

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



COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR County of Mendocino

May 18, 2020

## 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 14<sup>th</sup>, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4<sup>th</sup>, 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

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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](mailto:Jake.Hanson@cdph.ca.gov) to set up a time with our technical assistance team.

**County Name:** Mendocino  
**County Contact:** Noemi Doohan, M.D., County Health Officer  
**Public Phone Number:** (707) 472-2700

**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.

Mendocino County is well within the required containment of the epidemiological stability of COVID-19 within its jurisdiction. The prevalence of COVID-19 cases in Mendocino County is relatively low and can be swiftly contained. As explained in the response to this criteria, below, and in other sections throughout this report, although an anticipated outcome of further progression into Stage 2 in any jurisdiction is a likely increase of positive cases, the County has the capacity to meet the resulting public health surge response needed. Further, Mendocino County will demonstrate the projected ability to: sufficiently flattened the curve; provide healthcare surge capacity; demonstrate a strong ability and plan for monitoring local conditions, while ensuring the ability to restrict the Shelter-at-Home Order, if and when necessary, in order to protect the public health of our community.

Since the onset of the COVID-19 pandemic, the prevalence of COVID-19 in Mendocino County has remained relatively low. Mendocino County continues to demonstrate a proactive approach to containment and ensuring the safety and wellbeing of its residents, serving as one of the first counties to declare a local health emergency and issue modifications that include Shelter-In-Place with its first case on March 18, 2020. Since that time, Mendocino County has had many days of zero positive cases and a maximum of seven positive cases in any one day. This low prevalence is reflected by the fact that Mendocino County's rate of COVID-19 cases in the past 14 days is less than the State's criteria of no more than 1 COVID-10 case per 10,000, and is currently 0.2 case per 10,000.

As of May 17, 2020, Mendocino County has a total of 14 positive COVID-19 cases, with 2,286 individuals testing negative from a total of 2,300 test results. This results in a positive test rate of approximately 0.6%.

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

Mendocino County has had no deaths, which is considerably lower than the statewide rate. Further, the incidence rate across various age groups is unremarkable when compared to statewide distributions, except that Mendocino County's is much lower among those 65 years of age or older. Also noteworthy is the fact that Mendocino County currently has no residents hospitalized in relation to COVID-19, has not had any outbreaks in congregate care facilities, and has ramped up its surveillance testing focusing specifically on this population.

- **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).

The County believes there is clear guidance and necessary resources to ensure the safety of Stage 1 essential workers throughout its jurisdiction. First and foremost, the County has not seen an outbreak of positive COVID-19 cases among its essential workers, including but not limited to healthcare workers and first responders. It stands to reason that this fact is a strong indication that employers of essential workers across the County have been able to ensure their ongoing safety. This is due, in part, to the layered public health strategies taken by the County, including a Shelter-at-Home Order, the provision of personal protective equipment (PPE), Health Officer Alerts for Physician's and healthcare providers, a public health order requiring the wearing of cloth face coverings, the availability of hotels and an alternate secure site for the self-isolation of first responders, and testing availability for all essential workers and adults who live or work in the County.

As it pertains to guidance for employers and essential infrastructure workplaces, reference guidance and checklists issued by the CDPH at <https://covid19.ca.gov/roadmap/> are incorporated by reference. The County appreciates that State guidance now exists for most Stage 1 essential workplaces, including law enforcement, firefighters, emergency medical services, healthcare workers, and other community-based essential functions. We have made all of these guidance documents separately available on the County's website: <https://www.mendocinocounty.org/community/novel-coronavirus>. The County has also made available on its website links to a myriad of guidance documents from the Centers for Disease Control (CDC), and U.S. Department of Labor Occupational Safety and Health Administration (OSHA). The comprehensive list is provided in Attachment A.

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

Regarding the availability of resources collectively referred to as personal protective equipment (PPE), Mendocino County has the ability to protect its Stage 1 essential workforce through the provision of readily available PPE, while also maintaining a strong PPE reserve. The County has also consulted with our cities regarding PPE availability for their essential workers, including how they assess such availability.

Detailed information regarding PPE availability is summarized in Attachment B.

- **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.

The County has robust testing capacity in its jurisdiction. As stated previously, in May, the County will be able to significantly expand its testing capacity due to the State opening one of its 86 new mass testing sites here in the city of Ukiah. With the addition of this testing site, Mendocino County will have reached throughputs that exceed 300 tests per day, which is significantly above its target of 180 tests per day when using the State's upper-end goal of 2 tests per 1,000 population. Further, the County has utilized a layered testing strategy, including making testing readily available for all symptomatic individuals, asymptomatic healthcare workers and first responders, all adults living or working in the County, and surveillance testing of residents in congregate care facilities.

- 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.

The County has had the ability and capacity to make both established test sites and mobile testing available to its residents. Mendocino County's geographic area, while diverse and being a rural county, has partnered with the four cities within our County, as well as outlying clinics and community partners to ensure testing availability within 60 minutes of its residents; specifically, the mass testing site is centrally located in the City of Ukiah. A list of specimen collection sites in the County including the Optum Serve mass testing site to be opened in Ukiah as of May 22 is attached here as Attachment C.

Additional partners providing testing include: Adventist Health Center, Mendocino Coast District Hospital, Mendocino Coast Clinics, Anderson Valley Clinic, Abbot testing through Round Valley Indian Health Center, and Adventist Health Howard Memorial Hospital. These efforts are in addition to the extensive surveillance efforts Mendocino County Public Health provided throughout the county.

- **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.

Mendocino County has adequate infrastructure, processes and the workforce to detect and isolate new cases, as well as complete the necessary follow-up with positive case contacts. The County had 8 staff dedicated to contact tracing, and recently trained 16 more, bringing the required staff to 24 trained contact tracers. The County continues to have staff registering for training, and has the ability to secure additional contract tracers through our registry of Disaster Healthcare Volunteers, currently numbering 48 clinical professionals in order to meet an anticipated surge in new positive cases.

- 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

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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.

The County also has sufficient temporary housing unit for its residents experiencing homelessness. In Mendocino County, the homeless population is approximately 538. If 15% of this population required temporary housing in order to isolate positive cases and quarantine their related contacts, the County has two options available at its disposal. The first is a facility referred to as, Whitmore Lane, which has a capacity to house and isolate 25 individuals who test positive. This facility has private bathrooms, and contracted staff available to provide onsite staffing and support.

The second are hotel rooms at more than eight hotels in Ukiah, three hotels in Willits, and nine hotels in the coastal areas of Mendocino County. In total the twenty hotels have capacity for isolation of 1,066 individuals. Additionally, Mendocino County has identified and secured hotels for 199 "At Risk" individuals currently experiencing homelessness. The State has provided \$293,729 to Mendocino County through Project Room Key to support the much needed supports for these qualified individuals. These efforts clearly demonstrate the ability to house the required 15% of the unsheltered homeless in Mendocino County.

