

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

COVID-19 VARIANCE ATTESTATION FORM

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FOR Merced County

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**May 18, 2020**

## **Background**

On March 4, 2020, Governor Newsom proclaimed a State of Emergency because of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 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 and level of county readiness for COVID-19 has differed across the state. On May 7<sup>th</sup>, as directed by the Governor in Executive Order N-60-20, the State Public Health Officer issued a local variance opportunity through a process of county self-attestation to meet a set of criteria related to county disease prevalence and preparedness. This variance allowed for counties to adopt aspects of Stage 2 at a rate and in an order determined by the County Local Health Officer. Note that counties desiring to be stricter or move at a pace less rapid than the state did not need a variance.

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

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

cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

## Local Variance

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

1. Notify the California Department of Public Health (CDPH), and if requested, engage in a phone consultation regarding the county's intent to seek a variance.
2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the health care coalition or health care systems in said county.<sup>1</sup> In the event that the county does not have a health care coalition or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable. The full submission must be signed by the local health officer.

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

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

**County Name:** Merced

**County Contact:** Merced County Department of Public Health

**Public Phone Number:** 209-381-1200

## Readiness for Variance

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

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

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

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

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

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

**Readiness Criteria**

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

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by reintroducing features of the stay at home order and using capacity within the health care delivery system to provide care to the sick. Given the anticipated increase in cases as a result of modifying the current Stay-At-Home order, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
  - Demonstrated stable/decreasing number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients of <+5% **-OR-** no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.

Merced County meets both of these criteria. The 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients is -0.4%. Merced County has never had more than 20 COVID-19 patients hospitalized on any single day; the highest census has been 11.

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

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

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

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

Merced County meets this criterion. Our testing positivity is 5.1%.

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

Merced County has provided clear guidances to all businesses and organizations that are allowed to open. On April 24, the County released a Health Order that required a Social Distancing and Safety Plan for all essential businesses. The Social Distancing and Safety Plan requirements created confusion in the Business community, so they were temporarily suspended April 27th for review of clarity.

On May 8, the a Health Order released relaxing the original March 20th stay at home order, also included updated and clarified criteria for businesses that are opened/reopened (listed below):

5. Operating Requirements for All Businesses and Organizations:

- a. Limit the number of people who can enter into the facility/job site at any one time to ensure that people in the facility/job site can easily maintain a minimum six-foot distance from one another at all times, except as required to complete business activities; and
- b. Strongly encourage employees to wear face coverings or use other protective barriers (e.g., plexiglass, cubicles) where six feet of distance is not easily maintained between employees, or between employees and the public; and
- c. Where lines may form at a facility/job site, mark six-foot increments at a minimum, to establish where individuals should stand to maintain adequate social distancing; and
- d. Provide hand sanitizer, proper handwashing stations with soap and water, or approved disinfectant at or near the entrance of the facility/job site and other appropriate areas for use by the public and employees, and in locations where there is high-frequency employee interaction with members of the public (e.g., cashiers); and
- e. Provide for contactless payment systems or, if not feasible to do so, provide disinfectant for all payment portals, pens, and styluses after each use; and
- f. Regularly disinfect all high-touch surfaces and equipment; and
- g. Post a sign at the entrance of the facility/job site informing all employees and customers of the requirements set forth in the Febrile Respiratory Illness Order issued on April 7, 2020; and
- h. Assign a safety officer to ensure compliance with Health Officer Orders, State Guidance, OSHA regulations, and Reopening Guidelines, as applicable.
- i. To the extent a business or organization otherwise provides for employee and the public's safety within the requirements prescribed by the Governor at <https://covid19.ca.gov/roadmap/>, such provisions shall satisfy the requirements of this section.

In addition, sector specific Guidelines are being developed as part of a collaboration between the County and various business sectors.

All of this information is maintained for the business community at [reopenmercedcounty.com](http://reopenmercedcounty.com). The full health order is appended to this attestation.

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

Reopening Guidelines outline the disinfectant and essential protective gear necessary for all businesses that are open. Businesses are responsible for providing their employees with the necessary resources. Guidances also include recommendations for maintaining social distancing for both employees and patrons of businesses/workplaces.

The Health Department does provide health care facilities (including acute, outpatient, and long term care) with necessary PPE, as available through the MHOAC program. The PPE facilities have available is assessed multiple times a week through a standing survey conducted by County OES, the results of which are shared with Public Health.

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current [testing criteria](#), (available on CDPH [website](#)). The county must attest to:
  - Minimum daily testing capacity to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Provide the number of tests conducted in the past week. A county must also provide a plan to reach the level of testing that is required to meet the testing capacity levels, if the county has not already reached the required levels.

Using the metric of 1.5 tests per 1,000 residents per day Merced County would need to conduct 425 tests a day. Though the county does not currently have this volume of testing, it does have the capacity to achieve this goal and plans to make this number the daily surveillance total of tests.

Currently, one large capacity lab on the east side of the county has capacity for 132 tests per day, with ability to add a second testing lane. On average, in the past 7 days, another 251 laboratory tests have been reported per day. This does not include inpatient laboratory capacity or volume in our acute care hospitals, both which have over 100 test kits on hand on any given day. In addition, the Public Health Department operates a mobile strike testing team. This team operates a clinic on the west side of the county weekly with a capacity of 32 tests per clinic. It also has the ability to respond to outbreaks and test on site, with 4000 test kits currently available. There is significant testing ability within the county, and current capacity would be able to perform 425 tests in a day.

Note that the County was in active development of bringing a second, state approved high-capacity testing site to the westside of the County. That testing site was pulled, and the State informed the County that the current single high capacity testing site was adequate to meet the County demand. Merced County interprets that as confirmation that the State believes Merced's testing capacity is adequate.

In the last week, Merced County has tested 1,395 individuals, not counting the hospital in house laboratory tests. A major barrier to increased testing is the invasive nature of the nasal-pharyngeal swab. Though widely advertised to healthcare workers and first responders, there is a real reticence to solitary testing, much less repeat testing. To address this, MCDPH is pursuing less invasive test options. The

County is also creating a robust advertisement plan for the high capacity testing site, and through basic advertisement has been able to increase the number of appointments at the site from ~50 at the end of last week to ~100 at the beginning of this week. MCDPH is also participating in active homeless outreach, beginning this week, to increase testing of that population.

- Testing availability for at least 75% of residents, as measured by the presence of a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county and indicate if there are any geographic areas that do not meet the criteria and plans for filling these gaps if they exist. If the county depends on sites in adjacent counties, please list these sites as well.

The OptumServe testing site is located at the fairgrounds in the City of Merced (900 Martin Luther King Dr. Merced 95341) and the mobile clinic hosted by the Merced County Department of Public Health is located at the fairgrounds in the City of Los Banos (403 F St, Los Banos, 93635) which are the two most populous cities in Merced County. Merced City has a population of 88,120 and Los Banos has a population of 41,923. These combined account for 46% of Merced County residents residing in one of these two cities. Additionally, these two locations are located on geographic opposite ends of the county which allows for all county residents are within a 60 minute drive of one of these testing locations.

