

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

COVID-19 VARIANCE ATTESTATION FORM

FOR San Joaquin 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: San Joaquin County _____

County Contact: Maggie Park, MD _____

Public Phone Number: (209) 468-3411 _____

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

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.

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

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

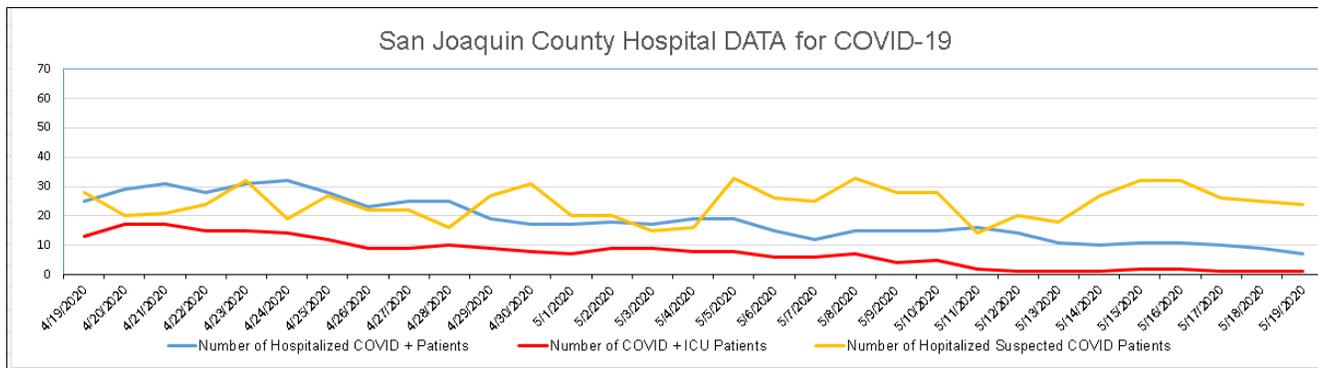
As a best practice, if not already created, counties will also attest to plan to develop a county COVID-19 containment strategy by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the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

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

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.



San Joaquin County has had less than 20 COVID-19 patients on any single day in hospitals for more than 14 days, as demonstrated by this graph.

The daily number of COVID positive patients in our 7 area hospitals are below:

- May 6: 15
- May 7: 12
- May 8: 15
- May 9: 15
- May 10: 15
- May 11: 16
- May 12: 14
- May 13: 11
- May 14: 10
- May 15: 11
- May 16: 11
- May 17: 10
- May 18: 9
- May 19: 7