- **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.

The County has three hospitals in its jurisdiction, Adventist Health Ukiah Valley (AHUV), Adventist Health Howard Memorial (AHHM), and Mendocino Coast District Hospital (MCDH). All three hospitals have ample existing and surge capacity, including hospital beds, intensive care unit (ICU) beds and ventilators. AHUV has 49 hospital beds and 8 ICU beds with a surge capacity to increase to 88 hospital beds and 20 ICU beds. AHHM has 25 hospital beds and 4 ICU beds, with a surge capacity to increase to 41 hospital beds and 10 ICU beds. MCDH has 25 hospital beds and 4 ICU beds with a surge capacity to increase to 49 hospital beds and 12 ICU beds.

The County's hospital capacity can accommodate a surge of 80% due to COVID-19 cases, in addition to providing usual care to non-COVID-19 patients. It is worth noting that currently all three hospitals are operating at approximately low capacity. There has been only one recent hospitalization requiring an ICU bed and it should be noted that this case is a Lake County resident, seeking treatment in Mendocino County. As of May 17, 2020, no Mendocino County cases have required hospitalization.

- 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.

All three hospitals have robust plans to protect their hospital workforce, both clinical and nonclinical, with PPE. Detailed information regarding their plans and PPE availability are summarized in Attachment D.

- **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:
  - o Skilled nursing facilities (SNF) have >14 day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county has to track PPE availability across SNFs..

The County has confirmation from the four SNFs in its jurisdiction that they all meet the requirement of having at least a 14-day supply of PPE on hand. The names and contacts of our four SNFs are as follows:

- Redwood Cove Healthcare Center– Brenda Gallegos
- Ukiah Post Acute – Glen Bailey & Maria Carlos
- Sherwood Oaks Continuing Care – Chama Freeman
- Northbrook Health Care Facility – Shawndee Gamble

As for SNFs ongoing procurement from non-state supply chains, statewide, and here in Mendocino County, our SNFs have been relying upon PPE procurement from the County, by and through its EOC Logistics Branch. This has been necessary because other healthcare settings, such as hospitals, have been given higher priority for PPE during the COVID-19 pandemic. To that end, private suppliers prioritize hospital orders above that of SNFs. This results in orders placed by SNFs being cancelled by the supplier or the delivery being significantly delayed. Further complicating matters is that suppliers have also cancelled orders due to the diversion of PPE to other states, such as New York. That context in mind, the County has provided its SNFs with the names of all private suppliers and has requested that they establish relationships with the suppliers and repeatedly place PPE orders. If orders are cancelled, we have advised that they be resubmitted and that process not be thwarted.

Separately, the County is aware that on April 24 and May 11, 2020, CDPH issued AFL 20-43.1 and AFL 20-52, respectively, requesting all SNFs submit daily reports to CDPH regarding their PPE availability and requesting SNFs submit a facility specific COVID-19 mitigation plan with specified elements to CDPH. Among the elements that SNFs must include in their mitigation plan is the adequate provision of PPE, including having established contracts or relationships with vendors for replenishing stock.

Finally, in order to track PPE availability across SNFs in its jurisdiction, the County has established a weekly call with SNFs to check in on their supplies as well as regular updates on their plans and situational reports relating to COVID-19 and current Health Orders in effect. This enables the County to ensure sufficient PPE is available for the ongoing protection of this vulnerable population. The County would be interested in coordinating with CDPH and avoiding duplication of efforts since, per the previously mentioned AFLs, CDPH has separately requested SNFs submit daily reports regarding PPE availability. The County appreciates that CDPH's requests of the SNFs it regulates is in alignment with what the County is separately being required to determine.

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- **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

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The County of Mendocino CEO meets once a week with the four City Managers of Pt. Arena, Fort Bragg, Willits, and Ukiah to review and inform them on the current health variance plans. There is an additional weekly meeting with City Mangers, a County representative and the office of Senator Mike McGuire's office.

An Ad Hoc committee was formed by Mendocino County Supervisors Williams and Gjerde along with West Business Development Center. The purpose of this committee was to gather community stakeholder input on the impact of the variance plan on various industries. Industry roundtables were held in the area of Lodging, wineries, Food production, restaurants and retail. In addition to business owners, also included were the chambers of commerce for the four regions; north coast, south coast, Willits, Ukiah.

Key county stakeholders were instrumental while formulating this plan, and will continue to be integral while implementing our proposed variance plan. We continue to work with our Economic Development organizations. This includes West Business Development Center and the Economic Development Finance Corporation. We are partnering with the counties of Humboldt and Sonoma to formulate and implement variance plans. In addition, we have solicited input directly from industry leaders to participate in plan development.

Virtual community forums have been held to solicit input for our variance plan. Five sessions were held, a video recording was captured, and a report was drafted. In addition, nonprofit organizations and associations were invited to submit their recommendations. All content was collected and captured in a final single document that was turned over to the Health Director. A business Self-Certification Plan was developed, and is ready for implementation.

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The community engagement is reflective of the racial, ethnic, and linguistic diversity of our community. We have worked directly with our diverse community, especially the Latino business community and the tribal health community to secure their input and advice. This outreach is ongoing and we utilize radio, newspapers and community supported television stations when possible.

In general, rural communities like ours are unable to reach geographically isolated populations because of our lack of broadband and connectivity infrastructure. This puts us at a significant disadvantage in a virtual shelter-in-place world.

\* The County understands that as of the writing of this submission, tasting rooms and wineries may not be eligible for Stage 2. For a period of time, from approximately May 8 through 11, the State had removed from its website tasting rooms and wineries from the list of industries ineligible for Stage 2. Accordingly, the County's inclusion of these industries is made with the understanding that they are both contingent upon the State's final determination.

The County will consider allowing other businesses and activities in Stage 2 as the State may continue adding to its eligible businesses and activities in this stage. State guidance and checklists are rapidly being made available for Stage 2 workplaces, which the County has made, and will continue to make, separately available through its website. The County incorporates by reference those guidance and checklists at <https://covid19.ca.gov/roadmap/>. As additional guidance documents are available, the County will continue posting them to our website to ensure that a panoply of guidance exists for the industries the County seeks Stage 2 advancement.

- 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

Mendocino County will continue to measure and monitor various indicators that will serve as triggers for either slowing the pace through Stage 2, tightening modifications through amendments to its Shelter-at-Home Order, or engaging in other surveillance and interventions. The County maintains a dashboard of various indicators that allow for real-time public health surveillance.