In addition, several other clinics in the county are testing, including in Merced City (Golden Valley Health Centers: 747 West Childs Ave. Merced, 95341), Merced Faculty Associates, Fountain View Urgent Care: 374 W. Olive Ave, Ste. A Merced, CA 95348), Atwater (Castle Family Health Center: 3605 Hospital Rd, Atwater, CA 95301), and Livingston (Livingston Community Health: ). These sites add to the geographical spread of the testing capacity of the county.

- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact [covCommunitySurveillance@cdph.ca.gov](mailto:covCommunitySurveillance@cdph.ca.gov) for any guidance in setting up such systems in their county.]
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All tests, except hospital in-house tests, are reported directly to the state, via CalREDIE's ELR function. MCDPH consistently looks to onboard additional laboratories to this system. For example, recently a small pharmacy in the County received 500 test kits through a grant to test one of the County's more rural populations. We reached out to the laboratory supporting that pharmacy and encouraged them to join the CalREDIE ELR portal.

A major barrier to increased testing is the invasive nature of the nasal-pharyngeal swab. Though widely advertised to healthcare workers and first responders, there is a real reticence to solitary testing, much less repeat testing. To address this, MCDPH is pursuing less invasive test options. The County is also creating a robust advertisement plan for the current high capacity testing site to increase testing appointment and buy in.

In the interim, while testing remains invasive, MCDPH has initiated several initiatives to increase testing and surveillance. First is assessing geographical availability of testing. A real gap in the geographic accessibility in testing is the west side of Merced County (Los Banos and Dos Palos). To address this, the County was in discussion with the State to set up a high capacity lab in this sector of the County. After being assured this testing site would materialize, and after developing plans to make it so, the site was pulled. In the interim, MCDPH is holding weekly testing in the west side of the community.

In addition, due to increased testing capacity throughout the county, all contacts of positive cases, including asymptomatic contacts, are strongly encouraged to test. MCDPH has actively reached out to all healthcare and first responder groups to offer priority testing as well as repeat testing – again, the invasive nature of the test has limited the uptake of these offers. Most of these groups have expressed strongly that they would participate in increased and repeated testing if the test was less invasive.

MCDPH has also worked extensively with vulnerable groups, and will be testing all SNF staff in compliance with state recommendations. A mobile strike unit is ready to respond to any long term care facility with an identified positive case or possible exposure, and has already done so. In addition, the mobile strike team is also participating in active homeless outreach, beginning this week, to increase testing of that population. Lastly, MCDPH has also been in contact with the jails and meat packing plants in the county to discuss testing coordination within these facilities if a case were to materialize in one.

In addition, despite the problems with serology testing, there are potential benefits in terms of county-wide surveillance. In addition, serology tests have the benefit of being far less invasive. To this end, MCDPH is also pursuing partnerships with multiple sectors (healthcare and the UC) to systematically test sectors of the population for antibodies. Anyone with identified antibodies would be referred to PCR testing.

Currently, the County is confident that anyone who needs a test due to symptoms or contact to a known COVID-19 case would be able to receive one expediently. MCDPH is actively pursuing parallel mechanisms to both increase the numbers being tested with the current invasive testing model, and pursuing less invasive testing options to increase surveillance capacity.

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:
  - Enough contact tracing. There should be at least 15 staff per 100,000 county population trained and available for contact tracing. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge. Indicate which data management platform you will be using for contact tracing (reminder that the State has in place a platform that can be used free-of-charge by any county).

Using the state metric, Merced County should have 42 trained contact tracers. Merced County has had 170 cases to date. Currently, Merced has 15 active investigators, 15 staff who support other efforts of contact tracing (follow-up case management, work excuses and releases, surveillance tracking, and team management), and 9 law enforcement partners to serve quarantine and isolation orders, for a total of 39 active staff actively participating in COVID-19 contact investigation and follow-up activities. All 39 staff have been trained to do contact tracing. An additional 5 Environmental Health staff are also trained for surge.

The current capacity of 15 investigators has been able to conduct a thorough contact investigation on every one of the 157 cases within 24 hours. Every contact investigation including the following categories (at a minimum):

- All household contacts of a COVID-19 positive case
- Healthcare workplace contacts
- Non-healthcare workplace contacts
- Any healthcare exposure
- Any congregate living exposure
- Other identified close contacts that do not fall into one of the above categories

This level has of contact investigation has been easy to maintain because the county gets 5-7 cases per day. The highest number of reported cases received in one working day was 17 - this was handled by the team of 13. The current resources could easily handle consistently doubled capacity of 10-14 cases per day.

The entire internal staff team of 30 is trained to conduct contact tracing, which means our case count could quadruple (20-28 cases per day) and be able to be handled by the internal staff team. However, in the case of an even larger surge (or large outbreak), additional staff have been identified who could serve as contact investigators. In addition, law enforcement partners have offered to conduct contact investigations as well quarantine and isolation orders.

A case surge of more than four times the currently reported amount would trigger a need to scale back on the phased reopening. Essentially, the current number of active contact tracers is capable of handling a surge to the point of the trigger for stepping back to an earlier phase. Regardless, we have over 42 trained contact tracer and this criterion is met.

Currently, contact tracing is tracked through excel and CalREDIE, but Merced County will be pursuing the state contact tracing platform, which looks to be an excellent resource, as quickly as possible. In addition, the County is developing plans to train additional part time contact tracers who will be able to assist the above outlined resources and provide even more robust capacity.

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

Currently, Merced County has 371 homeless individuals identified by the County Human Services Agency (HSA). 346 of these individuals have been contacted, 67 individuals have been placed in shelter in Merced, and 23 individuals have been placed in shelter in Los Banos. There is an additional 14 room capacity for individuals to be placed in Merced and additional 10 in Los Banos. Should individuals begin to receive positive tests, an additional 24 rooms are available in Merced. Additionally, while most rooms have been for a single person, there is a limited availability of rooms that could house two or more individuals should a family need housing. The current individuals housed in Merced County account for an estimated 26% of the homeless population.

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:
  - County (or regional) hospital capacity to accommodate COVID-19 positive patients at a volume of at a minimum surge of 35% of their baseline average daily census across all acute care hospitals in a county. This can be accomplished either through adding additional bed capacity or decreasing hospital census by reducing bed demand from non-COVID-19 related hospitalizations (i.e., cancelling elective surgeries). Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Merced Medical Center Merced

Merced Medical Center Merced has the ability to address a surge with a minimum of 35% of incidents due to COVID-19. The hospital has 206 total licensed beds, which includes a total of 20 beds designated for a surge due to COVID-19. The hospital has also reintroduced elective procedures as of May 4, 2020 which requires all patients to have a negative COVID-19 test result within 72 – 96 hours before the procedure. A robust plan is in place that would cease elective procedures should there be a surge in COVID-19 cases. Additionally, the hospital reports that for the last two weeks it has been operating at 50% of capacity due to low numbers of individuals seeking out the hospital as a source of care.

Memorial Hospital Los Banos

Memorial Hospital Los Banos has the ability to address a 30% surge due to COVID-19 incidents and is also part of an integrated system with Sutter Health that would allow them to transfer to other facilities should the need arise, therefore meeting the 35% hospital capacity due to surge. The hospital has been operating at Phase Level 1 for the duration of the incident.

