MONO COUNTY COVID-19 VARIANCE ATTESTATION

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

COVID-19 VARIANCE ATTESTATION FORM

FOR Mono County

May 18, 2020

Background

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

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

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

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

variance opportunity are outlined below. It is recommended that counties consult with cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

Local Variance

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

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

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

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

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

County Name: Mono County

County Contact: Tom Boo, MD, County Health Officer

Public Phone Number: 760 924-1830

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

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

criteria below. This will ensure that individuals who are at heightened risk, including, for example, the elderly and those with specific co-morbidities, and those residing in long-term care and locally controlled custody facilities and other congregate settings, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

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.

Mono County has one hospital, Mammoth Hospital, a 17 bed CAH. Mammoth Hospital has had no hospitalizations for COVID-19 since March.

- 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.

From 5/10-5/17/20 Mono County has had one positive case among 118 persons tested for a percent positive rate of 1.6 %.

We have no prisons in Mono County.

- **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).

Mono County has posted links to CDPH guidance for businesses and employers on the Mono County Coronavirus Response website. The website has a dedicated Business Resource page that addresses a variety of business concerns including additional Mono County Business Guidance and FAQs (https://coronavirus.monocounty.ca.gov/pages/businesses). We continue to distribute and post new guidance to businesses as it becomes available. In addition, the EOC, Public Health, Environmental Health, and Economic Recovery Branch have developed a Business Portal for local businesses to identify how they have met COVID-19 business mitigation guidance.

In addition to CDPH guidance : https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf please see attached Mono County Health Department Interim Guidance for Mono County First responders, Inland Counties Emergency Medical Agency COVID-19 Guidance for EMS Personnel, Emergency Medical Services Authority Interim Emergency Medical Services Guidelines for COVID-19, Draft Business Guidance and FAQs.

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

To ensure adequate supplies and PPE for our Stage 1 workforce, vendors have been identified to obtain hard-to-find items, informed critical infrastructure sectors on how to obtain supplies from vendors as well as from the MHOAC or EOC Logistics when needed. Our EOC's Logistics and Operations sections are continuously reviewing inventory, burn rate and anticipated supply needs to support Stage 1 workforce. Moreover, in preparation of Expanded Stage 2 and Stage 3, we continue to work with the Economic Recovery Branch to gain a complete business needs assessment to support a successful Stage 2 and potential Stage 3 expansion. We are currently working on an expanded supply distribution program, in coordination with local Chambers to support countywide workforce. This supply distribution includes PPE, hand sanitizer and disinfectant.

Please refer to the attached Mono COVID-19 PPE Inventory for additional information.

- **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.

Covid-19 testing capacity is adequate to conduct 1.5 tests per 1000 population (with population of ~13,600 this equals 20-21 tests per day). We utilize both onsite Cepheid PCR testing at Mammoth Hospital and sending specimens to San Joaquin Public Health Laboratory and LabCorp. Our supplies (cassettes, swabs, VTM) and human resources are adequate but currently under-utilized.
Actual testing rates remain below this rate because of lack of demand, despite a local threshold for testing. Until recently most candidates for testing have been referred by the COVID-19 Nurse Hotline, which ill persons are encouraged to call. The RNs maintain a high index of suspicion for mild COVID disease and have a low threshold for ordering testing. But call volume has remained modest- rates of acute disease appear to be fairly low in the context of good county-level compliance with the Stay At Home Order.
More recently, in just the last couple of weeks the amount of testing has been increasing with three concurrent changes in testing strategy:

- Hospital is screening all patients being admitted for any reason and prior to elected procedures
- Public Health contact tracing team now test all exposed persons regardless of symptoms
- Public Health/EOC began last week to offer community-based specimen collections

In summary, capacity to meet the state testing target rate currently exists and actual testing is trending toward that level.

- 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.

All Mono County residents live within 60 minutes drive time of a facility where COVID-19 testing or specimen collection is offered. Most of the population of the county lives within an hour Town of Mammoth Lakes, where testing is available at the hospital for anyone with consistent symptoms, contacts of cases, and those scheduled for elective medical procedures.
Residents of northern Mono County can access testing at Toiyabe Indian Health Project in Coleville/Walker, which is an FQHC accepting all patients. Some residents in that area typically access medical care in more urban northern Nevada, which some can reach in 60 minutes.
Residents of our Tri-Valley area in eastern Mono can access testing in Bishop, Inyo County within an hour, where many routinely receive medical care.

- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact covCommunitySurveillance@cdph.ca.gov for any guidance in setting up such systems in their county.]
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Mono County will continue to operate a COVID-19 Nurse Hotline which facilitates testing for callers with any of the wide-ranging symptoms of COVID-19, including very mildly symptomatic persons. In addition, PH/EOC staff have very recently begun offering community-based testing, available at no cost to anyone, on a regular basis in all areas of the county. The hospital has recently begun screening all admitted patients and those scheduled for elective procedures.
All our testing is geo-coded and all results entered into CalRedie.
Going forward we seek to participate in the state influenza sentinel surveillance program and test persons with ILI for COVID as well as flu. We are planning talks with local school officials about instituting school-based surveillance, in combination with tracking rates of absenteeism.
In addition, we plan to work with local employers to conduct surveillance testing in a systematic fashion, particularly in tourism-focused sectors, which we consider to be possibly higher risk.

- **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).

Mono County has contact tracing capacity well-above recommended per capita levels. Our PHN-led team currently counts 20 available staff, comprised of permanent and temporary county employees who are trained and ready. We developed our own contact tracing training relying on CDC guidance early in the epidemic. Additionally, county staff from other departments can be called upon if necessary and some of these are currently undergoing local training.

The Epi-Contact Tracing Team is further supported by the RNs who staff the COVID-19 Hotline and a nurse-led Field Team, which provides a range of logistic and clinical services to vulnerable persons including cases and their quarantined contacts.

Mono County Information Technology created a custom-designed database to serve the needs of contact tracing and case management. This geocoded system provides maps of cases and contacts.

  - 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.

Mono County is a rural mountainous jurisdiction with much of its area at high elevation with heavy winter snow. As such, our Persons Experiencing Homelessness (PEH) population is largely seasonal and numbers are not high. Most PEH in Mono live in vehicles.

The Mono County Sheriff's Dept currently estimates our PEH population to be 100. The Town/County COVID-19 Unified Command has reserved most of a local hotel for pandemic response needs including housing for PEH, isolation and quarantine. We have adequate housing in this hotel for 15 or more persons with such needs.

- **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.

Mammoth Hospital, a 17 bed CAH with 2 licensed ICU beds is well-prepared with excellent surge capacity. The hospital has been very quiet with low bed occupancy since March, when the local ski resort closed and elective procedures were suspended. The hospital has been re-designed, with most of the physical plant designated exclusively for the care of COVID-19 cases. The hospital is prepared to surge by over 100%. The hospital has 6 standard ventilators and some additional reserve with converted BiPAP machines and I believe 9 single use ventilators. Oxygen reserves are high.

The hospital and the county have adequate PPE supplies for several months.

  - 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.

Mammoth Hospital has an established HIMT to help address the COVID-19 response. To assure healthcare workers (clinical and non-clinical) and patients are protected, PPE use protocols specific to risk-stratified zones within the hospital have been put in place. Mammoth Hospital has increased their PPE supply to support 60 day surge use, with the exception of 3 PPE items: surgical masks, disposable gowns and shoe covers. These surge PPE deficincies can be supported through the EOC and MHOAC PPE inventory.

Please refer to the Mono COVID-19 PPE Inventory document for additional information.

- **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.

Mono County has no skilled nursing or assisted living facilities. We are actively supporting community-living vulnerable persons with home delivery of food and other essentials, telephone welfare checks of persons in our Access and Functional Needs (AFN) Database, as well as grass roots community support by volunteer fire department and Civilian Emergency Response Team personnel.

    - 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.

N/A; no SNFs in Mono County.

- **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.

We would permit restaurants to provide dining on premises and stores to admit customers as soon as they have attested to readiness to adhere to detailed county COVID-19 guidance. Our web-based attestation will facilitate the creation of business-specific re-opening plans mandated by California. Office based business and non-profits that cannot completely work remotely will also be allowed to re-open immediately upon completion of said plan/attestation. Outdoor recreation related activities like golf courses and tennis clubs, fall between Stage 1 and Stage 2 and should be allowed to open early in expanded Stage 2, again, after guidance has been approved by the Health Dept and a plan completed. Marinas are also considered Stage 2 candidates. Additional smaller, low risk sectors could open after guidance has been developed. Some of these are unique to rural counties like ours, including fishing and climbing guide services, and pack operations with the same expectations for developing and observing safeguards to reduce SARS CoV-2 transmission risk. We would expect these business operators to limit clientele to local residents during Stage 2. We would provide operators of specialized businesses such as these with the distancing and hygiene principles to be followed and rely upon their expertise to develop re-opening plans for our review.

- **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.

Triggers include but are not limited to: • Sustained increase in calls from symptomatic persons to Nurse Hotline of 300% over mid-April to mid-May weekly average • Sustained increase of 300% over mid-April to mid-May weekly average in symptomatic persons testing positive for COVID-19 • 3 or more persons with severe COVID disease in one week • Increase in testing percent positive rate to >12%, sustained over one week • 300% increase or sustained 5% percent positive rate in community-based PCR specimen collection • Inability of Epi-Contact Tracing Team to contact and interview 80% of cases within 24 hours (weekly assessment) • Inability of Contact Tracers to evaluate 75% of case-contacts (exposed persons) within 24 hours of interviewing case (weekly assessment) • Rise in school-based PCR + incidence rate in more than one classroom within a 2-week period

- **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.

Our response would be guided by the available data and risk factors. Disease concentrated in certain sectors, demographic group, or geographic areas would drive targeted responses. We would utilize targeted testing, more intensive surveillance to better understand the epidemiology of disease increases.

We may need to increase monitoring and enforcement of distancing and hygiene measures, strengthen public education and close select businesses and sectors. If broader measures are indicated, we would probably roll back the most recent modifications in Stay At Home measures. If we are in Stage 2, this would presumably mean closing restaurants to on-premises dining and stores to in-premises shopping. Mono Cunty is a tourist destination and if we are experiencing significant rates of recreational travel (despite prohibition for California residents during Stage 2) we would increase public messaging and enforcement and consider local health orders to reinforce state Stay At Home guidance.

On the other hand, for example, if schools are in session and we see a rise in cases in school-age children our containment measures may be better focused on the schools, with additional school closures to be considered.

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?

I believe I have addressed virtually all these points already in this document.
We currently rely on San Joaquin Co Public Health Lab for processing specimens collected by County Public Health/EOC. We will establish a contract with the UCSF/Zuckerburg BioHub.
I outlined existing surveillance activities and plans/concepts for future development above.

Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?

- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?
- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

To reiterate, we have 20 persons currently trained and available, representing per capita capacity far above recommended levels, and we have additional personnel available in reserve who will be undergoing training in coming weeks.

The number of bilingual Spanish-speaking contact tracing personnel (about ¼) is proportional to population numbers but we are working to augment further.

We have 3 Native American communities in Mono County that are served by Toiyabe Indian Health Project and their respective tribal governments. The EOC Community Support Branch has coordinated with Native American specific social services to support PPE use, face covering needs and additional COVID-19 education. If needed, contact tracing efforts could be coordinated through either their social service agency (Owen's Valley Career Development Center) or Toiyabe.

We do have plans and capacity to house persons, regardless of income, in need of isolation or quarantine. We have reserved most of the rooms in the Sierra Nevada Lodge and Resort for pandemic response purposes. All such persons will be supported by the EOC with food and other needs.

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?

Mono County has no congregate living facilities or homeless shelters with the exception of Mono County Jail. This is a small facility with a maximum bed count of 44. Mono County Sheriff's Office (MCSO) has inmate screening protocols in place and includes the use of PPE and/or face coverings. They have the capacity to safely isolate/quarantine inmates as needed. Public Health's Epi-Contact Tracing team is able to assist for additional case follow-up. MCSO has adequate PPE to support their essential workforce.
There have been no cases in the county jail.

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.)?

A Community Support Branch has been developed to provide a variety of supports to protect the vulnerable, reduce inequities in care and maintain wellbeing. Supports that have been developed include case management, meal delivery, prescription delivery, patient field assessment, outreach and PPE distribution, emergency housing, and any other necessary wraparound services. In combination with Public Health and Mammoth Hospital, ongoing patient care is coordinated with Community Support. This coordination provides another way to meet the needs of our vulnerable populations with physical distancing and stay-at-home orders. This holistic case management approach is tracked in a HIPAA compliant database that is shared between Mammoth Hospital, Community Support and Public Health.

Please refer to Operations Organizational Chart, Community Support Branch Organizational Chart and Continuum of Care Conceptual Workflow.

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?

Mammoth Hospital is currently tracking and reporting daily to the EOC and Public Health on their capacity, including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity. Mammoth Hospital has recently identified 3 PPE items that are less than a 60-day surge supply. MHOAC and EOC Logistics has the PPE supply to meet these deficiencies to meet their 60-day surge supply. MHOAC is ready to assist the hospital with medical supply needs requests and current supply and distribution chains are established. The EOC has oxygen concentrators and pulse oximeters in supply to support Mammoth Hospital. Mammoth Hospital is currently testing all patients prior to admission and they have a plan in place to address occupational exposure within the hospital. Public Health has established a robust Epi-Contact Tracing team for additional support around tracking and addressing occupational exposure.

Please refer to Mammoth Hospital's Attestation of Mammoth Hospital Status and Mammoth Hospital COVID-19 Mask Policy.

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?

Mono County has approximately 70 essential workplaces. Preventative measures include the issuance of an April 13, 2020 Public Health Officer's Face Coverings for Essential Workforce Order. Business guidance links to CDPH have been made available on the Mono County Coronavirus Response website and shared with Stage 1 workforce. An essential workforce PPE survey was completed and PPE and hand sanitizer were distributed. Ongoing EOC support provides access to key supplies and Operations and Logistics have assisted in PPE and hand sanitizer ordering and distribution. Ongoing PPE and other key supply inventory are regularly checked and maintained. Public Health has an established testing plan for essential workers and Mammoth Hospital is accepting Public Health testing referrals. Public Health has an Epi-Contact Tracing team and a plan to support quarantined/isolated essential workers is in place and supported by the Community Support Branch.

