

CDPH COVID-19 VARIANCE ATTESTATION REPORT – MAY 18, 2020

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

COVID-19 VARIANCE ATTESTATION FORM

FOR **Napa County**



A Tradition of Stewardship
A Commitment to Service



A. 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.

B. 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: **Napa**

County Contact: **Karen Relucio, M.D., Public Health Officer, Deputy Director – Public Health**

Public Phone Number: **(707) 253-4270**

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.

C. Readiness for Variance

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

D. Readiness Criteria

By way of background and for context, Napa County is north of the greater Bay Area and is known for hundreds of hillside vineyards, rural agricultural environment, and open space. The County spans a total area of 789 square miles of which 748 square miles is land and 40 square miles is water. The County has approximately 138,000 residents and is comprised of five cities, including American Canyon, Napa, Yountville, St. Helena and Calistoga. Napa County is governed by a five-member Board of Supervisors. The County's Public Health Officer is Karen Relucio, M.D., who also serves as the Health and Human Services Agency Deputy Director of Public Health.

The County, by and through its Health Officer, issued its first Shelter-at-Home Order (Order) on March 18, 2020. Since that time, three subsequent Orders have been issued as local conditions have changed. With the first amendment, restrictions were tightened, but with each subsequent amendment, restrictions have been slowly lifted and more businesses and activities have been allowed. As part of the most recent Order issued on May 7, 2020, our Public Health Officer included a requirement to wear cloth face coverings (with some parameters and exceptions). This requirement was imposed in anticipation of allowing further Stage 2 businesses and activities to proceed. As communities slowly lift restrictions and open up, the need for cloth face coverings actually increases. This is because the opportunity for transmission necessarily increases too. This is among the many proactive and layered public health strategies the County has put into place.

As will be explained further below, based upon local conditions in Napa County, the Public Health Officer, County Board of Supervisors, local hospitals, and cities, believe we have collectively as a region established our readiness for an increased pace through Stage 2 of California's roadmap to modify the Stay-at-Home order. The County's plan allows for those eligible businesses and workplaces, as set forth by the State, to reopen with strong adaptations in place based upon relevant guidance from CDPH and other industry-specific best management practices.

1. 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 $\leq +5\%$ -OR- no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.
- 14-day cumulative COVID-19 positive incidence of ≤ 25 per 100,000 -OR- testing positivity over the past 7 days of $\leq 8\%$

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.

The County has epidemiological stability of COVID-19 in its jurisdiction because the prevalence of COVID-19 cases is relatively low and can be swiftly contained. As will be explained in the response to this criterion, below, and in others throughout this report, although an anticipated outcome of further progression into Stage 2 in any jurisdiction is a likely *increase* of positive cases, the County has the capacity to meet the resultant public health response. Broadly speaking, the County has sufficiently flattened the curve, it has healthcare surge capacity, it will monitor local conditions, and it remains prepared to restrict its Shelter-at-Home Order, if and when necessary, in order to protect the public health of its community.

Since the outset of the COVID-19 pandemic, the prevalence of COVID-19 in Napa County has remained relatively low. Napa County was one of the last counties surrounding the greater Bay Area to declare a local health emergency because it did not have its first positive case of COVID-19 until March 22, 2020, four days after issuing its first Shelter-at-Home Order on March 18. As of today, May 18, Napa County has had a total of 92 positive cases, with 3,456 negative tests from a total of 3,548 test results to date. This results in a low overall positive test rate of approximately 2.5%.

Napa County's low prevalence, based upon data as of May 18, is reinforced by our ability to meet the State's indicators, as follows:

Indicator 1 – One (1) confirmed COVID-19 patient hospitalized on any single day over the past 14 days (less than the 20-patient threshold).

Indicator 2 – Testing positivity over the past 7 days is 0.5% (less than the 8% threshold).

It is worth noting that Napa County's doubling time for cases continues to move in a positive direction and is currently 30 days. The County's mortality rate remains relatively low and is 3.3%, which is lower than the statewide rate. Further, the incidence rate across various age groups is unremarkable when compared to statewide distributions, except that Napa County's is much lower among those 65 years of age or older. As discussed later, Napa County is conducting COVID-19 testing at daily rates that exceed the State's requirements, and even with such testing, we have continued to see a decline in our overall positive test rate. It is worth noting that Napa County has no State or Federal prisons in its jurisdiction. Therefore, when considering both the above indicators and the broader context, Napa County has epidemiological stability in its jurisdiction.

2. **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:
 - o 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).
 - o Availability of supplies (disinfectant, essential protective gear) to protect essential workers. Please describe how this availability is assessed.

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

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

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

- 3. 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:
- o 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.
 - o 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.
 - o 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 systems in their county.]

The County has robust testing capacity in its jurisdiction. As stated previously, in April, the County was able to significantly expand its testing capacity due to the State opening one of its 86 new mass testing sites here in Napa. With the addition of this testing site, Napa has reached throughputs that exceed 400 tests per day, which is significantly above its target of 280 tests per day when using the

State's upper-end goal of 2 tests per 1,000 population. Further, the County has utilized a layered testing strategy, including making testing readily available for all symptomatic individuals, asymptomatic healthcare workers and first responders, all adults living or working in the County, and surveillance testing of residents in congregate care facilities.

The County has had the ability and capacity to make both established test sites and mobile testing available to its residents. Napa County's geographic area which is only 30 miles in length and five miles across as its widest point, allows it to easily meet the requirement of having testing availability within 60 minutes of its residents; specifically, the mass testing site is centrally located in the City of Napa. A list of specimen collection sites in the County includes the Community Organized Relief Effort (CORE)/Verily mass testing site, Napa County Public Health, Queen of the Valley Medical Center, St. Helena Hospital, Kaiser Permanente Medical Center (Kaiser), and Ole Health. In addition, while the County is not dependent upon specimen collection sites outside of its jurisdiction for its capacity, it is worth noting that Kaiser has a hospital located in the city of Vallejo that offers testing and is just south of Napa County.