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

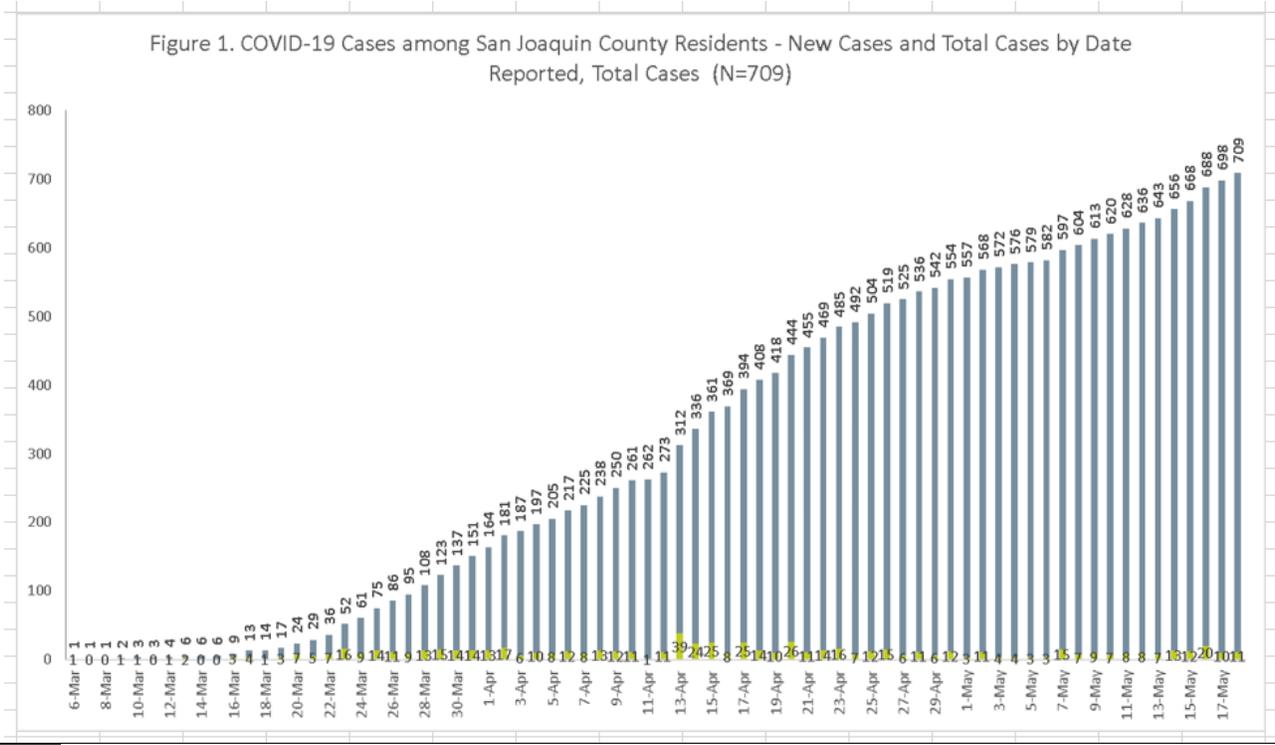
NOTE: State and Federal prison inmate COVID+ cases can be excluded from calculations of case rate in determining qualification for variance. Staff in State and Federal prison facilities are counted in case numbers. Inmates, detainees, and staff in county facilities, such as county jails, must continue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

With a population of 762,000 residents, the county needs to demonstrate a positive incidence of 190 COVID-19 cases or less over 14 days.

The incidence for the 14 day period of May 4 to May 18 was 133, less than 25 per 100,000. On May 4 there were 572 cumulative cases, and on May 18 there were 709.



- **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).

During Stage 1 and beyond, guidance for employers and essential critical infrastructure has been provided as Social Distancing Protocols in our county's stay-at-home order (see item 12, Attachment 1, of the attached latest revision to the order, dated May 8, 2020).

In addition, San Joaquin County Public Health Services also released "Guidance for Employers" to all businesses on May 7, 2020, Attachment 2.

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

As part of the county's stay-at-home order, updated May 8, 2020, businesses and employers that are operating as essential or performing minimum basic operations are required to post the Social Distancing Protocol provided as Appendix A to the order, Attachment 3. This protocol requires documentation that there are measures in place to protect employee health, including hand sanitizer, disinfectants, soap and water, etc.

The availability of supplies is assumed to be adequate when this protocol is publicly posted.

Essential health care workers in the county report on their PPE availability and throughout Stage 1 made requests for PPE through the MHOAC (Medical Health Operational Area Coordinator) when they were needed. PPE availability is assessed on an ongoing basis.

- **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.

On May 7, 2020, San Joaquin County Public Health Services reached out to all organizations within the county offering test collection, and obtained their self-reported maximum daily testing capacities:

Adventist (Lodi)	384
Dameron	15
CMC	140
Sutter Stockton	TBD
Sutter Tracy	15
St. Joseph's	624
Doctor's Manteca	100
Kaiser Stockton	TBD
Kaiser Manteca	19
Tracy Planned Parenthood	75
Project Baseline	200
Golden Valley Health Centers	75
San Joaquin General	250
Optum Serve (Lodi)	132
Total	2,029

A minimum daily testing capacity of 1.5 per 1,000 residents means that San Joaquin County needs to demonstrate an ability to do 1,140 tests a day. The capacity to do 2,029 tests per day exceeds this minimum.

