

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



~~COVID-19 VARIANCE ATTESTATION FORM~~

FOR Orange County Health Care Agency

---

**May 18, 2020**

## **Background**

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

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

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

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

criteria and procedures that counties will need to meet in order to attest to this second variance opportunity are outlined below. It is recommended that counties consult with cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

**Local Variance**

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

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

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

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

**County Name:** Orange County Health Care Agency

**County Contact:** Dr. Nichole Quick

**Public Phone Number:** 714-834-3155

**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

---

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

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.

Orange County attests to demonstrating a stable 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 less than 5%. To calculate this indicator, Orange County reviewed the daily California Department of Public Health COVID-19 hospital survey data to identify the number of patients hospitalized in Orange County with confirmed COVID-19. From the data, Orange County calculated the daily percent change in confirmed COVID-19 positive hospitalized patients. The 7-day average of daily percent change was calculated with a resulting value of 0.91% based on the data below:

Date	COVID+ Hospitalized	Percent Change in COVID+ Hospitalized
5/12/2020	248	
5/13/2020	227	-8.47%
5/14/2020	212	-6.61%
5/15/2020	235	10.85%
5/16/2020	201	-14.47%
5/17/2020	194	-3.48%
5/18/2020	229	18.04%
5/19/2020	253	10.48%
7 Day Average		0.91%

- o 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.

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

Orange County attests to a testing positivity over the past 7 days of less than 8%. To calculate this indicator, Orange County downloaded from the CalREDIE Data Distribution Portal testing data for Orange County residents, including the daily number of test results reported and the daily number of COVID-19 positive test results. From the data, Orange County calculated the COVID-19 test positivity over the past 7-days as 7.95% as follows:

7-day percentage calculation:

$$[(\text{Positive Lab Tests Reported}) / (\text{Total Tests Reported}) \times 100]$$

Date	Positive Lab Tests Reported	Tests Reported	Testing Positivity
5/13/2020	181	2,952	
5/14/2020	132	1,901	
5/15/2020	200	1,072	
5/16/2020	136	1,334	
5/17/2020	112	994	
5/18/2020	20	1,119	
5/19/2020	26	775	
	807	10,147	7.95%

- **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).

The County, through its Emergency Operations Center, distributed a guidance letter to be shared with all businesses that described safety practices and reiterated the process for requesting Personal Protective Equipment through the EOC, if needed. Attachment A: City to Business Notification 5.19.2020

Orange County, in partnership with UCI, has provided access to quickly test essential workers such as first responders (law, fire, EMS). Attachment B: UCI Covid Testing 4.2.2020

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

Orange County attests to the availability of supplies to protect essential workers. The Medical Health Operational area Coordinator (MHOAC) at the Health Care Agency Operations Center maintains an inventory of available supplies and tracks usage and requests being submitted. The MHOAC provides an email address to the medical health sector for easy submission of requests for supplies. The MHOAC processes the requests and matches them with available supplies. Requests for State resources are submitted as needed. Non-medical essential businesses can follow a similar process through the Operational Area EOC logistics branch.

The MHOAC and EOC maintain a list of vendors and checks status of product availability that can be used to fulfill requests and provides the information to businesses. The MHOAC sends out periodic surveys to gauge needs from health sector. To date the MHOAC has distributed nearly 2.7M pieces of PPE to hospitals, long term care facilities, medical providers and health clinics.

- **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.

Orange County attests that there is ample testing capacity to detect active infection. Currently, Orange County has the laboratory capacity for diagnostic testing (PCR) in excess of 9,000 per day. Testing volume has expanded significantly in recent weeks as testing and PPE supplies have become more available and consistent. Across Orange County we have a positivity rate of <8% indicating our testing volume is consistent with recommendations of international, federal and state Public Health bodies. We will continue to expand testing services particularly for priority populations - such as staff and residents in skilled nursing facilities – and work with healthcare providers to assure expanding access throughout the system. We have the ability surge at any point in time to provide more than 1.5 tests per 1,000 residents, which is approximately 4,800 people, daily.

- 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.

Orange County attests to testing availability within 30 minutes of 100% of residents. In addition to private sector testing activity, Orange County has over 20 state and locally funded test sites currently offering over 7,000 tests a week in locations and settings assuring geographic, linguistic and cultural access. Attachment C: [OC Covid Network List 5.18.2020](#)

- 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](mailto:covCommunitySurveillance@cdph.ca.gov) for any guidance in setting up such systems in their county.]
- o

Orange County attests to having a strategic approach to testing surveillance and that a Surveillance Plan is included in OC Health Care Agency COVID-19 Mitigation Strategies (Attachment G).

Orange County will continue to target a positivity rate under 8% and increase surveillance testing volume as needed and possible to assure that and address any other epidemiological needs we identify.

Orange County monitors all testing for surveillance purposes, including testing at the sponsored test locations. For example, with only two weeks data, the County was able to see that positivity among symptomatic individuals tested at our community clinics sites was 8%, but it was over 17% in one geographic/ethnic area. We increased testing in that area and developed bilingual promotional materials to increase access. The County is also working with community partners to increase core prevention messages in that community and create more isolation opportunities.

The County is awaiting access to data from the State's OptumServe sites to better understand the testing data associate with broader testing. The positivity rate for those sites for the first week of testing was approximately 1.9%. Information will enable us to further understand the community transmission patterns.

Additional targeted surveillance focuses on monitoring individuals exposed during outbreaks – particularly in congregate settings such as skilled nursing facilities and shelters. Protocols for repeat testing are established by Communicable Disease Control. The County is currently expanding surveillance testing to all Skilled Nursing Facilities.

In addition, the County of Orange Health Care Agency is collaborating with the University of California, Irvine to conduct several surveillance studies to identify the

rates of exposure and spread of SARS-CoV-2 in the first responder population and the general population including ethnic communities. The County is collaborating with Hoag hospital to conduct another surveillance study of health care providers. All of those studies are currently active. Preliminary data analysis is expected to be completed by late June to early July.

