing up to the nearest exit.
- The fire extinguisher is in working condition and personnel are trained to use it.

Upon being notified about the fire emergency, occupants must:

- Leave the building using the designated escape routes.
- Assemble in the designated area (specify location):
- Remain outside until the competent authority (Designated Official or designee) announces that it is safe to reenter.

Designated Official, Emergency Coordinator or supervisors must (underline one):

- Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
 - Coordinate an orderly evacuation of personnel.
 - Perform an accurate head count of personnel reported to the designated area.
 - Determine a rescue method to locate missing personnel.
 - Provide the Fire Department personnel with the necessary information about the facility.
 - Perform assessment and coordinate weather forecast office emergency closing procedures *Area/Floor Monitors must:*
 - Ensure that all employees have evacuated the area/floor.
 - Report any problems to the Emergency Coordinator at the assembly area.
- Assistants to Physically Challenged should:*
- Assist all physically challenged employees in emergency evacuation.

Date 4/16/2020

EXTENDED POWER LOSS

In the event of extended power loss to a facility certain precautionary measures should be taken depending on the geographical location and environment of the facility:

- Unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment.
- Facilities with freezing temperatures should turn off and drain the following lines in the event of a long term power loss.
 - Fire sprinkler system
 - Standpipes
 - Potable water lines
 - Toilets
- Add propylene-glycol to drains to prevent traps from freezing
- Equipment that contain fluids that may freeze due to long term exposure to freezing temperatures should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources.

Upon Restoration of heat and power:

- Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry.
- Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored to the facility and water turned back on.

CHEMICAL SPILL

The following are the locations of:

Spill Containment Equipment: Behind building with cleaning equipment.

Personal Protective Equipment (PPE): Located with Nursing Staff

MSDS: Located in "Alternative Care Site Documentation" folder.

When a Large Chemical Spill has occurred:

- Immediately notify the designated official and Emergency Coordinator.
- Contain the spill with available equipment (e.g., pads, booms, absorbent powder, etc.).
- Secure the area and alert other site personnel.
- Do not attempt to clean the spill unless trained to do so.
- Attend to injured personnel and call the medical emergency number, if required.

- Call a local spill cleanup company or the Fire Department (if arrangement has been made) to perform a large chemical (e.g., mercury) spill cleanup.
- Evacuate building as necessary

Name of Spill Cleanup Company: Scotts Cleaning Service

Phone Number: (209) 742-5898

When a Small Chemical Spill has occurred:

- Notify the Emergency Coordinator and/or supervisor (select one).
- If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering.
- Deal with the spill in accordance with the instructions described in the MSDS.
- Small spills must be handled in a safe manner, while wearing the proper PPE.
- Review the general spill cleanup procedures.

Date 4/16/2020

TELEPHONE BOMB THREAT CHECKLIST

INSTRUCTIONS: BE CALM, BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.

YOUR NAME: _____ TIME: _____ DATE: _____

CALLER'S IDENTITY SEX: Male _____ Female _____ Adult _____ Juvenile _____ APPROXIMATE AGE: _____

ORIGIN OF CALL: Local _____ Long Distance _____ Telephone Booth _____

VOICE CHARACTERISTICS	SPEECH	LANGUAGE
<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated <div style="text-align: center;">Other _____</div>	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred <div style="text-align: center;">Other _____</div>	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Foul <input type="checkbox"/> Good <input type="checkbox"/> Poor <div style="text-align: center;">Other _____</div>
ACCENT	MANNER	NOISES
<input type="checkbox"/> Local <input type="checkbox"/> Not Local <input type="checkbox"/> Foreign <input type="checkbox"/> Region <input type="checkbox"/> Race	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Emotional <input type="checkbox"/> Righteous <input type="checkbox"/> Laughing	<input type="checkbox"/> Factory <input type="checkbox"/> Machines <input type="checkbox"/> Music <input type="checkbox"/> Office <input type="checkbox"/> Machines <input type="checkbox"/> Street <input type="checkbox"/> Traffic <input type="checkbox"/> Trains <input type="checkbox"/> Animals <input type="checkbox"/> Quiet <input type="checkbox"/> Voices <input type="checkbox"/> Airplanes <input type="checkbox"/> Party <input type="checkbox"/> Atmosphere

BOMB FACTS

PRETEND DIFFICULTY HEARING - KEEP CALLER TALKING - IF CALLER SEEMS AGREEABLE TO FURTHER CONVERSATION, ASK QUESTIONS LIKE:

When will it go off? Certain Hour _____ Time Remaining _____

Where is it located? Building _____ Area _____

What kind of bomb? _____

What kind of package? _____

How do you know so much about the bomb? _____

What is your name and address? _____

If building is occupied, inform caller that detonation could cause injury or death.

Activate malicious call trace: Hang up phone and do not answer another line. Choose same line and dial *57 (if your phone system has this capability). Listen for the confirmation announcement and hang up.

Call Security at 911 and relay information about call.

Did the caller appear familiar with plant or building (by his/her description of the bomb location)?

Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist.

Notify your supervisor immediately.

SEVERE WEATHER AND NATURAL DISASTERS

Earthquake:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
- Assist people with disabilities in finding a safe place.
- Evacuate as instructed by the Emergency Coordinator and/or the designated official.

Flood:

If indoors:

- Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
- Follow the recommended primary or secondary evacuation routes.

If outdoors:

- Climb to high ground and stay there.
- Avoid walking or driving through flood water.
- If car stalls, abandon it immediately and climb to a higher ground.

Blizzard:

If indoors:

- Stay calm and await instructions from the Emergency Coordinator or the designated official.
- Stay indoors!
- If there is no heat:
 - Close off unneeded rooms or areas.
 - Stuff towels or rags in cracks under doors.
 - Cover windows at night.
- Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.
- Wear layers of loose-fitting, light-weight, warm clothing, if available. *If*

outdoors:

- Find a dry shelter. Cover all exposed parts of the body.
- If shelter is not available:
 - Prepare a lean-to, wind break, or snow cave for protection from the wind.
 - Build a fire for heat and to attract attention. Place rocks around the fire to absorb and reflect heat.
 - Do not eat snow. It will lower your body temperature. Melt it first.

If stranded in a car or truck:

- Stay in the vehicle!
- Run the motor about ten minutes each hour. Open the windows a little for fresh air to avoid carbon monoxide poisoning. Make sure the exhaust pipe is not blocked.
- Make yourself visible to rescuers.
 - Turn on the dome light at night when running the engine.
 - Tie a colored cloth to your antenna or door. -
Raise the hood after the snow stops falling.
- Exercise to keep blood circulating and to keep warm.

CRITICAL OPERATIONS

During some emergency situations, it will be necessary for some specially assigned personnel to remain at the work areas to perform critical operations.

Assignments:

<u>Work Area</u>	<u>Name</u>	<u>Job Title</u>	<u>Description of Assignment</u>

- Personnel involved in critical operations may remain on the site upon the permission of the site designated official or Emergency Coordinator.
- In case emergency situation will not permit any of the personnel to remain at the facility, the designated official or other assigned personnel shall notify the appropriate offices to initiate backups. This information can be obtained from the Emergency Evacuation Procedures included in the Alternate Care Site Folder.

The following offices should be contacted:

Name/Location: CalOES Walt Kent

Telephone Number: (916) 396-9292

TRAINING

The following personnel have been trained to ensure a safe and orderly emergency evacuation of other employees:

Facility:

<u>Name</u>	<u>Title</u>	<u>Responsibility</u>	<u>Date</u>
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MOUNTAIN-VALLEY EMS AGENCY
POLICIES AND PROCEDURES

POLICY: **580.11**
TITLE: **AMBULANCE
TRANSFER POLICY**

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
Executive Director

SIGNATURE ON FILE IN EMS OFFICE
Medical Director

EFFECTIVE DATE 08/14/2002
SUPERSEDES: 580.10
REVISED: 01/01/2009
REVIEW DATE: 01/2014
PAGE: Page 1 of 3

AMBULANCE TRANSFER POLICY

I. **AUTHORITY**

In accordance with Section 1798.172 of Division 2.5 of the Health and Safety Code, the local EMS agency shall establish guidelines and standards for completion and operation of formal transfer agreements between hospitals with varying levels of care in the area of jurisdiction of the local EMS agency consistent with Sections 1317 to 1317.9a, inclusive, and Chapter 5 (commencing with Section 1798).

II. **DEFINITIONS**

- A. "Interfacility transfer" shall mean the movement of a patient from a hospital emergency department or a hospital inpatient area hereafter referred to as "facility", to any other facility for the purpose of evaluation or treatment at a higher level of care.
- B. "Transfer" shall mean the movement of a patient, determined to be a non emergency medical patient, from a hospital's facilities at the direction of any person employed by or affiliated with the hospital. This includes transfers to another facility for diagnostic testing.
- C. "Authorized Patient Transport Provider" shall mean an ambulance provider agency that has the contractual responsibility to provide service in the jurisdiction in which the hospital is located.

III. **PURPOSE**

To assure that all transfers that occur within the region are conducted in compliance with Federal EMTALA regulations. To serve as a treatment standard for EMT-Is and EMT-Ps in transferring patients between acute care hospitals and other facilities.

IV. POLICY

A. Direct Admission Transfers

1. The transferring hospital shall comply with all EMTALA documentation and destination requirements prior to the transfer of the patient to another facility.
2. The destination of patients being transferred from an Acute Care Facility shall not be directed by the DCF regardless of MCI or System Saturation status.
3. An Agency approved Interfacility Transfer Form shall be completed for each patient being transported on all transfers.

B. A patient is to be transferred in a vehicle that is staffed by qualified trained personnel and that contains life support equipment appropriate to the patient's condition. During transfers, pre hospital personnel will follow MVEMSA policies, and use only those medications and procedures for which they are trained and authorized by MVEMSA policy are and within their own scope of practice.

C. It may be necessary for additional specialized personnel arranged by the transferring hospital to accompany the patient whenever appropriate.

V. PROCEDURE

A. Direct voice contact between transferring physician and receiving physician shall be made and agreement regarding all aspects of the transfer shall be reached prior to transfer.

B. The transferring facility shall make the necessary arrangements for the transfer (including accompanying personnel where appropriate) in compliance with the agreement reached between the transferring physician and receiving physician.

C. The transferring facility will call the authorized patient transport provider and arrange for appropriate transportation. If warranted by his or her condition, the patient shall be accompanied by appropriate medical personnel. The transferring facility is obliged to provide appropriate personnel if the patient's treatment needs are beyond the scope of practice of the transport personnel.

D. The following medical records shall accompany the patient:

1. A summary of care received prior to the transfer.
2. Copies of all current pertinent medical records including laboratory data, current physician's and nursing notes.
3. Copies/originals of all pertinent x-rays, sonograms, CT scans, ECGs and other diagnostic tests.
4. Copies of pre-hospital care forms including paramedic run reports and Emergency Department records where applicable.

- E. A verbal report on the patient by a nurse or physician shall be made to the transport crew prior to transport.
- F. Written orders shall be provided to the transport personnel, as appropriate, on the transfer sheet and signed by the transferring physician. If the written orders vary from the Mountain-Valley EMS Agency treatment policies, the written orders must be within the paramedic's approved local scope of practice and must also be approved by a Base Hospital physician.
- G. The transferring facility personnel shall utilize an Agency approved Interfacility Transfer Form, with checklist and transfer orders, to ensure that the patient has been appropriately prepared for transport. This Transfer form shall accompany the patient, and the receiving facility shall review and complete the form when the patient arrives, and forward a copy of the completed form and the Patient Care Report, with arrival time, to the EMS Agency.