Both hospitals follow robust precaution plans to protect both hospital workers and patients. All employees who are able to work remotely are working remotely, there are universal masking procedures for both hospital staff and patients, and screening procedures for staff and patients before entering the facility.

- 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.

Both Merced County hospitals report having conservation measures and a re-supply strategy to ensure that there are sufficient amounts of Personal Protective Equipment (PPE) available at all times. Memorial Hospital Los Banos keeps a seven-day supply of PPE on hand and Mercy Medical Center Merced keeps a six-day supply of PPE on hand.

The PPE facilities have available is assessed multiple times a week through a standing survey conducted by County OES, the results of which are shared with Public Health.

If PPE supply chains are compromised, elective procedures would be scaled back. In addition, the Public Health warehouse has a small cache of PPE from the state to distribute to the hospitals if urgent needs arise.

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to ongoing work with Skilled Nursing Facilities within their jurisdiction and describe their plans to work closely with facilities to prevent and mitigate outbreaks and ensure access to PPE:
  - Describe your plan to prevent and mitigate COVID-19 infections in skilled nursing facilities through regular consultation with CDPH district offices and with leadership from each facility on the following: targeted testing and patient cohorting plans; infection control precautions; access to PPE; staffing shortage contingency plans; and facility communication plans. This plan shall describe how the county will (1) engage with each skilled nursing facility on a weekly basis, (2) share best practices, and (3) address urgent matters at skilled nursing facilities in its boundaries.

Merced County Department of Public Health in collaboration with Office of Emergency Services (OES) holds two calls with post-acute and acute care facilities weekly. In these calls, the Department discusses and explains changes in state regulation, and provides guidance and technical assistance for facilities in any issues they may be having interpreting and implementing the guidances. Also during these calls, a census of PPE is discussed and facilities report their census on a daily basis via a survey.

Merced County has a total of 91 congregate care facilities/living shelters which includes a total of 12 skilled nursing facilities. Protecting these facilities has been a high priority of the County; early health orders protected these facilities by restricting visitation, requiring masking of all employees, and other protective measures. All skilled nursing facilities have confirmed their ability to accept COVID+ patients, with infection control measures in place.

Recently, MCDPH received 4800 testing kits and distributed 20 kits to each Skilled Nursing Facility and hospice provider. Nurses have gone out to sites to provide testing just in time training as needed. In addition, the MCDPH mobile strike team is ready to deploy to any long term care facility that has need for rapid testing, and has already deployed to several such sites.

- 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 must track PPE availability across SNFs.

During the bi-weekly calls described above, a census of PPE is discussed and facilities report their census on a daily basis via a survey.

Currently, the facilities are well stocked on PPE and keep at least 14 days of PPE for all staff on hand at all times. Each of the facilities has a robust re-supply strategy to ensure that there are sufficient amounts of PPE available at all times through their only privately acquired supply chain. Additionally, the Medical Health Operational Area Coordinator (MHOAC) keeps a supply on demand for these facilities should the need arise and the State is unable to fulfill a request for more supplies.

Below is a list of Skilled Nursing Facilities in Merced County:

- Anberry Rehabilitation
- Dos Palos Memorial
- Grace Homes Inc
- Los Banos Nursing & Rehabilitation
- New Bethany Skilled Nursing
- La Sierra Care Center
- Merced Behavioral Healthcare
- Merced Nursing & Rehabilitation
- Franciscan Convalescent Hospital
- Hyland Healthcare Center
- Anberry Rehabilitation - Merced

- Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. These details should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Any sector that is reflective of Stage 3 should not be included in this variance because it is not allowed until the State proceeds into Stage 3. For additional details on sectors and spaces included in Stage 2, please see <https://covid19.ca.gov/industry-guidance/> for sectors open statewide and <https://covid19.ca.gov/roadmap-counties/> for sectors available to counties with a variance.

Upon the approval of this attestation, the following businesses will be opened (in order\*):

\*note, all stages will only move forward as planned if epidemiological parameters remain stable.

Day 1 of attestation approval

- Above retail facilities for in-person sales (i.e., not curbside).
- Dine-in restaurants (other facility amenities, like bars or gaming areas, are not permitted)

Day 5-7 of attestation approval

- Childcare facilities

Day 10-14 of attestation approval

- Destination retail, including shopping malls and swap meets will be assessed for feasibility in safe re-opening and reopened if safe.

Later in attestation, date TBD

- Schools (not to open this school year, but a re-opening task force has commenced).

- Triggers for adjusting modifications.** Please share the county metrics that would serve as triggers for either slowing the pace through Stage 2 or tightening modifications, including the frequency of measurement and the specific actions triggered by metric changes. Please include your plan, or a summary of your plan, for how the county will inform the state of emerging concerns and how it will implement early containment measures.

Merced County Department of Public Health conducts daily surveillance of all new cases, recoveries, and deaths related to COVID-19. Should Merced County no longer be meeting the epidemiologic parameters based on the criteria above, this will indicate that modifications may need to be adjusted based on phase criteria. Specifically, the County will be monitoring:

- 5-day average cases per day of greater than 25 per day
- Doubling Rate below two weeks
- Positive Case Testing Rate >12%
- Hospitalization rate of >20% active cases

- COVID-19 Containment Plan**

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

Containment Plan development will be spearheaded by the Merced County Public Health Department, but will heavily involve the participation of stakeholders throughout the community. The Department meets regularly (at a minimum of weekly) with multiple stakeholder groups including:

- Health care providers and pharmacists
- Acute and post-acute care settings (inclusive of hospice and funeral homes)
- Educators
- First responders (EMS and Fire)
- Law enforcement
- City and County management
- Other Departments within the county including Behavioral Health and Human Services

On top of the regular meetings, the Public Health Department has provided responsive TA as needed to every one of these stakeholders, which has strengthened partnerships across the County. Because of these robust partnership pathways, the Department will be able to engage relevant partners to finalize sections of the Containment Plan that affect each respective group efficiently. In addition, robust protocol already exist for several of the sectors outlined within the Containment Plan (e.g., contact tracing and living in working in congregate living). For both of these reasons, the Department anticipates being able to post a robust Containment Plan to its website within two weeks of attestation approval.

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

Testing

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

Provide summary for this section and attach complete plan or describe your strategy for developing this section of your plan.

### Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?
- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?
- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

Provide summary for this section and attach complete plan or describe your strategy for developing this section of your plan.

### Living and Working in Congregate Settings

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Is there a plan to track and notify local public health of COVID-19 case rate within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals?
- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
- Does the workforce have access to locations to safely isolate?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

Provide summary for this section and attach complete plan or describe your strategy for developing this section of your plan.

### Protecting the Vulnerable

- Do resources and interventions intentionally address inequities within these populations being prioritized (i.e. deployment of PPE, testing, etc.)?
- Are older Californians, people with disabilities, and people with underlying health conditions at greater risk of serious illness, who are living in their own homes, supported so they can continue appropriate physical distancing and maintain wellbeing (i.e. food supports, telehealth, social connections, in home services, etc.)?