These studies will result in sero-positivity rates for the county and will contribute critical data on the scope and kinetics of the pandemic among the general population, first responders, and health care worker. Outcomes of the studies will contribute to our national and statewide knowledge as we move toward prevention and early intervention.

- **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).

Orange County attests that it has adequate infrastructure, processes, and workforce to detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. To meet the 15/100,000 population requirement Orange County would need 476.4 contact tracers. The County currently has approximately 100 staff within its Communicable Disease Control Division (CDCD) trained and doing case investigation and contact tracing. There are an additional 125 trained among the Public Health Services (PHS) staff and can be called upon as needed. Additionally, PHS continues to train more of its additional 440 staff to achieve that target of 15 staff per 100,000 population and we will have 477 staff trained by July 1. In addition to the PHS staff, Orange County has available several hundred additional Health Care Agency (HCA) staff to mobilize and train if case volume requires. CDCD is currently able to manage current volume and currently trained staff is sufficient to handle a 4 fold increase in disease prevalence. If surge is required, the plan is to first call upon trained PHS staff and then the State contact tracing resource. If additional staff is required, the County will mobilized additional PHS and/or HCA staff.

- 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.

Orange County attests there is sufficient availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population. The 2019 Point in Time (PIT) Count established the county's homeless population census at 6,860. A 15% calculation of that total is 1,029. This creates a benchmark for 1,029 isolation/quarantine rooms available as part of the variance requirement. The county currently has access to 666 motel rooms and 78 trailers located in five cities. In addition to these 744 rooms/trailers, the county has up to five additional motel sites with negotiated leases ready to execute. This would make the additional 285 required rooms available to achieve the requested 15% benchmark. The county is prepared to bring on additional rooms as needed should that benchmark increase in the future.

Additionally, the County has made \$500,000 of Continuum of Care funding available for local homeless service providers to access isolation/quarantine motel rooms for individuals and families experiencing homelessness. Currently, 54 rooms have been accessed with the ability to provide an additional 40 rooms as needed.

These systems, originally set up to address people experiencing homelessness have been expanded to address needs of residents that are unable to isolate or quarantine safely in their homes. This is done through use of portions of hotels that have been set up as isolation facilities and motel rooms for families that are supported with culturally and linguistically appropriate case management, food and other support services.

- **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.

Orange County attests that hospital capacity, 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. Hospitals are currently operating with censuses below normal while maintaining a 21% surge capacity with the ability to quickly scale up to 60-70% surge capacity. Hospitals report 809 ventilators on site with average daily use for all patients of 25%.

- 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.

Orange County attests that regional hospital facilities have a robust plan in place to protect the hospital workforce with PPE.

Surveys are distributed on a weekly basis to the Emergency Preparedness Coordinators of each hospital to establish a readiness plan for surge. All Orange County hospitals indicated the following measures as part of their surge plan:

- Pre-established unit or area designated for COVID-19 suspect or confirmed patients
- Identification or conversion of alternate care space or facility to increase bed capacity
- Dedicated staff to care for COVID-19 patients
- Access to labor pools, registries and/or other staffing sources to assure appropriate ratios in care
  - Procurement strategy to source PPE needed to protect workforce

- **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.

Orange County attests to ongoing work with Skilled Nursing facilities within Orange County. Below is an overview of the County's plan:

- 1) MHOAC holds weekly calls to provide updates to LTC facilities in OC. OCHCA Communicable Disease Control Division sends weekly outreach via email to SNF contacts who work in infection control to update them on the current COVID-19 situation in Orange County, provide updates on best practices and offer any assistance as needed.
- 2) MHOAC is in daily communication with our CDPH district office and the district office participates in the MHOAC weekly SNF and hospital calls.
- 3) OCHCA has hired a team consisting of multiple physicians and infection preventionists who will conduct an onsite assessment within 24-48 hours for any facility that has more than one resident testing COVID-19 positive.
- 4) OCHCA has designated its Public Health Laboratory to assist with testing any PUIs in SNFs and with facility-wide screening of any facility that has a confirmed COVID-19 case.
- 5) OCHCA has contracted with commercial laboratories to assist with resident and staff testing routinely and in response to outbreaks.
- 6) OCHCA has contracted with academic infection control experts to conduct assessment and education for SNFs in OC specific to infection control best practices to mitigate COVID-19 infections.
- 7) OCHCA has a LTC facility team focused on case investigation, specimen collection and disease control support for facilities.
- 8) The County has contracted with six nursing staff registries that are readily available to the SNFs to support staffing gaps. The MHOAC has established a response plan for supporting SNFs with emergency patient support services (EMT for CNAs) & activating a local ambulance strike team for immediate evacuations if necessary. Attachment D: Vulnerable Populations Healthcare Facilities.

- 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.

There are 73 Skilled Nursing Facilities (SNF) in Orange County. All will be receiving a direct shipment from FEMA within the next 3 days and another mid-June. The Orange County Health Care Agency has received a large donation of PPE (non-state supply) that have been allocated to SNFs to augment their existing inventories to ensure 14-day supply on hand. Attachment E: [Hoag PPE Transfer 5.19.2020](#)  
Attachment F: [PPE & Resources for Skilled Nursing Facilities 5.20.2020](#)

Orange County has regular contact with SNFs through weekly conference calls and updates through the local CDPH licensing & certification office.

SNFs are trained to submit Situation Reports and Resource Requests to the MHOAC.

- **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 of Orange's reopening plan aligns with the State's reopening plan. The county moved into early Stage 2 with the state. The county allowed retail (curbside and delivery), manufacturing, and related logistics to resume operations contingent upon operating within state guidelines.

Following successful attestation, businesses within accelerated Stage 2 will be permitted to reopen if and when they have implemented appropriate health and safety measures in accordance with an appropriate facility-specific reopening plan.

These businesses include:

Destination Retail  
Dine-in restaurants

The County will continue to share State sector-specific guidelines for reopening. Reopening of Stage 2 businesses is contingent upon their readiness to implement and comply with sector-specific guidance.

- **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.

Orange County attests it has sufficient metrics that will serve as triggers for slowing the pace through Stage 2 or tightening modifications.

