

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

COVID-19 VARIANCE ATTESTATION FORM

FOR Riverside County



May 18, 2020

Background

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

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

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

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

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

Local Variance

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

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

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

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

County Name: Riverside County

County Contact: Cameron Kaiser, MD, MPH, FAAFP

Public Phone Number: 951-358-5000

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

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.

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.

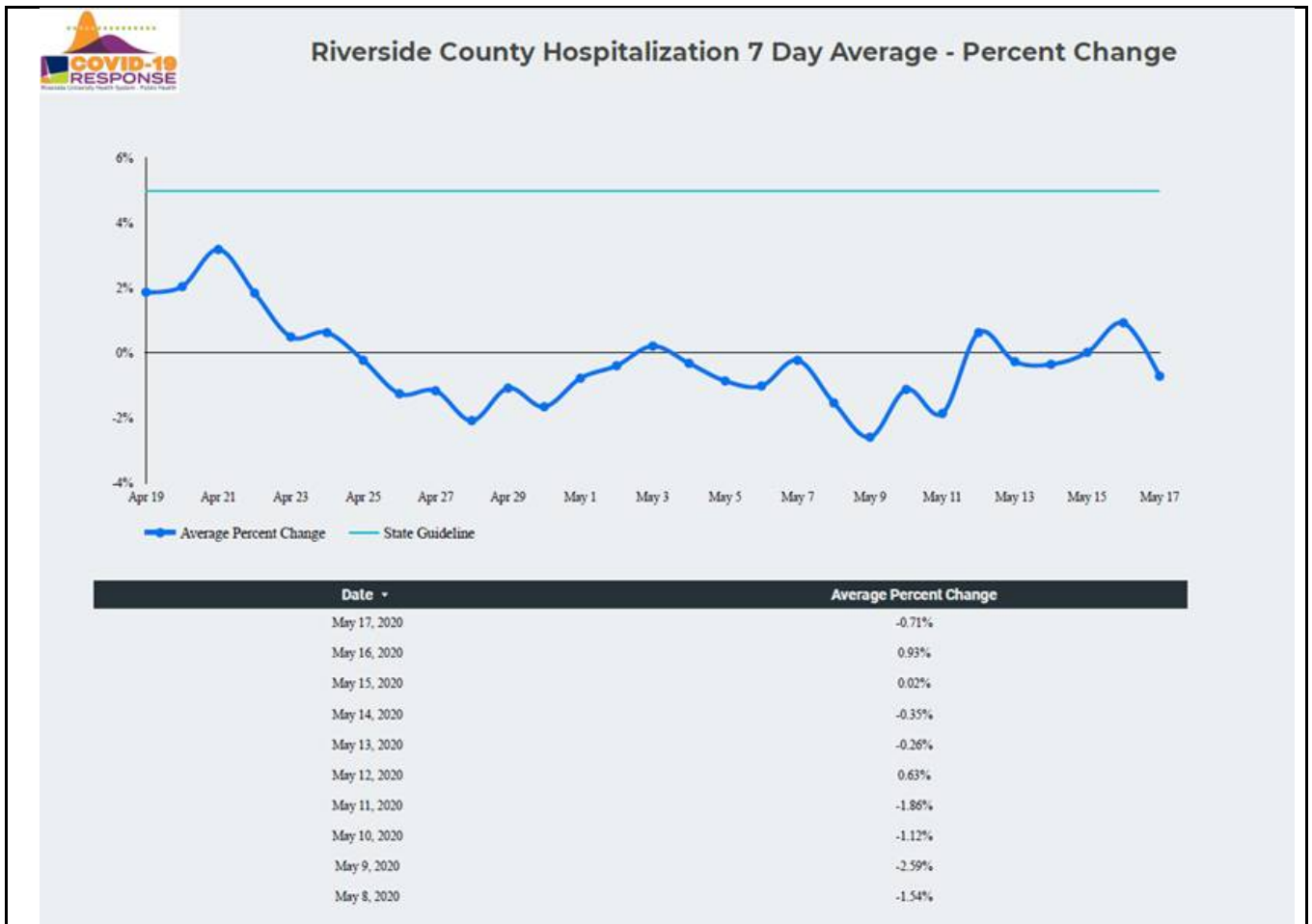
It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions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

As demonstrated below, based on the 7-day average of daily percent change for total number of hospitalizations confirmed with COVID, Riverside County remains well below 5%, meeting the State criteria.



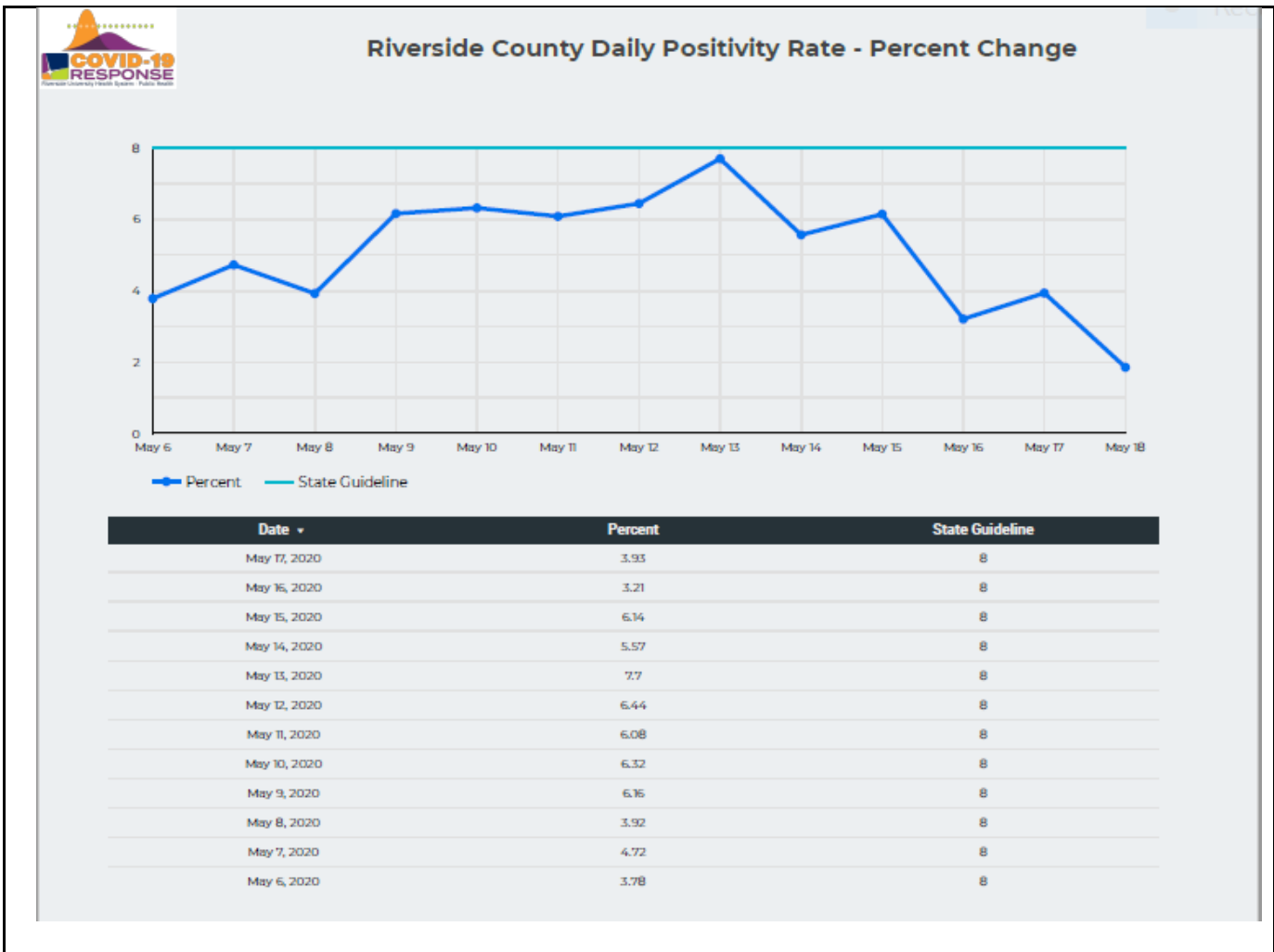
- o 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

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.

As demonstrated below, based on testing positivity rate over the past 7 days, Riverside County remains below 8%, meeting the State criteria.



- 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).

Riverside County is developing guidance and procuring resources to ensure the safety of Stage 1 essential critical infrastructure workers. Guidance includes information on how to structure the physical environment, PPE recommendations and infection control best practices for exposed and ill workers. Riverside County is leveraging an Economic Recovery Task Force (ERTF) to engage business sectors and determine needs for guidance and PPE. The ERTF will assist with the distribution of sector-specific guidance developed by the state for COVID-19 response. As part of the planning process for reopening, Riverside County is developing an online assessment for businesses to determine the needs for additional guidance and PPE and to educate business owners on the process to seek assistance from the county.

(See Protocol for Essential Workers document, attached.)

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

Outside of medical and health facilities, the ERTF will assess sector-by-sector readiness levels and equipment needs to ensure employee and customer protection appropriate to the business sector. Some supplies have been provided to agricultural workers, as well as correctional facility staff and inmates. Medical and health facilities submit requests through the MHOAC when they are unable to procure supplies from vendors. The Emergency Management Department (EMD) maintains an inventory of PPE and has established a dashboard (see figure 6 in attachment) to assure accurate real time tracking of PPE inventory and processes supported by the EOC logistics section to continuously find and procure needed equipment.

- **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.

Riverside County currently leads large jurisdictions in testing per capita. For the county, with an estimated population of 2.5 million, a total capacity of approximately 3,750 daily PCR tests would be required. The county currently has an estimated daily capacity of 3,956 PCR tests, with plans to increase capacity by opening 2 additional locations in the near future. These additional sites would increase the capacity to 4,256 PCR tests.

The current average daily testing volume for the past 7 days for all test sites combined is 2,506. The lower testing volume is potentially due to lowering demand for testing from the worried well, the community waiting for antibody testing, testing anxiety, and individual concerns around contact tracing if test results are positive. The County is working on streamlining site access and considering alternative locations to ensure that unmet demand for testing is being satisfied.

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

The county has achieved this metric and can do so with county-operated or county-affiliated sites alone. Current testing site information is listed below with an additional 153 private testing sites and 32 urgent cares.

TYPE	SITE NAME	ADDRESS	CITY	ZIP
County Drive-Through	Diamond Stadium	500 Diamond Dr.	Lake Elsinore	92530
County Drive-Through	Indio Fairgrounds	46350 Arabia St.	Indio	92201
County Drive-Through	Harvest	6115 Arlington Ave.	Riverside	92504
County Drive-Through	Southern California Fairgrounds	18700 Lake Perris Dr.	Perris	92571
State Run	Mead Valley Community Center	21091 Rider Street	Perris	92570
State Run	Nellie Weaver Hall	3737 Crest View	Norco	92860
State Run	Moses Schaffer Community Center	21565 Steele Peak	Perris	92570
State Run	Mecca Boys and Girls Club	91391 66th Ave.	Mecca	92254
State Run	Henry V. Lozano Community Center	12-800 W. Arroyo	Desert Hot Springs	92240
State Run	Noble Creek Community Center	390 W. Oak Valley Parkway	Beaumont	92223
State Run	Jurupa Valley Fleet Center	5293 Mission Blvd.	Jurupa Valley	92509
State Run	Valle Vista Community Center	43935 E. Acacia Ave.	Hemet	92544
Hospital	RUHS Moreno Valley Community Health Center	23520 Cactus Ave	Moreno Valley	92553
Hospital	Corona Regional Medical Center	800 S Main St,	Corona	92882
Hospital	Loma Linda University Medical Center	11234 Anderson St.	Loma Linda	92354
Hospital	Kaiser Permanente Moreno Valley Medical Center	27300 Iris Ave	Moreno Valley	92555
Hospital	Kaiser Permanente Riverside Medical Center	10800 Magnolia Ave	Riverside	92505
Hospital	Riverside Medical Clinic	33040 Antelope Road Suite 113	Murrieta	92563
Hospital	Riverside Medical Clinic	12742 Limonite Ave.	Eastvale	92880

Hospital	Riverside Medical Clinic	19314 Jesse Lane Suite 100	Riverside	92508
Hospital	Riverside Medical Clinic	7117 Brockton Ave.	Riverside	92506
Hospital	Riverside Medical Clinic	6250 Clay St.	Riverside	92509
Hospital	Riverside Medical Clinic	21634 Retreat Parkway	Temescal Valley	92883
Hospital	Riverside Medical Clinic	6405 Day St.	Riverside	92507
Hospital	Rancho Springs	25500 Medical Center Dr,	Murrieta	92562
Hospital	San Gorgonio Memorial	600 N Highland Springs Ave,	Banning	92220
Hospital	Temecula Valley	31700 Temecula Pkwy	Temecula	92592
Hospital	Desert Regional	1150 N Indian Canyon Dr,	Palm Springs	92262
Hospital	Eisenhower	39000 Bob Hope Dr, , CA	Rancho Mirage	92270
Hospital	Hemet Valley	1117 E Devonshire Ave	Hemet	92543
Hospital	Inland Valley	36485 Inland Valley Drive	Wildomar	92595
Hospital	JFK Memorial	47111 Monroe St,	Indio	92201
Hospital	Menifee Valley	28400 McCall Blvd	Menifee	92585
Hospital	Palo Verde	250 N 1st St,	Blythe	92225
Hospital	Parkview Community	3865 Jackson St,	Riverside	92503
Hospital	Riverside Community	4445 Magnolia Ave	Riverside	92501

- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact covCommunitySurveillance@cdph.ca.gov for any guidance in setting up such systems in their county.]
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The Riverside County surveillance plan includes monitoring of cases, hospitalizations, deaths, and syndromic surveillance of ILI (Influenza Like Illness) and COVID-19. Cases are monitored through CalREDIE, and reported daily on the COVID-19 website and disseminated to County stakeholders. Hospitalizations and ICU numbers are reported daily from every hospital in the County through our Emergency Medical Services Agency. Deaths are reported and tracked through CalREDIE and death certificate reports via our connection with the Sheriff-Coroner. Syndromic surveillance of ILI and COVID-19 symptoms will also be monitored daily. Riverside County will have 2,500 tests available for daily testing, within our hospital system and 16 community testing sites (8 State sites, 4 County drive-up sites, and 4 County walk-up sites) with a capacity to test 4,256 per day. All lab testing is reported automatically or manually into the CalREDIE database. As this is a state-wide system, the state will automatically have results for testing and results through this database. These systems are already in place in Riverside County. Reports of lab testing by day can be found on the county webpage.