It is difficult to know the true daily testing volume, as only positive results are reported to public health when done at a commercial lab. According to data tracked by the CDPH, a total of 3,619 tests were run in San Joaquin from May 3 to May 12, reflecting a testing volume of 0.5 per 1,000.

Our plan to reach required testing levels includes:

1. Increased advertising of our Verily and Optumserve sites, educating the public that these are done at no cost and are available to asymptomatic clients.
2. Newly produced videos in English and Spanish, posted on social media and YouTube, explaining the availability of test sites.
3. More in-depth contact tracing to find exposures and recommend testing.
4. Plan to expand testing in skilled nursing facilities, continue testing in homeless shelters, and offer testing to the agricultural industry (farm workers).
5. Discuss with local FQHCs a recommendation to expand testing in areas where access is poor and clients have difficulty with transportation

- 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.

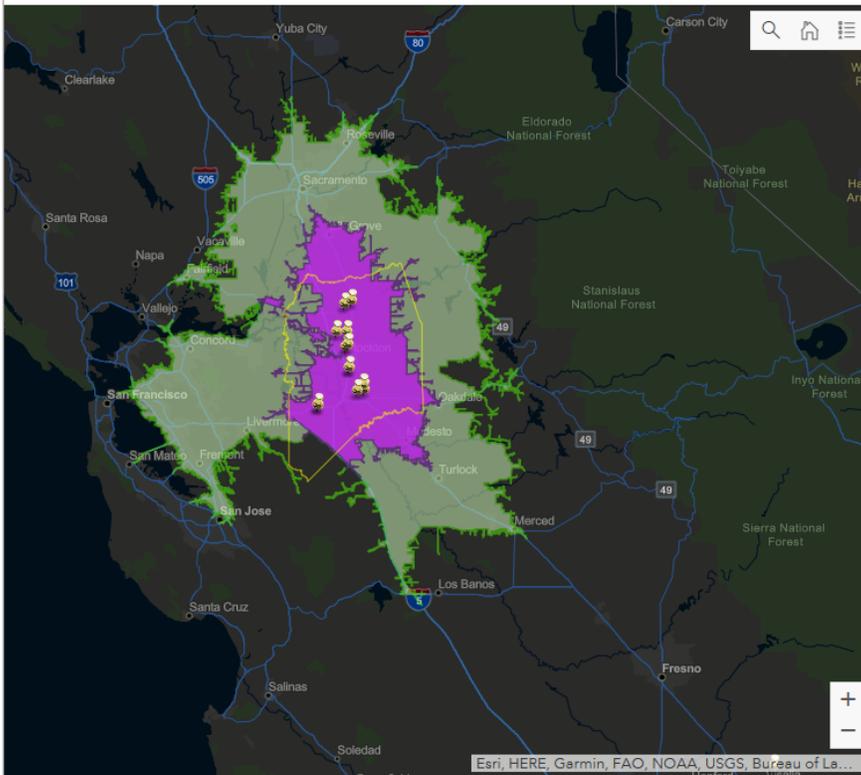

**COVID-19 TESTING SITES
IN SAN JOAQUIN COUNTY**

If you need to be tested for COVID-19, contact the following health care providers by phone or on-line for assessment and referral. Sites listed below offer nasal swab (diagnostic) testing.