Fire Watch Guideline

INSTRUCTIONS:

The owner, manager, or person in charge or control of the building/premises shall assign to the fire watch as many personnel as are required by the Deputy and shall instruct fire watch personnel as to:

- The procedure for notifying the State Fire Marshal
- The area(s) to be patrolled
- Training necessary to insure Fire Watch personnel are capable of activating fire alarm/sprinkler systems when required or necessary
- Any special instructions required by the State Fire Marshal
- Procedures for notifying the building or facility occupants
- A method of calling or notifying the fire service of an emergency

LOG BOOK:

- The owner, manager, person in charge, or in control of the premises shall provide a log book which contains a directory of names, telephone numbers and other information to assist in making emergency calls.
- The log book shall be the official document used to record a history of patrol rounds.
- The log book shall be maintained on the premises and be available for inspection by the Deputy State Fire Marshal.

Fire Watch Guideline

(Complete and return to the Deputy State Fire Marshal)



Assigned fire watch personnel shall:

1. Be thoroughly familiar with the area they are patrolling.
2. Perform patrol operations according to instructions from State Fire Marshal.
3. Utilized the attached fire watch log to document patrol rounds any significant findings.
4. Assigned fire watch personnel shall perform fire watch duties only and have no other responsibility.
5. Relay any special orders or pertinent information to relief personnel and management.

NOTE: The fire watch conditions shall not be terminated without the Deputy State Fire Marshal's written authorization.

FACILITY:

FIRE WATCH FOR ENTIRE BUILDING:

[] YES

[] NO

SPECIFIC AREAS _____

PERSON RESPONSIBLE TO OVERSEE FIRE WATCH:

Name: _____

Title: _____

Date: _____



COVID-19 Pandemic

**Mariposa County Health & Human Services Agency
Alternative Care Site
Food Unit Protocol**

The objective of the food unit is to ensure that all meals, snacks and drinks are provided and available for staff and patients while being at the Alternative Care Site (ACS).

Bernadette Falany-Davis from, John C. Fremont (JCF), will ensure that four meals are offered and prepared according to CMS guidelines for all staff and patients while at the ACS.

All meals will be prepared onsite. Meals will be prepared in the "Rose Bud" building and transported, via food cart, to the entrance of Building A, for patient meals. Staff meal preparation will be in the same location and provided in the Rose Bud building for pick up by staff.

The meal schedule will be as follows:

Breakfast will be served at 8AM

Lunch will be served at 1PM

Dinner will be served at 6PM

A fourth meal will be prepared and stored in the Rose Bud building for staff working the overnight shift. The late night shift lunch break will be in accordance with the staff scheduling.

JCF will provide nutritious snacks at the site at their discretion.

HHSA will provide supplemental snacks and drinks to help sustain staff and patients while at the ACS. The food unit leader will oversee and ensure all food is stocked and adequately stored while at the ACS.

Should JCF fall short of food supplies, HHSA will work with the Senior Center to help supplement nutritious meals for both patients and staff.



COVID-19 ACS Non-Medical Supplies List

1. 2 Accordion Room Dividers—[Brian](#)
2. 4 ADA Portable Potties-[Cheryl](#)
3. 2 ADA Showers-short supply [Joe \(1\)](#)
4. Mission Linens daily turnover—[Chris F. 4/17](#)
5. 10 AFN Cots (may already have-70 straight cots)[Chris F./Joe](#)
6. 2 generators-[Alex](#)
7. 4 hand washing stations-[Cheryl](#)
8. Either 2 canopies with walls or 1- 29x30 yurt (donning & doffing) Have 2 half Yurts- [Alex](#)
9. 20 yard dumpster--[Cheryl](#)
10. Briefing room-Chairs [HHSA/DOC](#)
11. Building A&B Cleaning---[Scott's Cleaning](#)—[Chris](#)
12. Detergent for Wash Machine--[DOC/Logs](#)
13. Daily cleaning of other buildings— [NEED PW unable to staff](#)
14. Office trailers- [Alex](#)
15. Have IT assess Wi-Fi capacity at Fairgrounds – [Joe/Anthony in IT](#)
16. Internet -Cell Phone trailers -[Alex](#)
17. Need Fairgrounds Maintenance Map of all Electric/Water shut offs-
-[Ronnie and Mark \(Joe\)](#)
18. PIO- space in Office at Fairgrounds site--[Alex](#)

Additional items (Parking Lot):

Privacy screens
Storage lockers from Mountain Fitness and totes (patient personal belongings)
Padlocks for lockers (15)
Storage for patient medications
Storage for stock medications
Small Refrigerator with lock for medications--thermometer for room with refrigerator
Lifts for non-ambulatory patients



May 6, 2020

Alternate Care Site Action Plan Overview

Objective

The objective is to provide an Alternative Care Site (ACS) during a medical surge in Mariposa County due to COVID-19. The John C. Fremont Healthcare District (JCFHD), Mariposa County Health and Human Services Agency (HHS) and Mountain Valley EMS (MVEMSA) have partnered to develop a framework of operations by creating and/or updating policies and procedures, protocols, agreements and securing contracts to ensure capacity and provision of care at the ACS.

The ACS will be located at the Mariposa County Fairgrounds. HHS has secured a contract for the use of the Mariposa County Fairgrounds. HHS has a permit from the State Fire Marshal to utilize the site. The site has two buildings at the Fairgrounds that can be utilized for patient care; Building A and Building B. The buildings will be opened in a phased approach, and as needed for increased capacity.

Building A will be the first building to open and has capacity to care for 14 patients. Should there be a need to increase capacity, Building B will be opened with the capacity to serve 13 patients. The trigger for opening Building B will be when Building A has 13 patients. In order for the buildings to be utilized the Fire Marshal must conduct a walk through at the site, prior to its use.

The ACS is under a unified command with HHS and JCFHD.

The trigger point for opening the ACS will be when JCFHD exceeds capacity in the hospital and patients begin to be placed into the surge tent located at JCFHD. JCFHD will notify the ACS leadership when this occurs. The ACS will have initial operating capacity within four days of notification.

The ACS team intends to exercise the plan prior to September of 2020.

Operations

Medical Branch

The medical branch will be led by a Registered Nurse from the Public Health Branch of HHSA.

All medical care at the ACS will be under the direction of the Medical Director of the JCFHD Emergency Department. The ACS will provide care for non-acute patients who will be transferred from JCFHD to the ACS by Mercy Ambulance. Mercy has ensured capacity for all necessary transports and only has availability to transport via ALS rigs. JCFHD has secured a contract with ProTransport as a backup plan in the event Mercy capacity is exceeded. JCFHD will determine which patients will be transferred to the ACS.

When a patient is transferred from JCFHD to either the ACS or another hospital, they will have the HICS Patient Tracker monitor the patient's movement. As well, the Patient Tracker will monitor bed availability within the region.

JCFHD and HHSA have drafted COVID-19 policies and procedures, protocols, and operational guidelines for the ACS.

Please see following guidelines for the medical branch operations at the ACS:

- Clinical Admission Criteria
- Intake/Discharge
- Patient Care guidelines
- Patient Transfer guidelines
- End of Life guidelines

Logistics

A logistics section chief for the ACS has been identified. They will help order non-medical supplies for the site and coordinate with the DOC logistics section chief. Both logistics sections have access to the non-medical supplies list for reference of what will need to be ordered.

A map of the Fairgrounds has been developed indicating flow of traffic, where specific supplies are to be located and what the use of each building is designated as. Please see attached Fairgrounds Map.

Security

The Sheriff's Department is responsible for ensuring adequate security for the ACS. The plan is to have security personnel on duty 24 hours a day for 7 days a week. The shifts are 0600-1800 day shift and 1800-0600 night shift. Security is coordinated through the EOC. The security team will also act as the fire monitor for the ACS.

Volunteer Staff Coordinator

A volunteer coordinator for HHSA will provide local outreach for Mariposa County-specific volunteers to be added in the DHV system to ensure local capacity for medical surge. There are

currently four local volunteers in the DHV system for Mariposa County. There is a goal to increase this capacity to 10 by May 8th and to 20 by May 29th.

Food Unit

There will be designated food unit leads from both HHSA and JCFHD. JCFHD will provide four meals per 24 hour period for both patients and staff at the site. Please see the food unit protocol for specific meal times and plans.

These leads will ensure that healthy snacks and drinks are provided onsite for staff and patients.

Finance

A finance section chief for the ACS that has been identified. They will track all ordering and purchasing of supplies for the ACS and coordinate with the DOC finance lead.

Safety Officer

There will be a designated safety officer for the ACS from HHSA. The safety officer will be responsible for ensuring that all donning and doffing activities are monitored and conducted in line with infectious disease control standards. The safety officer will monitor all aspects of the site to ensure operations are being done according to safety standards for an ACS.

MARIPOSA COUNTY

LOCAL HOSPITAL CAPACITY

BASED ON
MODELING
22 BEDS
NEEDED



26 SURGE BEDS
John C. Fremont
Hospital



27 BEDS
Alternate Care Site



53 BEDS
Total
JCF + ACS





**COVID-19 Congregate Living
Health and Safety Planning
Updated May 7, 2020**

Mariposa County Health & Human Services Agency has worked with all congregate living facilities in the county to ensure each has plans developed to prevent and address COVID-19 within their facilities (STRTP, homeless shelter, senior and dependent adult board and care/assisted living, jail, and skilled nursing facility). To date, none of the congregate living sites have had any positive cases of COVID-19.

One significant prevention effort undertaken during the first two weeks in April was to move vulnerable homeless individuals from the homeless shelter (Connections) and low-risk, medically vulnerable offenders from the Mariposa County Jail into Project RoomKey.

Skilled Nursing Facility

John C. Fremont Healthcare District - Ewing Wing

Contact Person: Katrina Anderson

5189 Hospital Road Mariposa, CA 95338

209-966-3631

www.jcf-hospital.com

24-bed Skilled Nursing Facility

Current COVID-19 Practices:

AFL 20-25.1

- No visitors, unless end-of-life.
- Surgical Masks are worn by all Ewing Wing staff.
- Staff are not allowed to go anywhere else in the hospital, this includes housekeeping.
- Staff are encouraged not to leave the County.
- Staff are encouraged to wear masks outside of the building at all times.
- Staff answer COVID questions and have their temperature taken everyday upon the start of their shift as they enter the building.
- Visitors can come to the window to see the residents.
- Residents have their temperatures taken twice a day and are checked for any COVID symptoms daily. Anyone with symptoms, the information is logged on an internal list. If there is a positive COVID-19 test result, that will be sent to the CDC.
- The Medical Director will see patients in the Garden area, wearing a mask at all times.
- The Garden area is a "Pass off" area. Family may pass off items to a medical staff member to give to their loved one in the hospital.

When the State/County begins to lift restrictions, the Ewing Wing will allow:

- Vendors may enter the building after they are screened and have their temperatures taken: Pharmacists, Podiatrists, and Vision physicians.
- The Medical Director may enter the building: Screened and temperature taken. Must wear a mask.
- Residents will be allowed to go to non-urgent medical appointments.
- Residents wearing masks will be allowed to visit masked immediate family outdoors in the Garden area.
- The E-Wing is a self contained air flow area in the hospital; separate HVAC. This is part of the Pandemic plan for the hospital.
- PPE: 8500+ Surgical Masks, 950+ N95 Masks, 100,000+ pairs of gloves, 2400 isolation gowns, 1,900 COVID gowns, and 1500 face shields. Hospital totals for PPE.