- **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).

The current 14-day rolling average for the period from May 4 to May 17 is 120 cases per day. Based on the current estimated time to notify, answer questions, perform interviews and complete documentation, the county will need between 200 and 300 full-time contact tracers for the present daily caseload; 375 contact tracers will be required to meet the requirement of 15 contact tracers per 100,000 population. The county currently has 80 full-time contact tracers. Recruitment efforts include a specific volunteer section on the Public Health website and recruitment announcement posting, which yielded a response of over 400 applicants currently being processed through our human resources department. In addition to new recruitments, the County is currently redirecting staff members presently working from home and those in job transition at other county departments through training to bring them online to perform contact tracing duties within the next week. Full complement of staffing to meet the state requirement of 375 is expected by the end of June. Cultural appropriateness and diversity requirements are met through the County's standard hiring practices.

Currently, all contact tracing is conducted through CalREDIE. However, the County looks forward to participate as an early adopter / pilot for the State contact tracing platform in the next few weeks and has already had the pilot call.

- 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's most recent Point-In-Time count of homeless individuals is 2,884, meaning a minimum number of 433 housing units must be available to meet the 15% requirement. Through existing contracts in place with Project Roomkey, the county has at least 1,503 units available for occupancy with 418 individuals currently placed, meeting the current metrics. There are two additional motels (one in the east county and one in the west county) with six rooms each. These designated motel rooms have exterior entrances with no shared air, window air conditioning units, and no indoor corridors ideal for accommodating any additional need for quarantine and isolation for individuals who are experiencing homelessness or are unable to properly isolate. The County has four year-round specialized emergency shelters available with a capacity of 199 total beds, serving special needs groups such as youth, farmworkers and domestic violence victims.

- **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.

Riverside County has sufficient hospital capacity, including Intensive Care Unit (ICU) beds and ventilators, and adequate PPE to handle standard healthcare needs, current COVID-19 cases, and a potential surge due to COVID-19. Riverside County has reviewed and updated the county's surge plan to apply it for the COVID-19 response. As part of those efforts, five stages of surge were developed, including enhanced screening, triage and split flow, inpatient cohorting, surge within licensed hospital space and massive surge. Below is an overview of each stage:

Phase 1: Enhanced Screening

- Patients screened for COVID-19 by medics in the field, prior to transfer to a general acute care hospital, federal medical station, alternate care site or large capacity sub-acute care locations.
- Patients presenting at hospitals will be screened for COVID-19 inside medical tents outside the facility, prior to being admitted for treatment.
- Triggers to move to Phase 2:
 - Requesting waivers from CDPH/Licensing and Certification
 - Patient through-put above or projected to be above baseline
 - Partial activation of the hospital's emergency operations plan

Phase 2: Triage and Split Flow (Community Spread)

- Facilities will triage and split symptomatic and asymptomatic patients via dual pathways of care, to limit patient and employee exposure.
- Triggers to move to Phase 3: Inpatient Cohorting
 - o Hospital emergency operations plan activated
 - o Requires resources outside of the health care facility
 - o Requires assistance from MHOAC program
 - o Modified or compromised services
 - o Requires external assistance and resources to manage the event

Phase 3: Inpatient Cohorting

- Hospitals will expand capacity by cohorting patients in ICU, Telemetry/Medical/Surgical, etc. based on diagnosis to increase bed capacity.
- Triggers to move to Phase 4: Surge within hospital licensed space:
 - o Compromised services
 - o Requires external assistance and resources to manage the event

Phase 4: Surge within Hospital Licensed Space

- 17 hospitals within Riverside County will begin implementing facility-based surge plans attempting the following goals:
 - o Increasing ICU capacity by approximately 400 percent
 - o Expand the Telemetry/Medical/Surgical growth on hospital campus by converting non-patient care or ambulatory care areas into Telemetry/Medical units
 - o Utilization of tents for increase triage and assessment capabilities
- Hospital will convert existing licensed facility beds to increase their capacity. The following areas will be converted into Medical Surge beds or ICU beds:
 - o Post-anesthesia care unit
 - o Medical stepdown
 - o Telemetry
 - o Labor and delivery
 - o Waiting rooms
- Triggers to move to Phase 5 Massive Surge:
 - o Compromised services
 - o Requires external assistance and resources to manage the event
 - o Facility may not accept additional patients

Phase 5: Massive Surge

- Hospitals utilizing the following areas to expand resources and bed capacity:
 - o Medical office buildings
 - o Ambulatory surgery centers
 - o Education buildings
 - o Additional shell space
 - o Gym
 - o Cafeterias
- Utilization of medical tents for triage and assessment capabilities
- Utilization of a federal medical station to expand capacity
- Convert ambulatory care sites to non-critical hospital care

Based on these planning efforts, our hospitals are prepared to surge by considerably more than 35 percent. The overall licensed bed capacity in Riverside County is 3,560 and 385 licensed ICU beds. After implementing strategies outlined in Phases 1 through 5, hospitals can potentially add an additional 2,464 beds (69%) and an additional 716 ICU beds (186%). Riverside County has 661 ventilators currently in hospitals' inventories,

with the ability to add another 279 from the county's medical/health warehouse and another 30 more are currently in the purchasing process. This surge capacity can be implemented without altering the standards of patient care. The Emergency Management Department tracks hospital bed use and capacity, ICU bed use and capacity and ventilator use and availability. All hospitals are polled and the information is collected into data reporting tools or dashboards. These dashboards are monitored and analyzed 24/7 by the Riverside County EMS Agency (REMSA), MHOAC program and the county emergency operations center (EOC) management team. REMSA maintains a 24/7 MHOAC duty officer program for immediate communication with hospitals and initiates support actions as needed.

- 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 ability to protect the hospital workforce with sufficient PPE is critical to ensuring staff are confident in their ability to safely work in a potential COVID-19 environment. The MHOAC program has established a resource requesting process that can be accessed by all hospitals that cannot procure adequate supplies of PPE. The MHOAC has a duty officer that is available to receive resource requests from healthcare facilities 24/7, including a dedicated phone line and email address. EMD maintains an inventory of PPE to support healthcare facilities and first responders. EMD established a dashboard (see figure 6 in attachment) to assure accurate real time tracking of PPE inventory and processes supported by the EOC logistics section to continuously find and procure needed equipment.

- **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.

The SNF Outreach and Support (SOS) conducts bi-weekly visits or based on need. SOS teams provide PPE and conduct training on appropriate donning and doffing of PPE, provide strategies for proper care and reuse of PPE, provide information on COVID-19 best practices for containment and processes for resource ordering and disease control investigations, and assess supply chain and operational needs. The Department of Public Health webpage also provides a specific tool-kit for skilled nursing and long-term care facilities that includes recommendations and guidance on handwashing, face-covering, handling COVID-19 positive patients and other resources. This information can be found at <https://rivcoph.org/coronavirus>.

- Riverside County communicates regularly with the Riverside CDPH District Office to discuss issues regarding COVID-19 patients, transfers, PPE, and other related issues.

- By June 2020, Riverside County will develop a COVID-19 Outbreak Control Plan in consultation with CDPH district offices and in partnership with leadership from skilled nursing and long-term care facilities and the local health system. The plan will include sections on targeted testing and patient cohorting plans, infection control precautions, access to PPE, staffing shortage contingency plans and facility communication plans. The plan will also describe how the SOS team already engages with local facilities, the sharing of best practices and urgent matters related to the facilities.
- In addition to the SOS team, Riverside County already has developed a SNF dashboard that is updated daily with information on testing and results for staff and patients.
- A multidisciplinary team meets weekly to discuss current incidence of COVID-19 in SNFs and other COVID-19 related issues.
- Riverside County currently participates on CDPH Center for Health Care Quality Skilled Nursing Facility Infection Prevention calls.
- Riverside County shares CDPH guidelines with SNFs and long-term care facilities.
- Riverside County already has a COVID-19 protocol for discharging COVID-19 positive patients from hospitals to SNFs.

- 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.

Riverside County Emergency Management Department monitors daily polling results of all 53 Skilled Nursing Facilities conducted by the California Department of Public Health. Each facility reports resource requests and staff needs, and the MHOAC duty officer evaluates current PPE inventory and PPE burn rates to better predict future demand. SNFs also receive a video explaining MHOAC ordering process in detail. SNFs utilize external vendors for PPE, after SNF's exhaust their normal channels of PPE, they submit requests through Riverside County MHOAC. Additionally, 50 of the 53 SNFs are anticipating two FEMA shipments for a combined total of 14 days' worth of PPE. The first seven-day supply is expected to begin the first week of May and the additional seven-day supply will begin in early June.

Facility Name and Contact information:			
LIFE CARE CENTER OF MENIFEE		Sun City	
CHERRY VALLEY HEALTHCARE		Banning	
MIRAVILLA CARE CENTER		Cherry Valley	
VALENCIA GARDENS HEALTH CARE CENTER	-	Riverside	
RIVERSIDE POST ACUTE CARE	-	Riverside	
DESERT SPRINGS HEALTHCARE & WELLNESS CENTRE	-	Indio	
HIGHLAND SPRINGS CARE CENTER		Beaumont	
CYPRESS GARDENS CARE CENTER		Riverside	
MANORCARE HEALTH SERVICES-Hemet		Hemet	
RAMONA REHABILITATION AND POST ACUTE CARE CENTER		Hemet	

CENTINELA GRAND Inc.	-	Perris
THE SPRINGS HEALTHCARE CENTER		Murrieta
CALIFORNIA NURSING & REHABILITATION CENTER		Palm Springs
MONTEREY PALMS HEALTH CARE CENTER		Palm Desert
PALM GROVE HEALTHCARE		Beaumont
BLYTHE POST ACUTE LLC		Blythe
VILLA HEALTH CARE CENTER		Riverside
RIVERWALK POST ACUTE	-	Riverside
PALM TERRACE CARE CENTER		Riverside
MEADOWBROOK HEALTH CARE CENTER		Hemet
ALTA VISTA HEALTHCARE & WELLNESS CENTRE		Riverside
AFVW HEALTH CENTER		Riverside
ARLINGTON GARDENS CARE CENTER		Riverside
ENCOMPASS HEALTHCARE REHABILITATION HOSPITAL OF MURRIETA		Murrieta
THE SPRINGS AT THE CARLOTTA		Palm Desert
MANORCARE HEALTH SERVICES-PALM DESERT		Palm Desert
DESERT REGIONAL MEDICAL CENTER D/P SNF		Palm Springs
PALM SPRINGS HEALTHCARE & REHABILITATION CENTER		Palm Springs
PREMIER CARE CENTER FOR PALM SPRINGS		Palm Springs
MURRIETA HEALTH AND REHABILITATION CENTER		Murrieta
BROOKDALE RANCHO MIRAGE		Rancho Mirage
RANCHO MIRAGE HEALTH AND REHABILITATION CENTER		Rancho Mirage
INDIO NURSING AND REHABILITATION CENTER		Indio
THE VILLAGE HEALTHCARE CENTER		Hemet
SAN JACINTO HEALTH CARE	-	Hemet
COMMUNITY CARE AND REHABILITATION CENTER		Riverside
COMMUNITY CARE ON PALM		Riverside
HEMET VALLEY MEDICAL CENTER D/P SNF	-	Hemet
EXTENDED CARE HOSPITAL OF RIVERSIDE	-	Riverside
JURUPA HILLS POST ACUTE	-	Riverside
MAGNOLIA REHABILITATION & NURSING CENTER		Riverside
MISSION CARE CENTER		Riverside
HEMET VALLEY HEALTHCARE CENTER		Hemet
RIVERSIDE BEHAVIORAL HEALTHCARE CENTER		Riverside
RIVERSIDE HEIGHTS HEALTHCARE CENTER, LLC		Riverside
DEVONSHIRE CARE CENTER		Hemet
CORONA REGIONAL MEDICAL CENTER D/P SNF		Corona
THE GROVE CARE AND WELLNESS	-	Riverside
CORONA POST ACUTE CENTER	-	Corona
CORONA HEALTH CARE CENTER	-	Corona

VISTA PACIFICA CENTER		Riverside
VISTA PACIFICA CONVALESCENT HOSPITAL		Riverside
THE BRADLEY GARDENS		San Jacinto
BANNING HEALTHCARE		Banning

- 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.

Riverside County's reopening plan aligns with State sector-specific guidance with inclusion of local specifications when referenced in State guidance.