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?

Tourism is the backbone of the Mono economy and of special concern and consideration from public health perspective, although not as immediately relevant in Stage 2 when non-essential travel is prohibited by the State. However, our economy is a year round vacation/recreation destination, including a large ski resort. We will continue to work closely to monitor disease trends in places our visitors come from like Southern California and to mitigate the effects of such travel. We are working with our tourism-based business sectors to implement best practices for reducing transmission. We also anticipate working with businesses in the tourist sector to implement some test-based surveillance.

The Businesses Portal will assist in addressing special considerations on a case by case basis and within the parameters of Expanded Stage 2. The following website will assist in communicating with the business community throught the various stages: (https://coronavirus.monocounty.ca.gov/pages/businesses).

In addition, Mono County is a part of the Digital 395 project that provides fiberoptic internet acces that support expanded telework.

Community Engagement

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

1. The Unified Command Emergency Operations Center established a Mono County Joint Information Center (JIC). The JIC has been operating 7-days a week since March 16, 2020.

2. Representatives from Mono County, Town of Mammoth Lakes and Mammoth Hospital should be a part of formulating and implementing the proposed variance plan.

3. Community Conversations in both English and Spanish have been held every Thursday evening for the past 8 weeks. In addition, the JIC has hosted several regional virtual conversations and participated in business-initiated community virtual forums.

4. About one-quarter proportion of Mono County residents are Spanish speakers. Objectives of our Latino outreach efforts include the ability to connect culturally with community members through their preferred communication sources, integrate and coordinate strategic and timely communication efforts with the JIC, and to communicate Latino-centric messages throughout the entire county.

Mono County has one incorporated town, Mammoth Lakes. County and Town are in a Unified Command epidemic response-each entity equally and fully engaged.
Key stakeholders involved in formulating and implementing the variance plan include most prominently Mammoth Hospital (also part of EOC structure),
We are engaged in active dialogue with our business community and also federal and state agencies, although the feds and CA State Parks have not been directly involved in variance plan. They have been supportive of our efforts to implement the Stay At Home Except for Essential Purposes orders.
No community forums have been held specifically to solicit input into the variance plan. We hold frequent virtual community forums and public meetings with local elected officials and the variance plan has been the subject of much recent discussion.
We hold community meetings weekly in both Spanish and English.

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?

The EOC is made up of a Unified Command that includes the Town of mammoth Lakes Manager, the acting CAO for Mono County and the Public Health Officer. This ensures a joint effort between the county and unicorporated areas. The Mono EOC is in communication with Mono, Alpine and Inyo counties. The Operations Section Chief is regularly monitoring Washoe County COVID-19 cases, response and hospital status as this county receives and treats our north county residents and accepts transfers from Mammoth Hospital. The Mono EOC is in direct communitation with the Inyo EOC to maintain situational awareness. The local health officer and other health department and hospital staff regularly participate in the Inyo/Mono Healthcare Coalition activities (meetings and exercises). The health officer regularly attends Inyo County EOC briefings and is in regular contact with the health officers of Inyo and Alpine Counties. The Eastern Sierra Council of Governments (ESCOG) provides a platform for better coordination between Inyo and Mono and is comprised of elected officials from Inyo County, City of Bishop, Mono County, and the Town of Mammoth Lakes. There is an established Local, State and Federal Cooperators meeting where the EOC and Unified Command can discuss various concerns like tourism, travel, recreation and road closures.

There is capacity to support an increase in testing, isolation and contact tracing at this time. Additional travel could be a concern if the rate and severity of disease spread exceeds current capacity efforts. The identification and use of trigger points will helps us monitor and determine the need to increase mitigations and reinstate a local health orders.

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

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

All documents should be emailed to Jake Hanson at Jake.Hanson@cdph.ca.gov.

I , **Thomas Boo, MD**, hereby attest that I am duly authorized to sign and act on behalf of MONO COUNTY_. I certify that MONO 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 _MONO CO____, 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 _Thomas Boo, MD_____

Signature _Thomas Boo, MD_____

Position/Title _Mono County Public Health Officer

Date ____May 19, 2020___

Jennifer Kreitz ~ District One Fred Stump ~ District Two Bob Gardner ~ District Three
John Peters ~ District Four Stacy Corless ~ District Five

BOARD OF SUPERVISORS
COUNTY OF MONO

P.O. BOX 715, BRIDGEPORT, CALIFORNIA 93517
(760) 932-5533 • FAX (760) 932-5531
Shannon Kendall, Clerk of the Board

May 19, 2020

Dr. Sonia Angell
State Public Health Officer and
California Department of Public Health Director
P.O. Box 997377, MS 0500
Sacramento, CA 95899-7377

Re: Letter of Support for County of Mono Public Health Officer Dr. Tom Boo's Attestation of Readiness for a Variance to Stage 2 of California's Resilience Roadmap

Dear Dr. Angell:

On behalf of the Mono County Board of Supervisors, I am writing in support of the attestation of Health Officer Dr. Tom Boo that Mono County is ready to advance through Stage 2 of California's Resilience Roadmap. Mono County meets the second version of readiness criteria released on May 18.

Continuing efforts to prevent and mitigate the spread of COVID-19 in Mono County have been successful. The county's emergency managers, healthcare providers, and hospital have sufficient response and preparedness plans to protect Mono County's residents, essential workers, and vulnerable populations.

Thank you for tirelessly working in response to the COVID-19 crisis, and for considering the needs of California's diverse counties, including rural, sparsely-populated counties such as Mono.

Sincerely,

Stacy Corless
Chair, Mono County Board of Supervisors

MAMMOTH HOSPITAL
Elevate Your Health

2019 Press Ganey Guardian of Excellence Award Winner

MEMORANDUM

To: Frank Frievalt
Incident Commander
Mono County COVID-19 Emergency Operations Command

From: Tom Parker
Incident Commander
Mammoth Hospital Incident Management Team

Subject: Attestation of Mammoth Hospital Status

Date: May 18, 2020

As you know Mammoth Hospital's Hospital Incident Management Team (HIMT) has focused on three overarching goals with respect to its COVID-19 response:

1. Plan for surge with increased capacity
2. Prevent the hospital from being a transmission vector
3. Educate and advocate for actions that flatten the curve

The plans we have in place and changes we have made to operations puts us in the position to be able to safely handle a surge of COVID-19 patients. Mammoth Hospital has the capacity, including ICU beds and ventilators, and PPE needed to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19.

We are now capable of handling up to 40 inpatients, up from our licensed bed capacity of 17. Of the 17 licensed beds, two are ICU. In a surge situation we are now able to handle up to ten ICU patients. Up until March of this year we had four ventilators. We now have six with three additional units that have been shipped with anticipated delivery this week. The increased surge capacity constitutes a 135% percent increase in inpatient capacity. Based on an average daily census of 4.5, the surge capacity is nearly eight times that of baseline average daily acute care census and well above the 35% minimum required surge capacity.

We have continued to pay our employees by keeping their schedules at or close to their schedules prior to the pandemic. This was done to assure that we had the workforce available to handle surge. We have also been cross-training staff to work in other capacities that will be needed during a surge. Over 20 labor pools have been established with the purpose of redirecting employees into surge-related functions.

We have also put in place PPE use protocols that are specific to risk-stratified zones within the hospital and clinics. This was done to assure that our healthcare workers and patients were protected and that the hospital would not become a means by which the virus could spread. The other effect of this plan was the judicious use of PPE. This plan, along with early actions by the Hospital's Purchasing Department, resulted in an increased supply of PPE over the past two months. The HIMT set a PPE inventory goal of 60 days supply on hand at surge-use levels.

The following PPE items have met the 60 days supply on hand goal:

- N95 masks (regular)
- N95 masks (small)
- Surgical masks with visors
- Gloves
- Protective Eyewear
- Sanitizing wipes

The following PPE items are not yet at the 60 days supply:

- Surgical masks – 47 days
- Disposable gowns – 29 days
- Shoe covers – 33 days

Mammoth Hospital stands ready to handle a surge in patient volumes. Additionally, it should be noted that, in instances when patients at Mammoth Hospital are placed on a ventilator, they are routinely transferred to other hospitals whose capacity is better suited to multiple days on vent. All of Mammoth Hospital's transfer partner hospitals are accepting patient transfers.

Mono County Stage 2 Plan

Mono County's plan for moving into Expanded Stage 2 includes the following:

Given that the following conditions have been met:

1. Community Support Branch is fully staffed, functioning and ready to support surge in isolated and/or quarantined persons and patient field support care
2. Mammoth Hospital is able to meet potential surge capacity
3. Public Health Contact Tracing capacity has been increased
4. Testing capacity is adequate and the rate of positive tests meets CDPH criteria

The Mono County EOC, local Chambers and Economic Recovery Branch have identified ways to support Expanded Stage 2 business reopening. Much of the work to prepare for Stage 2 was completed using the state's Resilience Roadmap. Knowing that mitigation efforts are a key component to a successful Stage 2 plan, Mono County's EOC has identified ways to support businesses with the help of local Chambers and the Economic Recovery Branch. These mitigations and supports include the county-wide distribution to local businesses of PPE, face coverings, hand sanitizer, and disinfectants. Mono County specific business guidelines have been developed to support Stage 2 business sectors.

Another important part of Mono County's Stage 2 reopening plan includes a business attestation process. This process will allow businesses to identify how they plan to adhere to detailed county COVID-19 guidance. Our web-based business attestation will facilitate the creation of business-specific re-opening plans mandated by California. Office based business and non-profits that cannot completely work remotely will also be allowed to re-open immediately upon completion of said plan/attestation. This online portal will also serve as a record of business readiness and documents local mitigation efforts.

Under Expanded Stage 2, Mono County would permit restaurants to provide dining on premises and retail establishments to admit customers once they have attested to readiness. They will be expected to adhere to set California and/or local guidelines. In addition, golf courses and tennis clubs, which seem to fall between Stage 1 and Stage 2 would be allowed to open in early

Stage 2 once guidance has been approved by the Health Department. Marinas are also considered Stage 2 candidates and will require compliance with provided guidance.

Public Health is currently working with school administrators and childcare providers to establish guidelines that will support their reopening in Stage 2. This reopening preparation effort is ongoing at this time.

Additional smaller, low risk sectors could open after guidance has been developed. Some of these are unique to rural counties like Mono County and are recreation based activities including but not limited to: fishing and climbing guide services, pack operations, individual use of watercraft (e.g. canoe, kayak, paddle board, float tube, rowing, boat, fishing and backcountry hiking, with the same expectations for developing and observing safeguards to reduce SARS CoV-2 transmission risk. Several operations are permitted under federal agencies (USFS) which are opening across various national forests. We would expect these business operators to limit clientele to local residents, limited outreach during Stage 2. We would provide operators of specialized businesses such as these with the distancing and hygiene principles and public health guidance to be followed and rely upon their expertise to develop re-opening plans for our review.

As these sectors open, we will continue to monitor and adjust based on the following trigger points:

- Sustained increase in calls from symptomatic persons to Nurse Hotline of 300% over mid-April to mid-May weekly average
- Sustained increase of 300% over mid-April to mid-May weekly average in symptomatic persons testing positive for COVID-19
- Increase in testing percent positive rate to >12%, sustained over one week
- 3 or more persons with severe COVID disease in one week
- 300% increase or sustained 5% percent positive rate in community-based PCR specimen collection (currently zero)
- Inability of Epi-Contact Tracing Team to contact and interview 80% of cases within 24 hours (weekly assessment)
- Inability of Contact Tracers to evaluate 75% of case-contacts (exposed persons) within 24 hours of interviewing case (weekly assessment)
- Rise in school-based PCR + incidence rate in more than one classroom within a 2-week period

MONO COUNTY HEALTH DEPARTMENT
Public Health

P.O. BOX 476, BRIDGEPORT, CA 93517 PHONE (760) 932-5580 • FAX (760) 924-1831
P.O. BOX 3329, MAMMOTH LAKES, CA 93546 PHONE (760) 924-1830 • FAX (760) 924-1831

February 13, 2020

Interim Guidance for Mono County First Responders: Assessing Risk of Novel Coronavirus
**Based on available information and guidance, February 12, 2020*

The symptoms of novel coronavirus (Covid-2019) are non-specific: many other infections can cause fever, cough, and shortness of breath. These symptoms only suggest the possibility of novel coronavirus if there has been a risk of exposure to the virus within the last two weeks.

Therefore, if encountering a person with fever and cough or shortness of breath, ASK them if they have been in China within the last 14 days OR if they have been in close contact with someone known or suspected to be infected with this virus here in the United States or elsewhere in the world.

*If a person/patient has **fever** *and* **cough or shortness of breath** *and* **has been in mainland China within the last 14 days** they could have novel coronavirus infection and precautions should be taken until this possibility has been ruled out:

I. The patient should don a simple surgical facemask.

II. Responders should don PPE appropriate for airborne and contact transmission risk, although droplet transmission is believed to be more likely than airborne.
- Gloves
- Properly fitting N-95 respirator (mask) or power-assisted purifying filter (PAPR)
- Eye protection (goggles or face mask)
- Disposable gown, if available

(Note that if the ill person has not been in China but has been in contact with people elsewhere who are known or suspected to have novel coronavirus the same precautions should be taken)

*****If dispatch has identified a person with possible novel coronavirus before EMS/first responder arrival, personnel should don appropriate personal protective equipment (below) before patient encounter (before entering the structure)

*****If a patient has not been triaged, and the complaint is compatible with a respiratory infection, it is considered safe to talk to the patient from a distance of six feet or greater to assess risk.