Assisted Living Facility

Mariposa Pines Villa

Contact Person: Staci Millard

5201 Crystal Aire Drive Mariposa, CA 95338

209-966-8080

www.mariposapinesvilla.com

20-bed Assisted Living Facility

Current COVID-19 Practices:

COVID-19 RESOURCE GUIDE: RCFE dated 03/17/2020

- No Visitors except 1) special circumstances, like hospice or end-of-life, 2) health care workers, 3) Licensing Program Analysts and Department of Public Health Surveyors
- In special circumstances, visitors should 1) not be allowed if they have symptoms, 2) stay in a designated room, and 3) wear a facemask.
- Limit entry to one door.
- Designate one room for special visitors.
- Post signage at each entrance regarding 1) number of visitors, 2) prevention measures for all staff.
- Do daily checks to make sure all sinks have soap, paper towels, and garbage with a lid.
- Make sure there are tissues and hand sanitizer for all resident rooms and common areas
- No staff who has any symptoms of a cold or flu can come to work.
- At the start of each shift, all staff must take their temperature and be asked for symptoms (i.e., fever, cough, SOB or sore throat).
- Staff who are sick or have any symptoms should not be at work for at least 24hrs after fever is gone without fever reducing medicine. Follow CDC and local health department guidelines for returning to work.
- Teach residents about hand washing, covering their mouths and nose with a flexed elbow or tissue when coughing or sneezing, stay at least six feet away from other people (no hugging or shaking hands). Throw away tissues after use.
- Teach residents how to use smartphones to communicate by video or phone.

- Monitor residents for fever and COVID symptoms. If they have symptoms but are otherwise fine, residents are moved into a single-person room with a bathroom, with the door closed. Post signs limiting entry into the room and contact their physician immediately. Any staff that enters the room, should wear gloves, disposable gown, facemask and eye protection.
- For hospice residents follow their hospice plan. Make sure EMS is aware of symptoms when calling 911.
- Any confirmed cases of COVID-19 must be reported to the local health department and the local Adult and Senior Care Regional Office representative immediately.
- Ensure resident emergency contact information for family members and the person's responsible party is up to date.
- NO Group meals - all meals are served in residents's rooms.
- NO Group activities.
- NO Group trips outside the facility.
- Provide reading materials, cards, puzzles or other forms of entertainment for residents to keep in their rooms - do not share without disinfecting.
- Notify residents's loved ones about visitor Rules.
- Require anyone who enters the facility to immediately wash their hands.

When the County begins to lift restrictions, the Mariposa Pines Villa will:

- Ask residents not to go out among the public.
- Only necessary visitors will be allowed. They will need to check in at a designated door.
- Visitors will be screened for COVID-19 symptoms and if they have been around anyone that is ill.
- Visitors will need to wash hands and use hand sanitizer before entering any area where residents are.
- No groups of visitors for the first month.
- Ongoing will be a focus: washing hands, disinfecting common area surfaces, disinfect telephones, closely watch residents for any symptoms that may be COVID-19 related.
- PPE: 20-N95 masks, 12-double layer cotton masks, 2 boxes of loop masks, 20+ boxes of gloves, 10 gallons of bleach.

STRTP Boys Home

Sierra Quest Academy

Contact Person: Christine Foy

6986 Scott Road, Mariposa CA 95338

209-966-7095

6 bed STRTP boys home

Current COVID-19 practice:

COVID-19 Provider Information Notice 20-09-CCLD

- STRTP has implemented a clothing and hygiene standard for their staff:
When Staff come on shift, each staff will have the option to do the following:
Go to the staff house first, put their first set of clothing from home in a garment bag.

Take a shower and/or use disinfectant on their person (soap will be stocked in the staff bathroom shower, for staff use). Change into their clean work uniforms (that will be stored at Sierra Quest Boys Academy in their garment bag).

- When they finish their shift, each staff will have the option to do the following:
Go to the staff house, change out of their work clothing (per CDC guidelines, we encourage staff to take this set of clothing home in their assigned washable laundry bag so that it can be washed and disinfected). Take a shower and/or use disinfectant on their person. Change into their first set of clothing from home.
- Disinfect their vehicle using the products at our hygiene station in the staff office storage room.
- Given that these areas of the staff house (bathroom, storage room, etc) will be used for hygienic and disinfecting purposes, we ask that these areas be cleaned and disinfected after each use (including door knobs and frequently touched surfaces).
- STRTP has implemented a COVID-19 policy and procedure for staffing hiring and illness, visits to the facility, client activities and illness: Staff will self-monitor with some supervision, for any symptoms of COVID-19 (fever, cough, shortness of breath, etc.) and practice social distancing whenever possible. As well as students, staff will have their temperature taken when they come on shift and will log this information on the SQA Temperature Log. If a staff member does become ill or symptomatic or if they are exposed to a sick family member or associate, they will inform the Administrative staff asap for shift coverage and will reach out to their medical provider for medical attention.
- If a staff member shows symptoms while on shift, they will be isolated as soon as possible and asked to return home immediately. Any surfaces or devices used by said employee will be disinfected immediately.
- In association with John C. Fremont Hospital a diagnostic center has been set up at 5192 Hospital Drive in Mariposa that will provide free testing for staff and students if they become symptomatic. If any of our staff test positive for the virus we will notify the Mariposa County Health Department immediately as well as Community Care Licensing.
- Staff diagnosed or suspected of contracting the virus will not be allowed to return to work unless they have been symptom free for at least 48 hours. Administrative staff that have the capability to work remotely are encouraged to do so, as much as possible.
- On-site and off-site visits (including home passes) will be limited. All out of county unsupervised visits will be rescheduled until our local and state government feel it is safe to remove the social distancing guidelines. On-site visits will be limited to only our youths parents or guardians and all visitors will have their temperature taken before entering the facility and will follow our facilities health and safety guidelines recommended by the CDC.
- All activities, with the exception of riding in a vehicle, will include the practice of social distancing.
- All student individual and group counseling sessions will be held via phone or video conference.
- For any other necessary medical appointments, we will contact the provider ahead of time to confirm that they are still operating as normal and take

precautionary hygienic measures before, during and after the appointment.

- Staff will bring masks and gloves, to be worn by all staff and students.
- Staff will disinfect vehicle surfaces, wash hands thoroughly, have student(s) wash their hands thoroughly and will disinfect any necessary surfaces on return.
- Activities that allow for social distancing and or limited interaction with large numbers of the population will continue to be allowed.
- If a student becomes symptomatic we will limit the youths movements to their room and attempt to keep them away from any other residents. We will disinfect all surfaces used by that student until an appointment can be made for a proper diagnosis. We will limit staff contact with this student and ensure that they are taking proper precautions per CDC guidelines. John C. Fremont has set up a testing center for all community members that have symptoms of the coronavirus (located at 5192 Hospital Rd., Mariposa).
- We are in the process of seeking approval for our alternate, currently unoccupied Sierra Quest Girls Academy property. This facility can provide the seclusion and isolation required, in the event that a student is diagnosed with COVID-19. If approved, we will provide proper care for the youth at this location. We will limit the staff caring for the student as much as possible and we will follow all the policies and procedures outlined by the CDC regarding care and treatment for those who have contracted COVID-19. We will move the youth back to the Sierra Quest Boys Academy facility after the youth is symptom free for at least 24 hrs.
- We also have the option to quarantine any student diagnosed with COVID-19 at our SQBA staff office. This facility is located next to the SQBA home and has a restroom and several rooms that can provide provide isolation from the majority of the residents and staff. We can also provide the proper care for the youth at this location. We will limit the staff caring for the student as much as possible and we will follow all the policies and procedures outlined by the CDC regarding care and treatment for those who have contracted COVID-19. We will move the youth back to the Sierra Quest Boys Academy home after the youth is symptom free for at least 24 hrs.
- Student COVID-19 Illness Policy: Students will be monitored daily for the following symptoms: Fever (students and staff will have their temperature taken twice daily, which will be recorded on the SQA Temperature Log), Shortness of Breath, and Cough. If any student is showing these symptoms, the following actions will be taken: The student will be quarantined either in their room, a room in the SQBA Staff Office or the SQGA Facility (if and when that is approved by CCL). After the student uses the bathroom, clean and disinfect it thoroughly. All surfaces used by this student will be disinfected regularly, per CDC guidelines. The student will wear a face mask to protect anyone who may come in contact with them.
- Staff will reach out to the student's Primary Care Physician to advise of the potential. COVID-19 infection. Arrangements will be made for the student to be tested at the John C. Fremont diagnostic center at 5192 Hospital Road in Mariposa.
- Staff will alert the Mariposa County Health Department, Placing Agent and CCL.

- If a student is symptomatic, he must be quarantined and stay in bed all day (from wake-up call to bedtime). He may only leave bed to use the restroom. He may not use any entertainment equipment, music, TV, etc. during the day. He will be required to do his school work in his room. He will be served chicken noodle soup and fruit for lunch and dinner in his room, and beverages will be provided as needed. Staff in contact with this student will be limited and they will be required to take precautionary measures per CDC guidelines, which includes the use of gloves, face masks and regular hand washing to prevent spreading the illness. The reason for room seclusion while sick is so that students do not infect other students and staff, and so that germs are not spread throughout the house. Additionally, it facilitates adequate rest for a speedy recovery. If a student is at the academy and claims that he is sick but is not exhibiting COVID-19 symptoms and is not able to complete a part of the daily program due to illness, then follow the normal student illness policy at the time that the student refuses to complete a part of the program due to an illness.
- All staff and students currently have cloth face masks and have an additional 100+ face masks on hand with more on the way. There are 300+ disposable gloves on hand. There is enough PPE to cover 14 days in the event of an outbreak.

When the County begins to lift restrictions, the STRTP will not anticipate major changes to their day to day facility operations.

- STRTP may expand recreational activities if and when resources reopen to areas of low population where there is the ability to follow county, state and CDC guidelines for social distancing (i.e. rivers, parks, etc).
- STRTP may implement home passes.
- STRTP may assist in court-ordered family reunification plans.
- PPE: 100+ surgical face masks, 30+ soft masks, 300+ disposable gloves

Emergency Shelter:

Connections Emergency Shelter

Contact Person: Hal Nolen

5069 Saint Andrews Rd. Mariposa, CA 95338

PH: (209)966-2550

Connections@Alliance4you.org

<http://www.MariposaConnections.org>

40 bed capacity (during COVID-19 22 available beds)

Current COVID-19 practice:

Preventing & Managing the Spread of Infectious Disease Within Shelters Toolkit March 2, 2020. The U.S. Department of Housing and Urban Development for Continuums of Care.

- Limiting of guests at Connections to 10 in the communal sleeping area and 11 in the sleeping trailers.
- Trailer sleeping rooms have one person per room. One trailer room is left empty for emergency housing of possible symptomatic individuals until they can be transferred to the hotel.

- Bed spacing within the communal sleeping area is at 6' between beds, sleeping head to foot. Bed capacity is reduced from 40 down to 22 available beds during COVID-19.
- Social distancing is practiced by staff. Guest and community partners are highly encouraged to follow suit.
- No visitors are allowed on property.
- Routine cleaning of communal areas and office spaces. Wipe down of frequently touched items in both areas.
- Daily screening of staff and guests for COVID-19 symptoms.
- Provided cloth masks and gloves to both guests and staff with proper use training.
- Staff are required to wear masks at all times during their shift. Guests are encouraged to wear masks when out in public.
- Hand washing stations are provided in the communal area, staff offices and outside parking areas.
- Hand sanitizer stations are available in the communal area and staff offices.
- PPE's available to staff and guests to use when cleaning or whenever they feel the need for added protection.
- Case management via phone or video conferencing with community partners and guests, when possible.
- Breakfast, lunch and dinner distributed daily to Connections guests and individuals staying at the encampment site.
- No transportation is being provided by Connections staff. Transportation needs are being provided by county transport.