As it pertains to the County's Surveillance Testing Plan (Plan), our Plan strategically focuses on the testing method, as well as those who are tested; specifically, those at high-risk of testing positive for COVID-19 and vulnerable populations.

With respect to the testing method, with the increasing availability of medial turbinate/anterior nasal swab (medial turbinate swab), staff and residents in congregate facilities are able to receive instruction in order to perform self-swabbing. Not only is this type of testing less invasive and more comfortable, it also minimizes the use of personal protective equipment and involves fewer medical staff. The County's expanded use of medial turbinate swabs will make testing more accessible and it will increase our surveillance testing capacity.

Next, by focusing on those at high-risk of testing positive for COVID-19 and vulnerable populations, the County's Plan enables us to proactively identify cases, engage in expedient contact tracing, and limit COVID-19 transmission. This is particularly important for anyone exposed to a COVID-19 case, and for anyone in congregate living situations where the risk of transmission is heightened and/or the population is comprised of older adults or those who are at-risk due to underlying health conditions.

The County's Plan is described below in more detail:

- **Case Contacts:** All case contacts, including low, medium or high-risk contacts who are asymptomatic, will be strongly encouraged to test and offered testing at our CORE/Verily mass testing site. Napa County has thus far offered testing to all contacts who become symptomatic. However, given our robust testing capacity, we will be encouraging and offering testing to *all* contacts. Napa County averages 1.6 cases per day, with a range of 3-10 contacts per case, and we anticipate testing 5-16 cases a day from this population. Testing of all contacts will begin on May 18. Reporting to the State will be via the Cal REDIE system.

- **Residential Care Facilities:** There are 6 skilled nursing facilities (SNFs) and 33 residential care facilities (RCFs) for a total of 39 care facilities in Napa County, which include over 3,000 residents and over 3,000 staff. There are approximately 678 residents in SNFs. Napa County started surveillance testing of staff and residents of SNFs on May 8 that initially included two of the SNFs. A total of 163 tests were administered at the two SNFs. Additional testing will be performed by Public Health and clinical staff focusing on one SNF per week over the next two weeks (excluding Napa State Hospital and the Veterans Home, who are performing their own testing; thus far the Veterans Home has tested 193 staff and 215 residents using the CORE/Verily mobile testing site). During the first testing round of SNFs, the goal is to test as many staff and residents as possible. Following that, the goal is to test a minimum of 10% of both staff and residents every two weeks on a rotating basis, after teaching SNF staff how to perform testing using the medial turbinate swab technique on residents and themselves. The SNF testing goal is a minimum of 68 tests per week. For any SNF that experiences an outbreak, our testing goal is 100% of staff and residents. For other RCFs, all of their staff will be referred to the CORE/Verily test site, and testing surveillance will be prioritized based on facility size and geographic location. During the first round of testing, the strategy is to test as many staff and residents as possible, and ongoing testing of 10% of both staff and residents every two weeks. The RCF ongoing testing goal is 236 tests every two weeks. Reporting to CDPH will be made through the CDPH SNF poll and a consolidated report sent every week.
- **Jail and Juvenile Hall:** Napa County has been doing 100% testing of all new intakes to the jail since May 11, and the plan is to continue testing all new intakes. So far, 31 new intakes have been tested and all have been negative. The next step is a goal of testing 100% of the 100 jail staff, after teaching staff how to perform testing using the medial turbinate swabs on themselves or referring them to the CORE/Verily mass testing site. Our goal is to also test 100% of new Juvenile Hall intakes, along with 44 Juvenile Hall staff. During the initial round, we anticipate testing 80% of jail and juvenile hall staff for a total of 115 staff. The goal is to repeat testing every two weeks of 20% of the staff on a rotating basis for a total of 29 staff every two weeks. Reporting to CDPH will be made through a consolidated report sent every week.
- **Homeless Shelters:** Napa County has been testing 100% of symptomatic shelter residents, and we plan to move forward with testing 35 shelter staff and 158 residents within the next 2 weeks. The 35 staff will be referred to the CORE/Verily test site or will be taught to perform a medial turbinate swab on themselves. Staff from Ole Health, a Federally Qualified Health Clinic, will be trained to perform medial turbinate swabbing to enable shelter residents to also swab themselves. The goal is to test as many staff and shelter residents and staff as possible. During the initial round, we anticipate testing 80% of all shelter staff and residents for a total of 154. The goal is to repeat testing every two weeks of 20% of the staff and residents on a rotating basis for total of 39 tests every two weeks. Reporting to CDPH will be made through a consolidated report sent every week.

- 4. 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:
- o 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 the 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).
 - o 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.

The County has adequate infrastructure, processes and the workforce to detect and isolate new cases, as well as complete the necessary follow-up with positive case contacts. The County had 17 staff dedicated to contact tracing, and recently secured four more County staff bringing us to the required 21 staff available. With respect to the data management platform, the County is using the State's platform and appreciates it being made available for our use. The County continues to have staff available for training, and the ability to secure more staff to meet an anticipated surge in new positive cases.

The County also has sufficient temporary housing unit for its residents experiencing homelessness. In Napa County, the homeless population is approximately 350. If 15% of this population required temporary housing in order to isolate positive cases and quarantine their related contacts, the County has two options available at its disposal. The first is a facility referred to as Respite Cove, which has a capacity to house and isolate 42 individuals who test positive. This facility has private bathrooms, and onsite staffing available including County staff and the National Guard. The second are hotel rooms at both the Silverado and Meritage resorts that the County has available for its use for up to 175 individuals, which accounts for an estimated number of 10 contacts who may need to be quarantined for every positive case.

- 5. 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:
- o 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.