Responders transporting a patient to a healthcare facility should notify the hospital of the possibility of novel coronavirus (2019-nCoV) so that appropriate infection control procedures may be taken at the destination

After transport use, standard decontamination procedures after the call is completed

- Properly doff and dispose of PPE according to the protocol
- Waste management per policy for medical waste (red bag)

**At this time, much remains unknown about the transmission, incubation, and manifestations of the 2019-nCoV virus. The epidemic is fluid and dynamic. Case definitions and risk factors are certain to change as the epidemic progresses.*

Inland Counties Emergency Medical Agency
1425 South D Street, San Bernardino, CA 92415-0060 ▪ (909) 388-5823 ▪ Fax (909) 388-5825 ▪ www.icema.net

Serving San Bernardino, Inyo, and Mono Counties
Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director

DATE: March 6, 2020

TO: EMS Providers – ALS, LALS, BLS, EMS Aircraft
Hospital CEO's, ED Directors, Nurse Managers and PLNs
Inyo, Mono and San Bernardino County EMCC Members
Medical Advisory Committee (MAC) Members
System Advisory Committee (SAC Members)

FROM: Tom Lynch, EMS Administrator; Reza Vaezazizi, MD, Medical Director

SUBJECT: COVID-19 GUIDANCE FOR EMS PERSONNEL

This memo provides information regarding the Emergency Medical Service (EMS) response, and guidance for EMS personnel who contact patients who may have or are suspected of having novel Coronavirus Infectious Disease (COVID-19). Information is changing at a rapid pace thereby requiring periodic reference to these guidelines and adherence to any change in recommendations for the care of these patients or the guidelines for healthcare personnel.

This document provides additional information for the establishment of safe practices in the care and transport of patients. ICEMA policies and protocols establish the standards for care and transport. Any hospital can receive a patient suspected of having COVID-19 and any base hospital may be contacted for consultation. There are no requirements for negative pressure isolation (i.e. ISO-POD, etc.) during 9-1-1 transport of suspected COVID-19 patients.

The following is a summary and partial list of the recommendations. Please consult the employer policies and the Centers for Disease Control (CDC) for additional recommendations and further guidance.

Guidelines for Dispatch https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html
The ICEMA Medical Director authorized the use of the Emerging Disease Surveillance Tool (EIDS) for the enhanced screening of emergency medical callers for use in conjunction with Protocol 26 – Sick Person and Protocol 6 – Breathing Problems. Dispatch will provide responding crews with early notification of symptomatic patients so proper personnel protective equipment (PPE) can be used by providers within close proximity of a patient potentially infected with COVID-19.

Personnel Protective Equipment (PPE) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

BOARD OF DIRECTORS

Robert A. Lovingood	Janice Rutherford	Dawn Rowe	Curt Hagman	Josie Gonzales	Gary McBride
First District	Second District	Third District	Chairman, Fourth District	Vice Chair, Fifth District	Chief Executive Officer

The ICEMA Medical Director, in concert with established standards and recommendations from the CDC, recommend the following PPE for all EMS field personnel.

- Disposable patient examination gloves
- Disposable isolation gown
- Respiratory protection (N-95 or higher level respirator) and
- Eye protection (goggles or disposable face shield that covers the front and sides of the face)

Contact with a suspected COVID-19 patient should be limited to only those providers that are necessary to provide patient care. Others should remain outside or as far away from the patient as possible. All providers including drivers and assistive personnel who have contact with the patient should wear the recommended PPE. Drivers in ambulances with an isolated driver's compartment should remove their PPE and perform hand hygiene prior to initiating the transport. If the driver's compartment is not isolated, the driver should continue to wear the respirator during transport.

All personnel should avoid touching their face while working. After arrival at the facility and transfer of patient care, all providers should remove and discard PPE and perform hand hygiene. PPE should be discarded in accordance with established procedures and/or hospital policies.

Putting on and Removing PPE (https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)
The attached information from the CDC may be used as a reference for the putting on and talking off PPE. ICEMA recommends Example 2 for removing PPE to prevent self or cross contamination. When removing PPE remember that the gloves, front of the gown, the face shield and respirator are contaminated and care must be exercised to limit any possible contamination of non-contaminated areas. EMS field personnel must conduct hand hygiene if the hands become contaminated during removal. Generally, the sequence for removing PPE is:

- Gown and gloves simultaneously
- Goggles/face shield
- Mask or respirator

Health Management for EMS personnel with Potential Exposure to COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
Proper adherence including recommended infection control practices and the use of PPE should protect all healthcare personnel even those having prolonged close contact with a patient under investigation for COVID-19. However, any inconsistencies in the use of or adherence to these practices could result in an unrecognized exposure. The CDC has provided guidance that defines exposure risk for healthcare personnel who are exposed to a confirmed COVID-19 patient or to one who is suspected and awaiting testing. Recommended work restrictions and guidelines for risk assessments are included with the referenced CDC guidelines.

Standard Precautions https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html
To reduce the inadvertent transmission of COVID-19 between an infected patient, and self or others:

- Avoid unnecessary touching of surfaces in close proximity to the patient
- Perform hand hygiene using antimicrobial or non-antimicrobial soap and water during patient care

- before and after body contact
- if hands will be moving from a contaminated body site to a clean part of the body
- after contact with inanimate objects in the immediate vicinity of the patient
- after removing gloves

Additional Information
Additional information may be found by accessing the following websites:

- CDC website at https://www.cdc.gov/coronavirus/2019-nCoV/index.html
- San Bernardino County Department of Public Health http://wp.sbcounty.gov/dph/coronavirus/
- ICEMA http://www.sbcounty.gov/icema/main/mailings.aspx
- Healthcare Preparedness Planning Partnership (HP3) https://hp3sbc.org/information-resources/

If you have any questions, please do not hesitate to contact Ron Holk at (909) 388-5808 or via e-mail at ron.holk@cao.sbcounty.gov.

TL/RV/rwh

c: File Copy

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: March 3, 2020

TO: California Emergency Medical Services Partners

FROM: Dave Duncan, MD
Director, Emergency Medical Services Authority

SUBJECT: Interim Emergency Medical Services Guidelines for COVID-19

The outbreak of respiratory illness caused by the novel coronavirus (COVID-19) was first detected in China during December 2019, and has now been identified in over 60 locations internationally, including the United States. We are beginning to see community transmission in the US, including California, and we must remain vigilant with our approach to EMS patients who may have COVID-19.

The California Emergency Medical Services Authority (EMSA) has developed comprehensive guidance for its EMS partners, providers and agencies. This guidance has been developed in conjunction with the California Department of Public Health (CDPH) and the Governor's Office of Emergency Services (Cal OES), as well as our federal and local partners including the Center for Disease Control (CDC) and the Local Emergency Medical Services Agencies (LEMSAs)

The California Emergency Medical Services Authority has adopted the standardized EMS guidance provided by the CDC in collaboration with NHTSA. This guidance for EMS is comprehensive, represents a recognized best practice across the nation, and is currently deployed within the 33 LEMSAs throughout the state.

California EMS Guidance and Resources for COVID-19

1) Interim Guidance for EMS and 911 PSAPs for COVID-19 in California.

This comprehensive EMS guidance applies to all first responders who anticipate close contact with persons with possible or confirmed COVID-19 in the course of their work. This guidance discusses modifying caller queries to determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a person under investigation (PUI).
A summary of the sections found in this document are listed here:
Interim Guidance for EMS Providers and Agencies in California

a) Case Definition/PUI
b) Recommendations for 911 PSAPs
c) Modified Caller Queries

d) Recommendations for EMS Clinicians and Medical First Responders
e) Patient Assessment
f) Recommended PPE
g) Precautions for Aerosol-Generating Procedures
h) EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility including IFT's
i) Documentation
j) Cleaning EMS Transport Vehicles after Transport
k) Follow-up/Reporting Measures by EMS Clinicians After Caring for Patients or PUI's
l) EMS Employer Responsibilities
m) Additional Resources

2) Guidance regarding shortage of N95 Respirators.

Governor Newsom and state health officials released today that millions of stockpiled masks will become available.
The CDC has also recently published information regarding N95 respirators including the use of stockpiled N95 Respirators and strategies for optimizing the supply of N95 respirators.
https://www.cdph.ca.gov/Programs/OPA/Pages/NR20-010.aspx
https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

3) Identifying Patients Under Investigation (PUI's).
Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-2019. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). These criteria are subject to change as additional information becomes available.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fidentify-assess-flowchart.html

4) Additional Resources.
a) Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/index.html.
b) California Department of Public Health https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
c) California Local EMS Agencies https://emsa.ca.gov/local-ems-agencies/
d) The EMS Infectious Disease Playbook, published by the Office of the Assistant Secretary for Preparedness and Response's (ASPR) https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdfpdf iconexternal icon

Town of Mammoth Lakes
P.O. Box 1609
Mammoth Lakes, CA, 93546
Ph: (760) 965-3600
Fax: (760) 934-7493

FOR IMMEDIATE RELEASE

Date: **Monday, May 18, 2020**
Contact: Stuart Brown, Parks and Recreation Director & Public Information Officer
Phone: (760) 965-3696
Email: sbrown@townofmammothlakes.ca.gov
Website: www.Townofmammothlakes.ca.gov

INTERIM RESTAURANT AND RETAIL BUSINESS OPERATING RULES FOR THE TOWN OF MAMMOTH LAKES

May 18, 2020 – To facilitate allowing retail and dining businesses to begin reopening, the Mammoth Lakes Town Manager is ordering the following temporary changes to Town's usual standards and requirements for outdoor dining, outdoor displays and sales, temporary signage, and outdoor seating areas.

A majority of these temporary waivers will become effective upon the California Department of Public Health's approval for Mono County to move into Expanded Stage 2 of the State of California's "Resilience Roadmap" and will remain in effect until September 30, 2020 unless otherwise determined by the Town. Please note that as of today's date, ***Stage 2 approval has not yet been obtained***.

Businesses operating under these interim rules are still ordered to comply with all applicable public health guidance and requirements from the State of California, Mono County, and the Town.

WHAT BUSINESSES CAN DO NOW:

Curbside Pick-Up and Delivery

Mono County (including the Town of Mammoth Lakes) is currently in early Stage 2 of the State of California's "Resilience Roadmap". This stage allows for retail curbside pick-up and the opening of manufacturing and logistical supply chains to provide required goods and services.

To accommodate this activity by businesses allowed to provide curbside pick-up and delivery of merchandise, goods and related service, the temporary use of tents or other shade coverings may be placed to provide protection from weather and to clearly designate areas for pick-up and delivery of merchandises, goods and delivery. Businesses that are designated as "essential" by the California Department of Public Health that provide retail services may also use temporary structures, signs, banners, and waiting areas as provided for under these operating rules.

WHAT BUSINESSES CAN DO IN EXPANDED STAGE 2

Outdoor Dining

During the reopening phase there will likely be restrictions on the number of people within restaurants along with requirements regarding maintaining distance between non-related groups of people. To facilitate additional spacing, outdoor parking may be used as temporary outdoor dining areas until the emergency order is rescinded.

Outdoor dining shall comply with all provisions of Zoning Code Section 17.52.220 with the exceptions crossed out below:

- Outdoor dining areas shall not ~~encroach into required parking areas, shall not~~ obstruct pedestrian traffic, and shall not create traffic hazards: 17.52.220.C.5.
- Outdoor dining areas may be located in setback areas but shall maintain a minimum five-foot setback to property lines ~~or parking lots~~; however, no outdoor dining area shall encroach into a setback abutting a residential zone: 17.52.220.D.1.

Outdoor Display and Sales

To promote social distancing, the following two provisions for outdoor display and sales standards are temporarily ***waived***:

- An administrative permit shall be required for a temporary outdoor display or sale: 17.52.230.A. 1.

- A business shall be limited to three consecutive days of temporary outdoor displays/sales per calendar year. In addition, businesses are allowed one day for set up of the temporary display or sale and one day to remove the temporary display or sale: 17.52.230.A.4.

Temporary Signage (Banners)

In response to the economic impacts of the COVID-19 pandemic, the Town would like to encourage business owners to advertise their businesses. To achieve this, Zoning Code Section 17.48.080.N.1. shall be modified as follows:

- ~~Grand Opening~~ Banners. Grand opening banners for newly established businesses as well as banners intended to advertise businesses may be allowed for a period of no longer than ~~30~~ 90 consecutive days.

Outdoor Seating Areas for Retail Businesses

Businesses may establish temporary outdoor seating (waiting) areas, provided that they do not interfere with pedestrian or vehicular thoroughfare. It is permitted to convert limited parking spaces to outdoor seating (waiting) areas.

Care and Maintenance of all Temporary Items

The placement of all temporary structures must provide for the safety of pedestrian and vehicle traffic, and all such structures must be secured to withstand wind events. All outdoor structures, signs, banners, seating, or related temporary items must be maintained in good repair and must be promptly removed or replaced upon notice from the Town.

--END--

COVID-19 FREQUENTLY ASKED QUESTIONS

General COVID-19 questions:

1. How long does the virus live on different surfaces?
2. How does the virus react at different temperatures and humidity levels?
3. Can physical distancing be reduced if all parties are wearing face coverings?
4. Can items be disinfected by leaving them in the sun?
5. How can I make my own disinfecting spray?
6. How can I make my own hand sanitizer?
7. How can I make my own handwashing station?
8. Where can I go if I want more information about COVID-19?

General business operation questions:

9. Where can employers go for information on how to train their employees to properly use personal protective equipment (PPE)?
10. Should businesses be doing temperature screenings upon entrance?
11. How can businesses maintain physical distancing requirements?
12. What are some strategies that businesses can implement to minimize contact?
13. How effective are physical barriers at cash registers?
14. Should businesses have a response plan in place in the event that an associate tests positive for COVID-19?
15. What is the safest way to ventilate spaces?
16. What are best practices for employers to screen employees for illness?
17. How often should high touch areas be disinfected?
18. Why aren't gloves recommended for some retail and restaurant positions?
19. Should businesses accept cash? What are the risks and benefits of accepting cash?
20. Do cooks and other employees that aren't in direct contact with customers need to wear face coverings?
21. Who can I talk to if I have questions about relocating aspects of my business outside (i.e. outdoor seating, tent sales)?