The indicators that will be used for both notification to CDPH and for consideration of tightening our Shelter-at-Home Order are reflected in the below table:

| Indicator                          | Current      | Notify CDPH  | Consider Tightening SAH Order |
|------------------------------------|--------------|--------------|-------------------------------|
| 1 Average Daily Cases              | 1.6 cases    | 3 cases      | 5 cases                       |
| 2 Doubling time                    | 22 days      | 17 days      | 11 days                       |
| 3 Percentage of cases hospitalized | 12.7%        | 25%          | 40%                           |
| 4 Percentage of cases in ICU       | 7.6%         | 15%          | 25%                           |
| 5 Percentage of cases aged >60     | 13%          | 17%          | 21%                           |
| 6 Case Fatality Rate               | 3.7%         | 7%           | 10%                           |
| 7 Percentage of positive tests     | 3%           | 5%           | 8%                            |
| 8 PPE supply                       | >30 days     | <21 days     | <14 days                      |
| 9 Percentage of cases ventilated   | 3.7%         | 7%           | 10%                           |
| 10 Hospital Census                 | 50% capacity | 75% capacity | 90% capacity                  |
| 11 Congregate Outbreaks            | 0            | 1            | 2                             |

If six indicators, numbers 3, 4, 8, 9, 10 and 11 (shown above), are simultaneously at the threshold of triggering CDPH notification, then the County will consider tightening its Shelter-at-Home Order. The County reserves the right to modify the above indicators and community mitigations as it deems fit in order to protect the public health and community from the impacts of increased COVID-19 transmission.

The County will inform the State of any modifications to its indicators and any emerging concerns by requesting monthly calls with CDPH staff to provide an overall status update. The County will also initiate calls on an ad-hoc basis to seek consultation if any of the above indicators meet the notification criteria set forth above. The County will concurrently consider modifying its Shelter-at-Home Order to restrict or rollback businesses and workplaces identified for Stage 2 advancement herein if the six indicators above are met, or if the totality of circumstances warrant local concern. The County will also address early containment measures in its Containment Plan.

- **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](#)

In addition to what has been stated in the County's response to criterion 7, above, which is incorporated by reference, the County's actions will also be informed by pandemic resource documents, such as the CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission. This resource makes the point that community mitigations should be guided by the local characteristics of the disease transmission, demographics, and public health and healthcare system capacity. The County's actions will also be guided by Johns Hopkins' Public Health Principles for a Phased Reopening during COVID-19: Guidance for Governors. As that reference notes, the results of reopening decisions, such as further progression into Stage 2, will take two to three weeks to be reflected in metrics. Further, if case counts, hospitalizations, and deaths go up in that time, further actions in reopening should be paused, and steps should be taken to get control of rising numbers. Finally, possible actions might include changes to case and contact tracing, taking specific actions to respond to any outbreaks, and the re-imposition of various Shelter-at-Home restrictions focusing first on those businesses and activities that are more likely to result in transmission and therefore pose higher risks to public health.

### **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?

The County has robust testing capacity in its jurisdiction. As stated previously, in May, the County will be able to significantly expand its testing capacity due to the State opening one of its 86 new mass testing sites here in the city of Ukiah. With the addition of this testing site, Mendocino County will have reached throughputs that exceed 300 tests per day, which is significantly above its target of 180 tests per day when using the State's upper-end goal of 2 tests per 1,000 population. Further, the County has utilized a layered testing strategy, including making testing readily available for all symptomatic individuals, asymptomatic healthcare workers and first responders, all adults living or working in the County, and surveillance testing of residents in congregate care facilities.

The County has had the ability and capacity to make both established test sites and mobile testing available to its residents. Mendocino County's geographic area, while diverse and being a rural county, has partnered with the four cities within our County, as well as outlying clinics and community partners to ensure testing availability within 60 minutes of its residents; specifically, the mass testing site is centrally located in the City of Ukiah. A list of specimen collection sites in the County including the Optum Serve mass testing site to be opened in Ukiah as of May 22 is attached. Additional partners providing testing include: Adventist Health Center, Mendocino Coast District Hospital, Mendocino Coast Clinics, Anderson Valley Clinic, Abbot testing through Round Valley Indian Health Center, and Adventist Health Howard Memorial Hospital. These efforts are in addition to the extensive surveillance efforts Mendocino County Public Health provided throughout the county.

#### 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?

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- 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?

Twenty-four staff are trained in contact tracing, and sixteen of those completed the California Rural Indian Health Board training, where Native American cultural traditions were presented, and best practices for communicating with tribal members was given. Two of our trained staff are native Spanish speaking bilingual. The County continues to have staff enroll for training, and has the ability to secure additional contract tracers through our registry of Disaster Healthcare Volunteers, currently numbering 48 clinical professionals, in order to meet an anticipated surge in new positive cases.

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 safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

As Mendocino County progresses through the various stages of containment mitigation, this section will be completed and submitted as required. At this time Mendocino County is requesting the initial Attestation be accepted without the full Containment Plan, as a comprehensive plan for Mendocino County will be submitted in the next stage of Attestation.

Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census,

CDPH COVID-19 VARIANCE ATTESTATION FORM

ICU census, ventilator availability, staffing, and surge capacity?

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

As Mendocino County progresses through the various stages of containment mitigation, this section will be completed and submitted as required. At this time Mendocino County is requesting the initial Attestation be accepted without the full Containment Plan, as a comprehensive plan for Mendocino County will be submitted in the next stage of Attestation.

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?

As Mendocino County progresses through the various stages of containment mitigation, this section will be completed and submitted as required. At this time Mendocino County is requesting the initial Attestation be accepted without the full Containment Plan, as a comprehensive plan for Mendocino County will be submitted in the next stage of Attestation.

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?

As Mendocino County progresses through the various stages of containment mitigation, this section will be completed and submitted as required. At this time Mendocino County is requesting the initial Attestation be accepted without the full Containment Plan, as a comprehensive plan for Mendocino County will be submitted in the next stage of Attestation.

### 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?

As Mendocino County progresses through the various stages of containment mitigation, this section will be completed and submitted as required. At this time Mendocino County is requesting the initial Attestation be accepted without the full Containment Plan, as a comprehensive plan for Mendocino County will be submitted in the next stage of Attestation.

### 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?

As Mendocino County progresses through the various stages of containment mitigation, this section will be completed and submitted as required. At this time Mendocino County is requesting the initial Attestation be accepted without the full Containment Plan, as a comprehensive plan for Mendocino County will be submitted in the next stage of Attestation.

CDPH COVID-19 VARIANCE ATTESTATION FORM

In addition to your county's COVID-19 VARIANCE ATTESTATION FORM, please include:

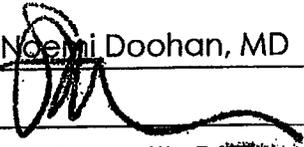
- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.
- County Plan for moving through Stage 2

All documents should be emailed to Jake Hanson at [Jake.Hanson@cdph.ca.gov](mailto:Jake.Hanson@cdph.ca.gov)

CDPH COVID-19 VARIANCE ATTESTATION FORM

I Noemi Doohan, MD, hereby attest that I am duly authorized to sign and act on behalf of the County of Mendocino. I certify that Mendocino County has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for the County of Mendocino, 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 Noemi Doohan, MD  
Signature   
Position/Title County Health Officer  
Date 05/19/2020



May 15, 2020

Dr. Sonia Angell, State Health Officer  
California Department of Public Health  
Sacramento, California

**RE: Letter of Support for County of Mendocino Attestation of Readiness for California  
Pandemic Resilience Roadmap Stage 2: Lower Risk Workplaces**

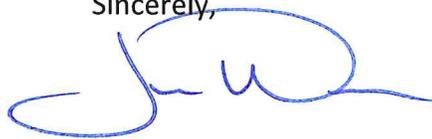
Dear Dr. Angell,

In accordance with Governor Newsom's Executive Order N-60-20 and May 7, 2020 guidance issued by the California Department of Public Health, Adventist Health Howard Memorial, Adventist Health Ukiah Valley and Mendocino Coast District Hospitals submit the following letter of support.