Provide summary for this section and attach complete plan or describe your strategy for developing this section of your plan.

### Acute Care Surge

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

Provide summary for this section and attach complete plan or describe your strategy for developing this section of your plan.

### Essential Workers

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

Provide summary for this section and attach complete plan or describe your strategy for developing this section of your plan.

### 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?

Provide summary for this section and attach complete plan or describe your strategy for developing this section of your plan.

### Community Engagement

- Has the county engaged with its cities?
- Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?
- Have virtual community forums been held to solicit input into the variance plan?
- Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?

Provide summary for this section and attach complete plan or describe your strategy for developing this section of your plan.

### Relationship to Surrounding Counties

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

Provide summary for this section and attach complete plan or describe your strategy for developing this section of your plan.

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).

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

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

Printed Name Salvador Sandoval

Signature Salvador Sandoval MD, MPH

Position/Title Health Officer

Date 5.18.2020

ORDER OF THE HEALTH OFFICER  
OF THE COUNTY OF MERCED ADVISING ALL INDIVIDUALS LIVING  
IN THE COUNTY TO CONTINUE TO STAY AT HOME OR AT THEIR PLACE OF  
RESIDENCE EXCEPT TO PROVIDE OR RECEIVE CERTAIN ESSENTIAL SERVICES OR  
ENGAGE IN CERTAIN ESSENTIAL ACTIVITIES AND WORK FOR ESSENTIAL  
BUSINESSES AND GOVERNMENTAL SERVICES OR TO TAKE PART IN CERTAIN  
OUTDOOR ACTIVITIES; DIRECTING SPECIFIED BUSINESSES TO CONTINUE TO  
CEASE CERTAIN NON-ESSENTIAL OPERATIONS AT PHYSICAL LOCATIONS IN THE  
COUNTY; PROHIBITING ALL LARGE NON-ESSENTIAL GATHERINGS OF  
INDIVIDUALS; AND ADVISING CESSATION OF ALL NON-ESSENTIAL TRAVEL

**DATE OF ORDER: May 8, 2020**

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE COUNTY OF MERCED (“HEALTH OFFICER”) ORDERS:

1. This Order repeals and replaces all previous Stay at Home orders issued by the Health Officer of Merced County, except for the Febrile Respiratory Illness Order issued on April 7, 2020, and incorporates by reference the directive from the California State Public Health Officer designating “Essential Critical Infrastructure Workers.” For more information on Essential Critical Infrastructure Workers, see <https://www.covid19.ca.gov/essential-workforce/>. This Order does not supersede any conflicting or more restrictive orders issued by local governments, the State of California, or the Federal Government.
2. This Order implements Executive Order N-33-20, issued by Governor Newsom on March 19, 2020, as well as the Order of the State Public Health Officer issued on March 19, 2020, and all subsequent amendments and modifications thereto (“Collectively, “Governor’s Orders”), to ensure that the maximum number of people limit travel from their residences, while enabling essential services to continue, allow the careful reopening of business, and to continue to slow the spread of COVID-19. When people need to leave their homes or places of residence, whether to obtain or perform vital services, or to otherwise facilitate authorized activities necessary for continuity of social and commercial life, they must comply with the Guidance for Individuals as defined in Section 3 of this Order and/or the Operating Requirements for Businesses and Organizations as defined in Section 5 of this Order. Persons under a Public Health quarantine order must comply with such Orders. All provisions of this Order should be interpreted to effectuate these purposes. Failure to comply with any of the provisions of this Order constitutes an imminent threat to public health.
3. Guidance for Individuals

All public and private gatherings of over 10 people are prohibited, except as otherwise stated herein or authorized by the Health Officer. Individuals may leave their

residence to visit and work for businesses permitted as listed in Appendix A of this Order, or to care for a family member or pet in another household. Individuals may also leave their residence to engage in outdoor activities, including but not limited to walking, hiking, biking, golfing, running or equestrian activities, provided the individuals, or households, comply with Social Distancing Requirements. Nothing in this Order prohibits the gathering of members of a household or living unit.

- a. For purposes of this Order, “Social Distancing Requirements” includes maintaining at least six-foot social distancing from other individuals not from the same household, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow), regularly cleaning high-touch surfaces, and not shaking hands.
- b. All members of the public are strongly encouraged to wear face coverings when social distancing is not feasible, such as in grocery stores or other businesses. Face coverings, when combined with social distancing and handwashing, may prevent transmission of COVID-19 by reducing respiratory droplet exposure. Business owners have the authority to require the use of face coverings for patrons seeking entrance to their business establishments.

#### 4. Guidance for Businesses and Organizations

All businesses and organizations in the County should refer to Appendix A of this Order for guidance as to whether the business or organization may remain open or reopen. Appendix A is intended to be consistent with the Governor’s Orders, the directive from the California State Public Health Officer designating “Essential Critical Infrastructure Workers” and/or any State variances granted to the County.

Indoor dining at food facilities will be permitted when authorized by the Governor’s Orders and/or authorized by a State variance granted to the County. Bars without food service and bars inside restaurants shall remain closed. Drive-in and remote worship services may continue so long as compliant with the Worship Safe Distancing Rules provided by the Merced County Department of Public Health. Funeral services are permitted so long as compliant with the Funeral Services FAQs provided by the Merced County Department of Public Health. Baptisms are permitted so long as compliant with the Baptism Guidance provided by the Merced County Department of Public Health. All bingo halls, card rooms, indoor and outdoor concerts, dance floors, sports events, theaters, fairs, carnivals, parades, festivals and other similar events, and summer camps shall remain closed at this time. Businesses such as gyms, bars, barbershops and salons will be authorized to reopen upon receiving further guidance from the Governor and/or a State variance granted to the County.

All businesses and organizations not authorized to open or reopen shall cease activities and shall close their facilities, except for basic minimum operations such as activities

to maintain value of the business's inventory, ensure security, process payroll and employee benefits, or related functions. For clarity, businesses may also continue operations to the extent employees or contractors can perform work from home or place of residence.

Merced County Reopening Guidelines ("Reopening Guidelines") are being developed with input from the local business community and guidance from the State. Once developed, such Reopening Guidelines will be incorporated in and made a part of this Order as applicable.

5. Operating Requirements for All Businesses and Organizations

All business and organizations authorized to remain open, or which are allowed to reopen, shall comply with the following requirements:

- a. Limit the number of people who can enter into the facility/job site at any one time to ensure that people in the facility/job site can easily maintain a minimum six-foot distance from one another at all times, except as required to complete business activities; and
  - b. Strongly encourage employees to wear face coverings or use other protective barriers (e.g., plexiglass, cubicles) where six feet of distance is not easily maintained between employees, or between employees and the public; and
  - c. Where lines may form at a facility/job site, mark six-foot increments at a minimum, to establish where individuals should stand to maintain adequate social distancing; and
  - d. Provide hand sanitizer, proper handwashing stations with soap and water, or approved disinfectant at or near the entrance of the facility/job site and other appropriate areas for use by the public and employees, and in locations where there is high-frequency employee interaction with members of the public (e.g., cashiers); and
  - e. Provide for contactless payment systems or, if not feasible to do so, provide disinfectant for all payment portals, pens, and styluses after each use; and
  - f. Regularly disinfect all high-touch surfaces and equipment; and
  - g. Post a sign at the entrance of the facility/job site informing all employees and customers of the requirements set forth in the Febrile Respiratory Illness Order issued on April 7, 2020; and
  - h. Assign a safety officer to ensure compliance with Health Officer Orders, State Guidance, OSHA regulations, and Reopening Guidelines, as applicable.
  - i. To the extent a business or organization otherwise provides for employee and the public's safety within the requirements prescribed by the Governor at <https://covid19.ca.gov/roadmap/>, such provisions shall satisfy the requirements of this section.
6. Parks and cemeteries are permitted to reopen with limitations. Park picnic areas, playgrounds, and indoor facilities in parks must remain closed until authorized by the Governor's Orders or authorized by a State variance granted to the County.