Business specific operation questions:

22. What are some strategies that rental businesses can implement to operate safely?
23. What are some strategies that offices can implement to operate safely?
24. What are some strategies that restaurants can implement to operate safely?
25. Should restaurant guests replace their face coverings between eating and drinking?
26. Why should servers use higher level face coverings like surgical masks?
27. Should food be covered as it leaves the kitchen of a restaurant?
28. What is the safest way to operate pools and spas?
29. What is the safest way for thrift stores to handle donations?
30. How can hotels and other lodging facilities make bedding safer and easier to launder?

General COVID-19 answers:

1. How long does the virus live on different surfaces?

Studies in the New England Journal of Medicine and Lancet have investigated how long SARS-CoV-2, the virus that causes the disease COVID-19, can be detected on surfaces at room temperature. They found that the virus can last:

- 3-7 days on plastic
- 3-7 days on stainless steel
- 24 hours on cardboard
- Up to 3 hours in the air from an infected person or being stirred up from a surface like cloth
- Up to 2 days on cloth
- Up to 4 hours on copper
- Up to 2 days on paper
- Up to 4 days on glass
- Up to 2 days on wood

2. How does the virus react at different temperatures and humidity levels?

Research on SARS-CoV, a coronavirus related to the virus that causes COVID-19, found that the dried virus could live on smooth surfaces for over five days in typical air-conditioned environments (temperature between 71.6-77°C and relative humidity of 40–50%). However, the virus quickly lost its infectiousness at higher temperatures and higher relative humidity (temperature above 100.4°F and relative humidity above 95%). More recent research on SARS-CoV-2, the virus that causes COVID-19, found that the virus dies when exposed to temperatures greater than 132.8°F for at least 15 minutes.

It is important to interpret these results with caution, as the World Health Organization stresses that exposing yourself to the sun or to temperatures higher than 77°F degrees does not prevent COVID-19. Additionally, experts do not anticipate that we will experience a decrease in COVID-19 spread as the weather warms due to the lack of immunity to the virus globally and the virus' rapid spread in countries like Iran and Australia that have already seen high temperatures and humidity levels.

3. Can physical distancing be reduced if all parties are wearing face coverings?

No. Researchers have stated that wearing a face covering does not negate the need for other containment strategies such a physical distancing and hand washing.

4. Can items be disinfected by leaving them in the sun?

In short, no. There has not yet been research done on how SARS-CoV-2, the virus that causes the disease COVID-19, reacts in sunlight. However, research done on SARS-CoV, a coronavirus related to the virus that causes COVID-19, found that exposing the virus to ultraviolet A (UVA) light, no matter how long the exposure, did nothing to reduce its infectivity. They did find that

exposing the virus to ultraviolet C (UVC) light for more than 15 minutes was able to inactivate SARS-CoV. It is important to note that no measurable amount of UVC light reaches earth from the sun and UVC rays are extremely dangerous to humans, even after seconds of exposure. Experts do not recommend using a UVC disinfection system in your home because there is no way to know if your items are receiving an adequate enough dose of UVC to cause any inactivation of the virus.

The World Health Organization stresses that exposing yourself to the sun or to temperatures higher than 77°F degrees does not prevent COVID-19. **Do not** use ultraviolet (UV) lamps to disinfect your hands or other parts of your body. Washing your hands with soap and water or using sanitizer that contains at least 60% alcohol is the best way to clean your hands.

Items can be disinfected using EPA-registered disinfectants for use against the virus that causes COVID-19. The CDC provides guidelines for cleaning and disinfecting hard surfaces, soft surfaces, electronics, and linens and clothing on their website.

5. How can I make my own disinfecting spray?

Bleach spray for hard surfaces: The CDC says that "unexpired bleach will be effective against coronaviruses" in a 1:48 solution (⅓ cup of bleach per gallon of water, or 4 teaspoons per quart). Clorox recommends a 1:32 ratio (½ cup per gallon or 2 tablespoons per quart). The Cleaning Management Institute recommends a 1:10 ratio (about 1½ cups per gallon of water, or about ⅓ cup per quart). Test strips for the concentration of bleach solutions are available and are commonly used for restaurant dishwashers. If test strips are used, the objective is to maintain bleach concentration at or above 200 parts per million ppm. Take caution while working with bleach and **never mix bleach with anything containing ammonia** (found in many window cleaners).

No matter the combination you use, you should always use disinfectants properly which means allowing the disinfectant to remain on the surface for 10 minutes before wiping it off in order to fully kill germs.

6. How can I make my own hand sanitizer?

Hand sanitizer should never be used in place of washing thoroughly with soap and water as hand washing is more effective at removing bacteria, viruses, and chemicals from hands than hand sanitizer. Any hand sanitizer that you use or make should contain at least 60% alcohol.

To make your own 65% alcohol hand sanitizer, mix 2/3 cup Isopropyl alcohol 91% (rubbing alcohol) with1/3 cup aloe vera gel in a container than can be sealed.

7. How can I make my own handwashing station?

Homemade handwashing stations outside of businesses are great ways to promote hand hygiene when resources are limited. There are several ways to make handwashing stations for less than $30 such as this or this. One approach is to set up refillable water coolers, liquid soap, paper

towels, and no-touch trashcans outside of entrances. It is important that people are able to dry their hands on a clean surface like a disposable paper towel.

8. Where can I go if I want more information about COVID-19?

- Mono County: call 211 or (760) 924-1830 or visit https://coronavirus.monocounty.ca.gov/
- California Coronavirus (COVID-19) Response Resilience Roadmap: https://covid19.ca.gov/roadmap/
- California Department of Public Health: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
- Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/index.html
- World Health Organization: https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- Occupational Safety and Health Administration: https://www.osha.gov/SLTC/covid-19/standards.html

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General business operation answers:

9. Where can employers go for information on how to train their employees to properly use personal protective equipment (PPE)?

It is vital that all employees using PPE know how to properly use and care for said equipment. The CDC offers a myriad of handouts, videos, and website pages on using and caring for specific PPE. Additionally, OSHAcademy offers a free general PPE in the workplace course. Employers may also find the following resources helpful for training employees on appropriate PPE use.

- Face coverings:
  - Website: Mono County's website for Face Coverings and PPE
  - Video: Mask Wearing 101: How to Properly Use & Re-use a [Surgical] Mask
  - Handout: Use of Cloth Face Coverings to Help Slow the Spread of COVID-19
- Gloves:
  - Video: Using Gloves to Prevent Coronavirus from Being Transmitted
  - Handout: Technique for donning and removing non-sterile examination gloves (page 4)
- N95 Respirator:
  - Video: How to Wear an N95 Mask: Donning and Doffing
  - Handout: 3M Donning and Doffing
- Eye protection:
  - Website: OSHA Face and Eye Protection

10. Should businesses be doing temperature screenings upon entrance?

There is no evidence that temperature screenings at entrances meaningfully decrease the number of infected people entering. Numerous studies on airport temperature screening found that this

measure is unlikely to decrease the number of infected people entering new regions. The German Minister of Health has similarly rejected calls for temperature screening claiming that because of asymptomatic transmission of COVID-19, temperature screening may create a false sense of security. Being declared afebrile may influence individuals to act with less caution. The most effective ways to decrease the transmission of the virus when in public are to practice physical distancing, wear a face covering, and wash your hands.

11. How can businesses maintain physical distancing requirements?

All businesses including retail, restaurants, hotels, lodging, transportation, real estate, and all others must facilitate the ability of unrelated persons to maintain 6 feet of physical distance between themselves. This may be executed in a number of ways depending on the nature of the business and physical space. Approaches to maintaining physical distancing requirements may include one or more of the following:

- Limiting the number of people allowed in a facility so that each unrelated person may have 6 feet of physical distance between themselves and others. This may involve calculating a maximum capacity based on the available area for consumers to occupy and enforcing that capacity at the door.
- Rearranging or removing furniture to increase the area people may inhabit so that each unrelated person may have 6 feet of physical distance between themselves and others.
- Prohibiting people from entering a facility and instead conducting business from the front door so that unrelated persons can utilize outdoor areas to maintain 6 feet of physical distance between themselves and others.
- Implementing one-way walkways to allow inhabitants to move in a more organized way that allows each unrelated person to have 6 feet of physical distance between themselves and others.

No matter what approaches a business takes, it is recommended to mark the floors and sidewalk at 6-foot intervals in areas where people may congregate such as cash register lines, bathroom lines, waiting areas, and lines outside of doors.

12. What are some strategies that businesses can implement to minimize contact?

- Allow customers to order items (retail items, food, etc.) over the phone. Encourage customers to give their credit card information over the phone in advance for quick, contactless pick up.
- Encourage customers to utilize contactless payment options on smart devices. Have staff input the tip after asking the customer if they would like to leave a tip in order to avoid having customers touch the screen.
- Display menu items on online menus, chalk boards, white boards, or other signage to reduce or eliminate the handling of physical menus.

13. How effective are physical barriers at cash registers?

There is no research evidence yet on the efficacy of physical barriers like plexiglass sneeze guards, but infectious disease experts suggest they can be beneficial to preventing COVID-19

transmission. It is important to note that physical barriers cannot be used in the place of face coverings and practicing physical distancing. Adding plexiglass barriers at cash registers while both parties are wearing face coverings may add an extra layer of protection in case people touch their face covering or otherwise use them incorrectly. These barriers may also protect people's eyes from being hit with droplets while they wear a face covering.

14. Should businesses have a response plan in place in the event that an associate tests positive for COVID-19?

Having a disinfection and alternate staffing plan in place is a good idea to prevent other employees from getting sick and further disrupting business. The CDC provides guidance for cleaning and disinfecting spaces where COVID-19 positive people have been. The National Law Review and CDC have also provided guidance on planning for and reacting to an employee contracting COVID-19. As much as possible, employees should keep a log of their daily contacts. This way, if an employee becomes infected, the business can provide this information to Mono County Public Health who will alert all possibly exposed persons in order to minimize further virus transmission.

OSHA recommends several administrative controls be taken to protect employee health and safety including: establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week; providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (cough etiquette, care of PPE, etc.); discouraging workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible; and staggering employee breaks to prevent congregating in break rooms.

15. What is the safest way to ventilate spaces?

Research suggests that the safest way to ventilate spaces is to open windows instead of using centralized air units. When ventilation by windows is not available, mechanical engineering experts recommend that commercial buildings supply their ventilation systems entirely with filtered outside air instead of recirculating the existing air in a building. If this does not provide adequate thermal control, the American Society of Heating, Refrigerating and Air-Conditioning Engineers stress that AC units should be used to decrease thermal stress which may weaken one's immune system.

The State of California recommends installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in offices and other spaces.

16. What are best practices for employers to screen employees for illness?

The CDC recommends screenings all employees every day when they arrive at work. Employers may ask the following screening questions:

1. Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?

2. Have you had contact with any people being tested or seeking to be tested for COVID-19 within the last 14 days, OR with anyone with known COVID-19?
3. Have you experienced symptoms such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell during the previous 24 hours?

Employees who answered "Yes" to questions 1 or 2 may be instructed to stay home until 14 days have passed since their last possible date of exposure to COVID-19. Employees who indicate they have had symptoms by answering "Yes" to question 3 may be asked to go home and call the Mono Nurse Hotline at 211 or (760) 924-1830. Ill persons must isolate themselves for a minimum of 10 days AND, prior to returning to work, must have had no fever for 3 consecutive days AND other symptoms (e.g., cough, headache, body aches) must be gone. Recovered persons may contact the Mono Nurse Hotline to request clearance to return to work. As much as possible, employees should keep a log of their daily contacts. This way, if an employee becomes infected, the business can provide this information to Mono County Public Health who will alert all possibly exposed persons in order to minimize further virus transmission.

17. How often should high touch areas be disinfected?

While all high touch areas should be disinfected regularly, the frequency will vary depending on each space and how many people are passing through. The Food Industry Association recommends disinfecting high touch surfaces every 15 minutes to 2 hours with continuous visual monitoring by all employees. It is recommended to create a list of high touch surfaces in your business to ensure thorough and regular disinfection. See the example for food retail below.

18. Why aren't gloves recommended for some retail and restaurant positions?

Medical experts have expressed that wearing gloves in some situations including grocery shopping or working at a cash register does not meaningfully decrease the transmission of COVID-19. Gloves confer no additional benefit compared to bare hands when one touches a potentially dirty item, like cash, and then touches another surface, like cash register buttons, with the same gloved hands. Even with gloves, the virus is still transmitted from surface to surface when the person is wearing the same pair of gloves. Wearing gloves may also provide wearers with a false sense of security and detract their attention from regular hand washing. Given the cost and scarcity of gloves, mass-gloving is not an effective way to prevent COVID-19 transmission in some spaces.