On May 8, 2020 early Stage 2 retail (curbside and delivery only), manufacturing, and related logistics were allowed to resume operations in Riverside County in accordance with State guidelines. Following attestation, businesses within accelerated Stage 2 will be permitted to reopen if they have implemented appropriate health and safety measures in accordance with an appropriate facility-specific reopening plan. These businesses include:

- Retail/Office
- Dine-in restaurants
- Childcare

Through existing community networks, Riverside County staff will share County and State sector-specific guidelines for reopening. Reopening of Stage 2 businesses is contingent upon their readiness to implement and comply with sector-specific guidance.

Riverside County will continue to develop and disseminate additional sector-specific guidance to enable safe Stage 2 reopening. Stage 2 guidance is subject to updates by Riverside County, CDPH, and other local, state, and federal agencies. The latest guidance will always be available on the Riverside County COVID-19 or State webpage.

- 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.

To rapidly identify the need to slow down or reverse course for accelerating through stage 2, the following metrics will be monitored:

1. Seven-day moving average of new cases increases for more than three consecutive days.
2. Positivity rate of tests (three-day moving average) exceeds 10 percent for more than three consecutive days.
3. Regionally, hospitals have exceeded their licensed bed capacity, have implemented their surge plans, and the need for hospital or ICU beds is increasing.

If one or more of the metrics is triggered, the County will notify the state Public Health Officer or chief deputy director. The MHOAC Duty Officer will also notify the CDPH and Emergency Medical Services Authority (EMSA) Duty Officers.

- **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.

The Riverside County COVID-19 containment plan will be developed in conjunction with hospitals, health care system, and other County stakeholders including the Board of Supervisors.

The plan will address the following in detail :

- Testing
- Contact Tracing
- Congregate Settings
- Protecting the Vulnerable
- Acute Care Surge
- Essential Workers

A draft plan will be ready by 5/30/2020.

See below for expanded information.

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?

Riverside County is planning on increasing testing by adding four additional testing sites in the near future. The average percentage of positive tests over the past 7 days is declining. Specimen collection locations have been identified to fit the needs of all county residents to ensure access within 30-minute drive time of a test site in urban areas or 60-minute drive time in rural areas. In addition to the Public Health Laboratory, we have contracts with LabCorp and currently are in negotiation with Mako with plans for operation in the next few days for expanded processing. We have a relationship established through the State with OPTUMServe and Verily for additional collection and testing. For further details, please see figure 5 of the attached County of Riverside Readiness and Reopening Framework.

Riverside County's surveillance plan will include monitoring of cases, hospitalizations, deaths, and syndromic surveillance of ILI (Influenza Like Illness) and COVID-19. Cases are monitored through the CalREDIE system and reported each afternoon on the COVID-19 website and to County stakeholders. Hospitalizations and ICU numbers are reported daily from every hospital in the County through our Emergency Medical Services Department. Deaths are reported and tracked through CalREDIE and death certificate reports via our connection with the Sheriff-Coroner. Syndromic surveillance of ILI and COVID-19 symptoms will also be monitored daily. Riverside County is planning on having 2,500 tests available every day within our hospital systems and 16 community testing sites (8 State sites, 4 County drive-up sites, and 4 County walk-up sites) with a capacity to test 4,256 per day. All lab testing is reported automatically or manually into the CalREDIE database. As this is a state-wide system, the state will automatically have results for testing and results through this database. These systems are already in place in Riverside County. Reports of lab testing by day can currently be found on our County website.

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?

Riverside County will require 375 contact tracers to meet the requirement of 15 contact tracers per 100,000 population. The county currently has 80 full-time contact tracers and is actively adding 300 additional full-time employees for contact tracing. In addition to new recruitments, the County is currently redirecting staff members presently working from home and those in job transition at other county departments through training to bring them online to perform contact tracing duties within the next week. Full complement of staffing to meet the state requirement of 375 is expected by the end of June. The staffing requirements of community racial, ethnic and linguistic diversity are already reflected in the County's standard hiring practices and current contact tracers.

The county's most recent Point-In-Time count of homeless individuals is 2,884. A minimum of 433 housing units need to be available to meet the 15% requirement. Through existing contracts in place, the county has at least 1,503 units available for occupancy, which allows for support for low-income individuals who may not have a safe way to isolate or who have significant economic challenges as a result of isolation.

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?

There are 53 Skilled Nursing Facilities and 840 Residential Care Facilities in Riverside County. To date there are a total of 493 confirmed positive patients and 250 confirmed positive staff among the Skilled Nursing Facilities. All facilities have the ability to quarantine individuals who have been exposed or are at risk for COVID. Depending on facility type, facilities implement isolation either on an individual basis or through cohorting. Facilities do not have the capacity for regular testing on-site. When the SOS team visits, they identify at-risk patients and staff and deploy the Testing Task Force to test pre-identified staff and residents. The public health webpage provides detailed tool-kits specifically created for skilled nursing / long-term care facilities to provide recommendations and guidance on handwashing, face-covering, handling COVID positive patients and other resources. This information can be found at <https://rivcoph.org/coronavirus>. SNF are polled regularly by EMD for PPE, supply and staffing needs. The MHOAC duty officer is available to receive resource requests from healthcare facilities 24/7.

There are four adult county correctional facilities and three juvenile facilities which currently house approximately 3,300 adults and 145 youth throughout Riverside County. There is a total of 192 COVID-19 confirmed cases with 2 deaths and 134 recovered inmates. These facilities have the ability to safely quarantine individuals. Those who require isolation are safely isolated in the Smith Correctional Facility. Testing at correctional facilities is supported by the county through the existing infirmary clinic staff and inmates can also be tested through contracted medical providers. The county correctional health system has sufficient internal capacity for outbreak investigation and can be supplemented by the county public health laboratory for high priority samples. The

public health webpage provides tool-kits specifically created for correctional/ juvenile hall facilities to provide recommendations and guidance on handwashing, face-covering and outbreak management. This information can be found at <https://rivcoph.org/coronavirus>. Each correctional facility has a designated infection control team of comprised of an infection control specialist and a lead investigator through the facility infirmary clinic. This team is supported by the Department of Public Health and is in constant communication with the Disease Control Director of Public Health as well as the Chief Medical Officer for tracking of COVID case rates and identification of possible cases. At risk staff are monitored closely through the special investigations unit at the EOC and provided additional guidance. PPE and additional resources are provided through the EOC for correctional facilities

There are five homeless shelters with a total of 531 beds throughout Riverside County with capacity for isolation and quarantine. If additional isolation beds are needed and additional space for quarantine is needed, individuals are evaluated based on over-crowding, individuals at risk in the house-hold or other pertaining criteria and referred to county-designated motels as part of Project Roomkey. There is currently no present need for regular testing at homeless shelters, although the capacity exists to do so if needed, as most individuals are tested in hospitals while seeking care for other needs. . The public health webpage provides tool-kits specifically created for homeless shelters to provide recommendations and guidance on handwashing, face-covering, outbreak and assessment tools. This information can be found at <https://rivcoph.org/coronavirus>. PPE and additional resources are also provided as needed through the MHOAC system.

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.)?

Resources and interventions supporting vulnerable populations and addressing inequities in Riverside County are provided through the EOC Mass Care & Shelter unit, focusing on monitoring community need, stabilizing the community food system, ensuring access to social service programs and ensuring the safety of the homeless population (sheltered and unsheltered).

Older community members, people with disabilities and those with underlying health conditions who are living in their own homes receive assistance from the EOC Mass Care & Shelter unit. Mass Care & Shelter in collaboration with Adult Protective Services, Office on Aging, Health Plans, and Habitat for Humanity, The Salvation Army and In Home Support Services provide support for case management, training for staff providing care for at-risk clients and evaluation of individuals at risk for COVID-19.

Currently, expansion of testing sites are focused on easy access locations for older Californians and those with disabilities through Senior Centers and communities.

The Great Plates Delivered Programs in partnership with over 300 participating restaurants countywide provide 3 meals daily to older Californians, individuals with disabilities and those at high risk. A public digital food system map app provides locations,

hours and services of local food banks, food pantries and senior meal sites for convenience. Mobile markets across the county have addressed hard to access areas. Starting May 20, the Farm to Family food box program will begin delivering additional meals to vulnerable populations. Mass care provides procurement of food and non-food items, donations, referral services and technical assistance at 270 locations.

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?

Daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity are all done through the daily polling and dashboard monitored by the Emergency Management Department. Currently hospitals are relying on their identified vendors as their main supply chain with additional support from MHOAC. Hospitals are testing patients prior to admission. In compliance with CalOSHA, all hospitals have a plan for tracking and addressing occupational exposures.

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?

Specific guidance and protocol is provided by the Department of Public Health to essential businesses to ensure employee and customer safety. The document provides specifics on Exposed-Asymptomatic, Exposed-Symptomatic and Positive COVID-19 testing (see document attached). Essential workplaces utilize private vendors and adapt PPE for specific needs such as food services. Essential workplaces are provided with an expedited nurse line and expedited testing through the Department of Public Health. The Department also provides guidance and support for quarantine and isolation. If individuals require additional support due to their particular circumstances, an assessment is conducted to facilitate meeting their additional needs.

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?

Special attention is being paid to the agricultural community and farmworkers, who are a historically disadvantaged population with substantial access issues due to their remote location and socioeconomic challenges. These issues are worsened by structural problems such as cramped transportation and lack of hygiene in the field, both of which can increase this population's morbidity from COVID-19. Currently toolkits and plans are being developed to address specific needs in this population, essential supplies are periodically distributed, and surveillance testing targeting this group is being conducted in the region by the County and other community partners.

The County's business mix is more oriented towards logistics, light industry and agriculture. However, the County itself is the largest employer within Riverside County, and County Human Resources and the Executive Office have maximized the use of telework in as many departments as possible to reduce exposure potential.

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?

Riverside County has conducted regular briefings with city leaders and city emergency managers since early in the pandemic and continues to do so. The Riverside County Economic Recovery Task Force (ERTF) includes representatives from the Riverside Convention and Bureau/BIA, Greater Coachella Valley Chamber of Commerce, Coachella Valley Association of Governments (CVAG), Coachella Valley Economic Partnership, Corona Chamber, Greater Palm Springs Convention and Visitors Bureau, Inland Empire Community Foundation, Inland Empire Economic Partnership, Inland Empire Labor Council AFL-CIO – UDW 3930, Lake Elsinore Chamber of Commerce, Moreno Valley Chamber, Murrieta/Wildomar Chamber, Riverside Chamber, Riverside County Farm Bureau, Temecula Chamber, Tribal Representative, Visit Temecula Valley, Western Riverside Council of Governments (WRCOG), Wine Growers Association and the Workforce Development Board.

The Riverside County ERTF draws upon the local business expertise and network resources of chambers of commerce, tourism bureaus, labor groups, and a wide range of industries. The ERTF supports Riverside County businesses to reopen during the acceleration through Stage 2. With a shared responsibility for a safe and responsible approach to reopening, the task force will consider and provide additional guidance for businesses to reopen. The ERTF will also assess sector-level readiness and appropriateness to employee and customer protection.

All community engagement activities are reflective and inclusive of the cultural, ethnic and linguistic diversity of the community.

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?

Most of the neighboring Counties are either experiencing stable or decreasing case rates based on the most recent data available publicly. San Bernardino County, Orange County and San Diego County all plan to increase pace through Stage 2, and coordination, sharing of plans and regular strategic communication occur daily. Southern California counties have a long history of coordinating case investigations and contact tracing over jurisdictional boundaries, and existing infrastructure and procedures already provide the framework for collaborating on cases and exposures that may straddle county lines.

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

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

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

I, Cameron Kaiser, hereby attest that I am duly authorized to sign and act on behalf of the County of Riverside. I certify that the County of Riverside 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 County of Riverside, 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 Cameron Kaiser, MD, MPH, FAAFP

Signature 

Position/Title Public Health Officer

Date 5/22/2020

County of Riverside

Readiness and Reopening Framework



MAY 12, 2020

Project Collaboration

Riverside County Board of Supervisors

V. Manuel Perez, Chair, Fourth District
Karen Spiegel, Vice Chair, Second District
Kevin Jeffries, First District
Chuck Washington, Third District
Jeff Hewitt, Fifth District

Riverside County Staff Team

Recommended By

George Johnson, County Executive Officer
Lisa Brandl, Chief Operating Officer

Development Team

Zareh Sarrafian, Assistant CEO – Health System
Juan C. Perez, Assistant CEO – Public Works, Land Use & Environment
Kim Saruwatari, Public Health Director
Dr. Cameron Kaiser, Public Health Officer
Suzanne Holland, Economic Development Director

Review Team

Jeff Van Wagenen, Assistant CEO – Public Safety
Bruce Barton, Emergency Management Director
Brooke Federico, Public Information Officer

Executive Summary

The coronavirus (COVID-19) pandemic created unprecedented challenges to our society, public health and medical care systems and our economy. Riverside County has been at the forefront of the pandemic response efforts, working closely with numerous partners including the state, Riverside County cities, hospitals and health care facilities, schools, nonprofits and whole community stakeholders.

Our residents and businesses continue to make tremendous sacrifices to do their part to contain the spread of this pandemic and slow the spread of the disease. Residents continue to keep social distance and scores of local businesses remain closed. Of those businesses that remain open, operations are significantly altered to abide by state and local orders.

Through these sacrifices, and the extraordinary work from the county to increase response capabilities, we have made great strides in flattening the curve. The county leads in overall testing capacity in comparison to other urban counties, having tested nearly three percent of our population and counting. The county developed a significant and comprehensive healthcare surge plan to ensure that patients receive the appropriate level of care they need from one of our 17 acute care hospitals, 53 skilled nursing facilities or alternate care sites. In addition, the county has paid special attention to congregate care sites, as demonstrated through the creation of our skilled nursing facility outreach and support (SOS) teams. As a result of these tremendous efforts, the county is now in a position to focus on Readiness and Reopening Framework.