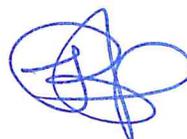
All three hospitals in Mendocino County have the capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Additionally, we have set up a virtual hospital that has increased capacity up to 50% through coordination with CDPH and additional state agencies. Adventist Health Howard Memorial, Adventist Health Ukiah Valley and Mendocino Coast District Hospital have a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE.

On behalf of Adventist Health Howard Memorial, Adventist Health Ukiah Valley and Mendocino Coast District Hospital, we fully support the attestation by Dr. Noemi Doohan that the County of Mendocino has met readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,



Jason Wells  
President



Bessant Parker, MD  
Medical Officer

cc: Darcie Antle, County of Mendocino  
JW/BP/dgb



## Attachment A

### County of Mendocino Attestation Weblinks:

<https://www.mendocinocounty.org/community/novel-coronavirus>

#### Business Resource links:

<https://www.mendocinocounty.org/business/business-resource-for-covid-19>

<https://mendocinocountysurvey.questionpro.com>

<https://www.westcenter.org/covid-19-business-resources>

<https://www.workforcealliancenorthbay.org/home/covid-19/>

[https://www.edd.ca.gov/disability/about\\_pfl.htm](https://www.edd.ca.gov/disability/about_pfl.htm)

<https://www.labor.ca.gov/coronavirus2019/>

[http://r20.rs6.net/tn.jsp?f=001kSF6AnLCM09XplcZxwtoYQv4Lb1aFfhX9wvxppL-2ekSmyOT7I2RyiE132I9rzA7VLk567IVaGyaxFwIJGkmUIfo1blj9Jp3DuP9wJBD06AGQD3wmyaRs-ii1z0 dt 8nvTQBl4f67ag5YD1ZOMWe1M dXHxsQFve9tUXgq-NFYnfMblfiORrR4pnePYHy19htxgPrPe2ep0PKjZijmA==&c=1V-igLlxerqctH5sSem\\_uM9ah5Een2vGNeE01wqHCRm-aYb4jS3yCg==&ch=yjJ1gkOpJWZjEUDClzOKH3cTxOHK34NLFL9I5Eyt39UgMCQ1sIS4BA](http://r20.rs6.net/tn.jsp?f=001kSF6AnLCM09XplcZxwtoYQv4Lb1aFfhX9wvxppL-2ekSmyOT7I2RyiE132I9rzA7VLk567IVaGyaxFwIJGkmUIfo1blj9Jp3DuP9wJBD06AGQD3wmyaRs-ii1z0 dt 8nvTQBl4f67ag5YD1ZOMWe1M dXHxsQFve9tUXgq-NFYnfMblfiORrR4pnePYHy19htxgPrPe2ep0PKjZijmA==&c=1V-igLlxerqctH5sSem_uM9ah5Een2vGNeE01wqHCRm-aYb4jS3yCg==&ch=yjJ1gkOpJWZjEUDClzOKH3cTxOHK34NLFL9I5Eyt39UgMCQ1sIS4BA)

[https://www.edd.ca.gov/unemployment/Work\\_Sharing\\_Program.htm](https://www.edd.ca.gov/unemployment/Work_Sharing_Program.htm)

<https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbusiness.ca.gov%2Fcoronavirus-2019%2F&data=01%7C01%7CBrian.Ferguson%40CalOES.ca.gov%7C125216d432084d86218a08d7c55d423b%7Cebf268ae303647149f69c9fd0e9dc6b9%7C1&sdata=rNW3dLTklgAqL%2ByFV8zQP2blueN%2BVSReonfTxbi5v8%3D&reserved=0>

<https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.treasurer.ca.gov%2Fcpca%2Fcalcap%2Farb%2Fsummary.asp&data=01%7C01%7CBrian.Ferguson%40CalOES.ca.gov%7C125216d432084d86218a08d7c55d423b%7Cebf268ae303647149f69c9fd0e9dc6b9%7C1&sdata=R9l1X0ovYalSUi2v1U4LJDkA3cdEFmWJgOUloxQs2lw%3D&reserved=0>