Individuals utilizing these outdoor spaces shall adhere to the Guidance for Individuals in Section 3 of this Order, which prohibits gatherings of over 10 people, maintaining at least six-foot distance from individuals not from the same household, and frequent hand washing or use of hand sanitizer. Golf courses may remain open if following approved operational guidelines provided by the Merced County Department of Public Health.

7. In the event that the Health Officer determines that hospitalizations, or other factors, indicate an increased transmission of COVID-19 or stresses on critical healthcare infrastructure, the Health Officer may issue an addendum to this order requiring additional prevention measures, such as face coverings, or closure of certain higher risk activities and businesses, including, but not limited to indoor dining at food facilities (as allowed to reopen by the Governor's Orders and/or any State variances granted to the County), salons and barbershops (as allowed to reopen by the Governor's Orders and/or any State variances granted to the County), and gyms (as allowed to reopen by the Governor's Orders and/or any State variances granted to the County).
8. Pursuant to Government Code Sections 26602 and 41601 and Health and Safety Code Sections 101029 and 131080, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order, including facility or business closure, to the extent law enforcement, in consultation with the Health Department, believes that persons, businesses or other organizations are operating outside of the requirements prescribed by this Order in an unsafe manner. The violation of any provision of this Order constitutes an imminent threat to public health. Consistent with the views expressed by the Governor and after consulting with the Merced County Sheriff, the Health Officer believes that enforcement through education is preferable but that other means of enforcement may be employed, as deemed appropriate by the law enforcement agency.

Violators of this Order may be subject to a fine in the amount of \$100.00 for a first offense, \$200.00 for a second offense, and \$500.00 for a third and subsequent offense (California Health and Safety Code Section 120295 and Government Code Section 8665).

9. In accordance with California Health and Safety Code Section 131080, the Health Officer will follow the guidance of the California Department of Public Health and may modify or extend this Order, or issue additional Orders.
10. This Order shall become effective immediately and continue until it is rescinded, superseded, or amended in writing by the Health Officer.
11. Copies of this Order shall promptly be: (1) made available at the County Administration Building at 2222 M Street, Merced, California 95340; (2) posted on the County Public Health Department's website ([countyofmerced.com](http://countyofmerced.com)); and (3) provided to any member of the public requesting a copy of this Order.

12. If any provision of this Order to the application thereof to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**



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Salvador Sandoval, MD, MPH  
Merced County Health Officer

Dated: May 8, 2020

## APPENDIX A

This Appendix is intended to reflect the Governor's Orders, the directive from the California State Public Health Officer designating "Essential Critical Infrastructure Workers" and/or any State variance granted to the County, including any logical inferences and inclusions therefrom.

- i. Healthcare Operations and Essential Infrastructure, including routine dental services with appropriate protective equipment;
- ii. Grocery stores, certified farmers' markets, farm and produce stands, supermarkets, food banks, convenience stores, and other establishments engaged in the retail sale of food, pet supply, fresh meats, fish, and poultry, and any other household consumer products (such as cleaning and personal care products), unless specifically noted to remain closed in Section 4 of this Order. This includes stores that sell groceries and also sell other non-grocery products, and products necessary to maintaining the safety, sanitation, and essential operation of residences;
- iii. Agriculture, food, and beverage cultivation, processing, testing and distribution, including but not limited to, farming, ranching, fishing, dairies, creameries, wineries and breweries in order to preserve inventory and production (not for retail business), as well as business activities that support production and processing by providing essential agricultural supplies and services, including but not limited to, transportation, manufacturing, chemicals, equipment, and services such as cooling, storing, packing, and distribution of such products for wholesale or retail sale;
- iv. Businesses that provide food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals;
- v. Newspapers, television, radio, and other media services;
- vi. Gas stations and auto-supply, sales and auto-repair, and related facilities such as drive-thru automatic car washes and detailing services;
- vii. Banks and related financial institutions;
- viii. Hardware stores;
- ix. Animal care facilities that provide food, shelter, veterinary and/or routine care and other necessities of life for animals including grooming, dog day care, rescue, and boarding;
- x. Plumbers, electricians, exterminators, custodial/janitorial workers, handyman services, funeral home workers and morticians, moving services, HVAC installers, carpenters, vegetation services, tree maintenance, landscapers, gardeners, pool maintenance, property managers, private security personnel and other service providers who provide services to

maintain the safety, sanitation, and essential operation to properties and other Essential Businesses.

- xi. Businesses providing mailing and shipping services, including post office boxes;
- xii. Educational institutions—including public and private K-12 schools, colleges, and universities—for purposes of facilitating distance learning or performing essential functions;
- xiii. Laundromats, drycleaners, and laundry service providers;
- xiv. Indoor dining at food facilities will be permitted when authorized by the Governor's Orders and/or authorized by a State variance granted to the County. Restaurants and other facilities that prepare and serve food, may continue to provide delivery, take-out and curbside pick-up. Schools and other entities that typically provide free food services to students or members of the public may continue to do so under this Order on the condition that the food is provided to students or members of the public on a pick-up and take-away basis only. Schools and other entities that provide food services under this exemption shall not permit the food to be eaten at the site where it is provided, or at any other gathering site;
- xv. Businesses that supply products needed for people to work from home;
- xvi. Businesses that supply other essential businesses with the support or supplies necessary to operate;
- xvii. Businesses that ship or deliver groceries, food, goods or services directly to residences;
- xviii. Airlines, taxis, and other private transportation providers providing transportation services necessary for Essential Activities and other purposes expressly authorized in this Order;
- xix. Home-based care for seniors, adults, or children;
- xx. Residential facilities and shelters for seniors, adults, and children;
- xxi. Professional services, such as legal or accounting services, when necessary to assist in compliance with legally mandated activities;
- xxii. Delivery services that provide transport of essential products, such as water, food and household products;
- xxiii. Childcare facilities providing services that enable employees exempted in this Order to work as permitted. To the extent possible, childcare facilities must operate under the following mandatory conditions:

1. Childcare must be carried out in stable groups of 12 or fewer (“stable” means that the same 12 or fewer children are in the same group each day).
2. Children shall not change from one group to another.
3. If more than one group of children is cared for at one facility, each group shall be in a separate room. Groups shall not mix with each other.
4. Childcare providers shall remain solely with one group of children.

xxiv. Retail (curbside) and related manufacturing and logistics.

xxv. Destination retail, including shopping malls and swap meets; tanning facilities; office-based businesses; outdoor museums and open gallery spaces will be permitted when authorized by the Governor’s Orders and/or authorized by a State variance granted to the County.

xxvi. Other businesses allowed to reopen pursuant to the Governor’s Orders and/or authorized by a State variance granted to the County.