The Readiness and Reopening Framework recognizes that we must engage with the state and other neighboring Southern Californian counties to develop public health and safety criteria applicable to large and diverse urban counties. Riverside County, with a population nearing 2.5 million, is the fourth most populous county in California spanning 7,300 square miles.

This Readiness and Reopening Framework provides a path to reopen our economy with the proper health and safety measures in place. Recognizing that the health and wellbeing of our society is vital to developing and supporting thriving communities, dynamic healthcare services and a strong economy. The framework also acknowledges that without a proper fiscal base, grounded on a healthy economy, the County of Riverside cannot provide essential services to protect public health and safety. The county, therefore, must work cooperatively with our private and nonprofits sectors, as well as labor groups, to provide proper guidance that will support our businesses to reopen as safely and as quickly as possible.

County of Riverside Readiness and Reopening Framework

Finally, we strongly advocate, on behalf of our residents and businesses, that the state work with the county to acknowledge that we are ready to accelerate through the Governor's Stage 2, with special consideration for specific industries the county determines ready to reopen, in accordance with the criteria identified herein. The county requests regional variance in the Governor's Accelerated Stage 2 to apply to religious services, personal care and grooming services, hospitality services and wineries. Riverside County is ready to accelerate through Stage 2 as demonstrated in the following focus areas that will allow our economy to safely reopen:

- Public health measures and safeguards
- Best safety and health practices
- Riverside County's state of readiness
- Proposed reopening stages

Principles for the Safe and Accelerated Reopening of Riverside County

The following shall serve as the guiding principles approved by the Board of Supervisors on May 8, 2020, which seeks to affirm our obligation to protect the health and wellbeing of our residents, our economy, and our oath to abide by the Constitution of the United States, and Constitution of the State of California:

- The health and wellbeing of all residents, employees, visitors and customers is paramount towards establishing and maintaining strong and vibrant communities, healthcare services and a resilient local economy.
- Publicly accessible facilities (including but not limited to, healthcare facilities, places of employment, public transportation, places of commerce, indoor recreation and indoor worship) will use best practices that provide residents, employees and customers with all reasonable measures and state or federally required standards to protect such individuals from exposure to COVID-19.
- Best practices include, but are not limited to, strongly recommending the use of face coverings and social distancing, installing see-through dividers or barriers to protect workers and customers, performing routine disinfection practices, and in accordance with state or federal directives the wearing of Personal Protective Equipment (PPE) that includes, gloves, gowns and appropriate face protection such as shields, safety goggles, masks or cloth coverings.

Public Health Safeguards

Riverside County is committed to the safety and wellbeing of all residents, employees and customers in all environments. The following is a general overview of recommendations and facilitation of measures to prevent the spread of COVID-19 based on the setting. These safeguards also include recommendations to manage and contain the illness when it occurs.

Health Care System

- Maintain necessary surge capacity in the pre-hospital emergency medical system
- Maintain necessary surge capacity in hospitals, including emergency departments and intensive care units
- Support health care worker staffing
- Facilitate testing availability in as many treatment environments as possible, including point-of-care, provider offices and inpatient settings
- Support facilities to maintain functional internal supply chains for critical resources, such as ventilators and PPE, and supplementing resources as urgency and priority dictate through the Medical Health Operational Area Coordination (MHOAC) program

Public Health System

- Continue our state-leading Polymerase Chain Reaction (PCR) swab testing infrastructure to find infectious individuals quickly, with priority for first responders, health care workers, the medically vulnerable and pediatric populations
- Develop and maintain adequate capacity to isolate individuals who test positive on PCR
- Develop and maintain adequate capacity to perform thorough contact tracing that strictly adheres to patient privacy and HIPAA regulations
- Develop and maintain adequate capacity to quarantine individuals discovered to have clinically-relevant exposure
- Maintain electronic data collection from providers and laboratories to facilitate reporting
- Supplement and correlate PCR testing with as needed antibody testing where prevalence estimates may be relevant to larger control measures

Commerce and Economy

- Develop and adopt strong recommendations for best safety practices
- Develop protocols for businesses to determine facility-appropriate safe reopening plans
- Communicate safe reopening plans and practices to the public to assure consumer confidence and encourage safe commerce

County of Riverside Readiness and Reopening Framework

Protection of Vulnerable Populations

- Establish rapid and aggressive testing strategies in homeless shelters and other congregate facilities, including Skilled Nursing Facilities (SNFs) and long-term care facilities, to identify staff and residents at risk
- Provide enhanced specialized response to at-risk SNFs and other congregate care facilities through the SOS teams with educational outreach, follow up, and direct communication with the MHOAC program
- Institute rapid SNF and congregate care facility controls when cases are detected, including halting admissions, cohorting residents and preventing staff from working at other facilities until a facility outbreak is contained
- Support SNFs and congregate care facilities in maintaining functional internal supply chains and procedures for critical resources such as staffing and PPE, and supplementing resources as urgency and priority dictate through the MHOAC program
- Develop and maintain adequate capacity to temporarily house homeless or housing-unstable individuals on quarantine or isolation, and connect to wraparound services and resources once quarantine ends

Best Health and Safety Practices

All facilities, public and private, are expected to address health and safety as part of their safe reopening plan and maintain during their daily operations. The Board of Supervisors has previously adopted strong recommendations for social distancing and facial coverings as a best practice, where practical, reasonable and feasible. Other best practices should be implemented to the maximum extent they are practical and feasible as well. Collectively, these practices include:

- Physical distancing of at least six feet
- Facial protection, including facial coverings, appropriate to the setting and job duties
- Disposable gloves, as appropriate to the setting and job duties
- Setting requirements for all customers and visitors to wear facial coverings and keep six feet of social distance
- Environmental controls, such as floor markers, six feet of airspace, and the use of partitions or panels to protect employees and customers
- Telework opportunities
- Employee guidance, including staying at home when sick
- Appropriate, legible and prominently posted informational signage on safeguards for customers and employees

Riverside County's State of Readiness

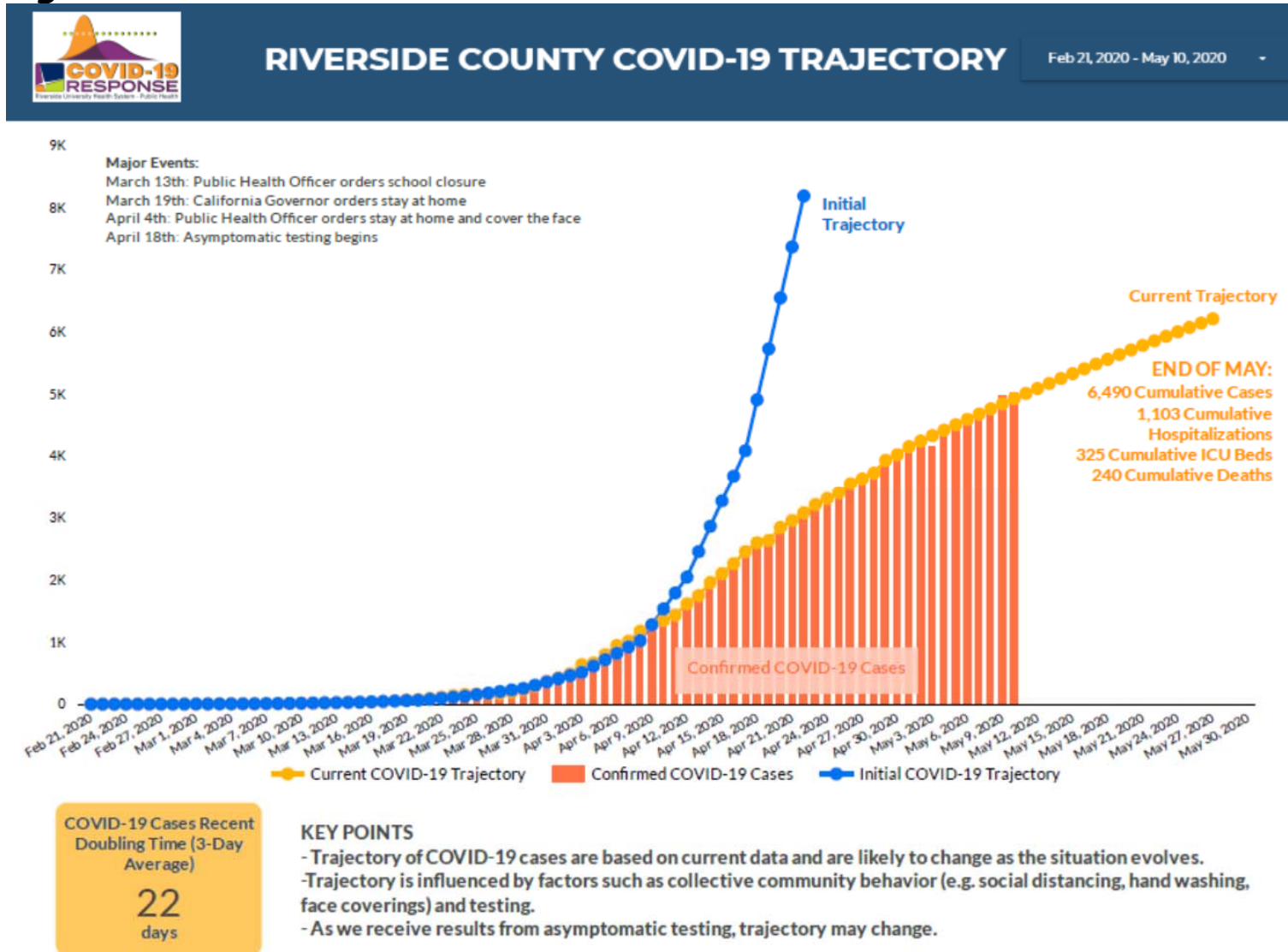
The county's response to the public health crisis has largely been driven by the Governor's executive order N-33-20, which directed all residents in California to heed the state public health officer's stay-at-home order. Both orders supersede any local authority.

On May 4, 2020, and in response to the Governor's executive order N-60-20, the California Department of Public Health (CDPH) issued guidance on the criteria and procedures that counties must meet to accelerate through Stage 2 and thus modify the stay-at-home order. The following information and metrics describe how the County of Riverside is responding to the COVID-19 pandemic, and our readiness and progress toward meeting the Governor's requirements for an accelerated reopening.

At the onset of the pandemic, little was known about the epidemiology of the disease and the potential impacts to the healthcare system from infected patients. As depicted by the initial trajectory (i.e., the blue line in Figure 1), early projections estimated approximately 65,000 cases and 1,700 deaths at the peak. County health officials launched an aggressive "flatten the curve" campaign, urging the public to comply with local and state health orders to protect the ability of our healthcare system to deal with the predicted surge of cases. The public heeded the call, and the hospital surge has not materialized.

In addition, as local testing capacity increased and epidemiological data became available from Europe and other states in the United States, the projections were adjusted. After more than two months of tracking community spread, testing results and hospital impacts in Riverside County, the projections have been adjusted downward to reflect our current situation. As of May 11, 2020, our projections show a total case count of approximately 6,500 and 240 deaths by the end of May (i.e., orange line in Figure 1). To date, actual daily case counts have been mirroring this projection quite closely.

Figure 1



Riverside County Readiness Metrics

The guidance issued by CDPH outlines seven areas that must be met by counties to accelerate through the Governor’s Stage 2, with special consideration for specific industries the county determines ready to reopen.

These criteria include:

1. Prevalence of COVID-19 in the community
2. Protect Stage 1 essential workers
3. Testing capacity
4. Contact tracing capability
5. Healthcare surge capacity
6. Protecting vulnerable populations
7. Triggers for modifications

Riverside County has either exceeded, met or has a plan in place for all the appropriate federal or state criteria. Following is a description of each criteria and the metric to demonstrate achievement.

Prevalence of COVID-19 in the Community

The state’s required epidemiologic benchmarks for advancement through Accelerated Stage 2 are unrealistic for urban counties, and Riverside County in particular, where our geographic size and population make it impossible that no deaths from COVID-19 will result in a 14-day timeframe. Similarly, counties with greater population also have substantially greater public health resources for rapid response to local outbreaks. With a team of full-time epidemiologists and the ability for consistent real time epidemiologic surveillance, the County of Riverside is better able to identify early triggers and areas for early intervention and provide timely contact tracing, as well as testing. For Riverside County and its available resources, it is more feasible to adopt the federal epidemiology benchmarks.

County epidemiologists will conduct daily surveillance and monitor county capacities to provide swift epidemiologic response. The federal epidemiology metrics follow trends rather than absolute numbers, allowing larger counties the ability to assess their unavoidably greater impacts in the context of capacity and response so that their larger and more robust public health infrastructure can reduce morbidity and mortality.

Recommend Adopting Federal Epidemiology Metrics

- **Downward trend of influenza like symptoms within a 14-day period**
 - This trend provides an overview of any influenza-like symptoms, including pneumonia, over a 14-day period. A decrease of cases presenting with influenza-like symptoms is an indicator of reduced presumed illness in the community given the overlap in symptoms between influenza and COVID-19. (See Figure 2.)

- **Downward trend of COVID-like syndromic cases within a 14-day period**
 - This trend provides an overview of cases of illness where coronavirus or COVID-19 is specifically indicated, mentioned or suspected through other preclinical criteria. This decreases sensitivity by requiring correlation with COVID-19, but has a reduced false positive rate because of the additional criteria required and acts as a useful second tracking figure. (See Figure 3.)