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

The County has two hospitals in its jurisdiction, Queen of the Valley Medical Center (QVMC) and St. Helena Hospital (SHH). Both hospitals have ample existing and surge capacity, including hospital beds, intensive care unit (ICU) beds and ventilators. QVMC has 200 hospital beds and 42 ICU beds and SHH has 151 hospital beds and 4 ICU beds. The County's hospital capacity can accommodate a minimum surge of 35% due to COVID-19 cases, in addition to providing usual care to non-COVID-19 patients. It is worth noting that currently both hospitals are operating at approximately 50% capacity. There has been only one recent case requiring an ICU bed and no recent cases on a ventilator. As of May 18, only 10.9% of the 92 cases have required hospitalization, 6.5% required an ICU bed and 3.3% required a ventilator. Finally, both QVMC and SHH have robust plans to protect their hospital workforce, both clinical and nonclinical with PPE. Detailed information regarding their plans and PPE availability are summarized in *Attachment C*.

6. 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:

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

By way of context, early in the wake of the COVID-19 pandemic, Napa County proactively engaged its SNFs in active facility surveillance and stringent infection control measures. As early as March 13, 2020, even before Napa County's first positive COVID-19 case on March 22, our Public Health Officer issued an Order for all residential care facilities that limited nonessential visitation and required each facility to prepare a COVID-19 infection control plan. This Order was modified once on April 24, and remains in effect with no expiration date.

Our SNFs participate in the County's weekly healthcare coalition calls with the Medical-Health Branch of our Emergency Operations Center (EOC) where personal protective equipment (PPE) needs are coordinated, infection control technical assistance is provided, active surveillance is maintained, and testing needs for staff and residents are coordinated. The County also maintains regular communication with its SNFs through ad hoc calls whenever any issue arises. Additionally, SNFs are represented within three groups within our EOC – Residential Care Facility Group, Shelter Branch, and Operations Section – which further enables the County to closely manage these vulnerable populations. The County also has sufficient testing capacity to conduct a thorough outbreak investigation, and, in fact, has already commenced surveillance testing at these facilities.

The County has reviewed and received each of its six SNFs COVID-19 infection control plans that were required of them through our local Public Health Officer Order. The County has also consulted with each of them about their COVID-19 mitigation plan, along with the CDPH local district office. The County therefore believes that all of the SNFs meet the above six criteria set forth above and required of them by the AFL 20-52 issued by CDPH on May 11.

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

- The Meadows of Napa Valley – Kristi Morrow, Healthcare Manager
- Napa Valley Care Center – Emily Evans, Director of Communications and Admissions
- Piner's Nursing Home – Brian Kallio, Administrator
- Napa Post-Acute – Abby Castro, Director of Community Relations
- Napa State Hospital – Patricia Nunez, Emergency Management Coordinator
- The Veterans' Home of Yountville – Laura Aguiar, Health & Safety Officer

As for SNFs ongoing procurement from non-state supply chains, statewide, and here in Napa, our SNFs have been relying upon PPE procurement from the County, by and through its EOC Logistics Branch. This has been necessary because other healthcare settings, such as hospitals, have been given higher priority for PPE during the COVID-19 pandemic. To that end, private suppliers prioritize hospital orders above that of SNFs. This results in orders placed by SNFs being cancelled by the supplier or the delivery being significantly delayed. Further complicating matters is that suppliers have also cancelled orders due to the diversion of PPE to other states, such as New York.

That context in mind, the County has provided its SNFs with the names of all private suppliers and has requested that they establish relationships with the suppliers and repeatedly place PPE orders. If orders are cancelled, we have advised that they be resubmitted and that process not be thwarted. Separately, the County is aware that on April 24 and May 11, 2020, CDPH issued AFL 20-43.1 and AFL 20-52, respectively, requesting all SNFs submit daily reports to CDPH regarding their PPE availability and requesting SNFs submit a facility specific COVID-19 mitigation plan with specified elements to CDPH. Among the elements that SNFs must include in their mitigation plan is the adequate provision of PPE, including having established contracts or relationships with vendors for replenishing stock.

Finally, in order to track PPE availability across SNFs in its jurisdiction, the County has established a Google survey that it will send to SNFs weekly. This will enable the County to ensure sufficient PPE is available for the ongoing protection of this vulnerable population. The County would be interested in coordinating with CDPH and avoiding duplication of efforts since, per the previously mentioned AFLs, CDPH has separately requested SNFs submit daily reports regarding PPE availability. The County appreciates that CDPH's requests of the SNFs it regulates is in alignment with what the County is separately being required to determine.

- 7. 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.

The County's plan to move through Stage 2 is to allow businesses and workplaces with strong adaptations to open at approximately the same time. Businesses are required to meet, at minimum, the State's respective guidance, and may follow best management practices that exceed State standards. The County proposes a later timeline for schools to advance into Stage 2.

The County's listing of Stage 2 Businesses/Workplaces includes:²

- Retail Stores
- Restaurants (Bars or Gaming Areas Not Permitted)
- Schools – Effective, June 1, 2020

If the County is approved for further advancement into Stage 2, it will consider allowing other businesses and activities as the State adds to its list. State guidance and checklists are rapidly being made available for Stage 2 workplaces, which the County has made, and will continue to make, separately available through its website. The County incorporates by reference those guidance and checklists at <https://covid19.ca.gov/roadmap/>. Guidance has also been developed by our local industries, and they have been reviewed and made available on the County's website. Those guidance documents, along with other best management practices for various Stage 2 industries, are set forth in *Attachment D*. As additional guidance documents are available, the County will continue posting them to our website to ensure that a panoply of guidance exists for the industries the County seeks Stage 2 advancement.

- 8. 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

² The State's list continues to change, and thus the County understands that these are the remaining sectors currently requiring a variance in order for counties to reopen them as part of Stage 2 advancement.