ORDER OF THE HEALTH OFFICER OF THE COUNTY OF MERCED DIRECTING HEALTH CARE PROVIDERS TO REPORT PATIENTS SEEN WITH FEBRILE RESPIRATORY ILLNESS TO MERCED COUNTY DEPARTMENT OF PUBLIC HEALTH; DIRECTING EMPLOYERS TO SCREEN EMPLOYEES FOR FEBRILE RESPIRATORY ILLNESS; AND DIRECTING INDIVIDUALS LIVING WITHIN THE COUNTY TO SELF-MONITOR FOR SIGNS OF COVID-19 AND APPROPRIATELY ISOLATE.

**DATE OF ORDER: April 7, 2020**

Pursuant to California Health and Safety Code Sections 101040, 120175, and 120175.5(b) the Health Officer of the County of Merced orders as follows:

1. Whereas the World Health Organization declared a worldwide pandemic of Coronavirus Disease (COVID-19), a respiratory illness that can spread from person to person, and is contained in the droplets that can be sneezed, coughed, or exhaled into the air by infected individuals.
2. Whereas today, there are over 1,381, 014 cases in the world and over 78,269 deaths, in California 16,466, confirmed cases and 391 deaths, 34 cases and 1 death in Merced County, and we can expect the number of cases to increase significantly should further action not being taken to decrease the spread of the disease.
3. Whereas there currently is no available vaccination or treatment for this illness, and despite community mitigation measures that decrease the likelihood of being exposed to the droplets of an infected person (including but not limited to restricting large scale events and mass gatherings, staying at home except for performing or receiving essential services, and practicing social distancing) the numbers of cases of this illness continue to increase at increasing rates.
4. Whereas aggressive containment operations including isolating suspect cases and persons under investigation and quarantining their contacts (critical to reducing the spread of the disease and reducing the impacts of the disease on society) are soon to be exceeded in this County.
5. Whereas within the public health system, every person who meets the Centers for Disease Control (CDC) criteria for disease within Merced County has been and will be tested, there are both locally and nationally limited testing capabilities due to availability and number of laboratory test kits and specimen collection kits.
6. Effective, Tuesday, April 7, 2020, the following will be in effect for Merced County.
  - a. Health Care Providers shall:
    - i. On a daily basis report to the Merced County Public Health Department the number of patients seen in their practice with a febrile respiratory illness and the number of those patients tested for COVID-19 AND
    - ii. Direct those patients without an exclusionary diagnosis to isolate him/herself for-seven days after onset of symptoms or for three days after cessation of fever without the use of fever-reducing medications (whichever is longer) AND to notify all close contacts to quarantine themselves for 14 days from the last known contact with the patient.
  - b. All Employers shall:
    - i. On a daily basis, while conducting business, screen all employees for febrile respiratory illness;

- ii. Exclude from work all employees that report symptoms of febrile respiratory illness for seven days from the day that they are identified as having symptoms; and
  - iii. Direct employees excluded from work to isolate at home for at least seven days ,AND to notify all close contacts to quarantine themselves for 14 days from the last known contact with the patient.
  - c. All Residents shall:
    - i. Self-monitor for signs and symptoms of COVID-19; and
    - ii. Isolate themselves if they have signs and symptoms for seven days after onset of symptoms, unless they should require further medical attention, AND notify their close contacts to quarantine for 14 days.
  - d. All residents are strongly encouraged to wear a cloth face covering whenever they must be out of the home to reduce the spread of the illness from infected individuals that have no symptoms. **This is in addition to the continued requirement of at least 6 feet of social distancing.**
6. For the purpose of this order:
- a. Febrile respiratory illness is defined as "a new or worsening episode of either cough or shortness of breath, presenting with fever (temperature 38 degrees C or 100.4 degrees or higher) or chills in the previous 24 hours;"
  - b. Close contact is defined as someone who has spent 15 minutes or more time within 6 feet or less of the person;
  - c. Isolation is defined as "separation of sick people with a contagious disease from people who are not sick;"
  - d. Quarantine is defined as "separation and restricting the movement of people who were exposed to a contagious disease during the illness incubation period."
  - e. Social distancing is defined as "maintain a six-foot separation from all persons except for family members;" and
  - f. Symptoms of COVID-19:
    - i. Fever
    - ii. Cough
    - iii. Shortness of breath
  - g. Cloth face covering is defined as any cloth that can be used to cover as tightly as possible the mouth and nose of the wearer. It is NOT a surgical mask or respirator (which must be reserved for health care professionals in their work treating COVID-19 patients). It should be washed at least daily and the wearer should wash their hands before putting it on and after taking it off. Additionally, the wearer should avoid touching the covering as much as possible while wearing it.
7. The California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC) may recommend further guidance.

I, as Interim Health Officer for the County of Merced, encourage voluntary compliance with this Health Officer's Order. However, violation of this order is subject to fine, imprisonments or both (California Health and Safety Code Section 120295.)



Kenneth Bird, MD, MPH  
Interim Health Officer

**Merced County Department of Public Health  
COVID-19 Worship Services Safe Distance Rules  
During Effective Dates of Stay at Home Order**

Note these guidelines provided are the minimum requirements that must be enforced. Churches and other worship facilities are able to develop policies that are more stringent if they feel they are necessary to ensure the health and safety of persons using their facilities or participating in their services.

**Churches and faith-based organizations are responsible for ensuring compliance of their individuals utilizing their facilities and participating in their services. For all activities, CDC Guidance shall be followed in order to prepare and respond appropriately to COVID-19; see the following CDC link and follow the recommendations for “Substantial Community Spread” as well as all Merced County Health Officer Orders and guidance documents: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html>. Follow the Merced County website for the most up-to-date information at [www.countyofmerced.com/coronavirus](http://www.countyofmerced.com/coronavirus).**

**Drive-in Worship Services Allowed with Restrictions**

1. Drive-in worship services utilizing technology are allowed only if all of the following occurs:
  - a. Vehicles must be parked in every other parking space, leaving an empty parking space in between each vehicle.
  - b. Each vehicle must contain only members of the same household/residence.
  - c. Choirs or singing groups are prohibited.
  - d. As few as possible, but no more than 10 people are allowed to participate in the providing of each service for worshippers, including a pastor, facilitator, greeter, musician/singer, technical assistance for equipment, etc.
  - e. All speakers must be 10 feet apart. Speakers should be limited, and shall disinfect podiums/microphones in between speakers. Microphones shall not be passed off hand to hand between persons.
  - f. Individuals integral to the services outside of vehicles shall maintain a 10-foot distance from vehicles.
  - g. There shall be no person-to-person contact between individuals outside of their vehicles.
  - h. Printed materials, or any other items, shall not be passed out to or exchanged between worshippers. Electronic applications or e-mail may be used for viewing of materials or song script.
  - i. When a vehicle window(s) is open, all occupants of the vehicle must wear masks, except that cloth face coverings should not be placed on young children under age 2 or anyone who has trouble breathing per CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.
  - j. Music shall be limited to one instrument plus one singer, who must be more than 10 feet apart from anyone else. Singing is a higher risk activity for transmission of COVID-19. Microphones used by singers shall not be shared with anyone else during the service, and shall be properly disinfected before next use.
  - k. There shall be no collection plate passing. Collection boxes can be set up that are accessible via drive-thru, but must not be held by a person.