When the County begins to lift restrictions, Connections procedures will:

- Procedures will stay in place until further notice even when county restrictions start to lift.
- Social distancing will continue to be practiced by all staff.
- Most procedures rely on what others are doing. For instance, food distribution will no longer be needed once Mariposa Heritage House opens back up and the fixed route transportation resumes.
- Wiping down surfaces, cleaning, daily COVID-19 screenings, etc. will continue.
- When social distancing relaxes, we will be able to relax some of our procedures, such as bed spacing and guests on the property.
- PPE: 9 boxes of medium sized gloves, 10 LG, 5 XL, 7 pairs of eye protection, and 4 boxes of disposable masks and +24 cloth masks.

Mariposa County Adult Detention Facility:

Mariposa County Sheriff's Office

Contact Person: Lieutenant Sean Land

5379 Hwy 49 North Mariposa, CA 95338

209-966-3616 ext 363

58 beds available males/females

Current COVID-19 practice:

Jail Policy and Procedures Pandemic Response Plan 710.05

Reference: Title 15 Section 1051

- Develop specific screening questions (i.e, travel history, symptoms of COVID-19) Questions asked in the vehicle sally port prior to admittance into facility.
- Based on responses to questions, place a mask on the inmate, not allow arrestee to enter the facility, escort them to an isolated holding cell, Medical staff will complete an evaluation of the inmate and document findings. Mariposa Health Department will be contacted for assistance if needed.
- All jail staff will use PPE during contact with a suspected or known inmate (i.e, mask, gloves, eye protection, gown, shoe covers)
- The suspension of visits will be dependent on the number of identified cases in the region. The decision will be made by command staff in consultation with the County Health Officer.
- The closing of the jail to new arrests with the exception of those arrested for violent crimes will be made by command staff.
- Social distancing will be encouraged inside the jail facility. The determination to place the facility in a full lockdown will be made by command staff.
- Vendors will be provided masks and hand sanitizer. These persons will be required to wash their hands before entering the facility and will be advised to do the same prior to existing.
- Suspected or known to be infected inmates will be fed in their cells.
- Medical staff will track suspected cases of pandemic illness in combination with MCHHSA.
- The medical vendor will be responsible to supply supplement health care staff as needed and ensure a supply of pharmacy and medical supplies.
- In collaboration with the MCPHD the medical vendor will be responsible for performing inmate medical testing when required. The medical vendor is responsible to provide their staff with PPE.
- Infection Control will include: Use universal hand washing practices (20 seconds and frequently), use hand sanitizer frequently, do not touch your face, cough or sneeze into the bends of your arms, be cautious about handshaking, post signage reminders in inmate, staff and visitor occupes areas.
- Cleaning Protocols will include: Maintain high levels of sanitation throughout the facility and use a 10:1 ratio of water-bleach solutions (door knobs, handrails, phone handles, etc).
- Have ample supply of hand sanitizing products throughout the facility for inmates and staff for frequent use.
- Inmates suspected or known to have a pandemic illness will be fed with disposable dishes and utensils.
- Jail vehicles and facility areas in need of sterilization will be coordinated by the Jail Lieutenant with local EMS/Ambulance resources.
- Creating medical isolation areas or units and transporting inmates for more advanced care may become necessary.

- Staff and inmates will be provided with as much as general information regarding the pandemic as possible with care to prevent panic.
- Inmates confirmed as having been infected or showing symptoms of the pandemic may not be directly released into the community. Inmates deemed healthy and eligible for release will be released as normal.

When the County begins to lift restrictions, Mariposa County Adult Detention Facility will:

- Reinstate Title 15 regulations that have been suspended to mitigate inmate contact with the outside public.
- Allow offsite inmate transportation for court, medical and other inmate transportation issues.
- PPE: Gloves: 54 boxes small, 37 boxes medium, 33 boxes large, 50 boxes Ex-large
Masks: 40 surgical masks.



Health & Human Services Agency
Healthy. Safe. Thriving.

County of Mariposa
Health and Human Services Agency
Public Health Services

ORDER OF THE HEALTH OFFICER

Pursuant to California Health and Safety Code Sections 101040, 120175, and 120175.5(b) I, as Health Officer for the County of Mariposa do hereby order as follows.

1. Effective Wednesday, April 29, 2020, the following will be in effect for Mariposa County.
 - a. Health Care Providers shall:
 - i. On a daily basis report to the Public Health Branch of the Health and Human Services Agency all patients seen in their practice with a febrile respiratory illness; utilizing the attached Febrile Respiratory Illness Surveillance reporting tool and submitting it to anunez@mariposahsc.org; and
 - ii. The patient information shall include demographic information, including age, as well as residential address and clinical status shall indicate whether rapid point of care testing was performed and, if so the results of that testing, and shall indicate if COVID-19 testing was done; and
 - iii. Direct the patient, if no exclusionary diagnosis is found, to isolate him/herself for 10 days after onset of symptoms or three days after cessation of fever without the use of fever-reducing medications.
 - iv. Conduct testing for COVID-19 or refer the patient for COVID-19 testing at the Optum Serve Testing site, call (888)634-1123 to schedule an appointment. Online appointments (available after 5/2/2020): <https://lhi.care/covidtesting>.
 - b. All Employers shall:
 - i. On a daily basis, while conducting business, screen all employees for febrile respiratory illness; and
 - ii. Exclude from work all employees that report symptoms of respiratory illness for 10 days from the day that they are identified as having symptoms; and
 - iii. Direct employees excluded from work to isolate at home and notify their close contacts to quarantine.
 - iv. Contact and report to the Mariposa County Public Health Branch of Health and Human Services at (209) 966-3689 if 10% of the workforce is out with febrile respiratory illnesses.
 - c. All Residents shall:
 - i. Self-monitor for signs and symptoms of COVID-19; and

OptumServe Testing Center Process and Logistics Mariposa County

Testing Location and Hours

Mariposa Alternative Education School (formerly Middle School)
5171 Silva Rd.
Mariposa, CA 95338

Testing Center Hours:

12 hours shifts, Tuesday through Saturday. 0700-1900

Testing Center Staff:

Optum Serve

HHS Primary Contact: Melissa Fluharty

Contact Information: mfluharty@mariposahsc.org (209) 484-0046

School Site Contact: Linda Mayfield

Contact Information: lmayfield@mcusd.org (209) 769-5691

Public Works Contact: Shannon Hansen

Contact information: shansen@mariposacounty.org (209) 617-3891

Process:

Patients will be prioritized by Health Officer

1. Testing Priority Groups
 - a. Symptomatic Healthcare and Public Safety Workers (Fire, EMS, LE, County or CBO employees/volunteers with frequent contact with at risk populations)
 - b. Symptomatic residents (in Mariposa and foothills area) in general population
 - c. Close Contacts of individuals who are COVID Positive or of a Person Under Investigation
 - d. Asymptomatic Healthcare and Public Safety Workers
 - e. Community surveillance - asymptomatic residents

2. Thursday April 30 and Friday May 1
 - Will be a soft opening: only populations in groups A & B (priority groups 1&2) will be testing on Thursday and Friday. These appointments will be made only by phone as the online registration is not available at this time.
 - Register by phone by calling Optum Serve Medical Service Coordinator (only for residents without internet access): (888) 634-1123

- If POSITIVE:

OSHS Clinical Providers will reach out to the patient at the phone number(s) provided by the patient.

- OSHS will make 10 contact attempts within 72 hours to reach the patient. The patient will be supplied with instructions for follow up care that were provided by CDPH and advised that a representative of their County Public Health will be in contact with them.
- If OSHS is unable to reach the patient, a letter will be sent to the patient mailing address
- Local Health Department will review CalREDIE daily and make initial contact and perform contact tracing.

- If NEGATIVE:

- Results will be communicated via the patient preferred contact method text, email or phone.
- If by phone, OSHS will make 10 contact attempts within 72 hours to reach the patient. If OSHS is unable to reach the patient, a letter will be sent to the patient mailing address

2. May 2 and ongoing

- As of May 2, Individuals will be required to make appointment via COVID-19 Testing Event Registration: <https://lhi.care/covidtesting>, or call the Optum Serve Medical Service Coordinator (only for residents without internet access): (888) 634-1123 if they are in need of assistance.

- Patients will be scheduled in 5 minute intervals and a medical provider will perform an NP swab.
- Labs will be sent out at the end of the day by Optum Serve to a Quest lab with results in 48-72 hours.
- BOTH negative and positive results will be entered into CalREDIE. No labs will be reported to LHD.

- If POSITIVE:

OSHS Clinical Providers will reach out to the patient at the phone number(s) provided by the patient.

- OSHS will make 10 contact attempts within 72 hours to reach the patient. The patient will be supplied with instructions for follow up care that were provided by CDPH and advised that a representative of their County Public Health will be in contact with them.
- If OSHS is unable to reach the patient, a letter will be sent to the patient mailing address

- Local Health Department will review CalREDIE daily and make initial contact and perform contact tracing.
- If NEGATIVE:
 - Results will be communicated via the patient preferred contact method text, email or phone.
 - If by phone, OSHS will make 10 contact attempts within 72 hours to reach the patient. If OSHS is unable to reach the patient, a letter will be sent to the patient mailing address
- A medical interpreter will be available upon request. Please notify Optum Serve when needed.
- Schedule of individuals in priority groups to be managed by [NAME](#) in 14 day intervals.

Logistics:

Public works Contact: Shannon Hansen

School District Contact: Linda Mayfield

Site Setup roles and responsibilities:

Optum Serve will provide non- med/health supplies including trash bags and cleaning supplies for the clinic area. Optum will be providing the following staff:

- (1) administrator
- (1) clinical staff member
- (1) non-clinical staff member
- (1) security guard
- (1) translator (when requested)

Mariposa County Public Works will provide a dumpster, mobile toilet, handwashing station, evening cleaning, morning opening of buildings and custodial **services and supplies** for evening/after hours cleaning and disinfecting.

Mariposa County School District will provide a facility (gym), restrooms for staff (optum Serve) only, 5 tables and 20 chairs for the facility and staff, and barricade the entry onto campus by patients. The site is **not open** for students during clinic operation hours.

SCHEDULE OF OPERATIONS

Please note Clinic appointments will be made between the hours of 0605-1155, with a break for lunch scheduled from 1200-1300, and appointments resume again at 1305-1855. This allows 5 minutes for staff to safely don and doff their PPE before and after direct patient care.

Thursday April 30 and Friday May 1:

- **0600-0700:** Site to be opened by public works at 6am. Optum Serve will immediately begin setup within the gym at Mariposa Alt. Ed.

May 5- ongoing

Tuesday through Saturday schedule:

- **0630-0700:** May 5- ongoing Site to be opened by public works. Optum Serve will immediately begin setup within the gym at Mariposa Alt. Ed.
- **0705-1200:** Clinic hours in operation
- **1305-1900:** Clinic hours in operation
- **1900-2000:** Optum serve will need approximately one hour post clinic to clean the clinic area and break down site.
- **2000-2100:** Mariposa Public Works will perform evening clean according to <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html> including, Optum Serve operating facilities; gym and staff restrooms. Dumpster will be checked for trash pickup, handwashing station and portable restrooms will be cleaned nightly.