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.

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

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

	Indicator	Current	Notify CDPH	Consider Tightening SAH Order
1	Average Daily Cases	1.6 cases	3 cases	5 cases
2	Doubling time	30 days	17 days	11 days
3	Percentage of cases hospitalized	10.9%	25%	40%
4	Percentage of cases in ICU	6.5%	15%	25%
5	Percentage of cases aged >65	12.2%	17%	21%
6	Mortality Rate	3.3%	7%	10%
7	Percentage of positive tests	2.5%	5%	8%
8	PPE supply ³	>30 days	<21 days	<14 days
9	Percentage of cases ventilated	3.3%	7%	10%
10	Hospital Census	50% capacity	75% capacity	90% capacity
11	Congregate outbreaks ⁴	1	1	2 ⁵

If six indicators, numbers 3, 4, 8, 9, 10 and 11 (shown above in shaded boxes), are simultaneously at the threshold of triggering CDPH notification, then the County will consider tightening its Shelter-at-Home Order. The County reserves the right to modify the above indicators and community mitigations as it deems fit in order to protect the public health and community from the impacts of increased COVID-19 transmission. Further, to the extent that CDPH develops additional indicators for counties to report, Napa County will consider incorporating those as possible triggers for tightening our Shelter-at-Home Order.

The County will inform the State of any modifications to its indicators and any emerging concerns by requesting monthly calls with CDPH staff to provide an overall status update. The County will also initiate calls on an ad-hoc basis to seek consultation if any of the above indicators meet the

³ PPE supply will be measured using our two hospitals and six skilled nursing facilities.

⁴ Any single case in a congregate care setting constitutes an outbreak reportable to CDPH.

⁵ This applies to outbreaks where two or more staff/residents test positive for COVID-19 and such outbreaks are happening concurrently at two or more facilities.

notification criteria set forth above. The County will concurrently consider modifying its Shelter-at-Home Order to restrict or rollback businesses and workplaces identified for Stage 2 advancement herein if the six indicators above are met, or if the totality of circumstances warrant local concern. The County will also address early containment measures in its Containment Plan.

E. COVID-19 Containment Plan

Please provide your county COVID19 containment plan or describe your strategy to create a COVID 19 containment plan with a timeline.

As Napa County pursues this variance permitting eligible businesses and workplaces within its jurisdiction to advance further into Stage 2, it remains steadfastly committed to collectively protecting the public and essential workers. To this end, Napa County is in the process of developing a comprehensive Containment Plan, which will include the areas and questions identified by CDPH. Our Containment Plan will be developed by the local health officer in conjunction with hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors. The County's Containment Plan will be completed within two weeks of the date of this submittal.

In addition to what has been stated in the County's response to criterion 8, above, which is incorporated by reference, the County's actions will also be informed by pandemic resource documents, such as the CDC's *Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission*. This resource makes the point that community mitigations should be guided by the local characteristics of the disease transmission, demographics, and public health and healthcare system capacity. The County's actions will also be guided by Johns Hopkins' *Public Health Principles for a Phased Reopening during COVID-19: Guidance for Governors*. As that reference notes, the results of reopening decisions, such as further progression into Stage 2, will take two to three weeks to be reflected in metrics.

Further, if case counts, hospitalizations, and deaths go up in that time, further actions in reopening should be paused, and steps should be taken to get control of rising numbers. Finally, possible actions might include changes to case and contact tracing, taking specific actions to respond to any outbreaks, and the re-imposition of various Shelter-at-Home restrictions focusing first on those businesses and activities that are more likely to result in transmission and therefore pose higher risks to public health.

Also attached to Napa County's COVID-19 VARIANCE ATTESTATION FORM are the following:

- Letter of support from the County Board of Supervisors – *Attachment E*
- Letter of support from the Cities/Towns – *Attachment F*
- Letter of support from local hospitals or health care systems – *Attachment G*
- County Plan for moving through Stage 2 – See Item 7 and 8, and E, above.

CDPH COVID-19 VARIANCE ATTESTATION REPORT – NAPA COUNTY

May 18, 2020

Page 15 of 27

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

I understand and consent that the California Department of Public Health (CDPH) will post this information on the CDPH website and is public record. All documents should be emailed to Jake Hanson at Jake.Hanson@cdph.ca.gov.

Printed Name Karen Relucio, M.D.

Signature 

Position/Title Public Health Officer

Date May 18, 2020

Attachment A
Industry Guidance Documents Available on Napa County Website

General Workplace Guidance

- CDC/OSHA: Guidance on Preparing Workplaces for COVID-19.
- CDC: Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes
- OSHA: Prevent Worker Exposure to COVID-19
- CDC: COVID-19 & Animals

Health and Public Sector Guidance

- CDC: Guidance for Pharmacies
- CDC: Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response
- OSHA: Guidance for Healthcare Workers and Employers
- OSHA: Guidance for Dentistry Workers and Employers
- OSHA: Guidance for Environmental Services Workers and Employers

Emergency Services Sector Guidance

- CDC: What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)
- CDC: What Firefighters and EMS Providers Need to Know about COVID-19
- CDC: FAQs for Law Enforcement Agencies and Personnel
- CDC: Interim Guidance for EMS Systems and 911 Public Safety Answering Points for COVID-19 in the United States
- OSHA: Guidance for Emergency Response Workers and Employers

Food and Agriculture Sector Guidance

- CDC: What Grocery and Food Retail Workers Need to Know about COVID-19
- OSHA: COVID-19 Guidance for Restaurant & Beverage Vendors Offering Takeout or Curbside Pickup

Restaurant Guidance

- CDPH/OSHA: COVID-19 Industry Guidance – Restaurants
- National Restaurant Association: COVID-19 Reopening Guidance