- **Downward trend of cases within a 14-day period**
 - This trend demonstrates that new cases per day are declining, suggesting that community transmission is limited or slowing. (See Figure 4.)

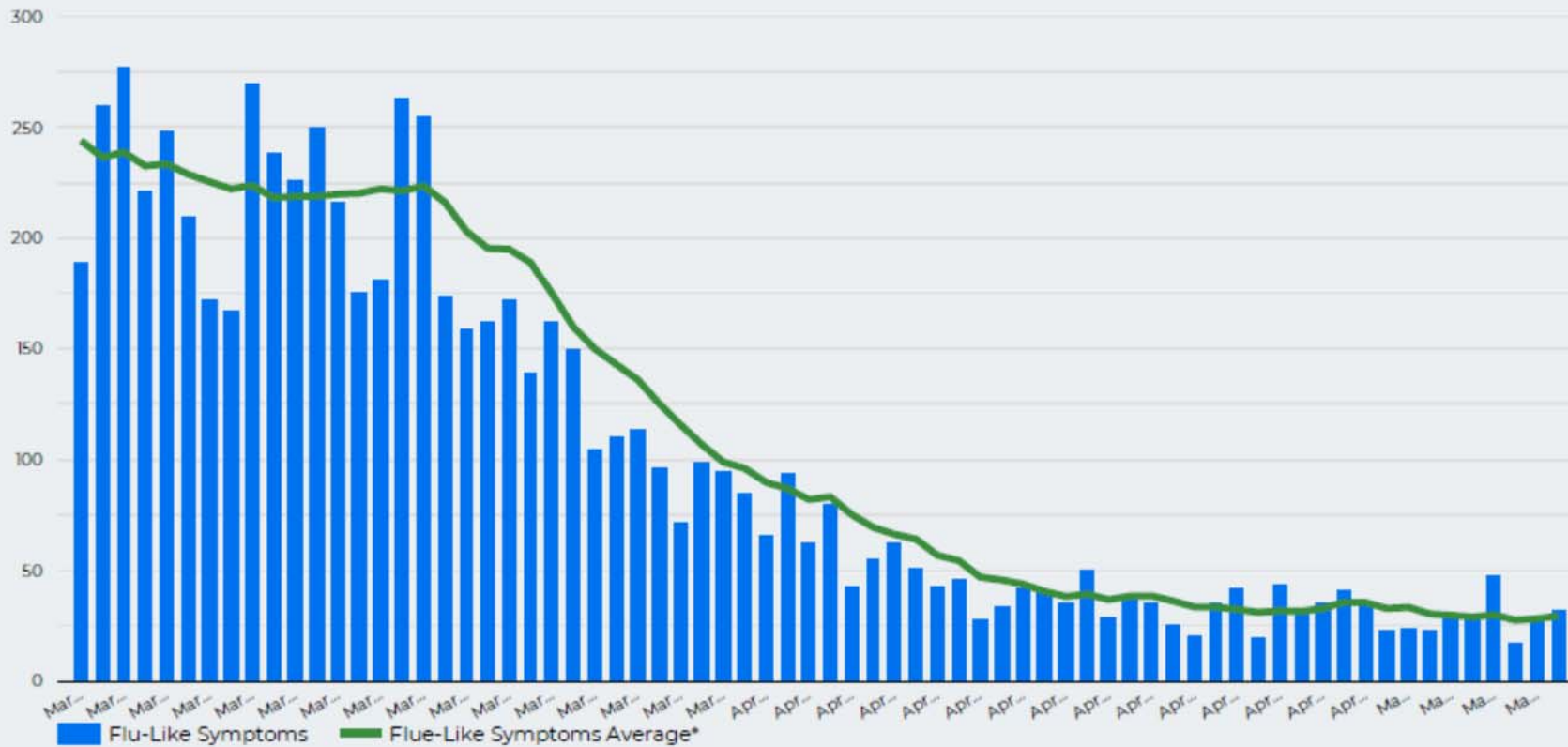
- **Downward trend of test positivity rate**
 - This trend demonstrates that, given adequate testing, individuals being tested are no longer testing positive for COVID-19 at the same rate as before. This number can be affected by larger numbers of asymptomatic individuals receiving testing, since they are less likely to test positive than symptomatic individuals. (See Figure 5.)

Figure 2



Riverside County Hospital Emergency Department -Influenza-Like Illness

Hospital Emergency Department Influenza-Like Illness Syndrome Surveillance March 1- May 9, 2020



* 7 day Average

Figure 3



Riverside County Hospital Emergency Department - COVID-19 Syndrome Surveillance

Hospital Emergency Department COVID-19 Syndrome Surveillance March 1- May 9, 2020



* 7 day Average

Figure 4

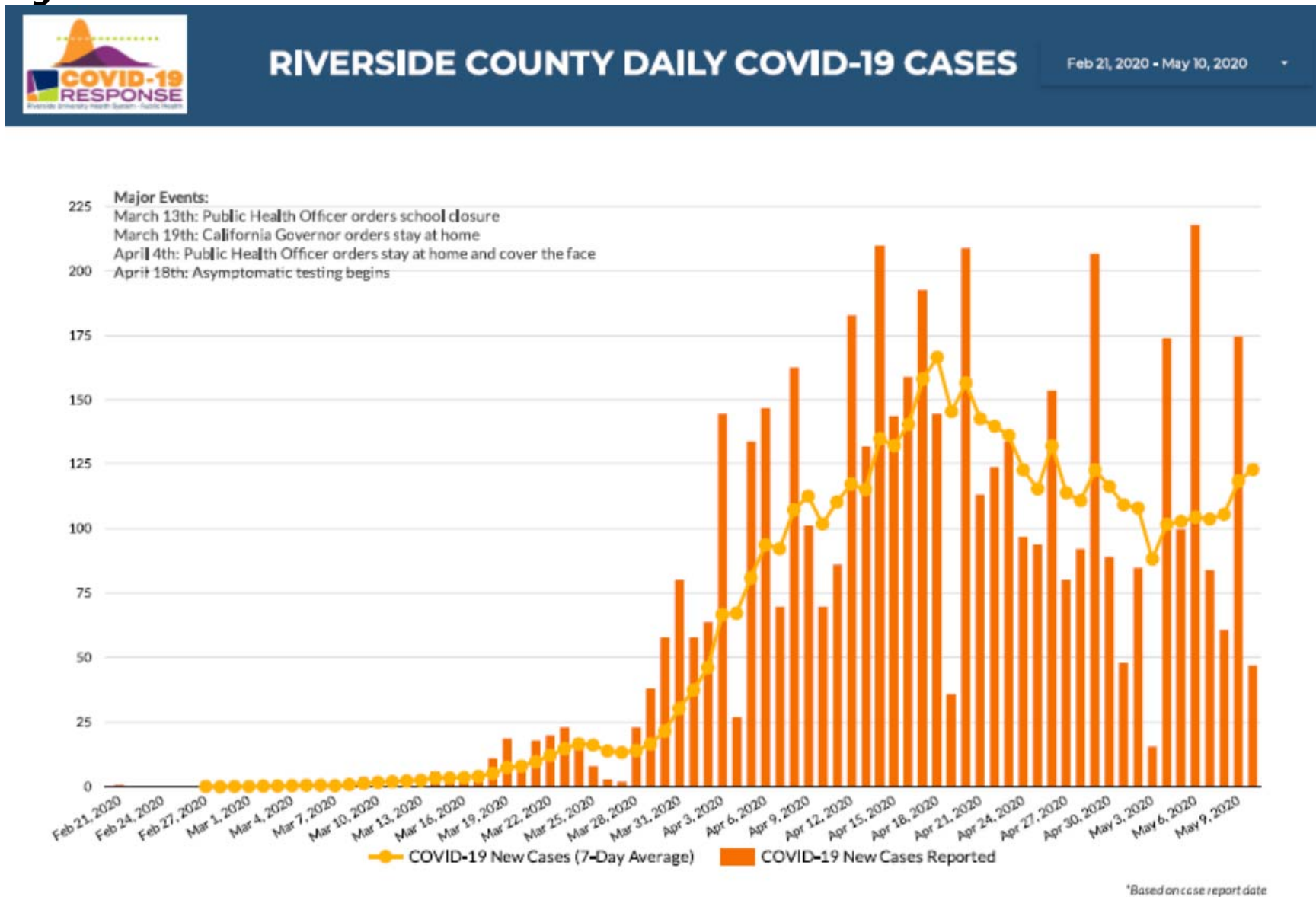
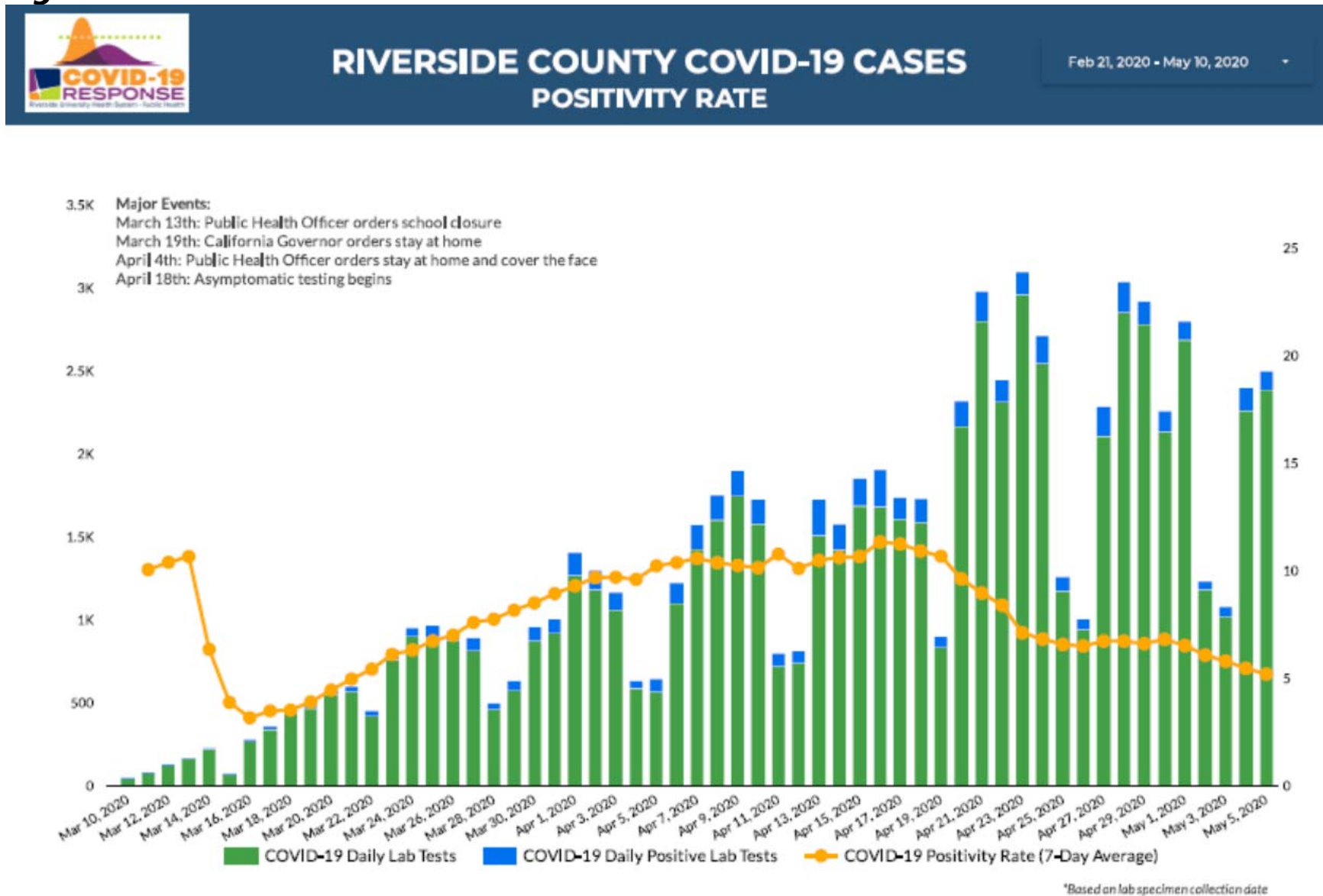


Figure 5



Protect Stage 1 Essential Workers

Riverside County is developing guidance and procuring resources to ensure the safety of Stage 1 essential critical infrastructure workers. Guidance includes information on how to structure the physical environment, PPE recommendations and infection control best practices for exposed and ill workers.

Riverside County is leveraging an Economic Recovery Task Force (ERTF) to engage business sectors and determine needs for guidance and PPE. The ERTF will assist with the distribution of sector specific guidance developed by the state for COVID-19 response.

As part of the planning process for reopening, Riverside County is developing an online assessment for businesses to determine the needs for additional guidance and PPE and to educate business owners on the process to seek assistance from the county.

Testing Capacity

PCR or swab testing is essential to identify cases during the period in which an individual is most likely to be contagious. It is also the fastest test to turn positive after infection and the one that most directly correlates with infectiousness. Sufficient daily PCR capacity is required to identify cases promptly, test contacts to find secondary cases, and then initiate appropriate isolation or quarantine for those already infected or at-risk or becoming infected.

Riverside County currently leads large jurisdictions in testing per capita, but additional PCR capacity is still required to facilitate timely detection. The state has established a minimum daily testing volume of at least 1.5 tests per 1,000 residents. For the county, with an estimated population of 2.5 million, a total capacity of approximately 3,750 daily PCR tests would be required. Between county testing and all known private sources, the county currently has an estimated daily capacity of 3,250 PCR tests, with plans to increase capacity in the very near future.