Public Health guidelines for implementing containment measures include;

1. Patient care requires shift to crisis care strategies
2. Significant sustained increase in disease prevalence over 7 days
3. Significant sustained increase in case fatality rate over 7 days
4. Increasing proportion of cases not linked to a source case over 7 days

Orange County (OC) will monitor metrics continuously and use all four to assess OC conditions. If assessment identifies emerging concerns, OC will notify the state of circumstances and consult with the State Health Officer regarding appropriate mitigation strategies and implement in consultation with the state.

• **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.

Under the direction of the Health Officer and in consultation with stakeholders, the County continuously adapts strategies and activities to address the shifting epidemiological picture within the constraints of available resources. Please see specific details in the attached mitigation strategies plan. Attachment G: [OC Health Care Agency COVID-19 Mitigation Strategies](#).

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

### 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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

### 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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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.)?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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

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

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

I Dr. Nichole Quick, hereby attest that I am duly authorized to sign and act on behalf of Orange County Health Care Agency. I certify that the County of Orange has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for the County of Orange, 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 Nichole Quick, MD, MPH

Signature  \_\_\_\_\_

Position/Title County Health Officer/Deputy Agency Director of Public Health Services

Date 05/21/2020



CLAYTON CHAU, MD PhD  
DIRECTOR  
(714) 834-2830  
[CChau@ochca.com](mailto:CChau@ochca.com)

LILLY SIMMERING  
ASSISTANT DIRECTOR  
(714) 834-6748  
[lsimmering@ochca.com](mailto:lsimmering@ochca.com)

405 W. 5<sup>th</sup> STREET, 7<sup>th</sup> FLOOR  
SANTA ANA, CA 92701  
FAX: (714) 834-5506

## OFFICE OF THE DIRECTOR

May 19, 2020

To: City Managers

Fr: Dr. Clayton Chau, HCA Agency Director

On May 18, 2020, Governor Newsom announced updated criteria for counties to meet in order to request a variance to the State Stay-at-Home Order, meaning the additional businesses could re-open during Stage 2. Expanded Stage 2 industries include:

- Destination retail, including shopping malls and swap meets
- Personal services, limited to: car washes, pet grooming, tanning facilities and landscape gardening
- Office-based businesses (telework remains strongly encouraged)
- Dine-in restaurants (other amenities like bars or gaming areas are not permitted)
- Outdoor museums and open gallery spaces
- Schools

In order for the County Public Health Officer to attest to the Variance, the County needs your assistance in sharing the industry-specific business guidance the State prepared, which is available here: <https://covid19.ca.gov/industry-guidance/>, with businesses in your city.

Per the California Department of Public Health, all facilities must complete the following prior to reopening:

1. Perform a detailed risk assessment and implement a site-specific protection plan
2. Train employees on how to limit the spread of COVID-19, including how to [screen themselves for symptoms](#) and stay home if they have them
3. Implement individual control measures and screenings
4. Implement disinfecting protocols
5. Implement physical distancing guidelines

It is critical that employees needing to self-isolate because of COVID-19 are encouraged to stay at home, with sick leave policies to support that, to prevent further infection in your workplace. See additional information on [government programs supporting sick leave and worker's compensation for COVID-19](#). The County does not need to review individual COVID-19 Response plans from businesses.

Additionally, the County appreciates your help in ensuring businesses within your city are securing appropriate personal protective equipment for their employees. Cities should continue to follow established resource requesting protocols for unmet needs via the County WebEOC platform. If the County Operational Area cannot fill requested resources, coordination efforts will be elevated to the State through the Governor's Office of Emergency Services (CalOES) who will assist in providing the requested resource to each City.

The County appreciates your continued support and collaboration during this unprecedented time.



CARL H. SCHULTZ, MD  
MEDICAL DIRECTOR  
405 W FIFTH STREET, STE 301A  
SANTA ANA, CALIFORNIA  
92701

TELEPHONE: 714- 834-3500  
FAX: 714- 834-3125

## REGULATORY/ MEDICAL HEALTH SERVICES

### EMERGENCY MEDICAL SERVICES

DATE: April 2, 2020

TO: 911 ALS Providers  
IFT-ALS Providers  
Sheriff's Department  
Police Chiefs Association

REGARDING: **ORANGE COUNTY EMS PROTOCOL FOR COVID-19 TESTING OF  
PARAMEDICS AND POLICE OFFICERS/SHERIFF DEPUTIES**

Orange County Emergency Medical Services (OCEMS) has reached an agreement with the University of California Irvine Medical Center to provide COVID-19 testing of symptomatic paramedics and police officers/sheriff deputies.

Paramedics and law enforcement officers who meet the following criteria can call UCI Medical Center at either of the two phone numbers listed below to be screened for drive-thru testing, which is by appointment only.

(714) 509-6299

To qualify for screening and possible testing, eligible paramedics and police officers/sheriff deputies first responders must meet all of the following:

- 1) Either be a paramedic or law enforcement officer working or accredited in Orange County
- 2) Active health insurance
- 3) Temperature higher than 100.4° F (38° C)
- 4) New lower respiratory symptoms (e.g. cough, shortness of breath)

*\*Above criteria are subject to change based on latest CDC guidelines*

If you meet the above criteria, upon calling UCI you will be transferred to a triage nurse who will review your symptoms with you. Upon meeting criteria, you will be provided an appointment to obtain your COVID-19 test at one of the closest drive-thru locations. You must bring your health insurance card and identification with you at the time of your appointment.

Results from the test will be available within 24-72 hours of the time the sample is obtained and you will be notified by a representative from the medical center.

Sincerely

A handwritten signature in blue ink that reads 'Carl Schultz, MD'.