Water and Wastewater Sector Guidance

- OSHA: Guidance for Solid Waste and Wastewater Management Workers and Employers

Communications and Technology Sector Guidance

- CDPH/OSHA: COVID-19 Industry Guidance – Communications Infrastructure

Government Operations and Other Community-Based Essential Functions Guidance

- CDC: Interim Guidance on Management of COVID-19 in Correction and Detention Facilities
- CDC: Guidance for Cleaning and Disinfection for Non-Emergency Transport Vehicles
- CDC: What Waste Collectors and Recyclers Need to Know about COVID-19
- CDC: Interim Guidance for Administrators of US K-12 Schools and Child Care Programs
- CDPH/OSHA: COVID-10 Industry Guidance – Delivery Services

Critical Manufacturing Sector Guidance

- OSHA: COVID-19 Guidance for the Manufacturing Industry Workforce
- CDPH/OSHA: COVID-19 Industry Guidance – Manufacturing

Industrial, Commercial, Residential, and Sheltering Facilities and Services Sector Guidance

- CDC: Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19
- CDC: COVID-19 Guidance for Shared or Congregate Housing
- CDC: Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities
- OSHA: COVID-19 Guidance for the Construction Workforce
- CDPH/OSHA: COVID-19 Industry Guidance – Construction

Other Guidance

- OSHA: Guidance for Retail Workers and Employers in Critical and High Customer-Volume Environments
- OSHA: COVID-19 Guidance for Retail Workers
- CDPH/OSHA: COVID-19 Industry Guidance – Automobile Dealerships and Rentals
- CDPH/OSHA: COVID-19 Industry Guidance – Limited Services
- DPH/OSHA: COVID-19 Industry Guidance – Logistics and Warehousing Facilities
- CDPH/OSHA: COVID-19 Industry Guidance – Office Workspaces
- CDPH/OSHA: COVID-19 Industry Guidance – Outdoor Museums
- CDPH/OSHA: COVID-19 Industry Guidance – Real Estate Transactions
- CDPH/OSHA: COVID-19 Industry Guidance – Retail/Shopping Malls

Attachment B
Protection of Stage 1 Essential Workers: County/Cities
Personal Protective Equipment (PPE) Availability & Ongoing Assessment

I. Napa County

Napa County has been able to secure and maintain an adequate supply of PPE. At the outset of the County's activation of its Emergency Operations Center (EOC) in early February 2020, our Safety Officer has worked closely with the Logistics Branch to secure PPE, establish burn rate calculations, engage in forecasting, and to monitor supply chains and deliveries. Based upon that data, the County steadily increased its purchasing from vendors and the State. The County's current practice is to monitor burn rates and to maintain both a 14-day supply and a month's supply in reserve.

The County has been able to procure most items on the open market, except N95 respirators. All N95s that have been procured by the County have been through the State. As the State is aware, while counties are placing orders through various suppliers, requisitions have been cancelled due to prioritization of resources across the country. The County's Logistics Branch is continually searching for replacement stocks of N95s, disposable gowns, and medical grade nitrile gloves – however, with significant due diligence and continual persistence we have thus far been able to secure PPE to meet local needs.

The County has developed protocols for alternatives to provide PPE such as using non-disposable equipment and decontamination for reusing PPE, where safe to do so. In developing its protocols, the County relied upon Centers for Disease Control's "Strategies to Optimize the Supply of PPE and Equipment," "Strategies for Optimizing the Supply of N95 Respirators," and their "Interim Guidance for Conserving and Extending Filtering Facepiece Respirator Supply in Non-Healthcare Sectors." While the availability of such resources to counties across the State continue to be largely dependent upon the State and federal government, the County believes it has a management plan in place to continue meeting its needs during further progression into Stage 2.

Napa County has the following PPE inventory: 3,800 lab coats, 37,500 surgical masks, 47,000 N95s, 33,500 Nitrile gloves, 5,100 Latex gloves, 6,200 shoe/boot covers, 9 gallons bleach, 24 gallons spray nine, 7 gallons strike back germicide, 8,250 coveralls, 1,500 eye shields, 4,100 goggles, 4,100 face shields, 20 gallons hand sanitizer, 5,500 units hand sanitizer, 74 gallons hydrogen peroxide, and 3,000 surgical suits.

II. American Canyon

The city of American Canyon activated its Emergency Operations Center (EOC) on March 16, 2020 and notified the Napa County EOC shortly thereafter. The American Canyon City Council has since ratified the Declaration of Local Emergency on March 17 and May 5, 2020. During the Local Emergency, EOC Command Section and Logistics Section staff has worked with Operations Section staff from the Fire, Law, Public Works and Care and Shelter Branches, to assess current stocks of various Personal

Protective Equipment (PPE) and supplies available. The EOC Liaison Officer participates in regular Countywide EOC Cooperator Briefings and the City's EOC Team conducts twice-weekly briefings.

EOC Logistics team worked to secure supplies through typical and emergency purchasing protocols and through the County EOC 213-request process. We have established purchasing orders and contracts with local suppliers. The EOC Logistics Chief worked with primary department representatives to establish supply availability and reporting of needs. Departments are securing materials through their own processes where possible, and reporting needs to EOC Logistics for follow-up to secure if they are not able to obtain. Additionally, Command staff are monitoring citywide needs and facilitating individual staff requests to the EOC Logistics Chief.

City facilities are closed to the public and will remain so until further notice. All but a few office staff are sheltering at home and working remotely. Field staff and those office staff who are reporting to their normal work locations have received cloth masks for their personal use and have received direction to limit in person meetings as much as possible and to maintain appropriate social distancing at all times.

At this time, the City has sufficient supplies for general needs of employees including: hand sanitizer and dispensers for all City facilities, disinfectant cleaning solutions for all City facilities, and disinfectant wipes at all office locations and City vehicles.