The state also has established a benchmark that at least 75 percent of county residents live within a 30 minute drive-time of a test site in urban areas, or a 60 minute drive-time in rural areas. The county has achieved this metric and can do so with county-operated or county-affiliated sites alone. County-operated and county-affiliated sites include:

TYPE	SITE NAME	ADDRESS	CITY	ZIP
County Drive-Through	Diamond Stadium	500 Diamond Dr.	Lake Elsinore	92530
County Drive-Through	Indio Fairgrounds	46350 Arabia St.	Indio	92201
County Drive-Through	Harvest	6115 Arlington Ave.	Riverside	92504
County Drive-Through	Southern California Fairgrounds	18700 Lake Perris Dr.	Perris	92571

- Continued -

County of Riverside Readiness and Reopening Framework

- Continued from previous page -

TYPE	SITE NAME	ADDRESS	CITY	ZIP
State Run	Mead Valley Community Center	21091 Rider Street	Perris	92570
State Run	Nellie Weaver Hall	3737 Crest View	Norco	92860
State Run	Moses Schaffer Community Center	21565 Steele Peak	Perris	92570
State Run	Mecca Boys and Girls Club	91391 66th Ave.	Mecca	92254
State Run	Henry V. Lozano Community Center	12-800 W. Arroyo	Desert Hot Springs	92240
State Run	Noble Creek Community Center	390 W. Oak Valley Parkway	Beaumont	92223
State Run	Jurupa Valley Fleet Center	5293 Mission Blvd.	Jurupa Valley	92509
State Run	Valle Vista Community Center	43935 E. Acacia Ave.	Hemet	92544

Contact Tracing Capability

Because of the high transmissibility of COVID-19, high-volume contact tracing is required to ensure sufficient staff is available to triage a case swiftly after detection, and then work with the individual to determine with whom they came in contact and judge the level of risk in those interactions. These contacts must then be notified and evaluated, which is often an extremely labor-intensive process. Insufficient staffing could lead to communicable individuals not being intercepted in a timely fashion and possibly causing secondary cases, which themselves will require contact tracing, adding further strain to staff capacity.

The state currently has a benchmark that staff sufficient to handle at least three times current daily case numbers is needed to perform efficient contact tracing. The current 14-day rolling average for the period from April 25 to May 9 is 113 cases per day. Based on the current estimated time to notify, answer questions, perform interviews and complete documentation, the county will need between 200 and 300 full-time contact tracers for the present daily case load. The county currently has 70 full-time contact tracers, however, our human resources department already recruiting an additional 200 full-time employees for contact tracing.

The state also requires that staff hired to do contact tracing reflect community diversity so that the interaction is productive, including ensuring sufficient non-English speakers are available. These requirements are already reflected in the county's standard hiring practices and incentives.

The state also requires sufficient availability of temporary housing units to shelter at least 15 percent of homeless individuals who require isolation or quarantine. The county's most recent Point-In-Time count of homeless individuals is 2,884, meaning a minimum number of 433 housing units must be available. Through existing contracts in place, the county has at least 2,000 units available for occupancy – most certainly meeting this metric.

Healthcare Surge Capacity

Riverside County has sufficient hospital capacity, including Intensive Care Unit (ICU) beds and ventilators, and adequate PPE to handle standard healthcare needs, current COVID-19 cases, and a potential surge due to COVID-19. In the early stages of the local pandemic response, a multi-disciplinary team with expertise in public health, emergency medical services, medicine, emergency management, clinic operations and purchasing reviewed and updated the county's surge plan to apply it for the COVID-19 response. As part of those efforts, five stages of surge were developed, including enhanced screening, triage and split flow, inpatient cohorting, surge within licensed hospital space and massive surge.

Below is an overview of each stage:

Phase 1: Enhanced Screening

- Patients screened for COVID-19 by medics in the field, prior to transfer to a general acute care hospital, federal medical station, alternate care site or large capacity sub-acute care locations.
- Patients presenting at hospitals will be screened for COVID-19 inside medical tents outside the facility, prior to being admitted for treatment.
- Triggers to move to Phase 2:
 - Requesting waivers from CDPH/Licensing and Certification
 - Patient through-put above or projected to be above baseline
 - Partial activation of the hospital's emergency operations plan

Phase 2: Triage and Split Flow (Community Spread)

- Facilities will triage and split symptomatic and asymptomatic patients via dual pathways of care, to limit patient and employee exposure.
- Triggers to move to Phase 3: Inpatient Cohorting
 - Hospital emergency operations plan activated
 - Requires resources outside of the health care facility
 - Requires assistance from MHOAC program
 - Modified or compromised services
 - Requires external assistance and resources to manage the event

County of Riverside Readiness and Reopening Framework

Phase 3: Inpatient Cohorting

- Hospitals will expand capacity by cohorting patients in ICU, Telemetry/Medical/Surgical, etc. based on diagnosis to increase bed capacity.
- Triggers to move to Phase 4: Surge within hospital licensed space:
 - Compromised services
 - Requires external assistance and resources to manage the event

Phase 4: Surge within Hospital Licensed Space

- 17 hospitals within Riverside County will begin implementing facility-based surge plans attempting the following goals:
 - Increasing ICU capacity by approximately 400 percent
 - Expand the Telemetry/Medical/Surgical growth on hospital campus by converting non-patient care or ambulatory care areas into Telemetry/Medical units
 - Utilization of tents for increase triage and assessment capabilities
- Hospital will convert existing licensed facility beds to increase their capacity. The following areas will be converted into Medical Surge beds or ICU beds:
 - Post-anesthesia care unit
 - Medical stepdown
 - Telemetry
 - Labor and delivery
 - Waiting rooms
- Triggers to move to Phase 5 Massive Surge:
 - Compromised services
 - Requires external assistance and resources to manage the event
 - Facility may not accept additional patients

Phase 5: Massive Surge

- Hospitals utilizing the following areas to expand resources and bed capacity:
 - Medical office buildings
 - Ambulatory surgery centers
 - Education buildings
 - Additional shell space
 - Gym
 - Cafeterias
- Utilization of medical tents for triage and assessment capabilities
- Utilization of a federal medical station to expand capacity
- Convert ambulatory care sites to non-critical hospital care

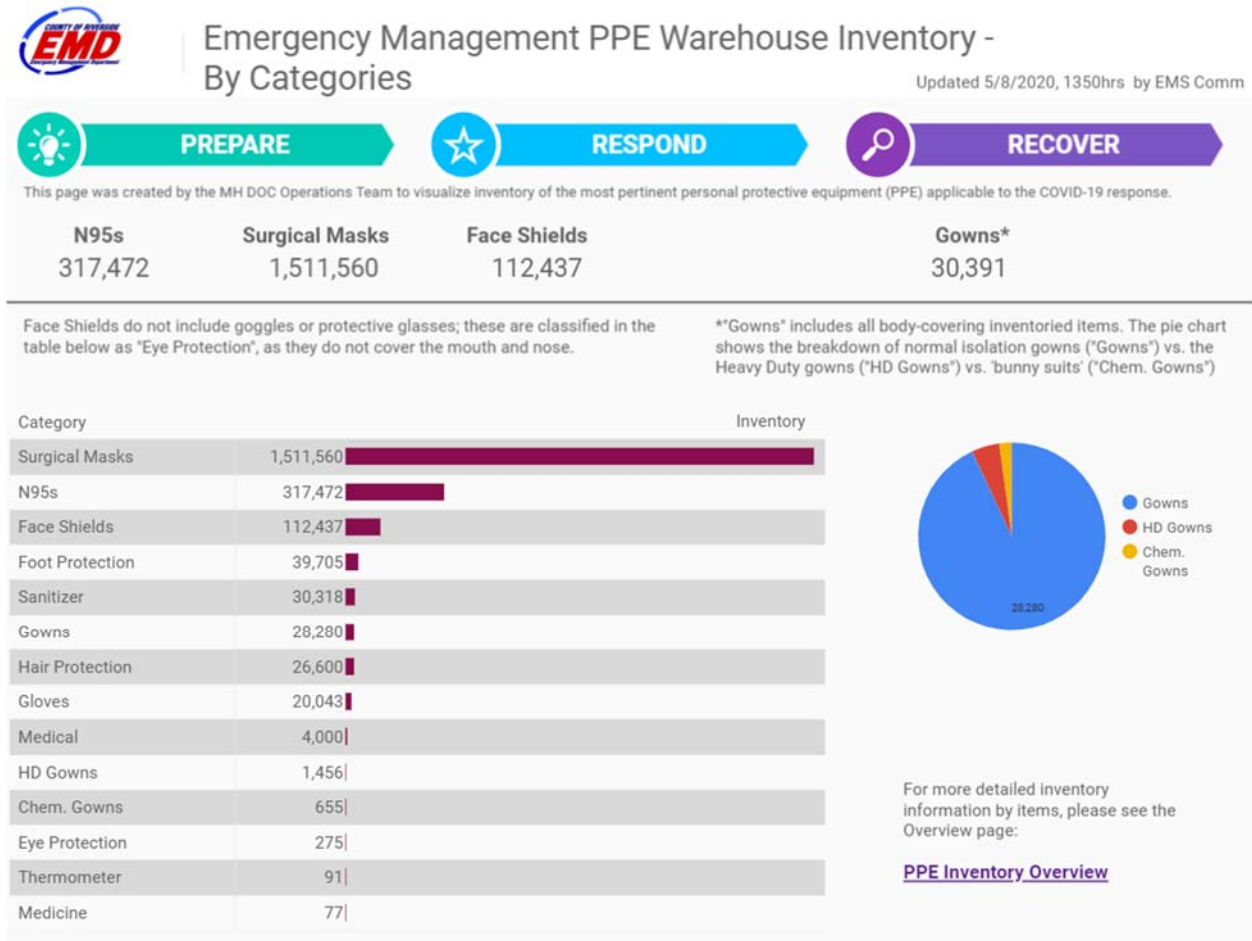
County of Riverside Readiness and Reopening Framework

Based on these planning efforts, our hospitals are prepared to surge by considerably more than 35 percent. The overall licensed bed capacity in Riverside County is 3,560 and 385 licensed ICU beds. After implementing strategies outlined in Phases 1 through 5, hospitals can potentially add an additional 2,464 beds and an additional 716 ICU beds. Riverside County has 661 ventilators currently in hospitals' inventories, with the ability to add another 279 from the county's medical/health warehouse and another 30 more are currently in the purchasing process. This surge capacity can be implemented without altering the standards of patient care.

The Emergency Management Department tracks hospital bed use and capacity, ICU bed use and capacity and ventilator use and availability. All hospitals are polled and the information is collected into data reporting tools or dashboards. These dashboards are monitored and analyzed 24/7 by the Riverside County EMS Agency (REMSA), MHOAC program and the county emergency operations center (EOC) management team. REMSA maintains a 24/7 duty officer program for immediate communication with hospitals and initiates support actions as needed.

The ability to protect the hospital workforce with sufficient PPE is critical to ensuring staff are confident in their ability to safely work in a potential COVID-19 environment. The MHOAC program has established a resource requesting process that can be accessed by all hospitals that cannot procure adequate supplies of PPE. The MHOAC has a duty officer that is available to receive resource requests from healthcare facilities 24/7 including a dedicated phone line and email address. EMD maintains an inventory of PPE to support healthcare facilities and first responders. EMD established a dashboard to assure accurate real time tracking of PPE inventory and processes supported by the EOC logistics section to continuously find and procure needed equipment. (See Figure 6.)

Figure 6



Protecting Vulnerable Populations

The state requires that the county address special and specific enhanced safety measures for populations unusually vulnerable to COVID-19 because of their particular medical infirmities and/or the nature of a resident's environment, which may make typical infection controls difficult.

Skilled Nursing Facilities and Long-Term Care Facilities (LTCFs)

The state requires that these facilities have at least a 14-day supply of appropriate PPE on hand, with a plan for continued supply from non-state sources to show that they are independently able to handle daily PPE demands. There are 53 SNFs in Riverside County and several hundred LTCFs. The county-operated SOS teams assess and assist these facilities in readiness. To date, these teams have visited more than 300 of SNFs and LTCFs.

The state also requires these facilities have access to staffing agencies to handle staff shortages. This task is also performed as part of the SOS team outreach process.

The state also requires that these facilities be able to safely quarantine and isolate individuals. This assessment is also performed as part of the SOS team outreach process.

Finally, the state also requires that these facilities have sufficient testing capacity for outbreak investigation. For those facilities that are unable to perform internal testing, there is sufficient demonstrated capacity in the county's public health laboratory. Furthermore, there is ample capacity at county-operated and county-affiliated testing sites to handle outbreaks in facilities of all current licensed bed counts.

County of Riverside Readiness and Reopening Framework

Homeless Shelters and Correctional Facilities

The state has the same set of metrics for both homeless shelters and correctional facilities. The state requires that both these types of facilities be able to safely quarantine and isolate individuals. All county correctional facilities have plans for quarantine and isolation. It is believed that all known homeless facilities have similar capacity in place.

The state also requires that both these types of facilities have sufficient testing capacity for outbreak investigation. The county correctional health system has sufficient internal testing capacity for outbreak investigation, and can be supplemented by the county public health laboratory for high-priority samples.

For homeless shelters that are unable to perform their own testing, there is sufficient demonstrated capacity in the county public health laboratory and at county-operated and county-affiliated testing sites to handle outbreaks in facilities of all known typical capacities.