<p>Adventist Health (844) 542-8840 https://www.adventisthealth.org/</p> <p>City of Tracy / Planned Parenthood http://testing.plan-your-care.org/</p> <p>Community Medical Centers* (209) 636-5400 https://www.communitymedicalcenters.org/</p> <p>Dameron Hospital (209) 944-5550 https://www.dameronhospital.com/</p> <p>Doctors Hospital of Manteca (209) 823-3111 https://www.doctorsmanteca.com/</p> <p>Golden Valley Health Centers (866) 682-4842 https://www.gvhc.org/</p> <p>Kaiser Foundation Hospital Manteca* (209) 824-5051 https://healthy.kaiserpermanente.org/</p>	<p>Kaiser Permanente Stockton* (209) 476-2000 https://healthy.kaiserpermanente.org/</p> <p>OptumServe http://thi.care/covidtesting</p> <p>Project Baseline (Verily) https://projectbaseline.com/</p> <p>San Joaquin General Hospital and Clinics (209) 468-6000 https://www.sanjoaquingeneral.com/</p> <p>St. Joseph's Medical Center (209) 943-2000 https://locations.dignityhealth.org/stockton-ca/</p> <p>Sutter Stockton Medical Plaza (866) 961-2889 https://sutterhealth.org/</p> <p>Sutter Tracy Community Hospital (866) 961-2889 https://sutterhealth.org/</p>
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* Services available for members only 5/28/20

Metric: Testing availability for at least 75% of residents within 30 minutes driving time (purple) in urban areas, and 60 minutes (green) in rural areas.



The list of specimen collection sites available throughout the county and the map of testing sites demonstrates that 75% of residents are within 30 minutes drive time in urban areas and 60 minutes in rural areas.

- 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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1. Test widely and maintain accurate surveillance - ensure public is aware of all available test sites, encourage outpatients with ILIs to present for testing, ensure rapid turnaround time on tests, test all suspected cases and clusters rapidly after identification.
2. Isolate all infected people in safe and suitable places
3. Identify and trace contacts quickly, expanding circle of transmission and quarantining contacts

Testing will continue to be done at all hospital emergency departments as well as current outpatient test sites. Testing priority is given as per "tier 1" and "tier 2" categories per CDPH guidance. Testing occurs daily and results are reported to the state via Calredie. Testing of asymptomatic individuals is available at no cost to all, including uninsured, at the Verily test site in Stockton Monday to Saturday and the Optumserve site in Lodi from Monday through Friday.

A plan is being developed to expand testing at skilled nursing facilities, to include testing an entire facility if there is a COVID positive case (staff or resident) and repeat testing of the entire facility a week later. Public health will assist with the procurement of test collection kits and with the performance of tests for these 2 weeks. Thereafter, facilities will be asked to continue testing their facilities every 28 days. Facilities with no COVID cases will also be asked to implement testing every 28 days.

Serologic antibody testing is available at San Joaquin General Hospital and can be used for disease surveillance purposes. The county will implement a testing strategy if guidance on the use of serology from the state's testing taskforce emerges.

- **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).

To meet the level of 15 contact tracers per 100,000 San Joaquin County Public Health has available 115 hired and volunteer staff. Our agency has 20 regular staff who can be dedicated to this cause, most of whom participated in the pilot phase of the state's virtual training academy. We have in addition county employees, a volunteer college graduate, and several health educators and nurses from St. Joseph's Medical Center, to make up an additional 30 people. These people are currently enrolled in the second wave of the state's contact tracer training. We have also submitted a request for state-supplied contact tracers. An additional 68 volunteer students from San Joaquin Medical Society's Decision Medicine and Bridge to Medicine programs are onboarding this week and will start with paper training then enroll in the state's upcoming 3rd and 4th waves of training. The county will be using the state-supplied data management platform.