Instead, people must regularly wash or disinfected their hands after every customer contact as well as after using the toilet room, eating, drinking, smoking or touching one's face, taking out garbage, exposure to common surfaces or after engaging in any other activity that contaminate hands, including but not limited to, handling cash. It is also vital that high touch surfaces are regularly

Human-Touch Surfaces for Food Retail*

***List provided by Ecolab and is not intended to be an exhaustive list.**

Back of the House

- ☐ Door handles and push plates
- ☐ Handles of all equipment doors and operating push buttons
- ☐ Handles of the dispensers (beverage, etc.)
- ☐ Ice scoops
- ☐ Walk-in and other refrigerator handles
- ☐ Walk-in refrigerator and freezer plastic curtains
- ☐ Freezer handles
- ☐ 3-compartment sink and mop sink handles
- ☐ Handwash sink handles
- ☐ Soap dispenser push plates at handwash sink
- ☐ Cleaner dispenser push buttons
- ☐ Towel dispenser handle at handwash sink
- ☐ Trash receptacle touch points
- ☐ Cleaning tools
- ☐ Self-service Utensils
- ☐ Buckets
- ☐ Telephone keypad and handset
- ☐ Computers
- ☐ Office cabinet handles and safe handle
- ☐ Microphone and point of sale register
- ☐ Breakroom tables and chairs
- ☐ Display screens on equipment
- ☐ All service area counter surfaces
- ☐ All kitchen/fresh department counter surfaces
- ☐ All stainless steel surfaces

Front of the House

- ☐ Door handles, push plates, thresholds and hand railings
- ☐ Grocery carts and baskets
- ☐ Dining tables and chairs, if still in service
- ☐ Trash receptacle touch points
- ☐ Highchairs, if still in service
- ☐ Front counter
- ☐ Drink and condiment dispensers
- ☐ Display cases
- ☐ Self-service areas, if still in service
- ☐ Point of sale registers/touchscreens
- ☐ Trays
- ☐ Kiosks
- ☐ Sneeze guards

Restrooms

- ☐ Door handles
- ☐ Sink faucets and toilet handles
- ☐ Towel dispenser handle
- ☐ Soap dispenser push plates
- ☐ Baby changing station
- ☐ Trash receptacle touch points

Curbside Pickup and Delivery

- ☐ Pens or other writing utensils
- ☐ Clipboards
- ☐ Electronic signature pads
- ☐ Elevator buttons
- ☐ Door handles
- ☐ Surfaces inside delivery vehicles

disinfected with EPA-registered disinfectants. It is recommended that hand sanitizer that contains at least 60% alcohol be readily available to both employees and customers. Employers may also schedule regular breaks for employees to wash their hands with soap and water for at least 20 seconds.

The recommendation to forgo gloves may not apply to some positions including housekeeping staff, food preparers, and others who are required to wear gloves by health and safety codes including but not limited to the California Retail Food Code found in Division 104 Part 7 of the California Health and Safety Code.

When gloves are worn, they must be changed as often and in the same instances as hands would be washed or disinfected pursuant to State law. Gloves must be taken off correctly with hands being washed immediately after. Single use gloves shall not be washed and re-used per California Health and Safety Code.

19. Should businesses accept cash? What are the risks and benefits of accepting cash?

Yes, businesses should accept cash. Each bill can be in circulation anywhere from four years to 15 years meaning it has a lot of time to exchange hands and accumulate germs. Research on cash has shown that it can be a vector of germs and disease between people. Nevertheless, when businesses adhere to proper hand hygiene, accepting cash does not put customers or employees at undue risk of transmitting or contracting COVID-19. The virus that causes COVID-19 can only infect a person if it enters the body, typically through the mouth, nose, or eyes by unwashed hands. This is why is it vital for employees to wash or disinfect their hands immediately after handling cash, routinely disinfect work areas, AND refrain from touching their face at all times. Though wearing gloves is not recommended for people handling cash, wearers must properly remove and dispose of gloves and wash their hands after handling cash to avoid transmitting germs to other surfaces. Even during a pandemic, it is important that businesses continue to accept cash to maintain public trust in cash. It is important to note, again, that cash is similar to any other commonly touched surface and there is no evidence of COVID-19 transmission by cash.

20. Do cooks and other employees that aren't in direct contact with customers need to wear face coverings?

Yes, all employees must wear face coverings to prevent COVID-19 transmission between themselves, especially when they may be within 6 feet of each other.

21. Who can I talk to if I have questions about relocating aspects of my business outside (i.e. outdoor seating, tent sales)?

Mono County Planning Division:

- Call: (760) 924-1800
- Email: commdev@mono.ca.gov
- Visit: https://monocounty.ca.gov/planning

Town of Mammoth Lakes Planning Division:

- Call: (760) 965-3633
- Email: Sandra Moberly smoberly@townofmammothlakes.ca.gov
- Visit: https://www.townofmammothlakes.ca.gov/125/Planning-Division

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Business specific operation answers:

22. What are some strategies that rental businesses can implement to operate safely?

- Rental businesses are required to follow the mandates in the Public Health Officer's Business Guidance which includes using face coverings and facilitating physical distance of 6 feet between unrelated persons at all times, including checking in and out equipment.
- Only equipment that can be cleaned and disinfected using EPA-registered disinfectants between each use may be rented. This includes canoes, kayaks, fishing boats, bicycles, and all associated equipment such as paddles, life jackets, and helmets. The Life Jacket Association provides COVID-19 specific guidance for cleaning life jackets. Employees may use PPE while disinfecting and must wash their hands with soap and water or use a sanitizer that contains at least 60% alcohol after cleaning and disinfecting equipment.
- Only people from the same household may share an individual piece of rental equipment (i.e. golf cart, canoe, fishing boat, etc.).
- Businesses may screen guests for illness and prevent those with symptoms from using equipment. See best practices for illness screenings.

23. What are some strategies that offices can implement to operate safely?

OSHA and the State of California have provided guidance on preparing workplaces for COVID-19. While the following is not an exhaustive list, highlights and additional strategies include:

- Continue remote work as much as possible.
- Screen all employees for illness every day when they arrive at work. See best practices for illness screenings.
- Establish policies and practices, such as flexible worksites and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others.
- All employees should wear face coverings to prevent COVID-19 transmission between themselves, especially when they may be within 6 feet of each other.
- Rearrange or remove office furniture to allow more area for employees to occupy. Desks should be rearranged so employees face in the same direction instead of facing each other. Cubicles may be within 6 feet of each other so long as impermeable barriers such as cubicle walls or plexiglass sneeze guards exist between employees' faces.
- Establish directional hallways and passageways for foot traffic, if possible, to eliminate employees from passing by one another.
- Require employees to clean and disinfect personal work areas often and supply the necessary cleaning products. Provide time for workers to implement cleaning practices

before and after shifts. If cleaning is assigned to the worker, they must be compensated for that time.

- Only allow necessary people to enter the office by locking doors, implementing phone-in entry, or having someone stationed at the entrance.
- Post easy-to-read reminder sheets about safety precautions, such as those from the CDC, around the office including in bathrooms.
- Discourage employees from using other employees' phones, desks, offices, or other work tools and equipment.
- Provide hand sanitizer that contains at least 60% alcohol, tissues, disinfecting wipes and/or sprays, and no touch trashcans throughout the office.
- As much as possible, promote a paperless workplace. Offices may install production transfer-aiding materials, such as shelving and bulletin boards, to reduce person-to-person production hand-offs. Employees should engage in proper hand hygiene after exchanging items including paper.
- Consider installing a plexiglass barrier at desks including the reception desk.
- Close or restrict common areas, using barriers, or increasing physical distance between tables/chairs where personnel are likely to congregate and interact, such as kitchenettes and break rooms, and discourage employees from congregating in high traffic areas such as bathrooms, hallways, and stairwells.
- Communal items such as water coolers, coffee stations, and refrigerators should only be used if the office has a cleaning plan in place. This may include stocking the area with disinfecting wipes and mandating that each employee wipe the areas they have touched before the leave. Encourage employees to bring their own dishes and cutlery from home every day and take them home at the end of the day.
- Other shared office equipment including copy machines, books, and other devices should be regularly disinfected and employees should practice hand hygiene after using. Employees may wear gloves while using these items but should remove the gloves and wash their hands before handing other objects. Employees may also use a personal stylus pen to operate shared devices.

24. What are some strategies that restaurants can implement to operate safely?

In addition to following physical distancing and face covering requirements, restaurants can take the following steps to promote the safety of guests and employees:

- Provide personal hand sanitizers to all frontline employees.
- Establish scheduled times for employees to wash their hands with soap and water.
- Establish scheduled times for breakrooms, bathrooms, and other high touch areas to be disinfected. It is recommended this take place at least every hour.
- Ensure the arrangement of tables allows guests of different parties to be at least 6 feet from each other. If tables cannot be moved, take some tables out of circulation by clearly marking them as unavailable for seating.
- Promote reservation processes to reduce guests in the waiting areas.
- Limit groups to six or fewer. Groups lager than six may be seated at multiple tables so that each table contains no more than six guests.

- Employees may serve more than one table at a time, but each table should only be served by one employee.
- Items may only be shared between parties if they can be disinfected after each party is done using them (menus, condiments, etc.). If condiments cannot be disinfected between parties, offer single serving packets instead. If menus cannot be disinfected between parties, offer disposable paper menus or display menu items on online menus, chalk boards, white boards, or other signage.

25. Should restaurant guests replace their face coverings between eating and drinking?

Restaurant guests do not need to replace their face coverings between eating and drinking when they are seated. Restaurant guests should replace their face coverings when they are finished with their meal and when they are not seated at their table for any reason. This includes when guests enter the restaurant, wait for a table, go to their table, and go to the bathroom.

26. Why should servers use higher level face coverings like surgical masks?

All servers and restaurant employees should wear a face covering at all times, especially when they may be within 6 feet of another person. Since restaurant guests do not wear their face coverings when they are seated and eating or drinking, servers are at an increased risk of encountering expelled droplets from guests. For this reason, it is recommended that servers use higher level face coverings like surgical masks, eye protection, and/or face shields. Servers should also practice frequent hand hygiene and refrain from touching their faces at all times.

27. Should food be covered as it leaves the kitchen of a restaurant?

There is no evidence that covering food before it reaches a consumer's table prevents COVID-19 transmission. The FDA provides COVID-19 specific best practices for retail food stores, restaurants, and food pick-up/delivery services on their website.

28. What is the safest way to operate pools and spas?

According to the CDC, there is no evidence that the virus that causes COVID-19 can be spread to people through the water in pools, hot tubs, spas, or water play areas. Proper operation and maintenance (including disinfection with chlorine and bromine) of these facilities should inactivate the virus in the water. However, due to the difficulty in maintaining physical distancing in these types of facilities, as well as the many high touch point surfaces associated with them, it is recommended that operators of such facilities keep them closed until such time that the threat of COVID-19 has been substantially reduced.

If a pool/spa operator decides to offer use of the pool and/or spa to their guests, the following guidelines shall be implemented:

- Special attention shall be made by the management of the pool/spa facility to maintain the minimum required sanitizer in the pool and/or spa at all times. Sanitizer concentrations in the pool/spa shall be checked at least twice per day. The chemical

readings shall be logged on the pool/spa facility maintenance log, which is already required for these facilities.

- Operate the pump at least 1 hour prior to pool or spa being open for use, and at all times while open for use, to assure proper circulation and filtration.
- Mandate that all guests shower before entering pools and spas to maintain adequate levels of free available chlorine to kill germs.
- The number of people allowed to use the swimming pool area shall be limited to the number that will allow physical distancing requirements to be achieved. State requirements for pools already limit the number of bathers to 1 person per 20 square feet of water surface area for a pool.
- Reservations should be made with the facility manager for use of a spa ahead of time for use by individuals or groups of guests. Management should maintain a reservation list of all individuals or groups using the spa. Unrelated groups should not be allowed to use the spa at the same time.
- Screen all guests for illness and prevent those with symptoms from using the facility. See best practices for illness screenings.
- The maximum allowable number of spa users is limited by state law to 1 person per 10 square feet of water surface area.
- Between spa user groups, and periodically throughout the day for the pool area, management should clean and disinfect high touch point surfaces (e.g. steps and ladder handrails, deck coping/handholds surrounding a pool or spa, door handles accessing and exiting the pool facility, all restroom surfaces, etc.).

29. What is the safest way for thrift stores to handle donations?

Thrift stores should let all donations sit for seven days before bringing them into inventory. If this is not possible, donated clothes must be laundered and all other surfaces must be thoroughly cleaned and disinfected using EPA-registered disinfectants.

30. How can hotels and other lodging facilities make bedding safer and easier to launder?

It is recommended that hotels and other lodging facilities encase pillows and duvet inserts in impermeable, zipped cases that can be disinfected between guests. When these are used, only pillowcases and duvet covers must be laundered between guests. Items that are harder to launder including quilts, comforters, extra blankets and pillows, and throw pillows should be removed from units. These items can be made available to guests upon request but should be laundered after each use. Bed skirts and mattress pads do not need to be laundered after every guest but should still be laundered regularly.