Triggers for Modification

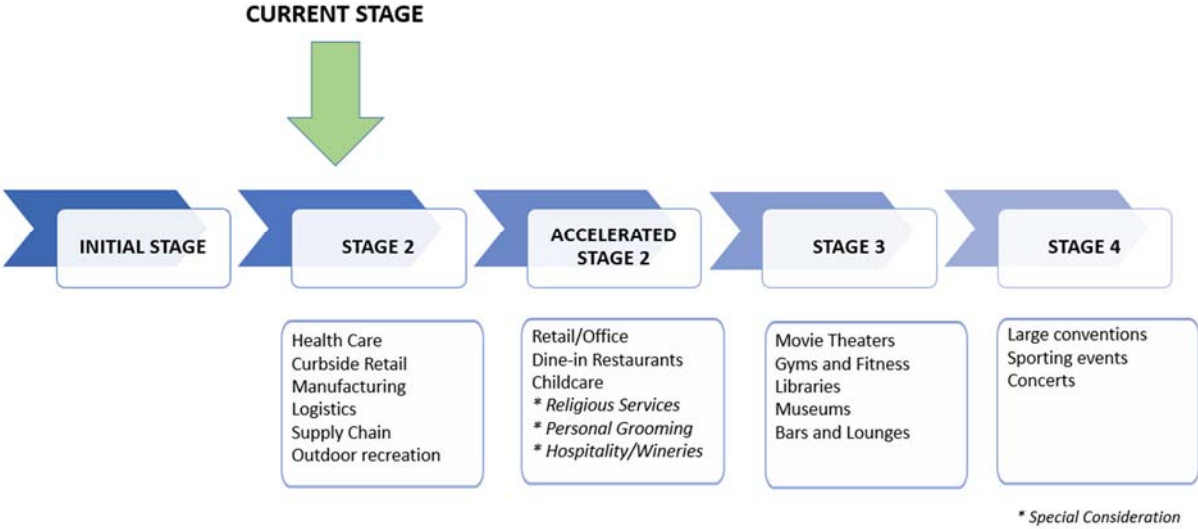
Riverside County has a robust epidemiology and data analysis group that regularly monitors all COVID-19 testing and case information. Reports are produced daily to monitor testing positivity rates, case rates, demographic data for cases and hospital system capacity. These reports are reviewed daily by the public health officer, public health director, EOC director, assistant county executive officers, and county executive officer to assess for concerning trends and needed interventions.

To rapidly identify the need to slow down or reverse course for accelerating through Stage 2, the following metrics will be monitored (in the context of all other data metrics and pandemic situational awareness):

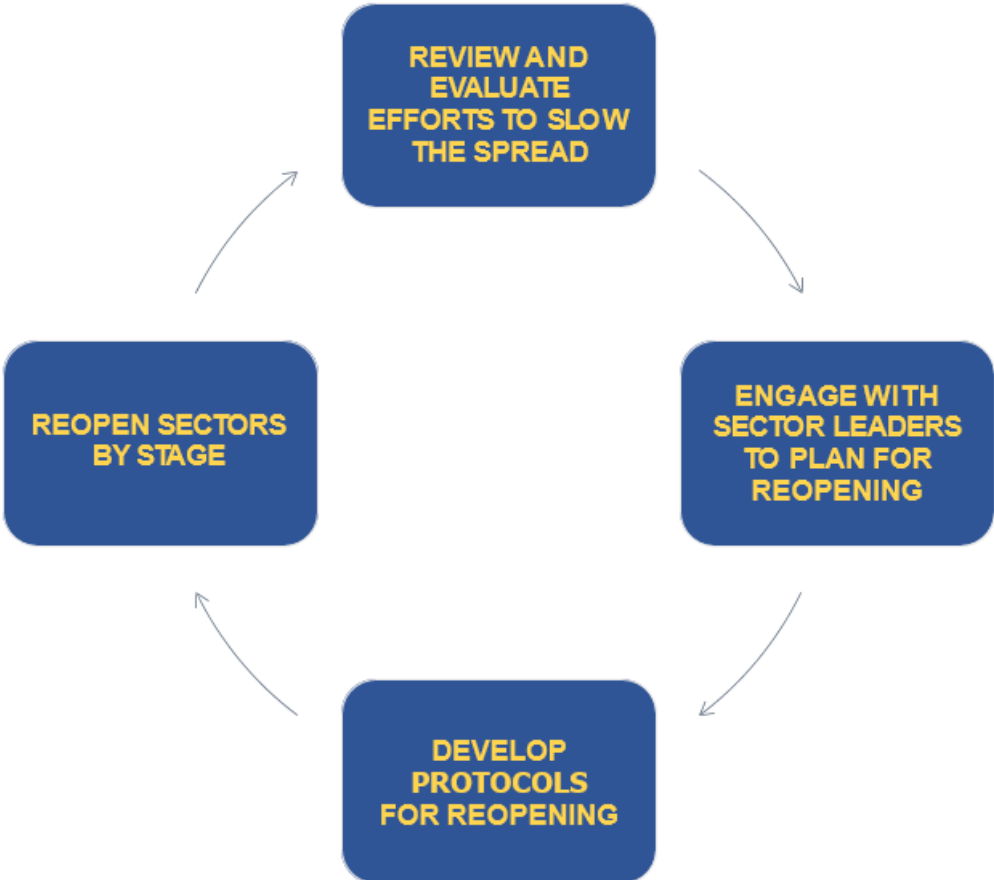
1. Seven day moving average of new cases increases for more than three consecutive days
2. Positivity rate of tests (three day moving average) exceeds 10 percent for more than three consecutive days
3. Regionally, hospitals have exceeded their licensed bed capacity, have implemented their surge plans, and the need for hospital or ICU beds is increasing

If one or more of the metrics are triggered, county staff will advise the board of supervisors. If the board of supervisors determines that it is necessary to slow down reopening or reverse course, the county will notify the state public health officer or chief deputy director. If such a determination is made, the MHOAC Duty Officer will also notify the CDPH and Emergency Medical Services Authority (EMSA) Duty Officers.

Staged Reopening Plan



Reopening Stages



Economic Recovery Task Force

The global pandemic created challenges to the health and welfare of residents, businesses, and the workforce. The COVID-19 crisis has been crippling to businesses in a short amount of time. With a shared responsibility for a safe and responsible approach to reopening, the task force will consider and recommend additional requirements for businesses to reopen during the acceleration through Stage 2. The results of these efforts will ensure the Economic Recovery Task Force (ERTF) supports Riverside County businesses to reopen and the facilitate the immediate restart of the local economy.

Representing each of the five supervisorial districts and regions of the county, the Economic Recovery Task Force draws upon the local business expertise and network resources of chambers of commerce, tourism bureaus, labor groups, tribal groups, and a wide range of industries. The task force will continue to provide the board of supervisors with insight and share best practices across the broad spectrum of industries in Riverside County.

Economic Recovery Task Force Committee

Organization	Representative
Riverside Convention and Bureau/BIA	Lou Monville, Chair
Greater Coachella Valley Chamber of Commerce	Josh Bonner, Vice Chair
Coachella Valley Association of Governments (CVAG)	Tom Kirk
Coachella Valley Economic Partnership	Joe Wallace
Corona Chamber	Bobby Spiegel
Greater Palm Springs Convention and Visitors Bureau	Scott White
Inland Empire Community Foundation	Michelle Decker
Inland Empire Economic Partnership	Paul Granillo
Inland Empire Labor Council AFL-CIO – UDW 3930	Ricardo Cisneros
Lake Elsinore Chamber of Commerce	Kim Cousins
Moreno Valley Chamber	Oscar Valdepena
Murrieta/Wildomar Chamber	Patrick Ellis
Riverside Chamber	Cindy Roth
Riverside County Farm Bureau	Rachel Johnson
Temecula Chamber	Emily Fallappino
Tribal Representative	<i>To Be Determined</i>
Visit Temecula Valley	Kim Adams
Western Riverside Council of Governments (WRCOG)	Rick Bishop
Wine Growers Association	Phil Baily
Workforce Development Board	Jamil Dada

County of Riverside Readiness and Reopening Framework

Responsiveness

The task force will aggregate information from government, private and nonprofit sector partners and provide a continuity of guidance to the business community as needed, including providing vital business information and valuable resource sites.

Mitigation

The task force will review short-term measures, explore temporary actions that support business reopening, review industry needs and provide connections to resources, employment, supply chain opportunities, and financial assistance with the goal to increase efficiency and effectiveness of the community's response and mitigate duplication efforts and staff resources.

Long Term Recovery

The task force will provide a structure for long-term recovery planning efforts, ongoing program assessment and qualitative feedback from local partners' mitigation and recovery efforts. The task force will also coordinate partnerships and business community leadership. Sub-groups established by the task force will allow stakeholder feedback to play a key role in the success of the economic recovery of the county. The goal of the ERTF is to collectively work toward the mission of serving those businesses facing an economic hardship and forging a path forward for a successful economic recovery.

Safe Reopening Plan

CONCEPT

Businesses anticipating a reopening are expected to complete and implement a safe reopening plan that addresses employee and customer health measures. The safe reopening plan does not require county approval, but businesses are encouraged to make the plan available so that the public and staff are aware of the precautions it addresses. Not all components of the plan are intended or expected of all businesses and a business may provide justification that a particular operational component does not apply.

COMPONENTS

Signage

The facility should indicate they have posted signage at each public entrance of the facility regarding the safety measures required for entrance. This component is expected of all businesses. The board of supervisors has adopted language strongly recommending the use of face coverings and six-foot social distancing, which businesses may require of those entering the facility. Businesses may also consider signage advising individuals not to enter with a cough, fever or other illness. If the business plans to publicly display the safe reopening plan, it should be posted or offered at the entrance(s) of that particular facility.

Employee Health

This component is expected of all businesses.

The facility should indicate that:

- Copies of the employee health protocol(s) have been distributed to all employees
- Employees have been told not to come to work if sick
- Breakrooms, bathrooms, common areas and high-touch surfaces are regularly cleaned and sanitized
- The business should post the anticipated cleaning schedule
- Handwashing stations are available to employees. The business should post the facility handwashing locations. These may include functioning sinks in existing bathrooms or breakrooms.
- Teleworking opportunities have been maximized, as appropriate to the business and job function

County of Riverside Readiness and Reopening Framework

- Employees have been recommended or required to wear a face covering, as appropriate to the business
- Employee workstations have been separated by panels, partitions or at least six feet of physical distance, as appropriate to the business class
- Adequate and suitable protective gear is available to employees, as appropriate. The business should provide the items and level of protective gear, including job-appropriate personal protective equipment (PPE) and training for its use if necessary.

If the facility indicates that a particular measure is not feasible or appropriate for the given business class, a brief justification is expected.

Client and Customer Health

This component is expected of all business classes, but facilities may choose which to implement as appropriate to the business class.

These may include any or all of the following:

- The facility has established a maximum number of clients and customers within the facility to reasonably maintain a six-foot social distance to the greatest extent practical. This occupancy limit must not exceed any pre-existing statutory limits, such as those set by the fire marshal or other regulatory agency
- The facility determines to require that customers must wear facial coverings
- The facility determines to offer curbside or outdoor service
- The facility determines to place tape or other floor markings at and/or within customer queues to assist customers in maintaining a six-foot social distance
- The facility has implemented separations between employees and customers, such as six feet of airspace or acrylic panels, such that contact is minimized except when required for business operations
- The facility is offering services by appointment

The facility may indicate other measures implemented in their individual plan.



Board of Supervisors

District 1	Kevin Jeffries 951-955-1010
District 2	Karen Spiegel 951-955-1020
District 3	Chuck Washington 951-955-1030
District 4	V. Manuel Perez 951-955-1040
District 5	Jeff Hewitt 951-955-1050

May 14, 2020

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

Re: Riverside County's Readiness to Reopen

Dear Governor Newsom,

Riverside County appreciates your work and the steadfast support of your team, especially the California Department of Public Health (CDPH) and the California Office of Emergency Services, to slow the spread of coronavirus and the devastating impacts of COVID-19.

Locally, we have been responding to this pandemic since late January – ever since the first U.S. repatriation flight landed in Riverside County at March Air Reserve Base. This was well before the first locally-acquired case of coronavirus was detected on March 7. From the beginning, Riverside County has been steadfast in our commitment to protect every member of our community and, working collaboratively with our public, private and nonprofit partners, we have led the way in taking proactive steps on behalf of our residents.

Together, we avoided a surge on our local hospital system. When it comes to testing, we were one of the first counties to open community, drive up testing, the first to allow asymptomatic testing, and we continue to be the leader in testing volume among urban counties. (In fact, to date, we have tested well over three percent of our entire population.) Riverside County was one of the first counties in the state, if not the first, to develop proactive outreach teams to provide support and resources to all of our congregate care settings, including skilled nursing facilities, assisted living facilities, and homeless shelters. We started housing our homeless population in local hotels weeks before Project Roomkey was announced at the state level. When it comes to housing those experiencing homelessness, we have set audacious goals and we have repeatedly exceeded expectations by providing emergency housing and support.



Board of Supervisors

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District 4	V. Manuel Perez 951-955-1040
District 5	Jeff Hewitt 951-955-1050

Unfortunately, while we have been flattening the curve of the pandemic, our unemployment numbers continue to sharply curve upwards. Local businesses, who have made immense sacrifices during this unprecedented public health emergency, are suffering through an economic emergency the likes of which we have never seen. Just as we acted proactively to protect our residents during the public health crisis, we must act now to help our residents through the economic crisis. To that end, Riverside County has developed a commonsense Readiness and Reopening Framework, based largely on the plan you and your team developed.