Optum Serve
Operations

Optum Serve Contacts:

Suzanne Hawkins: Primary Contact for Test Site
888-634-1130 Ext. 52471
shawkins@logisticshealth.com

Lisa McBride: Clinical/Provider Education
Oversees all provider education for those conducting the tests onsite.
Oversees and provides direction with PPE
lmcbride@logisticshealth.com

Sarah Wabaunsee & Heather Gerleman: Program Management
Oversees operations and site management
Working on minor consent/set up with online and phone registration

General Information:

Site roles and responsibilities:

- 1-clinical staff--conducts tests
- 2- Admin staff, 1-Event Oversight Admin (EOA) 1-Admin

Supplies are shipped to the site every 2 weeks unless the "Event Oversight Administrator" requests sooner.

Staff may rotate depending on their availability

Quest will pick up & transport on Saturdays by 05/09

Currently, the company will use: Phlebot's, MA's, RN, NP etc to conduct tests. They will all be trained via a comprehensive video training, prior to beginning.

PPE for clinical will be face shield, surgical mask (until N95 are available, not required though), gown and gloves.

EOA and other Admin staff do not need to have full PPE and will use what is required by Lisa, as their clinical educator.

Minor's will be able to get registered for testing once Optum Serve gets an update into their system and receives guidance from Ca. State.

Margarita King will be added to the Optum Serve web database for test results, currently Eric S. has access. The tests results have not been updated to CalREDIE but Optum Serve hopes to have this updated within the next week or so.

Suzanne Hawkins is the point of contact for any and all site needs. **If a staff person at the test site has questions or needs they need to be directed to call the event helpline at 888-634-1130.**

***County staff should not provide any guidance to test site staff**

If testing hours or days need to be changed, the County staff will go through Suzanne.



COVID-19 Food Resources in Mariposa County



Mariposa County Health & Human Services and our community partners are in the process of developing new resources daily to respond to the food needs of our community members. This resource guide will be updated as changes occur.

Mariposa County Health & Human Services Center (closed to public at this time)

5362 Lemee Lane Mariposa, CA 95338

(209) 966-2000

(800) 266-3609

Monday through Friday, 8 AM - 5 PM

c4yourself.com (to apply online)

CalFresh Applications will be accepted for financial assistance with food purchases.

Eligibility standards are set by the state, federal and county government. Applications

can be submitted online or by drop box in front of the building. **No face to face appointments will be conducted at this time and all appointments will be handled by phone.**

Mariposa County High School

5074 Old Hwy N. Mariposa, CA 95338

(209) 628-7915

Breakfast and lunch pickup for students available Monday through Friday between 10:30 AM - 12 PM

Drive through or walk-up in the MCHS bus loading zone

Woodland Elementary

3394 Woodland Dr, Mariposa, CA 95338

(209) 628-7915

Breakfast and lunch pickup for students available Monday through Friday between 10:30 AM - 12:00 PM

Walk-up for Pickup

Sierra Foothill Charter

4952 SchoolHouse Rd. Catheys Valley, CA 95306

(209) 628-7915

Breakfast and lunch pickup for students available Monday through Friday between
10:30 AM - 12:00 PM

Walk-up for Pickup

El Portal Elementary School

9670 Rancheria Flat Rd. El Portal, CA 95318

(209) 379-2382

Breakfast and lunch pickup for students available Monday through Friday between
10:30 AM - 12:00 PM

Walk-up for Pickup

Pickup of food is available by the school Transportation Department at Yosemite View Lodge, Midpines Post Office, and Midpines Market upon request

Senior Center (Senior Meals/Non Senior Meals)

5246 Spriggs Ln. Mariposa, CA 95338

(209) 966-6632

For drive through Lunches, Individuals must call the Senior Nutrition Line before 10:30 AM at 742-7182 to reserve a meal. Meal "drive-through pickup" will start at our normal meal service hour of 12:00 PM and will end at 12:45 PM. There is no need to get out of the car, just follow the directional signs and staff will be available to assist. No walk up service will be provided. For Seniors 60+ a contribution of \$4 is suggested. Lunches for non-seniors are available for \$6.

Senior Center (Meals on Wheels)

5246 Spriggs Ln. Mariposa, CA 95338

(209) 966-6632

Delivery of meals to homebound individuals throughout the community. Seniors will need to call to check for eligibility and be added to the list.

Manna House

5127 Charles St. Mariposa, CA 95338

(209) 742-7985

Monday through Friday from 1:00 PM - 3:00 PM daily for free food distribution to the community.

Heritage House

5200 California N 49. Mariposa, CA 95338

(209) 966-7770

Open on Tuesdays and Thursdays from 8:00 AM to 12:00 PM. Individuals will need to call ahead to request food box distributions.

Senior Brown Bag Program

Senior Center 5246 Spriggs Lane, Mariposa, CA 95338

(209) 966-6632

Provides Food Assistance for Small Charge - \$58 a year fee (July 1 thru June 30)seniors 55+ and disabled persons 18+ receiving SSI that fall within our income guidelines receive 2 bags of groceries per month. Individuals will need to fill out an application that can be emailed or picked up at the senior center. One bag of food is issued on the 1st Friday of the month and 1 bag is issued on the 3rd Friday of the Month at 10:00 AM.

WIC (Women, Infants & Children) Offices closed to the public. All appointments must be conducted by phone.

5077 State Highway 140, Mariposa, CA 95338

(209) 966-3588

(209) 383-7454

Monday 8 AM - 5 PM; Friday 9:00 AM - 2:00 PM

Food Vouchers & Education - Provides milk, cheese, eggs, cereal, juice, formula and baby foods for pregnant, breastfeeding and postpartum women, and infants and children up to age five. Call for an appointment. Proof of income and residence required.

We are currently exploring other areas of the community that may be in need. Please call (209) 966-2000 for more information.



Food Resources for North County



Greeley Hill Elementary

10326 Fiske Rd. Coulterville, CA 95311

Breakfast and lunches pickup for students available Monday through Friday between
10:30 AM - 12:00 PM

Walk-up for pickup

Lake Don Pedro Elementary

2411 Hidalgo S. La Grange, CA 95329

Breakfast and lunches pickup for students available Monday through Friday between
10:30 AM - 12:00 PM

Walk-up for pickup

Lake Don Pedro Baptist Church

4175 Abeto St. La Grange, CA 95329

(209) 852-2029

ldpbaptistchurch.com

Food basket program - 1st and 3rd Tuesday of the month (for Mariposa Co. residents), 9 AM -11 AM Applicants need to bring a Photo ID.

Emergency Food Assistance - call David Redd 852-2193 to make an appointment.

Greeley Hill Baptist Church

10241 Holtzel Rd. Coulterville, CA 95311

(209) 878-3262

Monthly distribution at the church on the first Friday of each month after the first Tuesday of the month from 1 PM - 2 PM. Drive through is set up so individuals will not need to get out of their vehicle. Individuals can call and leave a message to get on the list or show up for the first distribution and give information.

WIC (Women, Infants & Children)

(209) 966-3588

(209) 383-7454

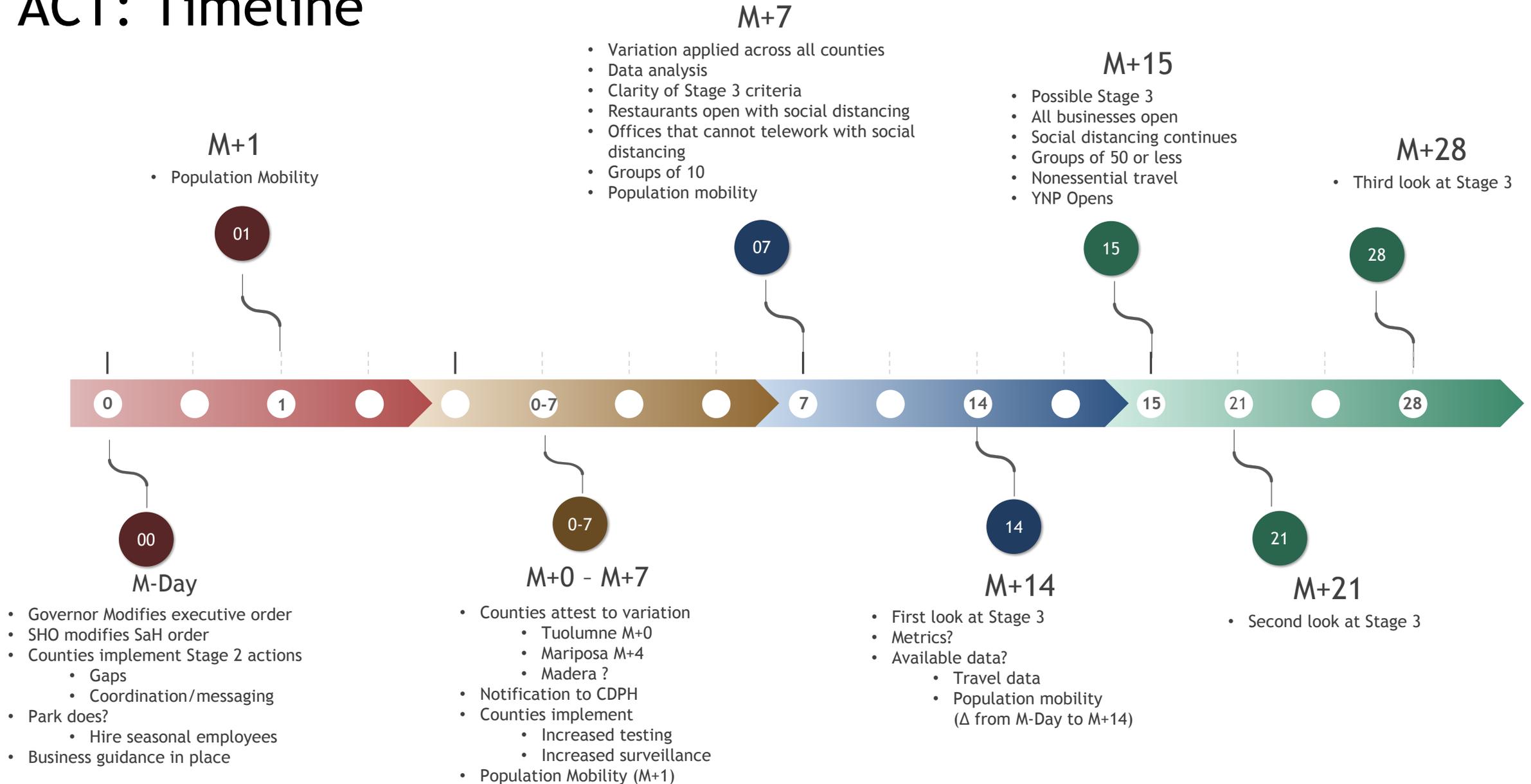
Coulterville, CA

4th Wednesday of Month 9:0 AM – 2 PM

Offices closed to the public, all appointments must be conducted by phone.

Food Vouchers & Education - Provides milk, cheese, eggs, cereal, juice, formula and baby foods for pregnant, breastfeeding, and postpartum women, infants and children up to age five. Call for an appointment. Proof of income and residence required.