Carl H. Schultz, MD  
EMS Medical Director  
Orange County EMS Agency

## OC COVID-19 Test Network Sites (5/18/20)

Capacity May 18: TOTAL = 20 sites conducting 7,010 tests per week

UCI Health (3 locations)	Orange Santa Ana Irvine
Family Health Matters Community Health Center	901 W. Orangethorpe Ave. Fullerton
Families Together of Orange County	661 West 1 <sup>st</sup> Street Tustin
Korean Community Services	7212 Orangethorpe Ave. Buena Park
SOS Community Health Center	27725 Santa Margarita Pkwy Suite 101 Mission Viejo
SOS Community Health Center	1550 Superior Ave. Costa Mesa
SOS Community Health Center	307 Placentia Ave. Unit 107 Newport Beach
SOS Community Health Center	1014 N Broadway Santa Ana
Southland Integrated Services, Inc.	9862 Chapman Ave. Garden Grove
St Jude Neighborhood Health Center	731 S Highland Ave Fullerton
Serve the People Community Health Center	1206 E 17th Street, suite 101 Santa Ana, CA

Laguna Beach Community Clinic	362 3rd Street Laguna Beach Ca 92103
Alta Med-Anaheim	1325 N. Anaheim Blvd. Anaheim
AltaMed-Huntington Beach	8041 Newman Ave. Huntington Beach
AltaMed-Santa Ana Bristol	2720 S Bristol St. #104 Santa Ana
Nhan Hoa Comprehensive Health Care Clinic	7761 Garden Grove Blvd. Garden Grove

CDPH – OptumServe	8352 Commonwealth Ave. Buena Park, California
CDPH – OptumServe	1215 E Chapman Ave. Orange, California
CDPH – OptumServe	1618 W 1st Street Santa Ana, California
CDPH – OptumServe	San Juan Capistrano 30230 Rancho Viejo Road, Suite 112 San Juan Capistrano, California



## ORANGE COUNTY HEALTH CARE AGENCY OPERATIONS CENTER (AOC)

### Non-911 Emergency Response Plan for Healthcare Facilities

This document outlines a temporary response plan for supporting Skilled Nursing Facilities (& the like) with prompt emergency patient support services and activating a local Ambulance Strike Team (AST). Indications include but are not limited to an immediate need to temporarily provide Emergency Medical Technician's (EMTs) to augment clinical staffing and potential evacuation of patients to alternate healthcare facilities. It will remain in effect through December 31, 2020.

**Upon an immediate staffing shortfall, the affected healthcare facility should notify & report the situation to:**

**MHOAC/EMS Duty Officer at 714-415-8980**

Emergency Patient Support Services is a term to describe the utilization of Emergency Medical Technicians (EMTs) to support healthcare facilities in the event of a staffing crisis. The EMTs will temporarily provide coverage within their scope of practice until clinical resources are secured. In the event that the gap cannot be fulfilled, the facility will consider alternate locations for the residents and an Ambulance Strike Team will be mobilized.

Ambulance Strike Team (AST) is comprised of five ambulances and one AST Leader. Care Ambulance is contracted to provide this service within Orange County and is immediately available to deploy within 2 hours of activation.

**The MHOAC/EMS Duty Officer will acquire the following information from the SNF:**

- Location
- Staffing gap
- Number of patients; including patients on ventilators
- SNF administrator contact information

#### **Initial Actions:**

- Conduct ReddiNet assessment poll to determine bed availability
- Initiate a Mass Casualty Incident (MCI)
- Activate Hospital Evacuation Leader position to:
  - Coordinate with SNF Administrator on destination preferences for residents
  - Assess bed availability
- Notify MHOAC/EMS Director and if necessary the local Fire/ALS Department

#### **EMT & AST Activation**

- **Primary Contact** Bill Weston 714-713-5708
- #2 Contact Rob Viera 714-396-5376
- #3 Contact Mike Gorman 702-465-6723

#### **Provide the following information:**

- For EMT Resources:
  - Location, Staffing gap
  - Number of patients; including patients on ventilators
  - Number of EMTs needed
  - SNF administrator contact information
- For AST Resource:
  - Reason for evacuation (Gives ambulance personnel opportunity to stock up with PPE)
  - Number of AST's needed

#### **Document:**

- ✓ Utilize ICS 214
- ✓ AST Leader phone cell number



HOAG MEMORIAL HOSPITAL PRESBYTERIAN  
One Hoag Drive, PO Box 6100  
Newport Beach, CA 92658-6100

May 19, 2020

Mr. Frank Kim  
County Executive Officer, County of Orange  
Hall of Administration  
333 W. Santa Ana Blvd.  
Santa Ana, CA 92701

Dear Mr. Kim,

Hoag Memorial Hospital Presbyterian is pleased to transfer to the County of Orange's ownership the following personal protective equipment effective May 19, 2020:

- 82,000 Hospital grade isolation gowns
- 85,000 N95 masks

Please let us know how best to arrange for the product transfer to your warehouse. Our team is available to assist in any way that we can.

Warmest Regards,

A handwritten signature in blue ink, appearing to read "Robert T. Braithwaite".