Attachment B

## County of Mendocino

| ENTER YOUR EQUIPMENT DETAILS                       |                    |                      |               | these columns are automatically calculated |                                |                              |               |
|--|--------------------|----------------------|---------------|--|--------------------------------|------------------------------|---------------|
| Product Name                                       | Description        | Original Stock Level | Reorder Point | Total # Orders                             | Orders waiting to be fulfilled | Stock waiting to be received | Stock on hand |
| 1860 N-95 GERSON 2130 case 200                     | 10 box/20 per case | 50                   |               | 0  | 0                              | 0                            | 43            |
| 1860 N95 masks case 120                            |                    | 112                  | 50            | 21   | 0                              | 0                            | 45            |
| 1860s N95 masks case 120                           |                    | 115                  | 50            | 16   | 0                              | 0                            | 82            |
| 1870 Isolation mask pk 20                          |                    | 30                   |               | 2  | 1                              | 0                            | 0             |
| 1870 Isolation mask pk 30                          |                    | 20                   |               | 1  | 0                              | 0                            | 0             |
| 1870 isolation masks 1895N box 20 (expired N95s)   |                    | 12                   |               | 1  | 0                              | 0                            | 12            |
| 1870 isolation masks box 20                        | opened case        | 6                    |               | 2  | 0                              | 0                            | 3             |
| 1870 isolation masks box 50                        |                    | 145                  |               | 12   | 0                              | 0                            | 2             |
| 1870 isolation masks case 120                      | 6 box 20 per case  | 159                  | 40            | 19   | 0                              | 0                            | 90            |
| 1870 isolation masks K-C 47117 case 500            | 10 box 50 per case | 0                    |               | 2  | 0                              | 0                            | 8             |
| 1870 isolation masks K-C 47117 box of 50           |                    | 10                   |               |  |                                |                              | 8             |
| 1870 N95 8610 case 240                             | 12 box 20          | 1                    |               | 0  | 1                              | 0                            | 1             |
| 1870 N95 W1400 box 20                              |                    | 20                   |               | 0  | 0                              | 0                            | 20            |
| 8610 N95 Particulate respirator (iso mask only)    | 12 box 20          | 1                    |               |  |                                |                              | 1             |
| Aerosol masks case 50                              |                    |                      |               | 1  | 0                              | 0                            | 0             |
| BioPack #1 330 UN 330 ml                           |                    |                      |               | 1  | 0                              | 0                            | 0             |
| COVID 19 Test kits                                 |                    | 1500                 |               | 2  | 0                              | 0                            | 1500          |
| VTM  |                    | 1600                 |               |  |                                |                              | 1600          |
| Abbott Test Kits                                   |                    |                      |               |  |                                |                              |               |
| Disinfectant wipes                                 |                    | 0                    |               | 6  | 0                              | 0                            | 0             |
| Face Shields- box 24 (4 box/case)                  | 4 box/case (96)    | 280                  | 40            | 14   | 0                              | 0                            | 165           |
| Face Shields- each (Open Box 24)                   |                    | 24                   |               | 1  | 1                              | 0                            | 20            |
| Gloves nitrile (large) case (10 boxes of 100 each) |                    | 1                    |               | 0  | 0                              | 0                            | 1             |
| Gloves nitrile (med) case (10 boxes of 100 each)   |                    | 7                    |               | 1  | 0                              | 0                            | 5             |
| Gloves nitrile (large) box 100                     |                    | 5                    |               | 2  | 0                              | 0                            | 2             |
| Gloves nitrile (large) case (20 box 100 each)      |                    | 1                    |               | 1  | 0                              | 0                            | 0             |
| Gloves nitrile (med) box 100                       | opened case        | 16                   |               | 1  | 0                              | 0                            | 15            |
| Gloves nitrile (small) box 100                     |                    | 3                    |               | 0  | 0                              | 0                            | 3             |
| Gloves nitrile (small) case (10 boxes of 100 each) |                    | 1                    |               | 0  | 0                              | 0                            | 1             |
| Gloves nitrile (XL) box 100                        | opened case        | 11                   |               | 3  | 0                              | 0                            | 7             |
| Gloves surgical latex size 7 box 50                |                    | 1                    |               | 0  | 0                              | 0                            | 1             |
| Gloves surgical latex size 8 box 50                |                    | 1                    |               | 0  | 0                              | 0                            | 1             |
| Goggles soft side each                             |                    | 38                   |               | 2  | 0                              | 0                            | 0             |
| Hand Sanitizer 16 oz pump (each)                   |                    | 8                    |               | 1  | 0                              | 0                            | 5             |
| Hand sanitizer 4 oz bottle- case 126               |                    | 28                   | 6             | 4  | 0                              | 0                            | 20            |
| Hand sanitizer 4 oz bottle- lot 25                 | opened case        | 12                   |               | 6  | 0                              | 0                            | 3             |
| hand sanitizer gallon                              | 4 gal/case         | 30                   | 4             | 5  | 0                              | 0                            | 11            |
| Hospital Bed or equivalent                         |                    |                      |               | 0  | 0                              | 0                            | 0             |
| Infrared Thermometers                              |                    | 0                    |               | 0  | 0                              | 20                           | 0             |
| Isolation gowns box 50                             |                    | 5                    |               | 1  | 0                              | 0                            | 4             |
| Isolation gowns pk 10                              |                    | 16                   |               | 5  | 0                              | 0                            | 0             |
| Isolation Kits- pk 10                              |                    | 16                   |               | 1  | 0                              | 0                            | 14            |
| isolation kits XL                                  |                    | 80                   |               | 2  | 0                              | 0                            | 28            |
| Medical Triage tent                                | from MCSO          | 2                    |               | 2  | 0                              | 0                            | 0             |
| N95 1860 box 20                                    |                    | 11                   |               | 7  | 0                              | 0                            | -3            |
| N95 1860s box 20                                   |                    | 16                   |               | 3  | 0                              | 0                            | 12            |
| N95 masks (with Sonoma County)                     |                    | 0                    |               | 0  | 0                              | 100000                       | 0             |
| Pulse oximeters                                    |                    | 20                   |               |  |                                |                              | 7             |
| Reusable safety goggles- each                      | case 100           | 2800                 |               | 6  | 0                              | 0                            | 2450          |
| Sanzide gallon                                     |                    | 6                    |               | 1  | 0                              | 0                            | 5             |
| Surgical gown L- case 30                           | 100                | 100                  | 25            | 14   | 0                              | 0                            | 52            |
| Surgical gown XL- case 30                          | 99                 | 100                  | 25            | 14   | 0                              | 0                            | 48            |
| Surgical gown XXL- case 18                         | 96                 | 96                   | 25            | 9  | 0                              | 0                            | 64            |
| Surgical Gowns XL each (open box of 30)            |                    | 30                   |               | 1  | 0                              | 0                            | 20            |
| Tyvek Gowns box 25                                 |                    | 1                    |               | 0  | 0                              | 0                            | 1             |
| tyvek Gowns box 50                                 |                    | 3                    |               | 1  | 0                              | 0                            | 2             |
| Ventilators  | Surge prep         | 0                    |               | 2  | 0                              | 0                            | 0             |
| Albuterol inhalers                                 | Request for RV     | 46                   |               | 1  | 0                              | 0                            | 0             |



Mendocino County Hospital Surge Plan

|  | AHUV           |       | AHHM           |       | MCDH                 |       | Total New |      |
|--|----------------|-------|----------------|-------|----------------------|-------|-----------|------|
|  | Current        | Surge | Current        | Surge | Current              | Surge | #         | %    |
| <b>BEDS</b>  |                |       |                |       |                      |       |           |      |
| Inpatient  | 49             | 88    | 25             | 41    | 25                   | 49    | 79        | 80%  |
| ICU  | 8              | 20    | 4              | 10    | 4                    | 12    | 26        | 163% |
| <b>PHYSICAL SPACE SURGE, breakdown</b>                 |                |       |                |       |                      |       |           |      |
| Re-opening ICU   |                | 7     |                |       |                      | 8     |           |      |
| Re-opening MS  |                | 3     |                |       |                      | 8     |           |      |
| Re-opening ED  |                | 10+   |                |       |                      | 7     |           |      |
| OP Pavilion  |                | 10    |                |       |                      |       |           |      |
| Pre-Op   |                | 6     |                |       |                      |       |           |      |
| PACU Phase II  |                | 3     |                | 16    |                      |       |           |      |
| <b>EQUIPMENT</b>                                       |                |       |                |       |                      |       |           |      |
| Whitmore Lane beds                                     |                | 20    |                |       |                      |       |           |      |
| Beds/Cots from emergency trailer (no other source)     |                |       |                |       |                      | X     |           |      |
| IV Pumps   | Current stock  |       | Current stock  |       | Current stock        |       |           |      |
| Cardiac Monitors                                       | surgical areas |       | surgical areas |       | SPO2, NBP, IBP, Temp |       |           |      |
| Crash Carts  | Current stock  |       | Current stock  |       | Current stock        |       |           |      |
| <b>STAFFING FOR CRITICAL CARE (VENTILATORS)</b>        |                |       |                |       |                      |       |           |      |
| <b>In-House today</b>                                  |                |       |                |       |                      |       |           |      |
| Dedicated ICU staff                                    |                | X     |                | X     |                      | X     |           |      |
| Current nursing cross-trained to ICU                   |                | X     |                | X     |                      | X     |           |      |
| Cross-trained PACU staff                               |                | X     |                | X     |                      | X     |           |      |
| Non-critical care RNs for team nursing                 |                | X     |                | X     |                      | X     |           |      |
| Cross trained Non-critical care RN's to Vent care RN's |                |       |                |       |                      | X     |           |      |
| <b>Resources to be requested</b>                       |                |       |                |       |                      |       |           |      |
| AH system Central Staffing Office (RN & RT)            |                | X     |                | X     |                      |       |           |      |
| AH system Agency Staffing Contract (RN & RT)           |                | X     |                | X     |                      | X     |           |      |
| AH system Float Pool (RN & RT)                         |                | X     |                | X     |                      |       |           |      |