ACT: Timeline





COVID-19 Pandemic: Yosemite Gateway Roadmap

I. Situation

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

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

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

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

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

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

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

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

Planning Assumptions

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

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

II. Mission

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

III. Execution

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

Concept of Operations:

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

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

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

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

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

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

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

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

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

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

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

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

IV. Administration/Logistics

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

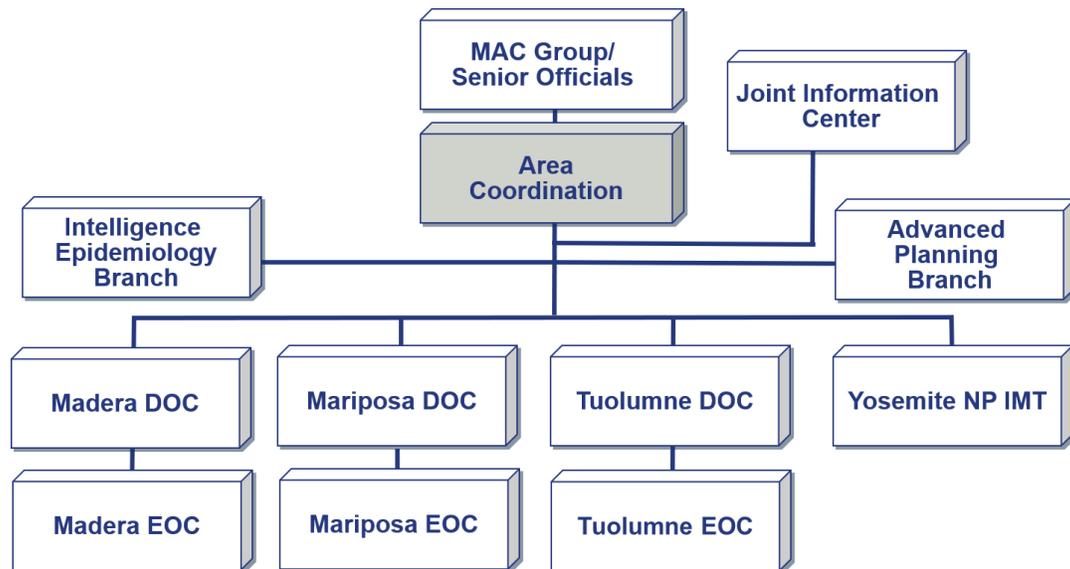
Each County and the Park in the YoGACT will be responsible for completion of their respective objectives each week, while maintaining communication with the YoGACT Planning Unit. Status updates will be coordinated with the Planning Unit and discussed daily.

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

V. Direction/Coordination

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

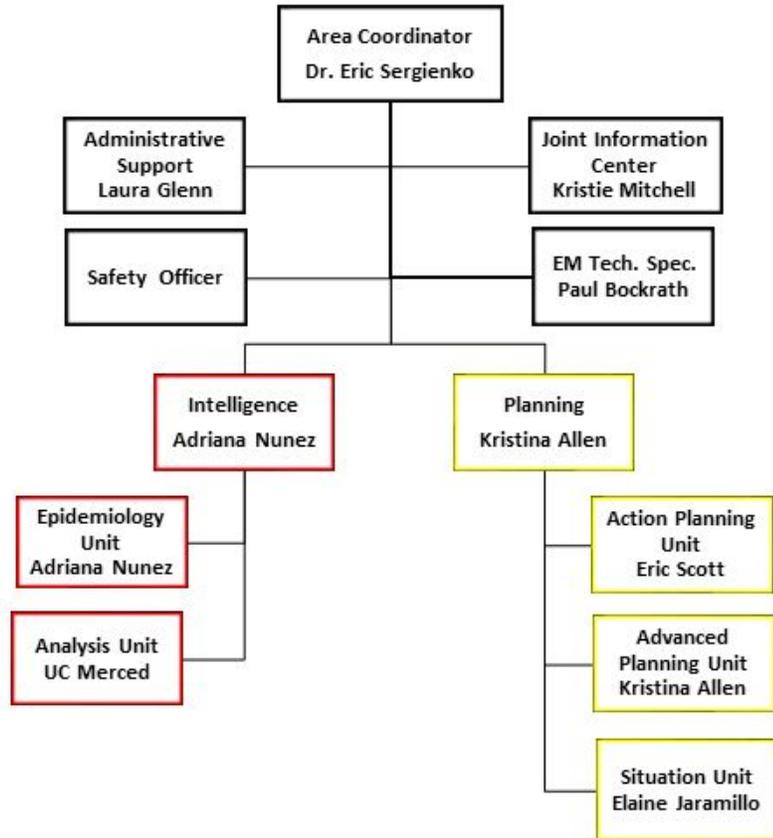
MAC Organizational Chart



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

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

YoGACT Organizational Chart



Annexes

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

COVID-19 Pandemic: Mariposa County Roadmap

May 1, 2020

Current Situation

The Nation is responding to an outbreak of respiratory disease caused by a novel coronavirus that was first detected in Wuhan City, Hubei Province, China. This novel coronavirus has now been detected in 203 countries and territories, including the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (COVID-19). As of May 1, 2020, California has identified over 50,000 positive cases of COVID-19 and 2,036 fatalities. Mariposa County has 13 positive cases and zero fatalities.

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

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

With the potential relaxing and restricting of state enforced regulations, our goal is to ensure that we are able to effectively prepare our community for all possible COVID-19 related future events.

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

- Different areas of the state will be in different phases of the pandemic at the same time.
- Childcare for all ages of youth must be restored and expanded to effectively reopen businesses.
- When Yosemite National Park reopens, visitation will be lower than normal rates, however, it will introduce new risk of increased cases into the County.
- Based on current modeling, we will not need local medical surge capacity and medical surge will not occur without at least one week’s notice.



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- Based on current modeling, local EMS is not anticipated to be overwhelmed with surge operations.
- Tioga Pass will not open before Memorial Day.
- Critical infrastructure and key resources will have sufficient redundancy to not be impacted by a medical surge.
- Some businesses will not reopen during the pandemic timeline.
- 132 people will be tested per day with PCR through a partnership with OptumServe.
- Persons will be compliant with isolation and quarantine orders.

Mission

Our mission is to use a “whole of government” approach to prevent, mitigate, respond to, and recover from, the impacts of the COVID-19 Pandemic in Mariposa County and the surrounding region for the overall health and safety of our residents and visitors.

Execution

The Mariposa County DOC and Public Health Officer, through a coordinated effort in the county, intends to maintain the containment phase as long as is practical in order to decrease the demand for healthcare services. Should transition to the surge phase occur, Mariposa DOC will be able to adapt to increased need for patient care and medically address the needs of the county.

Concept of Operations

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

The Mariposa County Roadmap will align with the [Yosemite Gateway Roadmap](#) and the State Governor’s [Roadmap to Modify the Stay at Home Order](#).

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

1. Ensure our ability to care for the sick within our hospitals
2. Prevent infection in people who are at high risk for severe disease



3. Build the capacity to protect the health and well-being of the public
4. Reduce social, emotional and economic disruptions

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

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

Coordinating Instructions

Mariposa County will take a holistic "Whole of Government" approach to ensuring that our plans are well thought out, well coordinated with our community partners, and executable at the necessary point in time. We will ensure collaboration with the DOC, EOC, County Administration and across all sectors, including, but not limited to:

- Healthcare Agencies: HHSA, JCFHCD, MACT Indian Health, EMS
- Social Services Sector: HHSA, Alliance, MSF, Manna House, etc.
- First Responders: Sheriff's Office, Mariposa Fire, CalFire, Probation
- Business Community: Chamber of Commerce, Economic Development, Mariposa Tourism Bureau
- Yosemite National Park, Stanislaus National Forest, and other recreation entities
- Child Service Organizations: Schools, Childcare providers, etc.
- Community Recovery Groups: Foundations, VOAD, Service Clubs and Organizations, Churches, etc.

In addition to local coordination, Mariposa County will coordinate with the State and other counties through a variety of coordinating bodies, including, but not limited to:

- Yosemite Area Gateway Area Coordination Team (Tuolumne, Madera, Yosemite National Park)
- San Joaquin Valley Public Health Consortium (Mariposa, Tuolumne, Calaveras, San Joaquin, Stanislaus, Merced, Madera, Fresno, Tulare, Kings, Kern)



- Health Officers Association of California
- California Conference of Local Health Officers
- California Health Executive Association of Counties
- California Welfare Directors Association
- California Behavioral Health Directors Association

CRITICAL INFRASTRUCTURE AND KEY RESOURCES

Administration

The County of Mariposa has established, in accordance with our Emergency Operations Plan, a Department Operations Center (DOC) to manage the incident, an Emergency Operations Center (EOC) to support the DOC as well as ensure a Whole of Government approach. As per our Emergency Operations Plan, each position in the EOC and DOC have been filled. A cross county Policy Group and a multi-department Joint Information Center have been established to support efforts. We are also active participants, and have lended management and planning support to the Yosemite Area Gateway Action Coordination Team, to ensure effective regional planning and coordination.

Funding Sources/Financials

Under FEMA and CDAA, it is anticipated that some costs associated with the incident will be reimbursable. There is still uncertainty of reimbursement, coupled with the lag in determinations and funding through these sources.

Notwithstanding possible FEMA and CDAA reimbursement, HHSA has received 3 grant awards specifically for COVID related expenses. HHSA will utilize new COVID related grants and existing funds that are allowable for repurposing, to offset whatever is possible. It is our intent to reduce the impact on the County General Fund to the greatest extent possible.

New funding already received for COVID specific activities include:

- HHAP- COVID: \$49,657 to be spent by June 30, 2020
- Project RoomKey: \$416,000 to be spent by July 8, 2020
- CDPH/PHEP: \$314,865 to be spent by March 15, 2021

Existing Funding Sources that can and will be repurposed include:

- CSBG – Calaveras-Mariposa Community Action Agency: \$40,000 to be spent by December 31, 2020
- TANF Incentive Funding: \$95,000 no deadline



Possible Existing Underutilized Grants that may be repurposed:

- CDPH - Infectious Disease Infrastructure: \$113,943

Grants pending application or completion:

- CMSP/CERG: \$100,000

Logistics

Personnel, resources/supplies and surveillance capacity are critical to managing a pandemic of this nature. Each capability area annex describes the needed logistics to support operations.

Without access to the following, this plan would not be executable:

- Funding
- Personnel and Subject Matter Experts
- Testing Capacity through OptumServe
- Medical Supplies and PPE for Med Surge
- Community Messaging Capabilities
- Political Support of Elected Officials

Coordination

The Mariposa County DOC, in partnership with the EOC and other county entities, will be responsible for completing the gap analysis for each capability and operationalizing the tactics/activities to achieve each capability.

Assigned teams for each capability area will have regular objectives and strategies meetings to discuss progress and create action plans to support efforts. This may be part of the regular DOC or EOC objectives/strategies meetings or could be capability area specific meetings.

Through this action planning, we will identify resources and supplies necessary to meet the objectives. By using the NIMS structure for incident management, we will be able to conduct our response operations in a way that allows specific resources to be utilized in their most effective and efficient capacities. We will rely on expert knowledge from teams that are best suited to carry out designated activities within the community.

Daily activities to support our Mission, include briefings and planning sessions to accomplish the objectives and tasks of each operational period. The DOC, with support from the EOC will implement and enforce county-wide initiatives and goals set forth by the YGACT.



Plan Design

Our actions have been organized around the six capability areas outlined by the State of California that will be necessary to safely relax the State Health Officer’s Stay at Home Order. Each capability area is organized into an Annex. To the extent that plans have been developed, they have been included. Plans are designed to be flexible, so that as our planning assumptions change or as we are issued new Federal, State or Local orders we can adapt rapidly and accordingly.