Robert T. Braithwaite  
President & CEO  
Hoag Memorial Hospital Presbyterian

**From:** [McConnell, Tammi](#)  
**To:** "EMayol@rehabtustin.com"; "pnmuley@alamitoswest.com"; "Paul.Kim@altagardenscc.com"; "MForouzan@anaheimcrest.com"; "Admin@anaheimhealthcare.com"; "Brenda.Huante@anaheimterracecc.com"; "TDavies@beachsidenursing.com"; "DDevine@brookdale.com"; "LoQuinn@brookdale.com"; "Lanies@buenaparknc.com"; "MRapues@buenavistacarecenter.com"; "coakeson@capobcc.com"; "Mforsgren@ensignservices.net"; "jenap@chapmancare.com"; "shelley.gilliland@kpchealth.com"; "DON@cvplazanc.com"; "nurse@cvplazanc.com"; "Molano@coventrycourt.org"; "Mmadrini@coventrycourt.org"; "adavis@thecovington.org"; "jtessner@thecovington.org"; "jbaxa@plum.com"; "victoria@WestAnaheimEC.com"; "AAGHARAOZLOUHANS@savasc.com"; "Deborah.tener@altahospitals.com"; "spagaduan@EnsignServices.net"; "Mruggles@ensignservices.net"; "jguevara@freedomvillage.org"; "don@frenchparkcarecenter.com"; "RolandP@GardenGroveCH.com"; "don@gardenparkcarecenter.com"; "jtran@gardenparkcarecenter.com"; "admin@gordonlanecarecenter.com"; "dsd@gordonlanecarecenter.com"; "don@gordonlanecarecenter.com"; "admin@gccfullerton.com"; "asalubre@harborvillacares.com"; "rconsolver@nhsitd.com"; "Administrator@orangerehab.com"; "LCooley@plum.com"; "JRothey@plum.com"; "Mary.Wilkerson@kindred.com"; "Kisha.Blanton@kindred.com"; "Emelyn.Lawler@lcca.com"; "JoyL@lapalmanc.net"; "DSmith@lagunahillshealth.com"; "Triet.Kieu@lcca.com"; "MaricorB@leisurecourtncc.com"; "Louie.Rios@HCR-ManorCare.com"; "don@mesaverdehealthcare.com"; "Administrator@mesaverdehealthcare.com"; "jabuy@aspenskiiledhealth.com"; "tcline@orangecoastpa.com"; "mariagalvan@lifegen.net"; "coleneo@newportsubacute.com"; "staffdevelopment@orangerehabilitation.com"; "Renato\_hintay2@lcca.com"; "cmichiels@ensignservices.net"; "fac36admin@longwoodmgmt.com"; "admin@parkregencycare.com"; "nordsiekr@msretirement.com"; "s.kangpvsh@progressivecarecenters.com"; "a.oratepv@progressivecarecenters.com"; "Lananh.Huyen@HumanGood.org"; "katiep@rowntreegardens.org"; "jmoney@ensignservices.net"; "arvid.floyd@sealbeachhcc.com"; "mina.baiba-dizon@kpchealth.com"; "vlimalima@southcoastpa.com"; "FGuerrero@covenantcare.com"; "rlooper@ensignservices.net"; "a.milansh@progressivecarecenters.com"; "don@sunmarnursing.com"; "clumba@terraceviewcare.com"; "Hsamia@terraceviewcare.com"; "shahidmha@yahoo.com"; "wes.jones@sunnyhillshc.com"; "MPreciado@tcmanor.com"; "MYuhas@ensignservices.net"; "CoroMoore@ensignservices.net"; "Mrafanan@ensignservices.net"; "LanaF@aspenskiiledhealth.com"; "tmaneerod@frontporch.net"; "nida@westanahelmecc.com"; "mgghan@primehealthcare.com"; "don@windsoranahelmhc.com"; "fuladmin@windsorcares.com"; "solcasino@pachaven.com"  
**Cc:** Hang Nguyen ([hang.nguyen@cdph.ca.gov](mailto:hang.nguyen@cdph.ca.gov)); EMS Duty Officer; Anna Peters; Clayton Chau MD.PhD ([CChau@ochca.com](mailto:CChau@ochca.com)); Franks, DeeDee; [jgood@ochca.com](mailto:jgood@ochca.com); [lsimmering@ochca.com](mailto:lsimmering@ochca.com); Meronk, Cheryl; Meulman, Marc; Mugrditchian, Annette; Nagel, Jeff ([JNagel@ochca.com](mailto:JNagel@ochca.com)); Qian, Jenny; [rselleck@ochca.com](mailto:rselleck@ochca.com); [Selleck, Rachel](mailto:Selleck,Rachel); [Thronson, Steve](mailto:Thronson,Steve); [Wilson, Bob](mailto:Wilson,Bob); [Winger, Erin](mailto:Winger,Erin)  
**Subject:** PPE & Resources for Skilled Nursing Facilities  
**Date:** Wednesday, May 20, 2020 3:23:00 PM  
**Attachments:** [image001.png](#)  
[#3738 Non-911 Emergency Response Plan for Healthcare Facilities.pdf](#)  
[image003.png](#)

---

Good Afternoon Orange County Skilled Nursing Facilities,

First, thank you for all of your dedicated service to your patients and staff during this unprecedented pandemic. We appreciate all of your hard work and commitment to the patient population you serve and will continue to support your medical and health needs as needed through the established process on our Health Care Agency (HCA) [Agency Operations Center](#) (AOC) website. For immediate staffing needs or evacuation, attached is OCEMS letter#3738 Non-911 Emergency Response Plan for Healthcare Facilities.

Secondly, I am pleased to share that through a generous donation, Health Care Agency has obtained 82,000 isolation gowns and 85,000 N95 masks. These supplies will be directly allocated to Orange County Skilled Nursing Facilities to augment existing inventories and anticipated FEMA PPE push packages to ensure that ensure a 14-day supply on hand.

Thirdly, the AOC has received a few calls regarding the correct contact for the County Medical Health Operational Area Coordinator (MHOAC) for inclusion into the COVID-19 Mitigation Plans [AFL-20-52](#). As a reminder, the MHOAC Plan is located on the Emergency Medical Services (EMS): [EMS System Plans](#) website and contains detailed information on the roles, responsibilities and scope of the program. The Orange County MHOAC Plan may be

referenced as well as the following contact information into your individual plans:

301A

Tammi McConnell, MSN,  
RN

EMS Director/MHOAC  
405 West Fifth Street, Suite

Santa Ana, CA 92701  
714-415-8980 (24/7/365)  
[emsdutyofficer@ochca.com](mailto:emsdutyofficer@ochca.com)

Thank you again & if you have any questions or concerns, please do not hesitate to contact.

***Tammi McConnell MSN, RN, MICN, PHN***  
***EMS Director, AM III***  
***Medical / Health Operational Area Coordinator***  
Orange County Emergency Medical Services  
405 West 5<sup>th</sup> Street, Suite 301A, Santa Ana CA 92701  
Direct: (714) 834-2791 or (714) 720-1514  
[Website](#) | [Facebook](#) | [Twitter](#)

**CAUTION: Unless containing HIPAA sensitive information, general emails to this address are often subject to public records requests.**

If you have received this electronic mail message and are not listed in the address line, please notify the sender at [tmccConnell@ochca.com](mailto:tmccConnell@ochca.com). The information and attachments contained in this message are intended for the identified recipient(s) and no others. Forwarding or relaying in any way confidential patient or institutional information without prior authorization may constitute violation of state and federal statutes that will result in criminal liability for the forwarding party.