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MONO COVID-19 PPE Inventory 5/19/2020

Supply Unit Inventory							
Item	**Brand**	**Qty Delivered**	**Qty Deployed**	**Qty Remaining**	**Date Delivered**	**Delivered By**	**Notes**
Oxygen Boost Canisters	O2 Blast	204	0	**204**	3/26/2020	Amazon	S69
Shoe Covers (XL)	Dynarex	300	0	**300**	4/2/2020	PH; Natalie Morrow	S98
N95 Model 8000	3M	10290	431	**9859**	4/10/2020	PH; Natalie Morrow	S107 - CHP, S108 - MC Movers, S135
Face Shields	CDPH	500	414	**86**	4/13/2020	CDPH Truck (LA)	
Gloves (LG)	Medadv	4000	2000	**2000**	4/13/2020	CDPH Truck (LA)	
Gloves (LG)	Green Scissor	4000	1200	**2800**	4/13/2020	CDPH Truck (LA)	S135
Gloves (M)	Medadv	4000	1000	**3000**	4/13/2020	CDPH Truck (LA)	
Gloves (M)	Green Scissor	4000	1400	**2600**	4/13/2020	PH; Natalie Morrow	S135
Gloves (S)	MEDIGUARD	4000	1800	**2200**	4/13/2020	CDPH Truck (Sacramento)	
Gloves (S)	MEDIGUARD	900	500	**400**	4/13/2020	PH; Natalie Morrow	S135
Gloves (S)	VWR	3000	0	**3000**	4/13/2020	PH; Natalie Morrow	
Hand Sanitizer (4 oz.)	Santi-Gel	126	126	**0**	4/13/2020	CDPH Truck (Sacramento)	
Isolation Gowns (XL)	CDPH	1980	1788	**192**	4/13/2020	CDPH Truck (Sacramento)	S135
N95 Model 1860	3M	3360	240	**3120**	4/13/2020	PH; Natalie Morrow	
N95 Model 1860S	3M	4800	120	**4680**	4/13/2020	CDPH Truck (Sacramento)	
N95 Model 1860S	3M	3220	0	**3220**	4/13/2020	PH; Natalie Morrow	
N95 Model 8210	3M	8640	160	**8480**	4/13/2020	PH; Natalie Morrow	
N95 Model 9211	3M	5040	11	**5029**	4/13/2020	CDPH Truck (Sacramento)	
Safety Goggles	CDPH	200	0	**200**	4/13/2020	CDPH Truck (Sacramento)	
Shoe Covers (XL)	McKesson	300	300	**0**	4/13/2020	CDPH Truck (Sacramento)	S135
Surgical Masks	K-C	5000	1000	**4000**	4/13/2020	CDPH Truck (Sacramento)	
DuPont Tyvek Suits	DuPont	17	0	**17**	4/14/2020	PH; Natalie Morrow	
Gloves (LG)	Derm Assist	900	900	**0**	4/14/2020	PH; Natalie Morrow	
Gloves (LG)	VWR	700	700	**0**	4/14/2020	PH; Natalie Morrow	
Gloves (M)	MEDIGUARD	700	700	**0**	4/14/2020	PH; Natalie Morrow	
Gloves (M)	Fernley	3000	0	**3000**	4/14/2020	PH; Natalie Morrow	
Hand Sanitizer (1 gal.)	Santi-Gel	2	2	**0**	4/14/2020	PH; Natalie Morrow	
Hand Sanitizer (4 oz.)	Santi-Gel	504	504	**0**	4/14/2020	PH; Natalie Morrow	
N95 Model 1870	3M	120	0	**120**	4/14/2020	PH; Natalie Morrow	
Safety Goggles		518	196	**322**	4/14/2020	PH; Natalie Morrow	
Surgical Gowns	Eclipse	18	0	**18**	4/14/2020	PH; Natalie Morrow	
Surgical Gowns (XL)	Proxima	5	0	**5**	4/14/2020	PH; Natalie Morrow	
Surgical Masks	Graham Prof.	3500	2900	**600**	4/14/2020	PH; Natalie Morrow	
Fluid Control Test Kits	Zee Medical	50	50	**0**	4/16/2020	Zee Medical	S71
Viral Test Media		20	0	**20**	4/16/2020	EOC Order	
Infrared Thermometers	iHealth	20	16	**4**	4/27/2020	iHealth; EOC Order	S1-S20
Gloves (M)	Pro Safe	1000	1000	**0**	4/28/2020	??	
Surgical Masks	BYD	30000	6000	**24000**	4/28/2020	CDPH Truck (Fontana)	S140 - MCPH
ALC Towelettes	MME	500	500	**0**	4/28/2020	MME; EOC Order	
Gloves (LG)	Dynarex	1000	0	**1000**	4/28/2020	MME; EOC Order	
Safety Glasses	Dynarex	50	0	**50**	4/28/2020	MME; EOC Order	
Safety Goggles		60	0	**60**	4/30/2020	Amazon	
Face Coverings	Positive Promotions	2400	1090	**1310**	5/1/2020	Positive Promotions; EOC Order	
Fluid Disposal Kit	Zee Medical	50	0	**50**	5/1/2020	Zee Medical; EOC Order	double order (S85)
Surgical Masks	Walmart	500	0	**500**	5/5/2020	Walmart; EOC Order	
Trash Bags	Signature	170	0	**170**	5/13/2020	EOC Order	
Ball Point Pens	Papermate	15	0	**15**	5/13/2020	EOC Order	
Surgical Masks	Graham Prof.	30000	0	**30000**	5/14/2020	Mono County Public Health	
Hair Nets	iRemedy Supply	144	0	**144**	5/15/2020	EOC Order	
5 gal. Buckets/Lids/Hand Pumps	ULINE	10	10	**0**	5/15/2020	EOC Order	used to fill Shelter Order
5 gal. Hand Sanitizer	Devil's Creek	10	0	**10**	5/15/2020	EOC Order	S157; half order (100 gal. total)
5 gal. Hand Sanitizer	Shelter	10	0	**10**	5/15/2020	EOC Order	S158; half order (100 gal. total)
Hand Sanitzer (8 oz.)	BYD	525	0	**525**	5/18/2020	State of CA	
Isolation Gowns (XL)		400	0	**400**	5/18/2020	State of CA	
Surgical Masks	?	10000	8000	**2000**	5/18/2020	State of CA	
Totals		**154778**	**35058**	**119720**			

Order Requests											
213 Request	**S. Number**	**Item**	**Brand**	**Qty Ordered**	**Units Ordered**	**Units Deployed**	**Units Unfilled**	**Date Deployed**	**Assigned To**	**Received By**	**Notes**
1 Box of Surg. Masks	N/A	Surgical Masks	Graham Prof.	1 box	50	50	0	4/20/2020	Dusty Beavers	Dusty Beavers	needed for EOC Office use
PPE for North County	N/A	Gloves (M)	Green Scissor	2 boxes	200	200	0	4/15/2020	Chris Mokracek	Chris Mokracek	
Personnel, PPE, & Equipment Request	S 71	Fluid Control Test Kits	Zee Medical	50 kits	50	50	0	4/17/2020	Natalie Morrow	Natalie Morrow	
PPE for CHP	S107	N95 Model 8000	3M	100 Units	100	100	0	4/10/2020	CHP	Chris Mokracek	
	S108	N95 Model 8000	3M	1 Unit	1	1	0	4/15/2020	Chris Mokracek	Chris Mokracek	tested 1 mask for fitting
PPE Request - Community Support	S112	N95 Model 9211	3M	10 Units	10	10	0	4/17/2020	Kathy Peterson	Cathy Young	
	S112	Hand Sanitizer (4 oz.)	Santi-Gel	50 bottles	50	50	0	4/17/2020	Kathy Peterson	Cathy Young	
	S112	Hand Sanitizer (1 gal.)	Santi-Gel	1 Unit	1	1	0	4/17/2020	Kathy Peterson	Cathy Young	
	S112	Gloves (S)	MEDIGUARD	2 boxes	200	200	0	4/17/2020	Kathy Peterson	Cathy Young	
	S112	Gloves (M)	Green Scissor	2 boxes	200	200	0	4/17/2020	Kathy Peterson	Cathy Young	
	S112	Gloves (LG)	Green Scissor	1 box	100	100	0	4/17/2020	Kathy Peterson	Cathy Young	

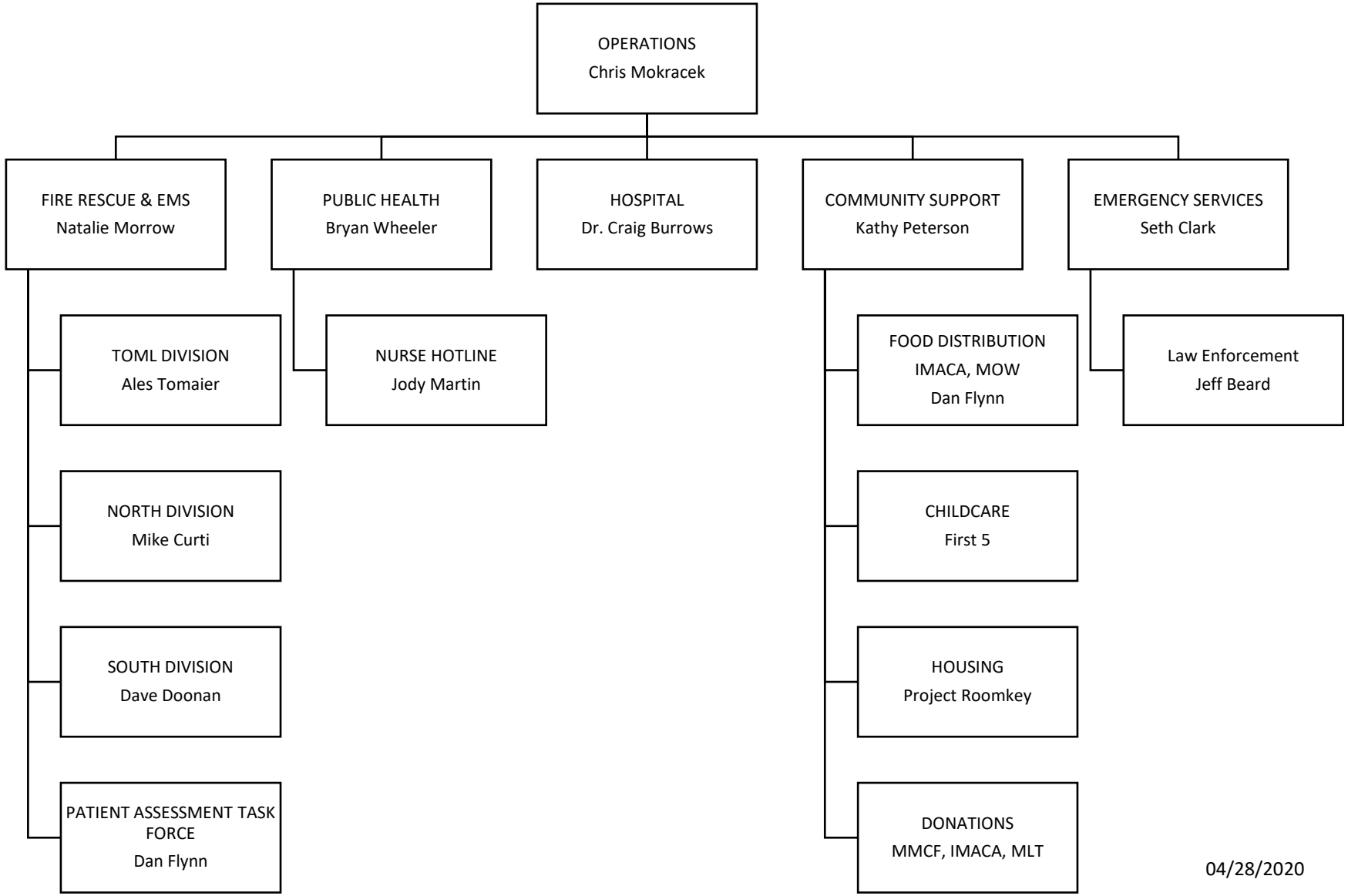
4/21/20 PPE Request	S133	Surgical Masks	Graham Prof.	200 Units (4 boxes)	200	200	0	4/21/2020	Kathy Peterson	Cathy Young	received by Cathy Young
	S133	Hand Sanitizer (4 oz.)	Santi-Gel	100 bottles	100	100	0	4/21/2020	Kathy Peterson	Cathy Young	received by Cathy Young
Mono County Public Works - N95 Masks	S134	N95 Model 8210	3M	8 boxes (1 case)	160	160	0	4/21/2020	Chris Mokracek	Justin Nalder	drop off at EOC; J. Nalder to deliver to PW
PPE for Sierra Nevada Resort Housekeeping	S135	N95 Model 8000	3M	30 Units	30	30	0	4/24/2020	Sierra Nevada Resort	D. Martin	
	S135	Isolation Gowns (XL)		30 Units	30	30	0	4/24/2020	Sierra Nevada Resort	D. Martin	
	S135	Shoe Covers (XL)	McKesson	30 Pairs	30	30	0	4/24/2020	Sierra Nevada Resort	D. Martin	
	S135	Gloves (S)		2 boxes	200	200	0	4/24/2020	Sierra Nevada Resort	D. Martin	
	S135	Gloves (M)		2 boxes	200	200	0	4/24/2020	Sierra Nevada Resort	D. Martin	
	S135	Gloves (LG)		1 box	100	100	0	4/24/2020	Sierra Nevada Resort	D. Martin	
PPE for Inyo National Forest	S136	Surgical Masks	Graham Prof.	8 boxes	400	400	0	4/24/2020	Inyo National Forest	Lawson Reif	
	S136	Gloves (M)	Green Scissor	1 box	100	100	0	4/24/2020	Inyo National Forest	Lawson Reif	
	S136	Gloves (M)	MEDIGUARD	4 boxes	400	400	0	4/24/2020	Inyo National Forest	Lawson Reif	
	S136	Gloves (LG)	Green Scissor	5 boxes	500	500	0	4/24/2020	Inyo National Forest	Lawson Reif	
PPE for MLPD	S137	N95 Model 8000	3M	300 Units	300	300	0	4/28/2020	MLPD	Kari Orr	
	S137	Surgical Masks	Graham Prof.	300 Units	300	300	0	4/28/2020	MLPD	Kari Orr	
	S137	Gloves (S)	MEDIGUARD	10 Boxes	1000	1000	0	4/28/2020	MLPD	Kari Orr	
	S137	Gloves (M)	Medadv	10 Boxes	1000	1000	0	4/28/2020	MLPD	Kari Orr	
	S137	Gloves (LG)	Medadv	20 Boxes	2000	2000	0	4/28/2020	MLPD	Kari Orr	
	S137	Hand Sanitizer (4 oz.)	Santi-Gel	30 bottles	30	30	0	4/28/2020	MLPD	Kari Orr	
	S137	Hand Sanitizer (1 gal.)	Santi-Gel	5 units	5	1	4	4/28/2020	MLPD	Kari Orr	
	S137	Safety Goggles		20 units	20	20	0	4/28/2020	MLPD	Kari Orr	
	S137	Infrared Thermometer	iHealth	1 unit	1	1	0	4/28/2020	MLPD	Kari Orr	
PPE for HCOP	S138	Surgical Masks	Graham Prof.	4 boxes	200	200	0	4/28/2020	Bryan Wheeler	Bryan Wheeler	
	S138	Hand Sanitizer (4 oz.)	Santi-Gel	1 case	126	126	0	4/28/2020	Bryan Wheeler	Bryan Wheeler	
Con Spec Face Covering request	S139	Surgical Masks	Graham Prof.	250 units	250	250	0	4/28/2020	ConSpec	Justin Nalder	
PPE for MCPH	S140	Isolation Gowns (XL)		250 units	250	250	0	4/29/2020	Deb Diaz	John Diaz	
	S140	Surgical Masks	BYD	5000 Units	5000	5000	0	4/29/2020	Deb Diaz	John Diaz	
	S140	Face Shields		50 units	50	50	0	4/29/2020	Deb Diaz	John Diaz	
PPE for Fit Testing/Training	S141	Isolation Gowns (XL)		8 units	8	8	0	4/28/2020	Natalie Morrow	Eliseo Lopez	
	S141	Gloves (S)	MEDIGUARD	1 box	100	100	0	4/28/2020	Natalie Morrow	Eliseo Lopez	
	S141	Gloves (M)	Green Scissor	1 box	100	100	0	4/28/2020	Natalie Morrow	Eliseo Lopez	
	S141	Gloves (LG)	Green Scissor	1 box	100	100	0	4/28/2020	Natalie Morrow	Eliseo Lopez	
	S141	N95 Model 1860	3M	1 box	20	20	0	4/28/2020	Natalie Morrow	Eliseo Lopez	
	S141	N95 Model 1860S	3M	1 box	20	20	0	4/28/2020	Natalie Morrow	Eliseo Lopez	
	S141	Safety Goggles		8 units	8	8	0	4/28/2020	Natalie Morrow	Eliseo Lopez	
Mono County workers gloves request	S142	Gloves (M)	Green Scissor	2 boxes	200	200	0	4/29/2020	MC workers	Chris Mokracek	
	S142	Gloves (LG)	Green Scissor	2 boxes	200	200	0	4/29/2020	MC workers	Chris Mokracek	
Field Assesment Team *Partially Fulfilled*	S143	Surgical Masks	Graham Prof.	100 units	100	100	0	5/8/2020	Chris Mokracek	Jody Martin	S143 is partially fulfilled
	S143	Infrared Thermometer	iHealth	2 units	2	2	0	5/8/2020	Chris Mokracek	Jody Martin	
Sierra Nevada Lodge Supplies	S144	Surgical Masks	Graham Prof.	2 boxes	100	100	0	5/4/2020	Sierra Nevada Resort	Jody Martin	
	S144	Hand Sanitizer (4 oz.)		96 bottles	96	96	0	5/4/2020	Sierra Nevada Resort	Jody Martin	
Lakeview Lodge, Lee Vining	S159	Face Coverings	Positive Promotions	100 units	100	100	0	5/4/2020	Lakeview Lodge	Justin Nalder	
Walker General Store	S160	Surgical Masks	Graham Prof.	4 boxes	200	200	0	5/4/2020	Walker General Store	Justin Nalder	
Mono County Probation	S161	Face Coverings	Positive Promotions	10 units	10	10	0	5/4/2020	MC Probation	Justin Nalder	
Home Assessment Program *Paritally Fulfilled	S163	Face Shields		12 units	12	12	0	5/12/2020	Brigitte Denton	Brigitte Denton	S163 partially fulfilled
	S163	Safety Goggles		18 Units	18	18	0	5/12/2020	Brigitte Denton	Brigitte Denton	
	S163	Hand Sanitizer (4 oz.)	Santi-Gel	20 units	20	20	0	5/12/2020	Brigitte Denton	Brigitte Denton	
	S163	N95 Model 1860	3M	100 units	100	100	0	5/12/2020	Brigitte Denton	Brigitte Denton	
	S163	N95 Model 1860S	3M	100 units	100	100	0	5/12/2020	Brigitte Denton	Brigitte Denton	
	S163	Gloves (S)	MEDIGUARD	8 Boxes	800	800	0	5/12/2020	Brigitte Denton	Brigitte Denton	
	S163	Gloves (M)	Pro Safe	8 Boxes	800	800	0	5/12/2020	Brigitte Denton	Brigitte Denton	
	S163	Gloves (LG)	Derm Assist	8 boxes	800	800	0	5/12/2020	Brigitte Denton	Brigitte Denton	
	S163	Shoe Covers (XL)	Mckesson	70 units	70	70	0	5/12/2020	Brigitte Denton	Brigitte Denton	
	S163	Infrared Thermometer	iHealth	2 units	2	2	0	5/12/2020	Brigitte Denton	Brigitte Denton	S15 and S16
	S163	Isolation Gowns (XL)		200 units	200	200	0	5/12/2020	Brigitte Denton	Brigitte Denton	
PPE Request - Surgical Masks	S164	Surgical Masks	BYD	1,000 units	1000	1000	0	5/11/2020	Kathy Peterson	Cathy Young	
	S164	Surgical Masks	Graham Prof.	100 units	100	100	0	5/11/2020	Kathy Peterson	Cathy Young	
PPE Resource Request	S165	Infrared Thermometer	iHealth	10 units	10	10	0	5/11/2020	Bryan Wheeler	Bryan Wheeler	
Home Assessment Program	S166	Surgical Masks	Graham Prof.	200 units	200	200	0	5/12/2020	Brigitte Denton	Brigitte Denton	
Fire and EMS Support	S167	Surgical Masks	Graham Prof.	20 boxes	1000	1000	0	5/12/2020	Natalie Morrow	Natalie Morrow	
Sierra Nevada Lodge Supplies	S168	Isolation Gowns (XL)		60 units	60	60	0	5/12/2020	Sierra Nevada Resort	Jody Martin	
	S168	Gloves (M)	Pro Safe	2 boxes	200	200	0	5/12/2020	Sierra Nevada Resort	Jody Martin	
	S168	Gloves (LG)	Derm Assist	1 box	100	100	0	5/12/2020	Sierra Nevada Resort	Jody Martin	
	S168	Gloves (LG)	VWR	1 box	100	100	0	5/12/2020	Sierra Nevada Resort	Jody Martin	
Community Testing	S169	Face Coverings	Positive Promotions	20 units	20	20	0	5/12/2020	Jody Martin	Jody Martin	
COVID-19 PPE, Equipment, and Utility Vehicle Request	S 90	Isolation Gowns (XL)	CDPH	1300 Units	1300	1300	0	4/16/2020, 4/17/2020	Natalie Morrow	Natalie Morrow	
		Shoe Covers (XL)	McKesson	200 Pairs	200	200	0	4/17/2020	Natalie Morrow	Natalie Morrow	
	S 83	Safety Goggles		150 Units	150	150	0	4/17/2020	Natalie Morrow	Natalie Morrow	
	S 83	Face Shields		320 Units	320	320	0	4/16/2020	Natalie Morrow	Natalie Morrow	
	S 83	Gloves (M)		8 boxes	800	700	100	4/17/2020	Natalie Morrow	Natalie Morrow	typo, needed less gloves
	S 83	Gloves (LG)		28 boxes	2800	800	2000	4/17/2020	Natalie Morrow	Natalie Morrow	typo, needed less gloves
		Twist Ties		1000 Units	1000	0	1000	Not deployed	Natalie Morrow		pending delivery
		Biobags		1000 Units	1000	0	1000	Not deployed	Natalie Morrow		pending delivery