Capability Area:

- CA1: Monitoring and Protecting
- CA2: Protecting the At-Risk Population
- CA3: Responding to Med Surge
- CA4: Accessing and Utilizing Therapeutics
- CA5: Promoting Social Distancing
- CA6: Indications, warnings, triggers, decisions

Supported by:

- Department Operations Center (ESF 8 & 6)
- Department Operations Center (ESF 6)
- DOC - Alternate Care Site Plan Team
- DOC (ESF -8) / MHOAC
- DOC/EOC/Business Community
- Health Officer/Epidemiologist

Daily Meeting Schedule:

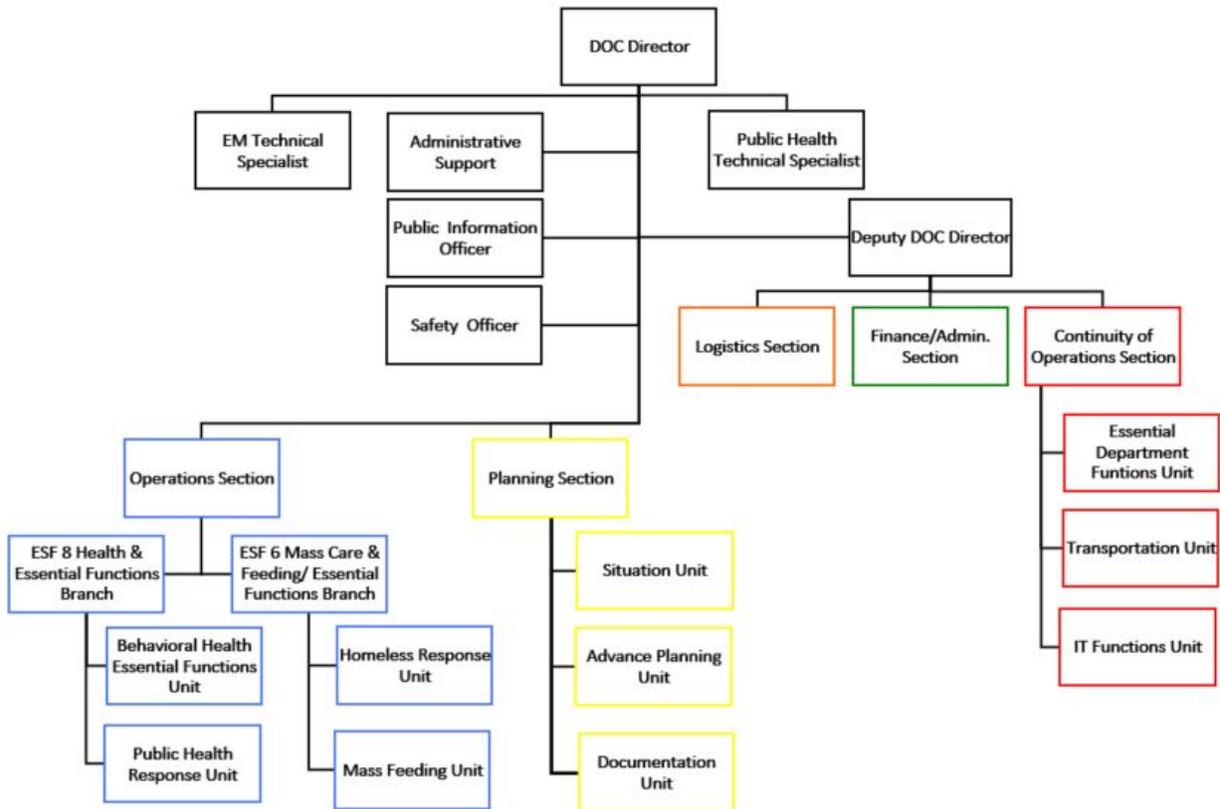
<i>Date/Time</i>	<i>Meeting Name</i>	<i>Purpose</i>	<i>Attendees</i>
0800 Daily	Department Operations Center (DOC) Briefing	Present DOC AP and assignments to all DOC staff for the next operational period.	All DOC Staff
0845 Daily	Alternate Care Site (ACS) Briefing	Present ACS staff for the next operational period.	All ACS Staff
0930 Daily	Emergency Operations Center (EOC) Briefing	Present EOC AP and assignments to all EOC staff for the next operational period.	All EOC Staff
1100 Daily	Situation Status Reports Due	Situation Status Reports for DOC and JIC are due to the EOC Planning Section Coord. and EOC Director.	DOC Planning Section and Lead PIO
1200 T-Th	Epidemiology Meeting	Collect data across the region and model for the future	Epi’s across the region (Merced, Madera, Tuolumne, Mariposa)
1300	Advanced Planning Meeting	Strategies for future events and stages	DOC/EOC Planning branches
1300	Business Continuity Meeting	Review and discuss County Business Continuity issues.	COOP Led, Policy Group, and Department Heads
M-W-F 1400	Cal OES OA/Tribal Statewide Conference Call	Coordination and Situational Meeting between Cal OES and OA/Tribal Nations.	EOC Director
1500 Daily	ACS Objectives/Tactics & Planning Meeting	ACS Manager and General staff review and revise current incident objectives and priorities.	ACS Management and General Staff
1400	Area Coordination Team Meeting	Check in with ACT team for advanced planning development	Area Coordination Mariposa Team



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1445	Sheriff's Office Leadership Call	Sheriff's Office coordination and resource discussion.	EOC Director, Lead PIO, & Undersheriff
1500 Daily	DOC Objectives/Tactics & Planning Meeting	DOC Director and Management & General staff review and revise current incident objectives and priorities.	DOC/EOC Management and General Staff
1530 Daily	EOC/DOC Planning Meeting	Review status and finalize strategies and assignments to meet incident objectives for the next operational period.	DOC/EOC Management, General Staff & Support
TBD	Policy Group Meeting	Meeting to discuss current and emerging issues.	Policy Group
TBD	Recovery Meeting	Discuss issues associated with transition to recovery and the establishment of a Local Assistance Center.	Assigned Recovery Staff





Documentation Annex

We have developed a Roadmap Annex document to provide additional information to each of the Capability Areas that are the understructure to our overall Roadmap. This annex organizes our documents into the categories listed below. Each area will link to our guidance documents that we have developed to support each of our Capability Areas.

Document Link: [COVID-19 Pandemic: Mariposa Roadmap Annexes - Updated May 1](#)

- **Capability Area 1:** Monitoring and Protecting - Contact Tracing
- **Capability Area 1:** Monitoring and Protecting -Testing
- **Capability Area 1:** Monitoring and Protecting - Isolation and Quarantine
- **Capability Area 2 :** Prevent infection in people who are at risk for more severe COVID-19
- **Capability Area 3 :** Hospital and health systems to handle surges
- **Capability Area 4:** Develop Therapeutics to Meet the Demand
- **Capability Area 5:** Promoting Social Distancing
- **Capability Area 6:** Determine when to reinstitute certain measures, such as the stay-at-home orders, if necessary

Contact Information

For additional information regarding the COVID-19 Mariposa County Roadmap, please contact:
Dr. Eric Sergienko, Mariposa County Health Officer
esergienko@mariposacounty.org (209) 966-2000

Chevon Kothari, Mariposa County Health and Human Services Agency Director
ckothari@mariposahsc.org (209) 966-2000

COVID-19 Pandemic: Mariposa County Roadmap Annexes

May 1, 2020

Capability Area 1: Monitoring and Protecting - Contact Tracing

Description: Contact tracing will be performed on all individuals who are positive or suspected to be positive for COVID-19 within 24 hours of this information coming to the attention of the Public Health Team. The County has assembled a multi-disciplinary team of contact tracers from various county departments to ensure we have the necessary capacity should our case numbers rise. Team members have been trained to identify and contact the “close contacts” of those who are suspected to be positive or have tested positive for COVID-19 and to provide direction to those individuals about their need to isolate or quarantine.

Planning Assumptions:

- As testing capacity increases, we are likely to need more capacity to do contact tracing
- We have the necessary staff and training tools to assist with contact tracing locally
- As we begin to have more travel in and out of the county, regional contact tracing will become increasingly difficult without building more regional capacity or tools.

Strategy: Mariposa County has assembled a sizable multi-disciplinary team, overseen by Mariposa County Health and Human Services, but led by the Mariposa County Sheriff’s Department. The Team includes members from: Public Health, Sheriff’s Department, Probation Department, District Attorney Office team members. Team members have been trained to quickly identify contacts and to provide them with information regarding quarantine and isolation, when necessary. As testing ramps up, this team will become increasingly impacted. New team members will be brought on if necessary.

Assignee: Mariposa County Public Health Team/Contact Tracing Team

Timeline: Ongoing

Supporting Resources:

- County Team - We will supply additional personnel as needed



- CalREDIE
- Database/tracking tools to support contact tracing efforts
- Informational packet for those who must isolate/quarantine
- Training Tools for additional contact tracers
- Potential Needs – Statewide resource for additional contact tracers should this become necessary

Capability Area 1: Monitoring and Protecting - Testing

Description: Through the increasing availability of testing capacity, coupled with the strategic prioritization for testing healthcare workers, first responders and others who come into regular contact with the public, our intent to minimize the risk of transmission of COVID-19, whenever possible.

Planning Assumptions:

- Although testing capacity has been limited, it's increased availability will allow for better surveillance.
- Testing results and data will be utilized to help guide public health decision making with regards to loosening and tightening restrictions to support prevention efforts.
- Routine screening of individuals who are symptomatic and individuals who regularly come into contact with those who are symptomatic or with the potential asymptomatic carriers, will allow us to minimize the spread of transmission.
- Those who are found to be positive or have had close contact with COVID-19 positive individuals are likely to modify their behaviors to prevent transmission.

Strategy: Mariposa County was selected by the State as a “testing desert”. On April 30th, OptumServe was deployed and will have the capacity to test 132 individuals per day. Although we have some testing capacity at John C. Fremont Healthcare District, we will utilize this increased testing capacity to prioritize in the following areas:

- a. Symptomatic Healthcare and Public Safety Workers (Fire, EMS, LE, County or CBO employees/volunteers with frequent contact with at risk populations)
- b. Symptomatic residents (in Mariposa and foothills area) in general population
- c. Close Contacts of individuals who are COVID Positive or of a Person Under Investigation
- d. Asymptomatic Healthcare and Public Safety Workers
- e. Community surveillance - asymptomatic residents



Assignee: Medical Professionals, Testing Labs and OptumServe

Timeline: Ongoing

Supporting Resources:

- [Testing Center Protocols](#)
- OptumServe Test Site, JCFHCD, Quest Laboratories
- Access to Swabs
- CalREDIE
- Public Health Team to track results and follow up on contact tracing when positive results come back
- Healthcare and First Responder Agencies to support routine testing efforts
- HHS Transportation Unit to support transportation to testing site for vulnerable populations and for those without access (See Transportation Protocol - [Transporting Individuals to the COVID-19 Testing Site](#))

Capability Area 1: Monitoring and Protecting - Isolation and Quarantine

Description: When individuals have been suspected to be or determined to be COVID positive or to have had “close contact” with individuals who are positive, it is important for them to have the means for them to isolate and quarantine themselves. Individuals will both need the means to do so (in some cases an alternate place to stay) and also support (such as food, wage replacement, etc.) while in isolation/quarantine.

Planning Assumptions:

- Routine screening for FRI amongst healthcare providers and employers will be completed on a daily basis.
- Individuals will have the ability to isolate/quarantine themselves and in relatively few cases may need additional supports to do so.
- As we increase testing capacity, we will need to ramp up our capacity to serve isolated/quarantined individuals (food, supplies, etc.)
- Most individuals who need to do so, will isolate/quarantine themselves.