Please note that the information contained in this message may be privileged and confidential and protected from disclosure under the law, including the Health Insurance Portability and Accountability Act (HIPAA). This message, and any attachments, is intended ONLY for the person / entity to whom it is addressed. **DO NOT FORWARD** or otherwise distribute to others **without the express consent of the sender**. If you are not the named recipient, delete this email from your computer and destroy any printed material.

**P** Please consider the environment before printing this e-mail



# OC Health Care Agency COVID-19 Mitigation Strategies

Submitted to the State of California May 21, 2020

This document provides an overview of the current and emerging strategies implemented by the Orange County Public Health and the Health Care Agency in concert with internal and external partners to mitigate the impact of COVID-19, particularly as businesses begin to open under the State's Resilience Road map.

These measured approaches will help us protect public health and our most vulnerable populations while also providing residents, organizations, and businesses with a path to recovery. It should be noted that any reopening may be associated with an unpredictable amount of risk. These strategies will be continually updated in response to epidemiological changes, resource constraints, and community needs.

## Resilience Roadmap Phased Stages

As Orange County follows the State's Resilience Roadmap, priorities and strategies continually adapt to ensure that we can adapt and reopen together as quickly and safely as possible under the State's order.



## **Testing**

Currently, Orange County (OC) has the laboratory capacity for diagnostic testing (PCR) in excess of 9,000 per day. Testing volume has expanded significantly in recent weeks as testing and PPE supplies have become more available and consistent. Across OC we have a positivity rate of <8% indicating our testing volume is consistent with recommendations of international, federal and state public health bodies. We will continue to expand testing services particularly for priority populations - such as staff and residents in skilled nursing facilities – and work with healthcare providers to assure expanding access throughout the system. We have the ability surge at any point in time to provide testing up to the capacity allowed by the laboratories

## **Contact Tracing**

Orange County has an infrastructure, processes, and workforce to detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The County of Orange currently has approximately 100 staff within its Communicable Disease Control Division (CDCD) trained and doing case investigation and contact tracing. There are an additional 125 trained among the Public Health Services (PHS) staff and can be called upon as needed. Staff are reflective of the county's racial, ethnic and linguistic diversity. Current trained and available staff can accommodate a four-fold increase in COVID-19 cases, presuming an average number of 10 contacts per case.

In order to meet the State criteria of 15 trained staff per 100,000 population, OC needs 477 staff trained. In addition to the 225 currently trained staff, OC continues to train additional staff and will have 477 trained by July 1, 2020, to expand further capacity in preparation for a potential of greater increase in cases. As needed Public Health will call upon trained PHS staff and then the State contact tracing resources to surge as needed.

OC has a plan for supportive isolation for cases who may not have a safe way to isolate or who may have significant economic challenges associated with isolation. The plan includes options for alternative housing, provision of food and other necessities and a case management function for persons with unique needs that require problem solving or referrals to additional supports to meet the needs to the individual.

## **Living and Working in Congregate Settings**

Orange County has a wide range of congregate settings and has strategies in place to support prevention and mitigation efforts in the many types of settings. There are 46 homeless shelters housing approximately 2,900 individuals. Procedures are in place for these facilities regarding screening, medical assessment, testing and isolation as necessary. OC continuously monitors cases among this population and these congregate settings. Likewise, correctional facilities have screening protocols, testing, isolation and quarantining procedures to identify infections and mitigate spread within facilities.

Skilled Nursing Facilities (SNF) and similar settings are a high priority for OC. Strategies in these facilities include:

- Weekly calls with facilities and regular email updates regarding infection

control guidelines, COVID-19 situation reports, and best practices for prevention and mitigation.

- SNF strike team of physicians and infection preventionists conducting onsite assessment within 24-48 hours for any facility with more than one resident testing COVID-19 positive.
- Enhanced testing of residents and staff.
- Contracted infection control experts providing assessment and education for SNFs specific to infection control best practices to mitigate COVID-19.
- Dedicated staff forming a LTC facility team focused on case investigation, specimen collection and disease control support for facilities.

In addition, the County has current contracts with six nursing staff registries that are readily available to the SNFs to support staffing gaps. The MHOAC has established a response plan for supporting SNFs with emergency patient support services (EMT for CNAs) and activating a local ambulance strike team for immediate evacuations if necessary.

The County continues to prioritize congregate settings to prevent outbreaks and provide rapid response to cases in such settings to protect residents and employees.

### **Protecting the Vulnerable**

The most vulnerable in our community are those living in congregate settings, especially the elderly and those with underlying health conditions. Other sections of this document address strategies for those populations with respect to care, testing, quarantine and isolation, and PPE. In addition, OC has a number of programs and services that were in place to serve the vulnerable population prior to COVID-19. In response to COVID-19, the Health Care Agency (HCA), Social Services Agency (SSA), and OC Community Resources (OCCR) have developed specific programs such as meal delivery programs (Great Plates and food bank partnerships), pet care for seniors, mental health services, and workforce support. All of which were designed with a simple single point of entry to accessing the service and monitoring. Additionally, OC Behavioral Health Services received one million dollars for mental health services to older adults specific to COVID-19. These services, along with the many provided by community partners to shelter, feed and support forms the County of Orange COVID-19 System of Care.

### **Acute Care Surge**

The MHOAC receives daily local reports of hospital census, ICU census, ventilator ability, staffing and surge capacity through CDPH Snowflake database and local ReddiNet assessments. Further, hospital emergency managers participate on a weekly call to discuss overall operational situation, supply chains, staff support/moral and share best practices. As required by their state license, all hospitals have an occupational exposure plan and attest to this as a condition of their designation as an emergency receiving center.

### **Essential Workers**

Orange County is comprised of 34 cities with 24 local law enforcement agencies, including the Sheriff's department; 132 fire stations; 25 hospitals; federal, state, and

local government entities. Additionally, the state's definition of "essential workplaces" include private sector entities. According to the Employment Development Department, OC has an estimated 900,000+ jobs considered "essential employees" under the Governor's Executive Order.