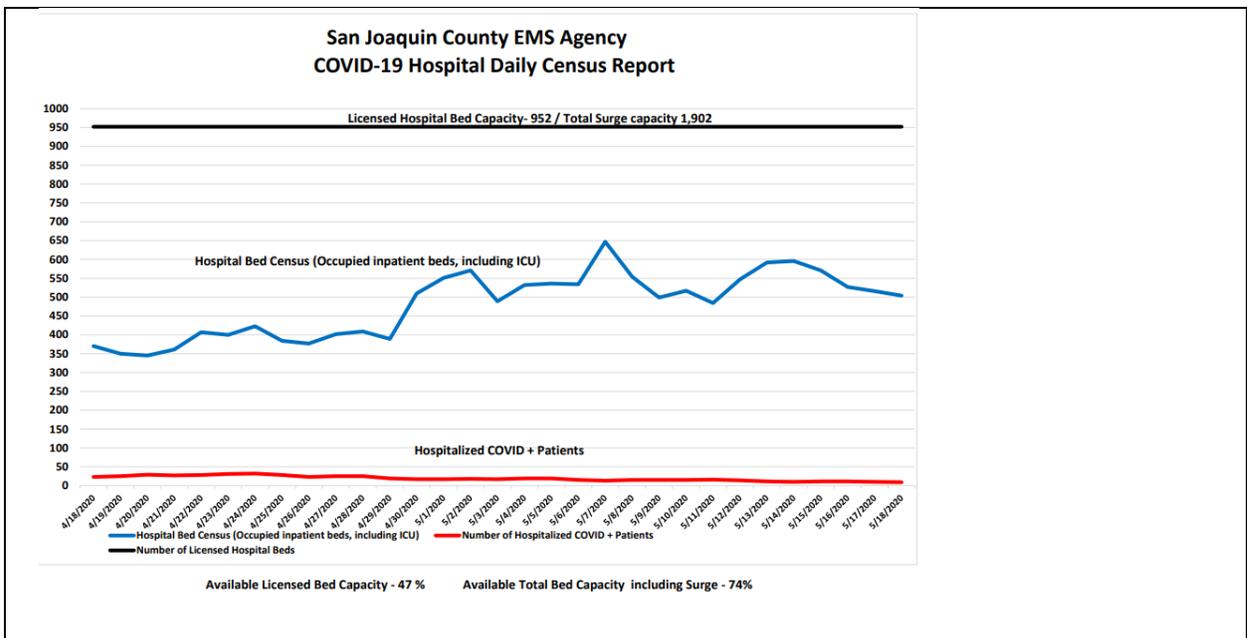
The county currently has an average of 8-9 newly reported positive cases per day (8.6 average over the past 14 days). Therefore, currently trained contact tracers will have 0-1 new cases added to their caseload each day and can be responsible for a caseload of 3-4 positive clients at a time. These caseloads can be maintained if there were to be a 10-fold surge in numbers, due to the number of available volunteer tracers.

- 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.

San Joaquin County has sufficient temporary housing units to shelter more than 15% of its residents experiencing homelessness requiring isolation and quarantine. Per the most recent Point in Time Count from 2019 the total number of individuals experiencing homelessness in San Joaquin County was 2,629, 15% of which is 395 individuals. The County currently has a lease agreement with Motel 6 Corporate utilizing COVID-19 Emergency Response Funds (SB 89) for Project Roomkey. The facility has capacity for 76 rooms to shelter at-risk homeless individuals, with the ability to utilize a second 76 room Motel 6 facility in Stockton. The County is negotiating an agreement with another motel provider for an additional 75 rooms to meet additional capacity requirements, and has been involved in discussions with several other motel operators which remain viable options to secure an additional 261 units of isolation capacity as needed. Services have been established to support individuals who have been placed in Project Roomkey including: transportation to the location, hygiene supplies, snacks, three meals per day, laundry services for personal clothing, daily wellness checks and limited case management for each guest for the duration of their stay. The County has also been advised that it can make use of the capacity at the Sleep Train Arena in case of a surge. In addition, San Joaquin County is partnering with United Way to provide scattered-site temporary motel housing utilizing funding from an existing ongoing voucher program operated by our Human Services Agency, which at full capacity can provide an additional 35 units of isolation capacity.

San Joaquin County Public Health Services has partnered with local emergency shelter operators to provide COVID-19 screenings for those entering the shelter. Over the last two months, our Continuum of Care Emergency Winter Shelter Subcommittee has worked with local shelters and has engaged homeless residents living in encampments throughout the county to facilitate COVID-19 testing for over 200 homeless residents, connect homeless individuals with wraparound services, as well as providing those residents with hygiene kits, backpacks and new tents. This has been a huge undertaking, involving temperature checks and symptom checks of shelter residents daily as they check in to the Stockton Homeless Shelter each night. To date, a total of 217 staff and residents have been tested for COVID-19 at the Stockton Homeless Shelter, the Gospel Center Rescue Mission, St. Mary's Dining Hall, and at 2 encampments, and all are negative. We believe that the early introduction of education as well as the provision of masks and hand sanitizer to each resident has played a role in our ability to prevent an outbreak.