		ALC Towelettes	MME	2000 Units	2000	500	1500	4/28/2020	Natalie Morrow	Natalie Morrow	remaining 1500 have not arrived
		Wetwipes		6 boxes		0	0	Not deployed	Natalie Morrow		pending delivery
		Pens		1 box		0	0	Not deployed	Natalie Morrow		pending delivery
	S 83	Face Shields		20 Units	20	20	0	4/29/2020	Natalie Morrow	Scott Earnest	FIRE/EMS were short 20 masks
		N95 Model 1860	3M	1 case	120	120	0	4/15/2020	Chris Mokracek	Chris Mokracek	
		N95 Model 9211	3M	1 Unit	1	1	0	4/15/2020	Chris Mokracek	Chris Mokracek	tested 1 mask for fitting
Plastic Bottles		Hand Sanitizer (4 oz.)	Santi-Gel	1 case	126	126	0	4/17/2020	Bryan Wheeler	Bryan Wheeler	call when SKS order arrives (S80)
Hand Sanitizer for FIRE/EMS		Hand Sanitizer (4 oz.)	Santi-Gel	50 bottles	50	50	0	5/5/2020	Natalie Morrow	Natalie Morrow	
Infrared Thermometer Request		Infrared Thermometer	iHealth	1 unit	1	1	0	5/11/2020	Chris Mokracek	Chris Mokracek	need 213
Face Coverings for Mono County		Face Coverings	Positive Promotions	960 units	960	960	0	5/13/2020	Justin Nalder	Justin Nalder	need 213
Surgical Maks for Mono County		Surgical Masks		8000 units	8000	8000	0	5/18/2020	Justin Nalder	Justin Nalder	
		Surgical Masks	K-C	1000 Units	1000	1000	0	5/18/2020	Justin Nalder	Justin Nalder	
Totals					**40868**	**35264**	**5604**				

Loss of Inventory

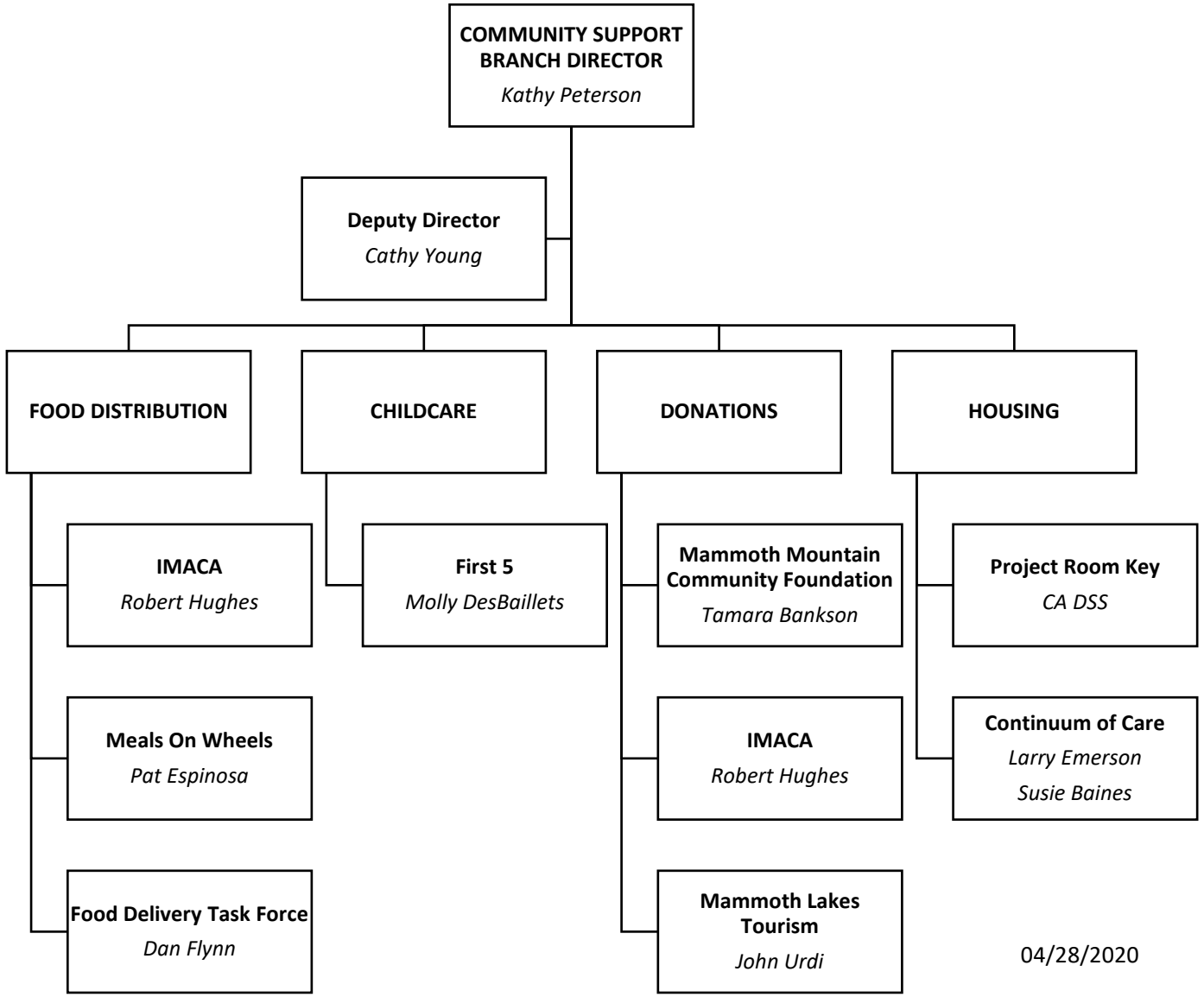
Item	Brand	Qty Lost	Date Delivered	Delivered By	Notes
Hand Sanitizer (4 oz.)	Santi-Gel	32	4/14/2020	PH; Natalie Morrow	Broken/exploded bottles unusable, discarded
Totals		**32**			