Strategy:

When contact tracing team members identify individuals who may require isolation or quarantine, they will provide them with orders and information. The Public Health Team will check in with them daily to assess symptoms and help guide them to testing if they become symptomatic. Once someone is no longer in need of isolation or quarantine, they will be given a letter releasing them. For individuals who must stay in their homes for up to 14 days, HHSA will provide food and supply delivery if necessary. Mariposa County has established Project RoomKey, renting 44 rooms in a hotel, as a program to support individuals who may need to isolate and or quarantine and have no other means to do so.

Assignee: DOC - ESF 8 and ESF 6

Timeline: Ongoing

Supporting Resources:

- [HHSA Policy on Isolation/Quarantine](#)
- [Project RoomKey Resources](#), [Project RoomKey Policy](#)
- [Food and Supply Delivery](#)



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- [Public Health Team to conduct Check Ins](#)
- [FRI Screening Tools](#) and [Software](#)
- [OptumServe COVID-19 Testing Process and Logistics](#)

Capability Area 2 : Prevent infection in people who are at risk for more severe COVID-19

Description: COVID-19 has been found to disproportionately impact vulnerable individuals - those who are elderly or have underlying medical conditions. Due to this, it is imperative that we have the means to not only prevent transmission to vulnerable individuals, but to ensure that we have the means to care for them if they become ill.

Planning Assumptions:

- Mariposa County has a large number of elderly individuals and individuals with underlying medical conditions. Twenty-five percent of our population is over the age of 65.
- Due to the rural nature of the community and limited access to resources, it will take a public/private partnership to ensure individuals from every socioeconomic group are able to access resources.
- Mariposa County has limited congregate living settings or healthcare settings and those that are here have the necessary resources and capacity to keep their populations safe.

Strategy: The DOC will work with both county departments/programs and the private sector and business communities to ensure that we are developing and implementing strategies to support our vulnerable populations. We will do an ongoing assessment of need, at both the individual level and within congregate settings, as well as development of strategies for outreach and deployment of resources to serve these populations.

Strategies will include, but not be limited to:

- Accommodate needs of high risk students, employees, and customers in schools and businesses
- Operationalize infection control plans for congregate living settings (e.g., LTCF, assisted living, homeless shelters)
- Ensure infection control plans for hospitals and other healthcare providers accommodate needs of high risk patients
- Develop and maintain mechanisms to ensure adequate nutrition of at risk population through meal service/delivery
- Develop and maintain mechanisms to deliver pharmaceuticals and other goods to at risk populations
- Establish or use existing systems (GIS) to map out at risk populations



Assignee: DOC - ESF 6

Timeline: Ongoing

Supporting Resources:

- [Food](#) and Supply Delivery - Coordination and Transport
- GIS Database and Staff
- [Congregate Living Resources](#), [Congregate Living Plan](#), Homeless Shelter, [Child Care Facilities](#), and [STRTP Plans](#)
- Healthcare Setting Plans
- [Policy on PPE Use](#)

Capability Area 3 : Hospital and health systems to handle surges

Description: Due to the impact of COVID-19, communities' that have a high number of cases have healthcare systems that have been overwhelmed by the need for Intensive Care Units and Acute Hospital Beds. For this reason, and with the uncertainty of regional or statewide capacity, it is important for Mariposa County to have our own plan for Med Surge, should we need it.

Planning Assumptions:

- Based on currently modeling, it will be unlikely that Mariposa will not need local surge capacity beyond our current capacity.
- Given the uncertainty of disease, it is imperative that we have an alternate care site plan so that should we have a future surge we have a validated plan we can execute on.

Strategy: John C. Fremont Healthcare District has increased their capacity through the purchase of new equipment/supplies, to serve 26 individuals who need acute hospital beds. It is the responsibility of both JCFHCD and Mariposa County to partner on standing up and operating an alternate care site should we exceed capacity and not have the ability to transfer patients out of the county for care. We have developed a plan for an alternate care site that could accommodate up to 30 additional beds at our County Fairgrounds. Even though we don't foresee an imminent need at this time, we will exercise the plan in September to ensure we validate it.

Strategies to support this capability area will include but not be limited to:

- Maintain operational awareness of current hospital and ICU capacity
- Maintain awareness of projected hospital and ICU needs
- Develop and operationalize surge plan
- Identify current and ongoing resource gaps and implement appropriate solutions
- Support and staff PHEP and MHOAC function to prepare and respond

Assignee: DOC - ESF 8 and Med Surge Planning Team

Timeline: Plan to be completed by May 4th

Supporting Resources:

- [Alternate Care Site Plan](#) and Associated Policies ([LINK to ACS Site Folder](#))
- Staff and volunteers for the ACS



- Medical Supplies

Capability Area 4: Develop Therapeutics to Meet the Demand

Description: Scientists and researchers are working on a national and international level to develop both an immunization, as well as pharmaceuticals to treat COVID-19. Locally, we will monitor and access these treatments as they become available.

Planning Assumptions:

- It is anticipated that an immunization will be developed and available within 12-18 months.
- It is anticipated that pharmaceuticals to treat COVID-19 will be developed and available within 12-18 months.
- Once developed, it is anticipated that it will take several weeks to months to obtain and to immunize the community.

Strategy: As new therapeutics are developed nationally for both immunization and treatment, our MHOAC will track their development, evaluate for possible use in the area, and coordinate plans to access and distribute them within our County.

Assignee: MHOAC and ESF-8

Supporting Resources:

- [Mariposa Roadmap Supporting Document - Accessing and Utilizing Therapeutics](#)
- [Mass Vaccination Guidelines](#) and [Mass Vaccination Protocols](#)
- National and State Research
- CDPH/CHEAC/CDC Websites

Capability Area 5: Promoting Social Distancing

Description: Social Distancing is a key mitigation strategy for preventing the spread of COVID-19. As the State of California prepares to lift its stay at home orders, Mariposa County will provide support and guidance to our communities to ensure we resume normal activities in a phased approach and as safe as possible.

Planning Assumptions:

- When businesses and public settings have the necessary guidance and tools, most can effectively adhere to social distancing standards
- When community members are educated about disease transmission, they will most often alter their behavior to adhere to social distancing guidelines
- Most community members and businesses in Mariposa County will adhere to Health Officer's order (HOO) and guidance

Strategy:

To promote social distancing, a variety of strategies and activities must be undertaken by public and private entities, as well as by individuals. Businesses and other public/private sectors should exclude individuals who may be symptomatic from entering the workplace, businesses or gatherings with other. Businesses and other entities that serve the public, will be asked to use social engineering strategies to avoid individuals (who could be potential carriers of the virus) from coming into close contact with one another (less than 6 feet) for more than 10 minutes. Additionally, education and messaging through the JIC will promote individuals in taking personal responsibility for staying home when they are ill, keeping a distance from those around them, using good hand hygiene strategies, and wearing masks to avoid symptomatic or asymptomatic spread of the virus.

Strategies will include, but not be limited to:

- Implement HOO to limit gatherings to appropriate number based on phase
- Implement HOO on temperature/symptom screening at businesses and schools
- Implement guidance on school operations to include social distancing and closure
- Implement guidance on childcare operations to include social distancing and closure
- Establish social and engineering controls/guidance on social distancing in public spaces
- Conduct employee symptom/fever surveillance
- Conduct operations to limit the entry and transit through the county of non-residents particularly from areas with high transmission



- Collaborate with business community to develop guidance and manage expectations

Assignee: DOC and EOC

Timeline: Different guidelines will be phased in, in accordance with State guidance.

Supporting Resources:

- Health Officer's Orders on [FRI](#) and [Gatherings](#)
- [Febrile Respiratory Checklist \(LINK\)](#)
- [ARC GIS Survey for FRI Screening \(LINK\)](#)
- Guidelines for [Businesses](#), [Restaurants](#), [Schools](#), and [Childcare](#)
- Signage for Businesses
- [JIC Messaging](#)
- [HHS Staffing to provide technical assistance and support to businesses](#)
- Masks, Hand Sanitizer, Handwashing Stations
- Law Enforcement resource for enforcement, if necessary

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

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

Planning Assumptions:

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

Strategy:

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

Strategies include, but are not limited to:

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

Assignee: Area Coordination Team Lead, Intelligence Epidemiological Team



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

Supporting Resources:

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

Concept of Operations:

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

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

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

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

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

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

Proposed State or Regional Gating Criteria From The Plan

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

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

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

Indicators to Move from Phase 1 to Phase 2

- Hospitalizations and ICU trends remain stable
- Hospital surge capacity maintained to meet demands if there are increased infections in the next stage from increased movement
- There is sufficient PPE to meet demands, including anticipating future needs and knowing PPE can be secured
- Sufficient testing capacity to meet demand
- Contact tracing capacity statewide, including working with local health authorities and governments to make sure capacity is there

Based on these existing criteria, the reverse will be considered in implementing more stringent mitigation actions:

Indications to Increase Mitigation Measures

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

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

EMS call data will be monitored by the respective local EMS agencies via existing patient care reporting software. The LEMSA will notify the Health Officer and Communicable Disease team¹ for further investigation.

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

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



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

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



**JOHN C. FREMONT
Healthcare District**

To: California Department of Public Health
Attn: Jake Hanson, Executive Administrator, California Conference of Local Health Officers

From: Matthew Matthiessen
Chief Executive Officer
John C. Fremont Healthcare District
5189 Hospital Road
P.O. Box 216
Mariposa, CA 95338-0216

May 12th, 2020

As the Chief Executive Officer of the John C. Fremont (JCF) Healthcare District, a special use district for healthcare services, with a boundary contiguous with Mariposa County, I would like to provide this letter of support for the County Health Officer's attestation to allow for variances in Stage 2 for the California Roadmap to Modify the Stay at Home Order.

JCF provides inpatient and emergency services through its 18 bed Critical Access Hospital, a skilled nursing facility through the Ewing Wing, and both family practice and specialty medicine clinics.

JCF has been coordinating our pandemic preparedness and response with our County's Emergency Operations teams and our County Health & Human Services Agency since the pandemic was unfolding in January. In anticipation of surge, we activated our Hospital Incident Command System and obtain the necessary resources to manage potential surge.

At present, we have established 18 surge beds in addition to the nine licensed beds we use for acute patients. We have also developed contingencies to manage up to 5 ventilator patients if we are unable to transfer them to an established critical care facility. We have adequate stocks of PPE including gloves, gowns, and respirators to manage the most recent surge model that would have us manage 22 patients at peak activity.

In addition, we have worked collaboratively with the County on developing a 27-bed alternate care site at the Mariposa County Fairground. This has been truly a team effort with Health & Human Services, Emergency Services, CalFire, and others.

In protecting our most vulnerable residents, the Ewing Wing has been excluding nearly all visitors and has heightened screening for potential disease in both staff and patients. Along with the rest of the hospital, the Ewing Wing has sufficient stocks of PPE to address an outbreak within the patient population.

We currently collect and ship COVID-19 specimens to a commercial laboratory. Our lab will soon be able to use its BioFire with a respiratory panel that includes testing for COVID-19. This will provide us with limited in-house capacity to immediately identify cases and this will help both with patient management and with contact tracing.

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We recognize that with the County asking for a variation under the State's plan that there is an increased likelihood of COVID-19 patients receiving care at our facility. We feel we have the capabilities in place to address additional patients up to and including the modeled surge numbers.

Please feel free to contact me or my staff should have any questions or concerns.

Best Regards,



Matthew Matthiessen
CEO, John C. Fremont Healthcare District