PPE for Fire, Law, Public Works branch personnel is being monitored by each branch's respective Chief. Personnel are monitoring the burn rate of PPE. Below is the current availability on PPE supplies:

Fire Branch: 352 N95 masks, 5 boxes disposable gowns, and Fire is using safety glasses w/N95 or MSA SCBA mask with cartridge filter for high risk patients.

Law Branch: All of their PPE is provided by the Napa County Sheriff's Office. 80 N95 masks with additional access to the Sheriff's Office stockpile (over 800), the "burn rate" is less than 20/week. At the current "burn rate," this branch has sufficient N95s through the summer, if not longer. 14 total isolation gowns & face shields with access to more from Sheriff's Office stockpile, if needed. One set of gowns and shield are in every patrol car and are used only when entering a crime scene where COVID-19 is suspected.

Public Works Branch: 50 N95 masks.

Currently, there are no outstanding "213 Requests" through the County's EOC. The City's EOC Logistic Chief will continue to work with Fire, Law, and Public Works Branch Chiefs to ensure sufficient stores of PPE materials and assess any future needs. In addition to regular availability through email, phone or meetings, the EOC Logistics Chief is present at twice-weekly EOC briefings where representatives can discuss any current or future PPE or supply needs.

Staff will use established relationships with vendors to continue ordering and receiving materials in a timely manner. For needs that cannot be met through these vendors, staff will continue to seek other vendors or opportunities or work through the County's EOC for additional needs.

III. Calistoga

The city of Calistoga has the following PPE inventory: 700 HDPE gloves, 1,685 N95 masks, 61 procedure masks, 9,500 medical gloves, 400 Tyvek suits, 525 Clean Max Suits, 9.5 gallons hand sanitizer, 11 bottles hand sanitizer, 7 cases aloe vera, 40 gallons alcohol, 9 gallons disinfectant, 3 bottles disinfectant, 10 pairs and eye protection glasses.

The above inventory will be sufficient for approximately 200-300 medical aid calls with 1 fire engine with a response team of three fire fighters. This is approximately 6 months of medical aid calls at the pre-pandemic rate of calls. Currently, since the onset of the COVID-19 pandemic, Calistoga Fire is experiencing a 25% reduction in medical aid calls. The Police and Fire Chiefs monitor daily use of PPE and place orders for restocking every two weeks.

IV. Napa

The city of Napa activated their Emergency Operations Center (EOC) on March 19, 2020. Immediately, the EOC Logistics Chief worked with staff from the Public Works, Fire, Police, Parks and Recreation, and Utilities Departments to assess current stocks of various PPE and supplies available. EOC Logistics team staff worked to secure supplies through typical and emergency purchasing protocols and through the County EOC 213-request process. They have established purchasing orders and contracts with local suppliers.

The EOC Logistics Chief worked with primary department representatives to establish supply availability and reporting of needs. Departments are securing materials through their own processes where possible, and reporting needs to EOC Logistics for follow-up to secure if they are not able to obtain. Additionally, staff from the City Manager's Office are monitoring City-wide needs and facilitating individual staff requests to the EOC Logistics Chief. At this time, the City has sufficient supplies for general needs including: hand sanitizer and dispensers for all City facilities, disinfectant cleaning solutions to be used by Facility Maintenance, and disinfectant wipes at all office locations and City vehicles. Additionally, all City staff on site have received cloth masks for their personal use and have received direction to limit in person meetings as much as possible and to maintain appropriate social distancing at all times.

PPE for Public Safety personnel is being monitored by each individual department. Department personnel are monitoring the burn rate of PPE. The city of Napa has the following PPE inventory: 9500 N95 masks, 300 face shields, 70 isolation gowns, and 60 Tyvek suits. The EOC Logistics Chief and Fire/Police Representatives meet as needed to review outstanding or upcoming needs and discuss ways to efficiently secure materials. Currently, there is only one outstanding "213 request" through

the County's EOC for 2,000 isolation gowns. The City has materials on hand but is planning for several weeks out to secure the materials in a timely manner.

The City's EOC Logistics Chief will continue to work with primary departmental representatives to ensure sufficient stores of PPE materials and assess any future needs. In addition to regular availability through email, phone or meetings, the EOC Logistics Chief is present at twice-weekly EOC briefings where representatives can discuss any current or future PPE or supply needs. Staff will use established relationships with vendors to continue ordering and receiving materials in a timely manner. For needs that cannot be met through these vendors, staff will continue to seek other vendors or opportunities or work through the County's EOC for additional needs.

V. St. Helena

The St. Helena Fire Department (SHFD) reported the following PPE inventory: 1 gallon alcohol, 35 bio hazard bags 12 gallons Cavicide, 3,680 Cavicide wipes, 20 COVID PPE kits, 4,400 EMS gloves, 50 gallons hand sanitizer, 10 infection control kits XL, 25 infection control kits XXL, 1,800 N-95 masks, 85 safety glasses, 16 surgical gown, 80 surgical masks, 175 Tyvek suits, and coveralls for all responding personnel which can be washed and reused in the event that gowns and Tyvek suits become in short supply. According to SHFD, all supplies have been easy to acquire through their EOC logistics chief, excluding the provision of gowns and Tyvek suits which they have addressed.

The above inventory will be sufficient for approx. 300-400 medical aid calls with one engine responding with a crew of three. This equates to approximately six months of medical aid calls at the pre-pandemic rate of calls. Currently, since the onset of the COVID-19 pandemic, the SHFD is experiencing a 30% reduction in medical aid calls.

SHFD also provided a COVID-19 Procedure Update #5, May 7, 2020, which sets forth their protocol for ensuring essential worker safety.

VI. Yountville

The town of Yountville reported the following PPE inventory: 200+ N-95, approximately 100 non-N95 masks (staff also have been using their own non N95 masks), 4,000 powdered disposable gloves, 1,000 non-powdered disposable gloves, disinfectant spray and refillable spray bottles. On order are 2 gallons of Cavicide concentrate, 50 microfiber cloths for use and washing each week, and 5 gallons of hand sanitizer. We are continuously monitoring our supply levels and are on the lookout to purchase supplies as they become available, so they remain fully stocked.