- **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.



As of 5/18/20 there are 504 current hospital beds in use, including ICU beds. The county has a total capacity to surge to 1,902 beds, and our capacity is significantly greater than the 35% minimum surge requirement. Surge capacity is met through a combination of additional portable beds and reduced bed demand.

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

The county has 7 hospital facilities, each having its own plan to protect the workforce and process for obtaining and maintaining PPE.
(see submitted hospital attestations, Attachment 4)
The MHOAC assesses this process by maintaining an inventory of available supplies, tracking usage, and fulfilling requests from hospitals with PPE shortages to the best of its ability. Requests can be received on a rolling basis and are matched with available supplies, or assistance with vendors is offered.

- **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 Long-Term Care Team was formed at San Joaquin County Public Health in mid-March. The Team was trained by an in person visit from HAI to perform facility assessments to prepare them in the event of a COVID+ resident or staff and to prepare them for a potential surge.

The Long-Term Care Team has worked in conjunction with the local MHOAC to make sure they have a 2 week supply of PPE. Training and support of the proper use of PPE is ongoing by the Public Health Team.

The Public Health team keeps in touch weekly with the Skilled Nursing Facilities, providing guidance and support, and daily with facilities experiencing an outbreak. Public Health has successfully helped 3 facilities through their outbreak and are currently assisting 2 facilities to limit their outbreak.

The Public Health Team has been in contact with and supported all of the Assisted Living Facilities (2 of which had an outbreak as stated above) and we are now contacting Adult Residential Facilities to provide support.

We have at least 2 Skilled Nursing Facilities that are accepting + COVID residents from the Community and we are working with other facilities to do the same. The Acute Care Hospitals have been in need of placing these residents and they have even accepted residents from other Counties that could not take them. Public Health will continue to support these facilities as they do this.

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

San Joaquin County has the below 25 skilled nursing facilities. Phone calls have been made to each of them, and all report having at least a 14 day supply of PPE on hand, as well as commercial procurement chains.

1	Facility Name	Facility Contact Person
2	ARBOR NURSING & REHAB CENTER	STEPHANIE BRAUN, DSD
3	LODI NURSING &REHAB	KIMBERLY BARROGA, DSD
4	LODI CREEK POST ACUTE	MARI STEEN, DON
5	FAIRMONT REHAB CENTER	JOANNE MCCARTNEY, DON
6	VIENNA REHAB HOSPITAL	IDA VENTURA, DSD
7	MANTECA CARE AND REHAB	CATHY OTTE
8	ST. JUDE CARE CENTER	BIJI ABRAHAM, DON
9	BETHANY HOME	ANITA CLEMENTS
10	NEW HOPE POST ACUTE CARE	DOLLY BINDRA, DON
11	TRACY NURSING & REHAB	BRYAN FISHER, ADMIN
12	CREEKSIDE CARE CENTER	CHARLENE, INFECTION PREV
13	CRESTWOOD MANOR	VIVIAN SIEGFRIED, DON
14	DYCOR (QUAIL LAKES)	JANET LAWSON
15	GOLDEN LIVING HYPANA	LINDA HUDSON, DSD
16	PLYMOUTH SQUARE SNF	ROGER BERNALDEZ, DON
17	LINCOLN SQUARE POST ACUTE	MONALISA VELASCO
18	WAGNER HEIGHTS CONVALESCENT	SARA
19	WINDSOR HAMPTON CARE CENTER	TERESA DUONG
20	CLEARWATER HEALTH CARE	EMERLINO SAMBO, DON
21	DYCOR (WEBER OAKS)	TERESA MENDOZA
22	FULTON GARDENS POST ACUTE	LONDON GUINAN, DON
23	GOOD SAMARITAN CONVALESCENT	MONETTE GALLARDE, DON
24	MEADOWOOD	ALISHA MERCER
25	RIVERWOOD HEALTHCARE	MARIA QUINTANILLA
26	WINDSOR ELMHAVEN CARE CENTER	MARIA QUILENDERINO, DSD

- 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.