- I. No food consumption will be allowed, including when related to religious practices (e.g., communion).
- m. On-site restroom facilities shall not be used by individuals attending drive-in worship services.

#### **Remote Access Worship Services Allowed with Restrictions**

1. To assist individuals with the ability to stay at home whenever possible, remote access to worship services is allowed through e-mail, video streaming, or teleconference; there is no in-person attendance of worshippers allowed for remote access services.
  - a. Services held at a church, synagogue, mosque, or other public place of worship shall involve as few people as possible, but not allow more than 10 people to participate in the providing of remote services for worshippers, including a pastor, facilitator, greeter, musician/singer, technical assistance for equipment/video, etc.
    - i. Choirs or singing groups are prohibited.
    - ii. All speakers must be 10 feet apart. Speakers should be limited, and shall disinfect podiums/microphones in between speakers. Microphones shall not be passed off hand to hand between persons.
    - iii. There shall be no person-to-person contact between individuals.
    - iv. Music shall be limited to one instrument plus one singer, who must be more than 10 feet apart from anyone else. Singing is a higher risk activity for transmission of COVID-19. Microphones used by singers shall not be shared with anyone else during the service, and shall be properly disinfected before next use.
    - v. No food consumption will be allowed, including when related to religious practices (e.g., communion).
  - b. Services held at a private home to provide remote access for worshippers shall only allow individuals living within the household to participate in providing the remote services for worshippers.

**Merced County Department of Public Health  
COVID-19 Funeral Services FAQs  
During Effective Dates of Stay at Home Order**

**I operate a funeral home. Are funeral services allowed?**

Yes, with restrictions. Gatherings are a significant contributor to the spread of COVID-19, requiring restrictions to allow for a balance between safety and beliefs, rituals, and traditions. If the following guidelines cannot be followed, visitors will not be allowed.

Funeral services or viewings are not allowed to take place off-site or in a private home.

While direct burial or direct cremation with no persons in attendance is preferred, funeral services may take place by remote access through video streaming, cemetery graveside, or cemetery drive-through with as few people present as possible.

- No more than 10 persons including clergy and technical assistance shall be present for funeral services; no rotation of those 10 persons is allowed.
- Family shall disclose to clergy if decedent is COVID-19 positive.
- No ill persons shall be in attendance of funeral services or viewings.
- All persons must wear a face covering, except that cloth face coverings should not be placed on young children under age 2 or anyone who has trouble breathing per CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>, and maintain social distancing of 6 feet from other individuals.
- Mortuary visitation or viewing shall be no more than 30 minutes.
- Graveside visits shall be for no more than 15 minutes.

**Merced County Department of Public Health  
COVID-19 Baptism FAQs  
During Effective Dates of Stay at Home Order**

**Are baptism services allowed?**

Yes, with restrictions. Gatherings are a significant contributor to the spread of COVID-19, requiring restrictions to allow for a balance between safety and beliefs, rituals, and traditions. If the following guidelines cannot be followed, visitors will not be allowed.

Baptisms with as few persons in attendance as possible is preferred. Baptisms may be supplemented by remote access through video streaming with a physical presence no more than of 10 persons in attendance, supplemented with video for viewing by more than 10 people if desired, and is considered the safest option by the Public Health Department, or in-person is allowed with no more than 10 people present.

- No more than 10 persons including clergy and technical assistance shall be physically present for baptism services; no rotation of those 10 persons physically present is allowed.
- Wherever possible, all baptismal fonts are to be drained to discourage parishioners from dipping their hands in the water. Use blessed water only from a single-use bottle for baptisms.
- Use only new water for each person being baptized.
- Participants from different households should avoid direct physical contact.
- No ill persons shall be in attendance of baptism services.
- All persons must wear a face covering, except that cloth face coverings should not be placed on young children under age 2 or anyone who has trouble breathing per CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>, and maintain social distancing of 6 feet from other individuals.
- Baptism services shall be no more than 30 minutes.

**Merced County Department of Public Health  
COVID-19 Golf Safe Distance Rules  
During Effective Dates of Stay at Home Order**

Note these guidelines are a compilation of many clubs' best practices. These are the minimum requirements that must be enforced; Clubs are able to enforce policies that are more stringent if they feel they are necessary to ensure the health and safety of persons using their facilities.

**Clubs are responsible for ensuring compliance of their individuals utilizing their facilities.**

**Facilities**

1. All clubhouse and indoor facilities are and shall remain closed, including, but not limited to the Pro Shop, Bar, and in-dining at Restaurants.
2. Driving ranges may remain open only if automatic ball cleaners are utilized and a person does not directly conduct the golf ball cleaning.
3. If restrooms remain open, cleaning must be increased to all touch points at least 4 times per day.
4. Check in, if required, must be completed outside, with social distancing of at least 6 feet while both golfer and staff are masked, or through a Plexiglas-type shield.
5. Expand tee time intervals to ensure social distancing.

**Persons Allowed on Courses**

1. Outdoor areas of golf clubs are open only by tee time appointment for appropriate outdoor activities, including the playing of golf pursuant to COVID-19 Golf Safe Distances Rules.
2. Persons who are symptomatic with cough, fever, or shortness of breath, or are housed with anyone symptomatic are prohibited from being on site until those symptoms have subsided for at least fourteen (14) days. A negative COVID-19 test result does not overrule the recommended quarantine, due to potential testing false negatives.
3. Any person who is quarantined by order of a medical or governmental official is prohibited from being on site until the quarantine is lifted.
4. Except for persons of the same household, persons who drive their vehicle to the site should do so alone and park, if possible, at least one space apart. At all times, those who are not persons of the same household using the course, including parking areas, shall stay at least ten (10) feet away from all other users.
5. Those golfing must have no more than 4 players in any group. Social distancing MUST be maintained around the green.
6. Only one person per golf cart.

7. Patrons must wait in their cars until their designated tee times. No social gathering while waiting for the round to begin. Patrons must go directly from hole 18 to their car. No social gathering following the round.
8. Any and all contact with golf course staff, including payment processing, will be done telephonically or electronically, with the exception of check in, if required (see facility rules, above). No cash payments.
9. Limited staff may remain on site for basic facility/grounds maintenance, security, and to ensure compliance with these rules. However, staff must remain 6 feet from all patrons, and wear a mask during interactions.