Yountville is implementing the following administrative and engineering workplace controls: floor decals for lining up or waiting, pre-wrapped pens, plexiglass for designated areas, facilities are cleaned and disinfected, each facility has a temperature taking and documentation area, and they continue to monitor employee's health status. Yountville continues to follow County and State reopening guidelines.

Attachment C

Hospitals: Workforce Protocols & Personal Protective Equipment (PPE) Availability

I. Queen of the Valley Medical Center (QVMC)

QVMC has provided the following information regarding its robust protocols for protecting its workforce and patients:

- Limited entrances to facility; Screening of all staff, patients, visitors and vendors (temp check and symptoms); visitor restriction policy
- Facility-wide Universal Masking requirement; non-caregivers without a mask are offered one; all caregivers offered a hospital-issued mask
- COVID-19 Playbook
- COVID-19 IP resource folder on share drive; updated regularly
- Education/just-in-time training for staff on PPE, donning/doffing, isolation precautions, etc.
- COVID-19 check-in calls, three times a week
- Command Center in place with email and phone line setup
- Leader rounding, IP rounding
- Daily tracking of COVID-19 suspected or confirmed patients
- Info shared with all caregivers on alternate options for testing through County Public Health
- Submitted application to CDPH for caregivers to have the option of staying in a hotel
- Enhanced employee resources (ex: childcare, mental health, etc.)
- Providence telehealth appointments
- 3x/week System-wide calls to distribute available PPE to sites in need to ensure adequate access and ensure no supply chain disruption
- Battelle reprocessing available as well as vaporized H2O2 reprocessing capability onsite if needed
- Mandatory N-95 use for respiratory units/ER/OR/Labor and delivery/Procedures
- PAPR/CAPR available
- Xenex robots onsite for sterilizing facility

QVMC also reported the following PPE by the number of days' supply: 28 N95 masks (fit-tested) and 50 (not fit-tested), 25 surgical masks, 365 face shields, 106 PAPR hoods, 100 eye protection, 32 gloves, and 90 gowns.

II. St. Helena Hospital (SHH)

SHH has provided the following information regarding its robust protocols for protecting its workforce and patients:

- Entrances are locked down (badge entrance only), to ensure screening of all associates, visitors, patients and vendors entering the facility

- Enforce a strict visitor policy
- Ensure updated signage around the facility
- Press/Social Media out to the community
- Telehealth has been expanded
- Limited/Cancelled elective surgeries
- PPE Reuse Policy
- Mask guidance in alignment with CDC recommendations
- Continuous education to associates and providers
- Mandatory Donning and Doffing Training for ALL Associates
- Implement and maintain EVS cleaning processes in alignment with recommended guidance
- Cross Training of associates across departments (specifically clinical to ensure proper training should a surge hit).
- Daily inventory of PPE Supplies
- Implemented internal process to request PPE for associates throughout the hospital (to reduce waste and PPE disappearing)
- Work closely with Napa County Public Health on resource requests for PPE, as needed
- Regular communication to all associates around COVID updates (daily memo) that includes education, guidance, etc.
- Implemented additional department rounding to ensure there was clarity around COVID, SURGE, ETC.
- IC daily briefings initially, now we have IC meetings twice a week
- Follow Infectious Disease (pandemic) policy and expand as needed
- Development of surge bed capacity and staffing needs policy/grid
- Associate return to work process if tested positive
- In-house testing available
- Drive up testing option (with physician order)
- Phased testing approach
- Triage area set up in the church

SHH also reported the following PPE by the number of days' supply: N95 masks >= 15 days, other masks > = 15 days, face shields >= 15 days, PAPR hoods 1-3 days, gloves 4-14 days, gowns >= 15 days

Attachment D
Local Best Management Practices

- CIA Greystone Reopening Strategy – The Culinary Institute of America
- Reopening Guidelines for Napa County Restaurant (Dine-In) Sector – Napa Chamber of Commerce and Countywide Chamber of Commerce Coalition
- Reopening Guidelines for Napa County Retail Sector – Napa Chamber of Commerce and Countywide Chamber of Commerce Coalition
- Reopening Guidelines for Napa County Professional Services (Office) Sector – Napa Chamber of Commerce and Countywide Chamber of Commerce Coalition

Attachment E

Letter of Support - County Board of Supervisors



A Tradition of Stewardship
A Commitment to Service

Board of Supervisors

1195 Third St.
Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4421
Fax: (707) 253-4176

Diane Dillon
Chair

May 18, 2020

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

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

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

Dear Governor Newsom, Secretary Ghaly, and Director Angell:

The Napa County Board of Supervisors is pleased to provide you with our strong support for the attestation that Napa County Public Health Officer, Dr. Karen Relucio, is making with respect to meeting the readiness criteria set forth in the California Department of Public Health's (CDPH's) "Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order COVID-19 County Variance Attestation Form." We appreciate that the purpose of this attestation is to permit counties, like Napa County, that are able to demonstrate an ability to protect the public and essential workers, to progress further into Stage 2 by reopening additional businesses and workplaces.

During the COVID-19 pandemic, Dr. Relucio has kept the Board of Supervisors and cities apprised of the very latest information. She has also demonstrated public health leadership throughout the County to help coordinate healthcare systems, monitor healthcare capacity, and provide community-wide surveillance. We believe that Dr. Relucio has implemented community mitigation strategies that have helped Napa County flatten the curve.