To date, the County has provided a variety of business guidance, which are available here: <https://occcovid19.ochealthinfo.com/guidelines>. Educational materials are also available at that site and may be used by businesses to promote social distancing and hygiene as they reopen. This guidance includes information on supplies needed that are appropriate to their sector. The County's priority is to assure adequate supplies are available to health care settings, including congregate settings, to protect workers and patients. The MHOAC sends periodic surveys to gauge needs from the health sector and maintains a list of vendors with product availability, which can be used to fulfill requests, and provides the information to businesses.

The County has engaged in targeted outreach efforts to healthcare workers, first responders, and government entities on how to access testing through their provider or one of 16 county and 4 state testing sites. County testing sites comprised of community clinics will test any symptomatic essential worker while state sites are open to symptomatic and asymptomatic essential workers. The County is contracting with Equaltox to provide mobile testing services to workers in jails, shelters and SNFs. Many private resources exist as well, such as UCI Health, which has three test sites specific to first responders; and many businesses offer testing through their occupational health programs and/or urgent care centers.

Quarantine and isolation of essential workers is offered consistent with what is described above in Contact Tracing.

### **Community Engagement**

COVID-19 affects all areas of society and a full and complete response requires constant communication and coordination with a multitude of stakeholders. These include city and county elected officials and administrators; school superintendents; health care providers such as hospitals, clinics, providers, skilled nursing facilities, labs; nonprofits such as community clinics, shelters, food programs, social service providers; business leaders, community and faith leaders. Engagement comes in the form of daily phone calls, virtual meetings, emails, presentations, regularly scheduled calls, etc.

Public Health provides updates to cities and the cities administration participate in weekly Operational Area conference calls, weekly calls with mayors, routine calls with school districts and higher education.

All strategies are continuously refined in real-time collaboration with stakeholders impacted. As examples, the Testing Network consists of existing community clinics, rather than stand-alone testing sites, in collaboration with the Coalition of Community Health Centers, because of their connection to the community. The County holds regular conference calls with various stakeholders to develop plans for safe re-opening. The County will continue to seek input for further development of these and future mitigation strategies.

Community engagement is being enhanced in Latino and Vietnamese communities, and as stated above, community clinics that serve those communities are included as a core part of the testing and care system, and serve as advisors to Public Health on access and messaging.

### Relationship to Surrounding Counties

At the date of writing, surrounding counties are experiencing increasing case rates. Orange County has the lowest case rate compared to surrounding counties, Los Angeles County, Riverside County, San Diego County and San Bernardino County. These counties, with the exception of Los Angeles County, are planning to increase the pace through Stage 2 of California's Roadmap within the coming days/weeks. Orange County public health officials are in communication with public officials from surrounding jurisdictions on a continual basis to discuss the situation and emergent issues. Orange County has a robust contact-tracing program that can meet the demand of increased regional and state travel.

### As described in this COVID-19 mitigation plan, the County of Orange will maintain adequate preparedness in the Following Areas:



#### Testing

- Adequate capacity to test priority groups and meet increased demand
- A testing positivity rate of <8%
- Equitable collection locations ensuring access for all residents



#### Case Investigation

- A robust workforce to conduct case investigation and contact tracing with ability to work with diverse populations
- Support isolation for individuals who may not have a safe way to isolate



#### Protecting the Vulnerable

- Capacity to respond to COVID-19 cases in congregate care facilities and other group settings
- Sufficient personal protective equipment (PPE) for congregate care facilities



#### Acute Care

- Hospitals are able to treat all patients with conventional care procedures



#### Essential Workers

- Guidance to protect health and safety of essential workers



#### Community Engagement

- Collaborate with cities and the community to support shared goals and outcomes



#### Relationship to Surrounding Counties

- Consider regional disease burden and resources in planning efforts

**Public Health Services Guidelines on LOOSENING Restrictions:**

1. Ability to treat all patients with conventional care protocols
2. Stable or declining disease prevalence for at least 14 days
3. Stable or declining case fatality rate for at least 14 days

**Public Health Services Guidelines on TIGHTENING Restrictions:**

1. Patient care requires shift to crisis care strategies
2. Significant sustained increase in disease prevalence over 7 days
3. Significant sustained increase in case fatality rate over 7 days
4. Increasing proportion of cases not linked to a source case over 7 days

It should be noted that California State Orders supersede County guidelines and, as such, the recommendations in this guide are contingent upon the State reopening – or at least initiating a sequence for modifying orders. If, and when, local or county discretion is permitted, it is anticipated that this Guide may help inform strategy and policy.

**Contributing Stakeholders to the OC Health Care Agency COVID-19 Mitigation Strategies Plan**

Orange County Board of Supervisors  
Hospital Association of Southern California and area hospitals  
Coalition of Orange County Community Health Centers and ember clinics  
University of California, Irvine  
UCI Health  
Orange County Department of Education and area schools  
California Conference of Local Health Officers  
County Health Executives Association of California  
California Department of Public Health  
City Mayors and City Managers  
CDPH – Licensing and Certification  
Health Officers Association of California

Orange County Continuum of Care and Shelter Providers  
Orange County Sheriff's Department  
Orange County Socials Services Agency  
Orange County Business Associations and local chambers  
Local Media  
Orange County Emergency Management  
Local Law Enforcement and Fire Authorities  
Local Labs  
Orange County Medical Association  
Skilled Nursing Facilities  
Nonprofits Social Service Providers  
Faith Organizations

For more information and resources, visit [www.ochalthinfo.com/novelcoronavirus](http://www.ochalthinfo.com/novelcoronavirus)



May 21, 2020

Nicole Quick, MD  
County Health Officer/Deputy Agency Director  
For Public Health Services  
Health Care Agency  
County of Orange  
405 W. 5th Street - Suite 720  
Santa Ana, CA 92701

Dear Dr. Quick:

**SUBJECT:** Support for Orange County Attestation

On behalf of Fountain Valley Regional Hospital and Medical Center, I am supportive of the County of Orange attestation pursuant to “Variance to Stage 2 of California’s Roadmap to Modify the Stay-At-Home Order”.