## **Equipment**

1. No rental clubs or balls may be used and all patrons must bring and use their own equipment.
2. If patrons wish to pick up golf clubs or pull carts from the bag/cart storage, arrangements to do so must be made electronically in advance with staff who will remove the equipment and leave it outside in a designated location. The equipment will not be returned to storage until regular play is resumed (the patrons must then take their equipment with them). This equipment must be the patron's personal equipment.
3. Golf cart rentals should be limited whenever possible, and arranged in advance, electronically or over the phone.
  - a. When possible, if the requesting patron does not have a personal cart, a cart number will be assigned to the requesting patron and that cart shall be used only by that patron and the patron's household during the duration of these rules.
  - b. Golf carts must be picked up and dropped off outside by masked staff maintaining 6 feet or more social distance from any patrons.
  - c. Golf carts must be cleaned and sanitized between each use, and before staff move them back into storage.
  - d. Only one person per golf cart.
4. All rakes, ball washers, and sand bottles must be removed to avoid cross-contamination. If a ball lands in a spot that would otherwise have been raked (e.g. a footprint or divot), the ball can be placed in the nearest undamaged portion of the bunker.
5. The golf cups and flags must be modified to prevent the ball from going into the cup. Flagstick or the base holding the flagstick in place must not be touched or removed. Courses must provide alternative ways to remove balls from holes that do not require human contact, or alternative rules (e.g., putts within two feet are to be conceded to minimize the possibility of contact with the hole and stick.)
6. Except for persons of the same household, players should not touch another player's ball, equipment, or cell phone, including scorecards and pencils.



May 11, 2020

Salvador Sandoval, MD, MPH  
Public Health Officer, Merced County

260 East 15th Street  
Merced, CA 95341

Dr. Sandoval,

In response to your request, Sutter Health's integrated health delivery system:

- Is prepared to accommodate a surge of 35% due to COVID-19 cases in addition to providing care to non COVID-19 patients, as outlined in the surge plan submitted to the State of California, and
- Has adequate PPE to protect our employees and clinicians.

We understand that Merced County will use this letter to support their application for a variance to move through the stages to re-open.

Sincerely,

A handwritten signature in black ink that reads "Stephen H. Lockhart".

Stephen H. Lockhart, MD, PhD  
Chief Medical Officer, Sutter Health



May 11, 2020

333 Mercy Avenue  
Merced, CA 95340

Re: Supporting Merced County's attestation letter to move forward with acceleration of COVID-19 restrictions

To Whom it May Concern:

Mercy Medical Center would like to express its support in Merced County's decision to move forward with accelerating within Phase 2 of the Governor's current order. Over the past two weeks, we have been seeing a hospital census of 52% of maximum capacity. Therefore, we believe we have the capacity to hospitalize and treat individuals up to a 35% surge in COVID-19 cases over the average hospital census.

Mercy Medical Center provides acute services to Merced County residents with a maximum hospital capacity of 186 licensed beds. In response to COVID-19, Mercy Medical Center is able to surge to a maximum hospital capacity of 206 beds; which accounts for a 9% surge capacity. This combined with filling our empty beds would allow us to treat COVID-19 cases to 35%. Furthermore, the hospital is participating in robust prevention protocols to protect the health of both hospital staff and patients. There are universal masking procedures for staff and patients in addition to screening procedures, symptom and temperature check, before entering the facility.

As long as there remains robust social distancing and masking orders in place within the community, a measured reopening plan, along with clear triggers that would alert appropriate County stakeholders to decelerate and move back to the Governor's current order, we stand in support with accelerating beyond Phase 2 at this time.

Sincerely,

Rick Moreland  
Chief Operating Officer  
Mercy Medical Center



May 18, 2020

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

RE: COVID-19: STAGE 2 REOPENING

Dear Governor Newsom:

As with the rest of California and other parts of the Nation, the COVID-19 pandemic has taken its toll on Merced County physically, mentally and financially.

However, thanks to the State's forward-thinking and advanced planning, we were able to avoid overwhelming spikes in cases that other communities have unfortunately experienced. Our local government agencies have done a commendable job by promoting the stay at home efforts, social distancing standards, and other health protocols. Likewise, our residents have admirably followed these health guidelines, even though it resulted in financial setbacks for many of them.

Other progress continues to be made in Merced County. In order to improve testing capacity, we opened two mobile specimen collection sites—one on each side of the County. Recently, one was replaced by one of the State's OptumServe sites, which has opened up testing for everyone in the community. We continue to work with our health care professionals on a daily basis to further prepare for any potential spikes in cases. Most recently, a mobile medical field hospital was acquired and stored at one of our County facilities. Furthermore, through Project Roomkey, we've been able to house nearly 100 homeless individuals in order to protect our most vulnerable populations from COVID-19 and help slow the spread of the virus in our communities. The list goes on from there.

Thanks to all of this preparation and progress, Merced County is now in a position to start reopening parts of the economy, and we're committed to doing so in a way that protects public health. Many of our residents are facing significant hardships due to the economic shutdown. We've heard their stories and empathize with them. We can't disregard the health impacts of the economic shutdown, just like we can't disregard the health impacts of COVID-19 itself.

The last recession brought about direct health impacts such as depression, sleep deprivation, heart disease, and an increase in smoking and alcoholism. We do not want to bring that type of long-term health crisis upon ourselves.

As of Monday, May, 18, 2020, Merced County has had 220 confirmed cases, with 85 active cases, 120 recoveries, and six deaths. These relatively low numbers can be attributed to several factors, not the least of which is Merced County's suburban designation and spread-out populace.

## Board of Supervisors

**Rodrigo Espinoza**  
Supervisor, District One

**Lee Lor**  
Supervisor, District Two

**Daron McDaniel**  
Supervisor, District Three

**Lloyd Pareira**  
Supervisor, District Four

**Scott Silveira**  
Supervisor, District Five

**James L. Brown**  
County Executive Officer

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**Striving for  
Excellence**

The Merced County Board of Supervisors believes that the state of our local numbers, enhanced health care capacity, enhanced testing capabilities, and Readiness Plan should afford our County the opportunity to move into an accelerated form of the Stage 2 reopening process.

The Board would also respectfully request that you amend your Order further by allowing local health officers to phase in a combination of the State's Stage 2 and 3 reopening process for businesses and activities, in line with John Hopkins' "Public Health Principles for a Phased Reopening during COVID-19: Guidance for Governors." This would allow additional flexibility for personal care businesses and recreational facilities that, we believe, can put appropriate mitigations in place to safely and responsibly reopen before the Stage 3 phase. If this is made possible, we're committed to closely monitoring any additional openings and tightening restrictions if our local health experts determine that a problematic outbreak from a particular sector has occurred.

Additionally, the Board of Supervisors urges the State to afford more control to local jurisdictions over how we reopen various parts of our economy. As the elected officials on the ground working directly with our constituents, health officials, law enforcement, and other County leaders, we understand the needs and concerns of our residents.

Having said that, this Board understands the challenging dynamic of this situation and the many risks involved in deciding how to best move forward. As you've acknowledged, California is much too large for a one-size-fits-all approach, so we hope providing additional flexibility to rural and suburban counties with proper protocols in place can help with your reopening approach.

We greatly appreciate your consideration of our Readiness Plan and request to move into an accelerated form of the Stage 2 reopening process.

Sincerely,



Rodrigo Espinoza, Chairman  
Merced County Board of Supervisors