This framework provides a path to cautiously reopen based on public health data our economy with the proper health and safety measures in place. It recognizes that the health and wellbeing of our society is vital to developing and supporting thriving communities, dynamic healthcare services and a strong economy.

It also acknowledges that without a proper fiscal base, grounded on a healthy economy, the County of Riverside cannot provide essential services to protect public health and safety. The county, therefore, must work cooperatively with our private and nonprofits sectors, as well as labor groups, to support our businesses to cautiously reopen based on public health data as safely and as quickly as possible.

Today, we will meet, exceed or have a plan to achieve, six of the seven criteria identified by CDPH to accelerate through Stage 2 in the coming days. Specifically, the county has achieved the following:

- Plan to protect stage 1 essential workers
- Ample testing capacity
- Aggressive plan to expand contact tracing capability
- Exceeded a minimum of 35 percent surge capacity in our healthcare system
- Demonstrated ability to protect vulnerable populations
- Identified triggers for modifications

As it relates to appropriately determining the prevalence of the disease in the community, we request for the opportunity to make our case for a variance from the epidemiologic benchmarks outlined by CDPH. In our opinion, the metrics are unrealistic for urban counties, and Riverside County in particular, where our geographic size and population make it impossible that no deaths from COVID-19 will result in a 14-day timeframe. Fortunately, counties with greater population also have substantially greater public health resources for rapid response to local outbreaks. With a team of full-time epidemiologists and the ability for consistent, real-time epidemiological surveillance, the County of Riverside is better able to identify early triggers, areas for rapid intervention and provide timely contact tracing, as well as testing.



Board of Supervisors

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District 5	Jeff Hewitt 951-955-1050

For Riverside County and its available resources, it is appropriate to adopt the federal epidemiology benchmarks, which we are already achieving, as evidenced by our downward trend of cases, downward trend of test positivity, and downward trend of flu and COVID-19 like symptomatic cases.

On May 12, we unanimously approved our Readiness and Reopening Framework. We believe that this reasonable plan soundly meets both goals of protecting our public health and restoring our economic health. We are ready to cautiously reopen based on public health data. Further, we believe that, if given the opportunity to present this framework to your office, you will agree. We look forward to the opportunity to meet with you and/or your staff in the coming days.

The Riverside County Board of Supervisors is in support of this attestation, which was developed in collaboration with our Public Health Officer Dr. Cameron Kaiser and will provide important framework for a regional approach to economic growth. Riverside County looks forward to working with the state as we move forward.

Thank you in advance for your consideration.

Sincerely,

Chair V. Manuel Perez
Fourth District Supervisor

Vice Chair Karen Spiegel
Second District Supervisor

Kevin Jeffries
First District Supervisor

Chuck Washington
Third District Supervisor

Jeff Hewitt
Fifth District Supervisor



May 14, 2020

Cameron Kaiser, MD
Public Health Officer, Riverside County
4080 Lemon Street, 5th Floor
Riverside, California 92501

SUBJECT: Letter of Support - Riverside County Medical and Health Surge Concept of Operations (Con Ops)

Dear Dr. Kaiser:

Desert Care Network is pleased to provide this letter of support for the Riverside County Medical and Health Surge Concept of Operations (Con Ops) plan. DCN has worked closely with County officials and hospital administrators in preparation for a potential COVID-19 surge. DCN is prepared to accommodate a surge of 35% due to COVID-19 cases in addition to providing care to non-COVID-19 patients as outlined in the Con Ops plan. We also have adequate PPE, and access to additional PPE, to protect our employees and clinicians.

We remain capable, adaptable and flexible to meet the demands of a surge event. DCN stands ready to continue to work closely with you throughout the COVID-19 pandemic response. Thank you for the opportunity to review the Con Ops draft. We remain committed to working with the County as part of our ongoing collaboration and partnership. Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michele Finney".

Michele Finney
Chief Executive Officer
Desert Care Network

Cc: V. Manuel Perez, Chairman, Riverside County Board of Supervisors
Karen Faulis, CEO – Hi-Desert Medical Center
Gary Honts, CEO – JFK Memorial Hospital

May 15, 2020

Cameron Kaiser, MD
Public Health Officer, Riverside County
4080 Lemon Street, 5th Floor
Riverside, California 92501

SUBJECT: Letter of Support - Riverside County Medical and Health Surge Concept of Operations (Con Ops)

Dear Dr. Kaiser:

Kaiser Permanente is pleased to provide this letter of support for the Riverside County Medical and Health Surge Concept of Operations (Con Ops) plan. KP has worked closely with County officials and hospital administrators in preparation for a potential COVID-19 surge. KP is prepared to accommodate a surge of 35% due to COVID-19 cases in addition to providing care to non-COVID-19 patients as outlined in the Con Ops plan. We also have adequate PPE to protect our employees and clinicians.

We remain capable, adaptable and flexible to meet the demands of a surge event. KP stands ready to continue to work closely with you throughout the COVID-19 pandemic response. Thank you for the opportunity to review the Con Ops draft. We remain committed to working with the County as part of our ongoing collaboration and partnership. Thank you.

Sincerely,



Vita Willett
Sr. Vice President, Area Manager
Kaiser Permanente, Riverside Medical Center



May 15, 2020

Cameron Kaiser, MD
Public Health Officer, Riverside County
4080 Lemon Street, 5th Floor
Riverside, California 92501

Subject: Letter of Support- Riverside County Medical and Health Surge Concept of Operations (Con Ops)

Dear Dr. Kaiser:

Riverside University Health System- Medical Center (RUHS-MC) is pleased to provide this letter of support for the Riverside County Medical and Health Surge Concept of Operations (Con Ops) plan.

RUHS-MC has worked closely with County officials and hospital administrators in preparation for a potential COVID-19 surge. RUHS-MC is prepared to accommodate a surge of 35% due to COVID-19 cases in addition to providing care to non-COVID-19 patients as outlined in the Con Ops plan. We also have adequate PPE, and access to additional PPE to protect our employees and clinicians.

Thank you for the opportunity to review the Con Ops draft. Our facility continues to remain vigilant, capable, and flexible in order to meet the demands of a surge event. Together, working closely with our healthcare partners throughout the County, RUHS-MC stands ready to support the needs of the community in addressing the COVID-19 pandemic response.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Cruikshank".

Jennifer Cruikshank
Chief Executive Officer
Riverside University Health System- Medical Center, Clinics, & Community Health Centers

Cc: V. Manuel Perez, Chairman, Riverside County Board of Supervisors

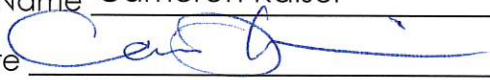
Cameron Kaiser

Riverside County (RC).

I ^, hereby attest that I am duly authorized to sign and act on behalf of RC. I certify that RC ^{attempted to the best extent possible} 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 RC, 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 Cameron Kaiser

Signature 

Position/Title Public Health Officer

Date 5/15/2020

County of Riverside

RIVERSIDE OFFICE:
4080 Lemon Street, 5th Floor
Riverside, CA 92502-1647
(951) 955-1040
Fax (951) 955-2194



DISTRICT OFFICE/MAILING ADDRESS
73-710 Fred Waring Drive, Suite 222
Palm Desert, CA 92260-2574
(760) 863-8211
Fax (760) 863-8905

SUPERVISOR V. MANUEL PEREZ FOURTH DISTRICT

May 21, 2020

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

RE: Riverside County Attestation

Dear Governor Newsom,

Riverside County appreciates your work and the significant support of your team, especially the California Department of Public Health (CDPH) and the California Office of Emergency Services, during these very trying times. I thank you for your leadership to slow and eventually stop the spread of coronavirus in the county.

From the beginning, Riverside County has been steadfast in our commitment to protect every member of our community and, working collaboratively with our public, private and nonprofit partners, we have led the way in taking proactive steps on behalf of our residents.

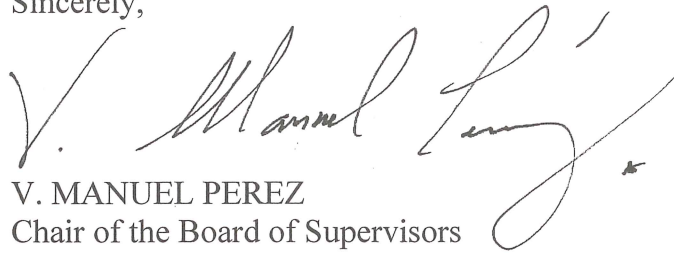
Today, we will meet, exceed or have a plan to achieve, all of the seven criteria identified by CDPH to accelerate through Stage 2 in the coming days. Specifically, the county has achieved the following:

- Meets current epidemiological benchmarks
- Plan to protect stage 1 essential workers
- Ample testing capacity
- Aggressive plan to expand contact tracing capability
- Exceeded a minimum of 35 percent surge capacity in our healthcare system
- Demonstrated ability to protect vulnerable populations
- Identified triggers for modifications

The Honorable Gavin Newsom
May 21, 2020
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The Riverside County Board of Supervisors supports the submitted attestation by our public health department. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in cursive script, reading "V. Manuel Perez". The signature is written in black ink and is positioned above the printed name and title.

V. MANUEL PEREZ
Chair of the Board of Supervisors
Riverside County

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



COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR

Background

On March 4, 2020 Governor Newsom proclaimed a State of Emergency as a result of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 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 of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

Local Variance

A county that has met certain criteria in containing COVID-19 may consider increasing the pace at which they advance through Stage 2, but not into Stage 3, of California's roadmap to modify the Stay-at-Home order. Counties are encouraged to first review this document in full to consider if a variance from the state's roadmap is appropriate for the county's specific circumstances. If a county decides to pursue a variance, the local public health officer must:

1. Notify the California Department of Public Health (CDPH) and engage in a phone consultation regarding the county's intent to seek a variance.
2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local public health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the

relevant regional health system(s) is also acceptable. The full submission must be signed by the local public health officer.

All county attestations, and submitted plans for moving through Stage 2 as outlined below, will be posted publicly on CDPH's website.

While not required, CDPH recommends as a best practice the development of a county COVID-19 containment plan by the local public health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors.

In addition to pre-submission phone consultations, CDPH is available to provide technical assistance to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at Jake.Hanson@cdph.ca.gov to set up a time with our technical assistance team.

County Name: _____

County Contact: _____

Public Phone Number: _____

Readiness for Variance

The county's documentation of its readiness to increase the pace through Stage 2 must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including for example the elderly and those residing in long-term care and locally controlled custody facilities, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

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

It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen for modifying the pace of advancing through stage 2, including reinstating restrictions, in advance of any state action. Counties must also submit their plan for how they anticipate moving through Stage 2 (e.g., which sectors will be opened, order of opening etc.).

Readiness Criteria

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

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by an epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
 - No more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.

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

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

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

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current testing criteria (available on CDPH website). The county must attest to:

- Minimum daily testing volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county's average daily testing volume for the past week. If the county does not believe a testing volume of 1.5 per 1,000 residents is merited, please provide justification for this.

- Testing availability for at least 75% of residents, as measured by a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county, whether there are any geographic

areas that do not meet the criteria, and plans for filling these gaps. If the county depends on sites in adjacent counties, please list these sites as well.

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:
 - Sufficient contact tracing. For counties that have no cases, there should be at least 15 staff per 100,000 county population trained and available for contact tracing; for counties with small populations, there must be at least one staff person trained and available. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge.

- 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 private bathroom), for the duration of the necessary isolation or quarantine period.

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:
 - County (or regional) hospital capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

- 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.

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

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. This should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Please note that this variance should not include sectors that are part of Stage 3.

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

- **Your plan for moving through Stage 2.** Please provide details on your plan for county to move through opening sectors and spaces that are part of the State's plan for Stage 2. A reminder, that this variance only covers those areas that are part of Stage 2, up to, but not including Stage 3. For additional details on sectors and spaces included in Stage 2, please go to the [California Coronavirus \(COVID-19\) Response County variance web page](#)

COVID-19 Containment Plan

While not mandatory, CDPH strongly recommends that counties requesting a variance to increase the pace through Stage 2 create a county COVID-19 containment plan as noted above. While not exhaustive, the following areas and questions are important to address in any containment plan.

Testing

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

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?

Protecting the Vulnerable

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Do facilities have the ability to safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

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?

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?

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?

Community Engagement

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

Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

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

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

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

I _____, hereby attest that I am duly authorized to sign and act on behalf of _____. I certify that _____ 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 _____, 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 _____

Signature _____

Position/Title _____

Date _____



Acute - Southern California Region

May 15, 2020

Cameron Kaiser, MD
Public Health Officer, Riverside County
4080 Lemon Street, s" Floor
Riverside, California 92501

SUBJECT: Letter of Support - Riverside County Medical and Health Surge Concept of Operations (Con Ops)

Dear Dr. Kaiser:

The Southern California Regional Facilities – Corona Regional Medical Center (CRMC), Palmdale Regional Medical Center (PRMC), Temecula Valley Hospital (TVH) and Southwest Healthcare System (SWHS) are pleased to provide this letter of support for the Riverside County Medical and Health Surge Concept of Operations (Con Ops) plan. Our facilities have been working closely with County officials and hospital administrators in preparation for a potential COVID-19 surge.

We remain capable, adaptable and flexible to meet the demands of a surge event. CRMC, PRMC, TVH, and SWHS stands ready to continue to work closely with you throughout the COVID-19 pandemic response. Thank you for the opportunity to review the Con Ops draft. We remain committed to working with the County as part of our ongoing collaboration and partnership. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bradley D. Neet', is written over a faint, light-colored signature line.

Bradley D. Neet
Group Vice President – Acute Care