## Ventilator Inventory - Mendocino County

Attachment D

### Ventilator Inventory - Mendocino County

| Facility                | Regular Vents | Existing Surge Vents (limited use) |           |           | Vent Resource Request | Vent-Trained |           |          | Critical Care Beds |           | All Inpatient Beds |            |            |
|-------------------------|---------------|------------------------------------|-----------|-----------|-----------------------|--------------|-----------|----------|--------------------|-----------|--------------------|------------|------------|
|                         |               | Closed                             | Anes.     | BIPAP     |                       | Vortran      | RT        | CRNA     | ICU RN             | Current   | Surge              | Current    | Surge      |
| MCDH                    | 2             |                                    | 2         | 8         | -                     | 4            | 3         | 1        | 4                  | 4         | 12                 | 25         | 49         |
| AHMM                    | 8             |                                    | 5         | 3         | -                     | 25           | 7         |          | 10                 | 4         | 10                 | 25         | 41         |
| AHUV                    | 5             |                                    | 8         | 7         | 22                    | 25           | 12        | 6        | 25                 | 8         | 20                 | 49         | 88         |
| <b>Subtotal</b>         | <b>15</b>     |                                    | <b>15</b> | <b>18</b> | <b>22</b>             | <b>29</b>    | <b>22</b> | <b>7</b> | <b>39</b>          | <b>16</b> | <b>42</b>          | <b>99</b>  | <b>178</b> |
| <b>Total/Percentage</b> | <b>15</b>     |                                    | <b>55</b> |           | <b>29</b>             |              | <b>68</b> |          | <b>163%</b>        |           |                    | <b>80%</b> |            |

**Notes:**

- 1) MCDH has ordered 4 vents through Medtronic, ETA 6 weeks
- 2) MCDH has received a new anesthesia vent, but training was postponed due to COVID-19
- 3) AHUV has 1 transport PARA PAC
- 4) AHUV RTs can manage 4 vents each, could also utilize ICU MDs and Anesthesiologists
- 5) AHUV cross-training 10 more ICU RNs
- 6) Vortran is a disposable ventilator
- 7) AHMM received 3 new ventilators on 4/1



May 19, 2020

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

The Honorable Mark Ghaly, MD  
Secretary, CA Health & Human Services Agency  
1600 Ninth Street, Room 460  
Sacramento, CA 95814

**RE: Support for the County of Mendocino's Attestation**

Dear Governor Newsom and Secretary Ghaly MD,

As the administrative leaders of Mendocino County's four incorporated cities, Ukiah, Fort Bragg, Willits and Point Arena, we support the attestation submitted by the Mendocino County Public Health Officer. As detailed in the submittal, the County of Mendocino has met the California Department of Public Health's (CDPH's) readiness criteria to mitigate the spread of COVID-19. We understand the purpose of this certification is to permit counties, like Mendocino, that are able to demonstrate an ability to protect the public and essential workers, to progress further into Stage 2 by reopening additional businesses and workplaces.

Our cities have worked in partnership with the County of Mendocino to prepare and respond to the pandemic. We believe the County of Mendocino has implemented the community mitigation strategies necessary to minimize the risk of spread. We strongly agree with our Public Health Officer's assessment that Mendocino County is actively monitoring infection through epidemiology, implementing containment measures, offering a sufficient amount of testing and contact tracing, monitoring hospitals capacity and plans for surge, and protecting vulnerable populations. In addition, our agencies have successfully maintained a continuity of service while providing the necessary protective measures and guidance for our essential workforce. We also have sufficient personal protective equipment (PPE) to protect our essential workers, both now and as we move further in Stage 2.

We support the need to protect vulnerable populations, continue social distancing, and monitor metrics that may require the modification of measures to prevent the spread of COVID-19. At the same time, it is critical to allow for businesses to reopen to mitigate the ongoing and significant economic impacts of the pandemic. Mendocino County's plan continues to prioritize safety while

allowing more businesses and workplaces to open. Our business community has worked diligently with the County's Public Health Officer to develop operational plans and guidance for reopening once the attestation is accepted by the State.

We are in full support of the attestation by the County's Public Health Officer recognizing the County of Mendocino meets the readiness criteria outlined by the CDPH to allow for further progression into Stage 2 of the Governor's Pandemic Road map.

Sincerely,



Tabatha Miller  
City Manager, Fort Bragg



Stephanie Garrabrant-Sierra  
City Manager, Willits



Richard Shoemaker  
City Manager, Point Arena



Sage Sangiacomo  
City Manager, Ukiah



# COVID-19 INDUSTRY GUIDANCE: Dine-In Restaurants

May 12, 2020

[covid19.ca.gov](https://www.cdph.ca.gov/covid19)



# 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:

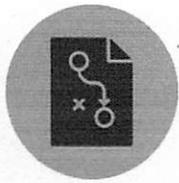
- ✓ physical distancing to the maximum extent possible,
- ✓ use of face coverings by employees (where respiratory protection is not required) and customers/clients,
- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training employees on these and other elements of the COVID-19 prevention 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 dine-in restaurants, brewpubs, craft distilleries, breweries, bars, pubs, and wineries to support a safe, clean environment for workers and customers. 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.<sup>1</sup> Stay current on changes to public health guidance and state/local orders as the COVID-19 situation continues. Cal/OSHA has more comprehensive guidance on their [Cal/OSHA Interim General Guidelines on Protecting Workers from COVID-19](#) webpage. The U.S. Food and Drug Administration has [guidance for restaurants](#) and the CDC has additional requirements in their [guidance](#) for businesses and employers.