Mono COVID-19 Operations



04/28/2020

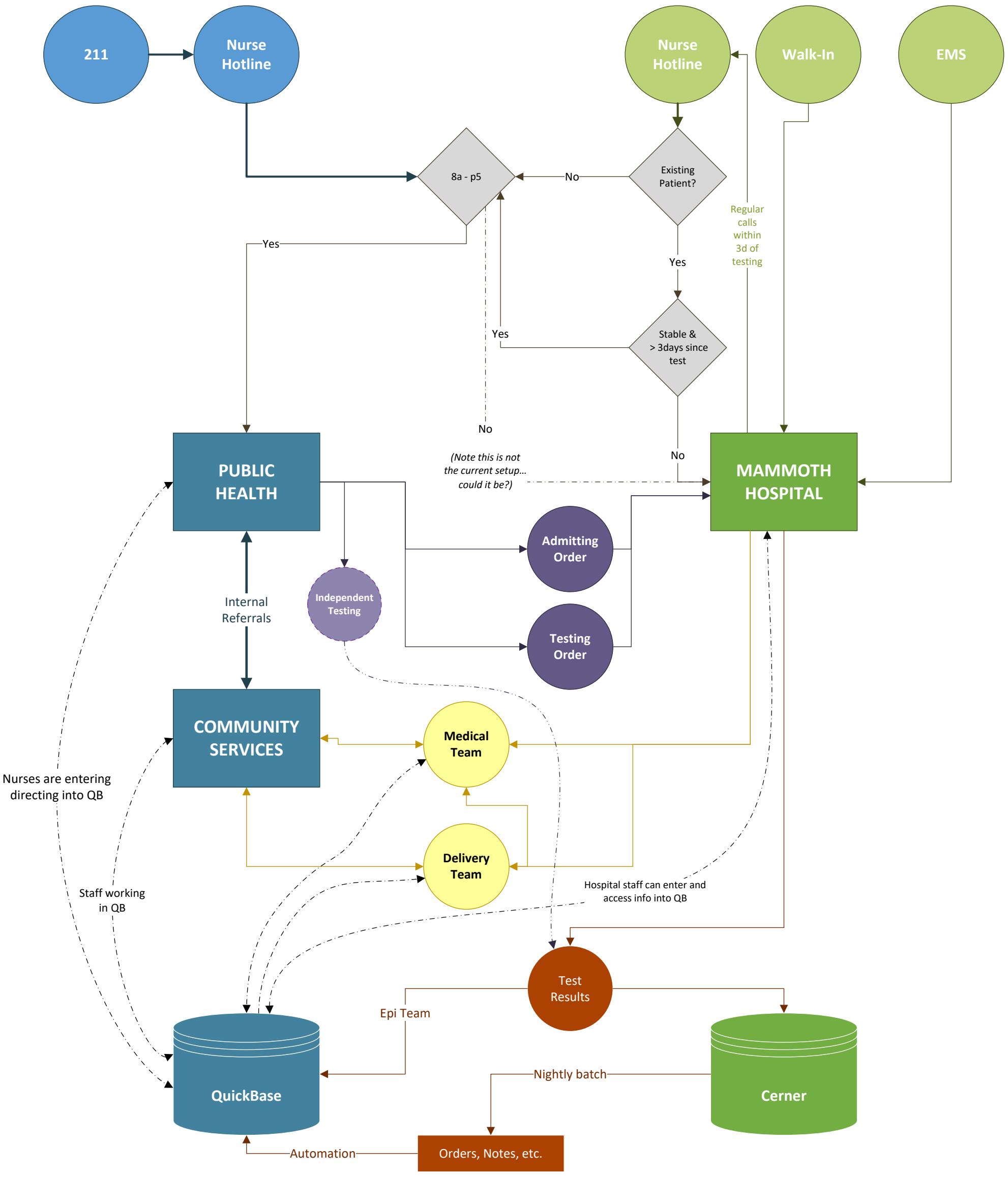
Mono COVID-19
Community Support



04/28/2020

COVID CONTINUUM OF CARE
Conceptual Workflow

4/10/2020 DRAFT



Based on workflow by Ali Miller and Conor Polcyn

- See MCPH_MH_COVIDProcess_Integrate_updated_4.10.20.docx (Ali Miller)

MAMMOTH HOSPITAL
Elevate Your Health

2019 Press Ganey Guardian of Excellence Award Winner

MEMORANDUM

To: Frank Frievalt
Incident Commander
Mono County COVID-19 Emergency Operations Command

From: Tom Parker
Incident Commander
Mammoth Hospital Incident Management Team

Subject: Attestation of Mammoth Hospital Status

Date: May 18, 2020

As you know Mammoth Hospital's Hospital Incident Management Team (HIMT) has focused on three overarching goals with respect to its COVID-19 response:

1. Plan for surge with increased capacity
2. Prevent the hospital from being a transmission vector
3. Educate and advocate for actions that flatten the curve

The plans we have in place and changes we have made to operations puts us in the position to be able to safely handle a surge of COVID-19 patients. Mammoth Hospital has the capacity, including ICU beds and ventilators, and PPE needed to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19.

We are now capable of handling up to 40 inpatients, up from our licensed bed capacity of 17. Of the 17 licensed beds, two are ICU. In a surge situation we are now able to handle up to ten ICU patients. Up until March of this year we had four ventilators. We now have six with three additional units that have been shipped with anticipated delivery this week. The increased surge capacity constitutes a 135% percent increase in inpatient capacity. Based on an average daily census of 4.5, the surge capacity is nearly eight times that of baseline average daily acute care census and well above the 35% minimum required surge capacity.

We have continued to pay our employees by keeping their schedules at or close to their schedules prior to the pandemic. This was done to assure that we had the workforce available to handle surge. We have also been cross-training staff to work in other capacities that will be needed during a surge. Over 20 labor pools have been established with the purpose of redirecting employees into surge-related functions.

We have also put in place PPE use protocols that are specific to risk-stratified zones within the hospital and clinics. This was done to assure that our healthcare workers and patients were protected and that the hospital would not become a means by which the virus could spread. The other effect of this plan was the judicious use of PPE. This plan, along with early actions by the Hospital's Purchasing Department, resulted in an increased supply of PPE over the past two months. The HIMT set a PPE inventory goal of 60 days supply on hand at surge-use levels.

The following PPE items have met the 60 days supply on hand goal:

- N95 masks (regular)
- N95 masks (small)
- Surgical masks with visors
- Gloves
- Protective Eyewear
- Sanitizing wipes

The following PPE items are not yet at the 60 days supply:

- Surgical masks – 47 days
- Disposable gowns – 29 days
- Shoe covers – 33 days

Mammoth Hospital stands ready to handle a surge in patient volumes. Additionally, it should be noted that, in instances when patients at Mammoth Hospital are placed on a ventilator, they are routinely transferred to other hospitals whose capacity is better suited to multiple days on vent. All of Mammoth Hospital's transfer partner hospitals are accepting patient transfers.

Mammoth Hospital COVID-19 Mask Policy

There is no perfect solution to the mask shortage during the coronavirus pandemic. In an effort to ensure that, we do not run out of masks we have to institute policies that would not be considered during normal times, specifically the re-use of N95 masks. How this is achieved is a matter of much international debate, with lots of opinions but very little science to guide policies. Although no one is able to say with 100% certainty that this disease is not spread through the air, it does seem highly unlikely that airborne transmission is a significant means by which the virus is spread. The virus does not remain in the air with normal breathing. It comes out of the mouth and drops to the ground within 6 feet or less (thus the recommendation for at least 6 feet of social distancing). There have been studies showing that it can remain in the air for up to 3 hours after aerosolizing procedures (like high flow O2 or during intubations). Although, it remains unclear if the disease can be transmitted through aerosolized secretions, much of the evidence would suggest that it does not. On the other hand, it is very clear that the disease is transmitted through direct contact with infectious secretions (droplets). If someone coughs on a surface and then you touch that surface and subsequently touch your mouth, nose or eyes you will provide an entry point for the virus into your body.

Probably one of the best models for the process of transmission is what has been demonstrated by the Singapore approach. Singapore was one of the first countries to have COVID patients. They are also one of the model nations for limiting the transmission of coronavirus to their health care providers (HCPs). This is how they did it:

> In Singapore, HCPs do not wear N95 masks for patient encounters with suspected coronavirus. Instead, they place surgical masks on their patients to prevent secretions from the patient landing on surfaces. During these encounters their HCPs wear gloves and a simple surgical mask. They wash their hands after every single patient encounter without exception. They are also aggressive in monitoring hand washing. The <u>only time they wear N95 masks</u> is when in close contact with a known coronavirus patient and when a patient is undergoing an aerosolized procedure, like a breathing treatment, high flow oxygen, or an intubation. **<u>Despite not using N95 masks while providing evaluations and treatments for suspected coronavirus patients, they have had zero patient to HCP transmission of coronavirus</u>**. A particularly "famous" case from Singapore was reported in Annals of Internal Medicine. In this case, multiple HCPs had significant exposure to aerosols from a patient with COVID pneumonia. On the basis of contact tracing, 41 health care workers were identified as having exposure to aerosol-generating procedures for at least 10 minutes at a distance of less than 2 meters from the patient. The aerosol-generating procedures included endotracheal intubation, extubation, noninvasive ventilation, and exposure to aerosols in an open circuit. Of the 41 HCPs, only 15% used N95s. 100% of the HCPs tested negative for coronavirus after 2 week quarantine despite their exposure to aerosolized coronavirus. The conclusion,

> published in *The Annals of Internal Medicine* this month, was this: "That none of the health care workers in this situation acquired infection suggests that surgical masks, hand hygiene, and other standard procedures protected them from being infected."

So how do we make an informed decision on PPE and mask policies for Mammoth Hospital? Unfortunately we do not have irrefutable scientific proof that airborne transmission of coronavirus does not exist. The disease is too new. But we think our focus on preventing the spread of this illness should align with countries that have been successful in protecting their HCPs. With this understanding, we have worked to develop a policy that acknowledges the uncertainty of airborne transmission but recognizes the fact that droplet transmission is the primary mode of contagion. In other words we need to ensure we are not reusing masks at the expense of increasing surface/droplet contamination.

Mask/PPE Policy:

Low Risk Encounters: General patient in any NON COVID area of the hospital:

**May wear personal scrubs or street clothes.

For patient encounters:

1. All patients entering the hospital shall be placed in a surgical mask.
2. All individuals interacting within 6 feet a patient shall wear a regular surgical mask. The mask shall be disposed of if there is direct secretion exposure.
3. All individuals interacting physically with a patient shall wear gloves.
4. All individuals shall wash hands after EVERY patient encounter.

Medium Risk Encounters: For any patients who are in COVID POSITIVE zones of the Hospital:

**Hospital scrubs, shoe covers, surgical mask, and bouffant cap during entire shift.

**Change out of all hospital worn items and into street clothes when leaving hospital.

For patient encounters:

1. Patients wear surgical mask at all times, when feasible.
2. HCP dons gloves, gown, N95 mask, and eye protection when entering the patient's room or area.
3. When leaving patient room, remove gloves first then gown (opposite of when scrubbing out of surgery).
4. Discard gloves and hang washable gown outside room (discard disposable gowns).
5. WASH hands before removing any items from head.
6. Then, remove eye protection and mask. Do not remove bouffant cap.
7. Clean mask in phone soap (see below).
8. WASH hands
9. Using mask straps, place outside of mask faced downward into mask storage box on desk. Take care not to touch the inside of the mask. This is so you do not contaminate the desk with your mask or the inside of your mask with your hands.
10. Put on surgical mask if in medium risk zone. WASH hands.

High Risk Encounters: For interactions with patients undergoing aerosolizing procedures:

Please see list of aerosolizing procedures at the bottom of this document

**Hospital scrubs, shoe covers, surgical mask, and bouffant cap during entire shift.

**Change out of all hospital worn items and into street clothes when leaving hospital.

For patient encounters:

1. Patients wear surgical mask at all times, when feasible.
2. HCP dons gloves, gown, shoe covers, and bouffant cap.
3. Then don **NEW N95** mask and face shield (or a PAPR)
4. Remove PPE in this order: boot covers, then gloves, then gown.
5. Discard boot covers, gloves and gown (or place any washable items in hopper).
6. Wash hands before removing any items from head.

7. After washing hands, remove face shield, then N95 mask, then bouffant cap (or PAPR).
8. Discard face shield, N95 mask and bouffant cap (or clean the PAPR)
9. Wash hands and arms.
10. Put on new simple surgical mask, boot covers, and bouffant cap when returning to work station. Wash hands.

Considerations of the Mask Re-Use procedure:

1. There are multiple ways to clean masks. All methods have varying degrees of degradation of the mask effectiveness. Multiple experts have different opinions that are contradictory making all solutions uncertain.
2. UV, heat and steam exposure are all believed to degrade the filtration quality to some degree.
3. **30 seconds of Phone Soap** is believed to be very effective for killing the virus on the surface of the mask. **30 minutes of constant UV exposure** is believed to degrade the filtration quality of the mask. The clinical significance of this mask degradation as it relates to coronavirus exposure is not currently known.
4. Some reports suggest that a single sterilization with heat or steam decrease the effectiveness of the mask at about the same level as 30 minutes of constant of UV exposure. This potentially means that we could clean our masks 60 times in the Phone Soap and have the same level of mask filtration quality as a single heat cleaning. There remains uncertainty and much debate in the scientific community.
5. Although there may be some loss of effectiveness with UV exposure, the elimination of surface contaminants (coronavirus) seems well worth the small loss of effectiveness. An N95 that is clean but slightly degraded is safer than using an N95 that is contaminated.
6. We may change these policies as new information arises or mask availability increases.

Re-usable Mask Procedure:

1. All individuals working with COVID patients will be issued a total of **four** N95 masks and **four** paper lunch bags.
2. Each mask and paper bag will be numbered 1-4. Name/number your mask on metal nose bridge with a Sharpie pen.
3. Individuals will wear a single mask for a single day starting with Mask #1.
4. Mask will be placed in Phone Soap UV box to sterilize the surface of each mask after each patient encounter.
5. At the end of shift mask #1 will be placed in bag #1 and not touched for 3 days (this is the time it takes for coronavirus to no longer be viable/infectious).
6. At the next shift, individual will use mask #2 and rotate through #3 and #4 on subsequent shifts to create a 4-day rotation of mask usage.

7. These masks will be used in an ongoing 4-day rotation until new masks are distributed (as supplies allow).
8. Your department manager will provide a box for you to store your bags so that the masks will not be damaged.
9. Any mask being substantially damaged or soiled will be replaced with a new mask.

Examples of Aerosol Generating Procedures

1. Tracheal intubation
2. Suction before intubation and after intubation
3. Nebulizer treatments
4. Manipulation of oxygen masks
5. Bronchoscopy
6. Non-invasive ventilation
7. Insertion of a nasogastric tube
8. Chest compressions
9. Defibrillation
10. Chest physiotherapy
11. High-frequency oscillatory ventilation
12. High flow oxygen
13. Airway care
14. Manipulation of BiPAP mask
15. Endotracheal aspiration
16. Mechanical ventilation
17. Manual ventilation before intubation
18. Manual ventilation after intubation
19. Manual ventilation
20. Collection of sputum sample