We strongly agree with Dr. Relucio's assessment that Napa County is actively monitoring infection through epidemiology, implementing containment measures, offering a sufficient amount of testing and

Brad Wagenknecht
District 1

Ryan Gregory
District 2

Diane Dillon
District 3

Alfredo Pedroza
District 4

Belia Ramos
District 5

Honorable Gavin Newsom, et al
Napa County Board of Supervisors Letter of Support
Variance Attestation Form
May 18, 2020

contact tracing, monitoring hospitals capacity and plans for surge, and protecting vulnerable populations. Our County has also made available guidance for our essential critical infrastructure workforce on how to structure the physical environment to protect essential workers. We, like other jurisdictions and healthcare providers across the County, also have sufficient personal protective equipment (PPE) to protect our essential workers, both now and as we move further in Stage 2.

The Napa County Board of Supervisors support the need to protect vulnerable populations, continue social distancing, and monitor indicators that may trigger the need to reinstate more restrictive measures. At the same time, it is important to find a balance that allows for some businesses to reopen while ensuring the community's health. To that end, we understand that counties should not include any sector that is reflective of Stage 3 in our attestation. However, we strongly encourage and support the inclusion of Wineries and Tasting Rooms as businesses that the State deems eligible for reopening in Stage 2 – we appreciate your consideration. Napa County's plan to proceed with a variance in order to allow more businesses and workplaces to open is good for our community.

We support the attestation by Dr. Relucio that the County can meet the readiness criteria outlined by the CDPH to allow for further progression into Stage 2 of the Governor's Pandemic Roadmap.

Thank you for the opportunity for the Board of Supervisors to its express our whole-hearted support through this process.

Sincerely,



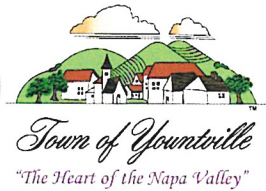
Diane Dillon, Chair
Board of Supervisors

Cc: Senator Bill Dodd
Assemblymember Cecilia Aguiar-Curry
Members, Napa County Board of Supervisors
Mayors and Councilmembers of the Cities/Town of Napa County

Attachment F
Letter of Support – Cities/Town



A Tradition of Stewardship
A Commitment to Service



May 14, 2020

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

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

RE: Support for Deep Stage 2

Dear Governor Newsom and Secretary Ghaly MD,

As the administrative leaders of Napa County and the Cities of Napa, American Canyon, Calistoga and St. Helena, and the Town of Yountville, we understand that the County Public Health Officer, Dr. Karen Relucio, is attesting that the County has met the California Department of Public Health's (CDPH's) readiness criteria to mitigate the spread of COVID-19. We understand that the purpose of this certification is to permit counties, like Napa County, that are able to demonstrate an ability to protect the public and essential workers, to progress further into Stage 2 by reopening additional businesses and workplaces.

During the COVID-19 pandemic, the cities/town have been in close communication with the County leadership. We believe that Dr. Relucio has implemented community mitigation strategies that have helped Napa County flatten the curve. We strongly agree with Dr. Relucio's assessment that Napa County is actively monitoring infection through epidemiology, implementing containment measures, offering a sufficient amount of testing and contact tracing, monitoring hospitals capacity and plans for surge, and protecting vulnerable populations. Collectively, we have issued guidance for our essential critical infrastructure workforce on how to structure the physical environment to protect essential workers. We also have sufficient personal protective equipment (PPE) to protect our essential workers, both now and as we move further in Stage 2.

We support the need to protect vulnerable populations, continue social distancing, and monitor metrics that may trigger the need to reinstate more restrictive measures. At the same time, it is important to find a balance that allows for some businesses to reopen while ensuring the community's health. Napa County's plan to proceed with a variance in order to allow more businesses and workplaces to open is good for our community.

Support for Deep Stage 2 Letter
May 14, 2020
Page 2 of 2

We, also, support attestation by Dr. Relucio that the County can meet the readiness criteria outlined by the CDPH to allow for further progression into Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,



Minh Tran
CEO, County of Napa



Jason Holley
City Manager, American Canyon



Michael Kirn
City Manager, Calistoga



Steve Potter
City Manager, Napa



Mark Prestwich
City Manager, St. Helena



Steve Rogers
Town Manager, Yountville

cc: Senator Bill Dodd
Assemblymember Cecilia Aguiar-Curry
Members, Napa County Board of Supervisors
Mayors and Councilmembers of the Cities/Town of Napa County

Attachment G
Letters of Support - Hospitals

May 12, 2020

To Whom It May Concern:

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

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

As the Chief Executive Officer and Chief Medical Officer of Queen of the Valley Medical Center, we support the need to protect vulnerable populations, continue social distancing, and monitor metrics that may trigger the need to reinstate more restrictive measures. At the same time, it is important to find a balance that allows for some businesses to reopen while ensuring the community's health. Napa County's plan to proceed with a variance in order to allow more businesses and workplaces to open is good for our community.

Queen of the Valley Medical Center supports the attestation by Dr. Relucio that the County can meet the readiness criteria outlined by the CDPH to allow for further progression into Stage 2 of the Governor's Pandemic Roadmap.



Larry Coomes
Chief Executive Officer



Amy Herold, MD
Chief Medical Officer



10 Woodland Road
St. Helena, CA 94574
707-967-5982 Tel
707-967-5712 Fax

May 11, 2020

To Whom It May Concern:

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

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

As the President of Adventist Health St. Helena, I support the need to protect vulnerable populations, continue social distancing, and monitor metrics that may trigger the need to reinstate more restrictive measures. At the same time, it is important to find a balance that allows for some businesses to reopen while ensuring the community's health. Napa County's plan to proceed with a variance in order to allow more businesses and workplaces to open is good for our community.

Adventist Health St. Helena supports the attestation by Dr. Relucio that the County can meet the readiness criteria outlined by the CDPH to allow for further progression into Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,

A handwritten signature in black ink that reads "Steven Herber, MD". The signature is written in a cursive, flowing style.

Steven Herber, MD
President