- Brewpubs, breweries, bars, pubs, craft distilleries, and wineries should remain closed until those establishments are allowed to resume modified or full operation **unless they are offering sit-down, dine-in meals. Alcohol can only be sold in the same transaction as a meal.**
- Dine-in restaurants, brewpubs, breweries, bars, pubs, craft distilleries, and wineries that provide sit-down meals should follow the restaurant guidance below and should continue to **encourage takeout and delivery service whenever possible.**
- Brewpubs, breweries, bars, pubs, craft distilleries, and wineries that do not provide sit-down meals themselves, but can contract with another vendor to do so, can serve dine-in meals provided both businesses follow the guidance below and alcohol is only sold in the same transaction as a meal.
- Venues that are currently authorized to provide off sale beer, wine, and spirits to be consumed off premises and do not offer sit-down, dine-in meals should follow the guidance for retail operations and offer curbside sales only, until local and/or statewide rules allow additional retail activity.
- Producers of beer, wine, and spirits should follow the guidance for manufacturing operations.
- This guidance is not intended for concert, performance, or entertainment venues. Those types of establishments should remain closed until they are allowed to resume modified or full operation through a specific reopening order or guidance. Establishments that serve full meals must discontinue this type of entertainment until these types of activities are allowed to resume modified or full operation.



## Workplace Specific Plan

- Establish a written, worksite-specific COVID-19 prevention plan at every location, perform a comprehensive risk assessment of all work areas, and designate a person at each establishment to implement the plan.
- Identify contact information for the local health department where the restaurant is located for communicating information about COVID-19 outbreaks among employees or customers.
- Train and communicate with employees and employee representatives on the plan.
- Regularly evaluate the establishment 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 15 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 the eyes, nose, and mouth.
  - Face coverings should be washed after each shift.
- Information on employer or government-sponsored leave benefits the employee may be entitled to receive that would make it financially easier to stay at home. See additional information on [government programs supporting sick leave and worker's compensation for COVID-19](#), including employee's sick leave rights under the [Families First Coronavirus Response Act](#) and the Governor's [Executive Order N-51-20](#), and employee's rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's [Executive order N-62-20](#).



## Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or other workers entering the establishment. 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.
- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving the home for their shift and follows [CDC guidelines](#), as described in the Topics for Employee Training section above.

- 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, including face coverings and gloves where necessary.
- 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. Workers should wear gloves when handling items contaminated by body fluids.
- 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.
- Establishments must take reasonable measures, including posting signage in strategic and highly-visible locations, to remind the public that they should use face coverings and practice physical distancing while waiting for service and take-out.
- Servers, bussers, and other workers moving items used by customers (dirty cups, plates, napkins, etc.) or handling trash bags should use disposable gloves (and wash hands before putting them on and after removing them) and provide aprons and change frequently.
- Dishwashers should use equipment to protect the eyes, nose, and mouth from contaminant splash using a combination of face coverings, protective glasses, and/or face shields. Dishwashers must be provided impermeable aprons and change frequently. Reusable protective equipment such as shields and glasses should be properly disinfected between uses.



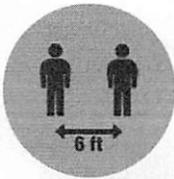
## Cleaning and Disinfecting Protocols

- Perform thorough cleaning in high traffic areas, such as customer waiting areas and lobbies, break rooms, lunch areas and areas of ingress and egress including host stands, entry ways, stairways, stairwells, escalators, handrails, and elevator controls. Frequently disinfect commonly used surfaces including doors, door handles, crash bars, light switches, waiting area chairs, credit card terminals, ATM PIN pads, receipt trays, bus tubs, serving trays, water pitcher handles, phones, toilets, and handwashing facilities.

- Frequently clean items touched by patrons, especially those that might attract contact from children including candy and toy vending machines, decorative fish tanks, display cases, decorative fountains, etc.
- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to working surfaces, phones, registers, touchpads/touchscreens, tablets, timeclocks, appliances, kitchen and bar utensils and implements, oven doors, grill and range knobs, carts and trolleys, keys, etc.
- Avoid sharing audio equipment, phones, tablets, laptops, desks, pens, and other work supplies wherever possible. Never share PPE.
- Discontinue shared use of audio headsets and other equipment between employees unless the equipment can be properly disinfected after use. Consult equipment manufacturers to determine appropriate disinfection steps, particularly for soft, porous surfaces such as foam earmuffs.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the employees' job duties.
- Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.
- Equip spaces such as dining rooms, bar areas, host stands, and kitchens with proper sanitation products, including hand sanitizer and sanitizing wipes to all staff directly assisting customers.
- 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 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.
- Restaurants should increase fresh air circulation by opening windows or doors, if possible to do so.
- 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 all working areas.

- Provide disposable menus to guests and make menus available digitally so that customers can view on a personal electronic device, if possible. If disposable menus cannot be provided, properly disinfect menus before and after customer use. Consider options for customers to order ahead of time.
- Discontinue pre-setting tables with napkins, cutlery, glassware, food ware, etc. These should be supplied individually to customers as needed. Do not leave card stands, flyers, napkin holders, or other items on tables.
- Suspend use of shared food items such as condiment bottles, salt and pepper shakers, etc. and provide these foods in single serve containers, if possible. Where this is not possible, shared items such as condiment bottles, shakers, etc., should be supplied as needed to customers and disinfected after each use.
- Pre-roll utensils in napkins prior to use by customers. Employees must wash hands before pre-rolling utensils in napkins. The pre-roll should then be stored in a clean container. After customers are seated, the pre-roll should be put on the table by an employee who recently washed their hands.
- Reusable customer items including utensils, food ware, breadbaskets, etc., must be properly washed, rinsed, and sanitized. Cleaned flatware, stemware, dishware, etc., must be properly stored away from customers and personnel until ready for use. Use disposable items if proper cleaning of reusable items is infeasible.
- Takeout containers must be filled by customers and available only upon request.
- Dirty linens used at dining tables such as tablecloths and napkins should be removed after each customer use and transported from dining areas in sealed bags. Employees should wear gloves when handling dirty linens.
- Thoroughly clean each customer dining location after every use. This will include disinfecting tables, chairs, booster seats, highchairs, booths, etc. and allowing adequate time for proper disinfection, following product instructions. Many EPA-approved disinfectants require minimal contact time (seconds to one minute) against human coronavirus.
- Close areas where customers may congregate or touch food or food ware items that other guests may use. Provide these items to guests individually and discard or clean and disinfect after each use, as appropriate. This includes but is not limited to:
  - Self-service areas with condiment caddies, utensil caddies, napkins, lids, straws, water pitchers, to-go containers, etc.

- Self-service machines including ice, soda, frozen yogurt dispensers, etc.
- Self-service food areas such as buffets, salsa bars, salad bars, etc.
- Discontinue tableside food preparation and presentation such as food item selection carts and conveyor belts, guacamole preparation, etc.
- Do not leave out after-meal mints, candies, snacks, or toothpicks for customers. Offer them with the check or provide only on request.
- Install hand sanitizer dispensers, touchless if possible, at guest and employee entrances and contact areas such as driveways, reception areas, in dining rooms, near elevator landings, etc.
- Discontinue use of shared entertainment items such as board games, pool tables, arcade games, vending machines, etc. Close game and entertainment areas where customers may share items such as bowling alleys, etc.
- Continue to follow existing codes regarding requirements for sanitizing (rather than disinfecting) food contact surfaces.