In addition to continuing to provide care to non-COVID-19 patients, this hospital remains prepared to accommodate a surge in COVID-19 cases. We are capable, adaptable and flexible to meet the demands of a surge event. No less important is the safety of our workforce and we have adequate personal protective equipment (PPE) and access to additional PPE in order to protect our employees and clinicians.

Going forward, we encourage the County of Orange to make every effort to work closely with the local hospital and provider community in our collective response to this generational pandemic and the array of challenges it presents to long-term health and welfare of all Orange County residents.

Sincerely,



Kenneth D. McFarland  
Chief Executive Officer



HOAG MEMORIAL HOSPITAL PRESBYTERIAN  
One Hoag Drive, PO Box 6100  
Newport Beach, CA 92658-6100

**Robert T. Braithwaite**  
President and Chief Executive Officer  
949/517-3141  
Fax: 949/764-5746  
Robert.Braithwaite@hoag.org

May 21, 2020

The Honorable Gavin Newsome  
Governor, State of California  
1303 10<sup>th</sup> Street, suite 1173  
Sacramento, CA 95814

SUBJECT: Hospital Support for Orange County Attestation

As part of Orange County's attestation form, Hoag Memorial Hospital Presbyterian ("Hoag") understands a 'Letter of Support' is needed from local hospitals.

As such, Hoag supports Orange County's attestation specific to the Hospital Capacity Readiness Criteria, which states that Hoag has adequate hospital capacity (surge capacity exceeding 35% above normal.) Additionally, Hoag has sufficient inventory of personal protective equipment to accommodate daily operations as well as a potential surge.

A handwritten signature in blue ink, appearing to read "Robert T. Braithwaite". The signature is fluid and cursive.

Robert T. Braithwaite  
President and CEO



**kpc**  
HEALTH  
GLOBAL MEDICAL CENTERS

May 21, 2020

The Honorable Gavin Newsom  
Governor, State of California  
1303 10<sup>th</sup> Street, Suite 1173  
Sacramento, CA 95814

**SUBJECT:** Hospital Support for Orange County Attestation

As part of Orange County's Attestation Form, KPC Health Global Medical Centers understands a 'Letter of Support' is needed from local hospitals.

As such, KPC Health Global Medical Centers supports Orange County's attestation specific to the Hospital Capacity Readiness Criteria, which states that our hospital system has adequate hospital capacity and surge plans in place to accommodate both standard health care as well as a potential surge.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kali P. Chaudhuri', written over a faint blue line.

Kali P. Chaudhuri, MD  
Founder and Chairman

1301 North Tustin Ave.  
Santa Ana, California 92705



**MICHELLE STEEL**  
CHAIRWOMAN, SECOND DISTRICT

ORANGE COUNTY HALL OF ADMINISTRATION  
333 W. SANTA ANA BLVD., P.O. BOX 687, SANTA ANA, CALIFORNIA 92702-0687  
PHONE (714) 834-3220 michelle.steel@ocgov.com

May 21, 2020

The Honorable Gavin Newsom  
Governor, State of California  
1303 10th Street, Suite 1173  
Sacramento, CA 95814

***Re: Orange County Board of Supervisors Support a Variance Attestation Form Relating to Stage 2 of California's Roadmap to Modify the Stay-At-Home Order***

Dear Governor Newsom:

Our Board convened on May 19, 2020, to discuss Orange County advancing through Stage 2 of the "State of California's Pandemic Roadmap." Upon review of the Public Health Officer's Variance Attestation Plan, the Orange County Board of Supervisors strongly supports accelerating through Stage 2, as the County has re-opening plans in place including development and implementation of employee and patron health and safety plans, all in accordance with the State's guidelines for respective industries. The Attestation clearly demonstrates that Orange County and its community meet the criteria outlined by California Department of Public Health on May 18, 2020. It features Orange County's plan for testing capacity, hospital surge capacity, workforce resources for expanded testing, containment capacity for testing and contact tracing, and provisions to protect and support vulnerable populations.

In conclusion, the Orange County Board of Supervisors has determined that Orange County meets the minimum readiness standards and fully supports our Public Health Officer's Variance Attestation. We welcome the opportunity to continue working together to monitor and respond to this unprecedented pandemic. Orange County is committed to working with the State to safely re-open the economy.

Respectfully,

Michelle Steel, Chairwoman  
Orange County Board of Supervisors



May 21, 2020

The Honorable Gavin Newsom  
Governor, State of California  
1303 10<sup>th</sup> Street, Suite 1173  
Sacramento, CA 95814

**SUBJECT:** Hospital Support for Orange County Attestation

As part of Orange County's Attestation Form, MemorialCare Orange Coast Medical Center and MemorialCare Saddleback Medical Center understands a 'Letter of Support' is needed from local hospitals.

As such, MemorialCare Orange Coast Medical Center and Memorial Care Saddleback Medical Center supports Orange County's attestation specific to the Hospital Capacity Readiness Criteria, which states that this hospital has adequate hospital capacity and surge plans in plans to accommodate both standard health care as well as a potential surge.

Sincerely,

A handwritten signature in blue ink that reads 'M Manker'.

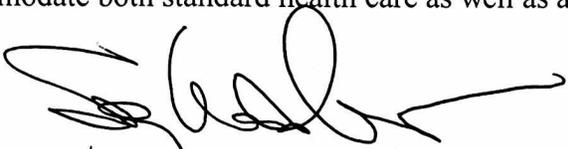
Marcia Manker, Chief Executive Officer  
Orange County Region

May 21, 2020

The Honorable Gavin Newsom  
Governor, State of California  
1303 10<sup>th</sup> Street, Suite 1173  
Sacramento, CA 95814

**SUBJECT:** Surge Capacity Attestation

St. Jude Medical Center, Fullerton, CA attests that this hospital has adequate hospital capacity and surge plans to accommodate both standard health care as well as a potential surge.

A handwritten signature in black ink, appearing to read 'Erik G. Wexler', written over a horizontal line.

Erik G. Wexler  
Chief Executive, Providence St. Joseph Health Southern California

cc: Brian Helleland, Chief Executive, St. Jude Medical Center