## Physical Distancing Guidelines

- Prioritize outdoor seating and curbside pickup to minimize cross flow of customers in enclosed environments. Restaurants can expand their outdoor seating, and alcohol offerings in those areas, if they comply with local laws and regulations.
- Provide takeout, delivery, and drive through options for customers when possible.
- Encourage reservations to allow for time to disinfect restaurant areas and provide guidance via digital platforms if possible to customers for physical distancing while at the restaurant.
- Consider allowing dine-in customers to order ahead of time to limit the amount of time spent in the establishment.
- Ask customers to wait in their cars or away from the establishment while waiting to be seated. If possible, alert patrons through their mobile phones when their table is ready to avoid touching and use of "buzzers."
- 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 and/or guests should stand).

- Install physical barriers or partitions at cash registers, bars, host stands, and other areas where maintaining physical distance of six feet is difficult.
- Any area where guests or employees queue should also be clearly marked for appropriate physical distancing. This includes check-stands and terminals, deli counters and lines, restrooms, elevator lobbies, host stands and waiting areas, valet drop off and pickup, and any other area where customers congregate.
- Physical distancing protocols should be used in any office areas, kitchens, pantries, walk-in freezers, or other high-density, high-traffic employee areas. Face coverings are required where employees cannot maintain physical distancing including in kitchens, storage areas, etc.
- Employee pre-shift meetings and trainings should be conducted virtually or in areas that allow for appropriate physical distancing between employees. Food, beverages, food ware, etc., should not be shared.
- Stagger employee breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.
- Consider offering workers who request modified duties options that minimize their contact with customers and other employees (e.g., managing inventory rather than working as a cashier or managing administrative needs through telework).
- Reconfigure office spaces, lobbies, beverage bars, kitchens and workstations, host stand areas, and other spaces wherever possible to allow for at least six feet of distance between people dining, working, and passing through areas for entry and exit.
- Remove tables and chairs from dining areas so that six feet of physical distance can be maintained for customers and employees. If tables, chairs, booths, etc., cannot be moved, use visual cues to show that they are not available for use or install Plexiglas or other types of impermeable physical barriers to minimize exposure between customers.
- Bar areas should remain closed to customers.
- Discontinue seating of customers where customers cannot maintain six feet of distance from employee work and food and drink preparation areas.
- Adjust maximum occupancy rules inside the establishment based on its size to limit the number of people inside and/or use impermeable barriers between service tables to protect customers from each other and employees. For outdoor seating, maintain physical distancing standards outlined above.
- Limit the number of patrons at a single table to a household unit or patrons who have asked to be seated together. People in the same

party seated at the same table do not have to be six feet apart. All members of the party must be present before seating and hosts must bring the entire party to the table at one time.

- Limit the number of employees serving individual parties, in compliance with wage and hour regulations.
- Face coverings are strongly encouraged for all employees, however, they are required for any employee (e.g., server, manager, busser, food runner, etc.) who must be within six feet of customers. All restaurant workers should minimize the amount of time spent within six feet of guests.
- 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.
- Reconfigure kitchens to maintain physical distancing in those areas where practical and if not practical staggers shifts if possible to do work ahead of time.
- Discourage food preparation employees from changing or entering others' work stations during shifts.
- Discourage employees from congregating in high traffic areas such as bathrooms, hallways, bar areas, reservation and credit card terminals, etc.
- Establish directional hallways and passageways for foot traffic, if possible, to eliminate employees from passing by one another.
- Require employees to avoid handshakes and similar greetings that break physical distance.
- Eliminate person-to-person contact for delivery of goods whenever possible. Designate drop-off locations to receive deliveries away from high traffic areas. Maintain physical distance of at least six feet with delivery drivers.
- Guests should enter through doors that are propped open or automated, if possible. Hand sanitizer should be available for guests who must touch door handles.
- Implement peak period queueing procedures, including a host to remind guests to queue with at least six feet of distance between parties outside or in waiting areas.
- Employees should not open the doors of cars or taxis.
- Takeout food items should be made available using contactless pick-up and delivery protocols.

- Avoid touching others' pens and clipboards. If possible, install transfer-aiding materials, such as shelving and bulletin boards, to reduce person-to-person hand-offs.



## Considerations for Restaurants

- Display a set of clearly visible rules for customers and restaurant personnel at the restaurant entrance(s) that are to be a condition of entry. The rules could include instructions to use hand sanitizer, maintain physical distance from other customers, avoid unnecessary touching of restaurant surfaces, contact information for the local health department, and changes to restaurant services. Whenever possible, the rules should be available digitally, include pictograms, and included on/with menus.
- Guests and visitors should be screened for symptoms upon arrival, asked to use hand sanitizer, and to bring and wear a face covering when not eating or drinking. Appropriate signage should also be prominently displayed outlining proper face covering usage and current physical distancing practices in use at all entrances and throughout the property.
- Licensed restaurants may sell "to-go" alcoholic beverages, prepared drinks, and pre-mixed cocktails provided they are sold and delivered to customers in conjunction with the sale and delivery of a meal/meals.

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<sup>1</sup>Additional requirements must be considered for vulnerable populations. Dine-in restaurants, breweries, brewpubs, craft distilleries, and wineries that provide meals 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 should be prepared to alter their operations as those guidelines change.



CARMEL J. ANGELO  
Chief Executive Officer  
Clerk of the Board



**COUNTY OF MENDOCINO  
BOARD OF SUPERVISORS**

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May 19, 2020

Dr. Sonia Angell, State Health Officer  
California Department of Public Health  
Sacramento, California

RE: Letter of Support for County of Mendocino Attestation of Readiness for California Pandemic Resilience Roadmap Stage 2: Lower Risk Workplaces

Dear Dr. Sonia Angel,

In accordance with Governor Newsom's Executive Order N-60-20 and May 7, 2020, guidance issued by the California Department of Public Health, the Mendocino County Board of Supervisors submits the following letter of support.

Mendocino County Health Officer Dr. Noemi Doohan has fully apprised the Board of Supervisors of the efforts that have been and will be taken to mitigate the spread of COVID-19. These efforts will ensure that individuals, who are at heightened risk, continue to be protected as Mendocino County progresses through California's roadmap.

The Mendocino County Board of Supervisors fully supports the attestation by Dr. Doohan that the County of Mendocino has met readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap. Further, the Board of Supervisors supports the reopening of businesses and spaces in the County in the most expeditious manner possible, consistent with protection of the public and essential workers.

Sincerely,

John Haschak, Chair  
Mendocino County Board of Supervisors

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