On May 8, 2020 early Stage 2 retail (curbside and delivery only), manufacturing, and related logistics were allowed to resume in San Joaquin County per the statewide stay-at-home order.

Upon submittal of this attestation and posting on the CDPH website, San Joaquin County intends to move through Stage 2 in its entirety beginning on Friday May 22, 2020 conditioned on such businesses having implemented appropriate guidance as provided by the State and the County.

This means that San Joaquin County will have reopened the following sectors in accordance with current State Stage 2 requirements:

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

In addition, as the State continues to add additional and specific lower-risk workplaces to Stage 2 where listed at <https://covid19.ca.gov/roadmap/#stage-2>, San Joaquin County will allow those potential additional businesses to re-open as well and in accordance with all State and County guidance to reduce the risk to public health.

San Joaquin County has a clear understanding that counties are not allowed to move into Stage 3 activities at this time.

Schools are not currently planned for reopening as part of later Stage 2 and San Joaquin County will continue to engage with our education partners on appropriate planning for this sector.

San Joaquin County staff will work through our various community networks and via social media to share this plan with Stage 2 businesses that are attempting to reopening. Reopening of Stage 2 business activities is strictly contingent upon their readiness to implement and comply with sector-specific guidance and no Stage 3 sectors or businesses or activities will be allowed to reopen in San Joaquin County under this variance.

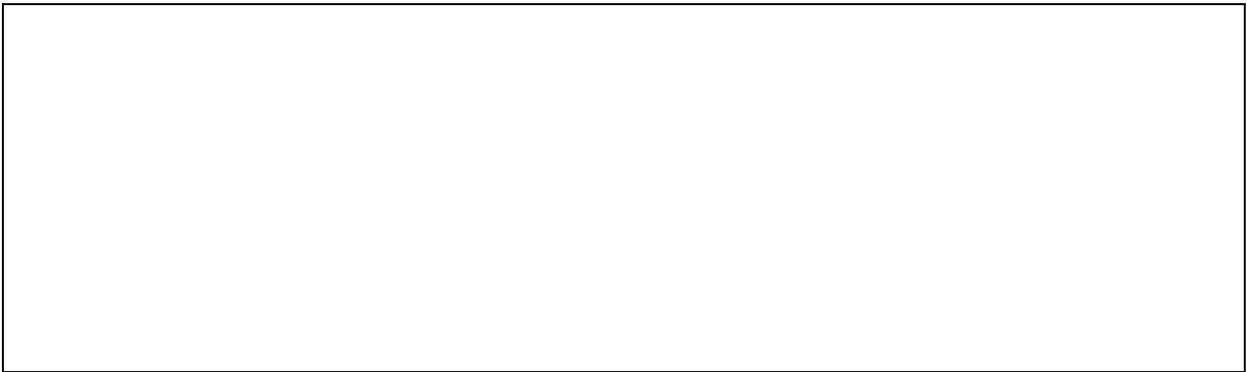
Stage 2 guidance is subject to updates by both CDPH and San Joaquin County as informed by other local, state and federal agencies. The latest county based guidance will always be available to the public at <http://sjready.org/events/covid19.html>

Supportive materials for businesses such as signage, posters, and a resource list to help businesses make necessary modifications and encourage safe practices have been made available for download and as appropriate posting by businesses.

San Joaquin County staff will enlist regional economic development stakeholders to help educate San Joaquin businesses regarding the importance of vigilant adherence to public health protocols to prevent the potential for falling back into closure due to increased community spread of COVID-19.

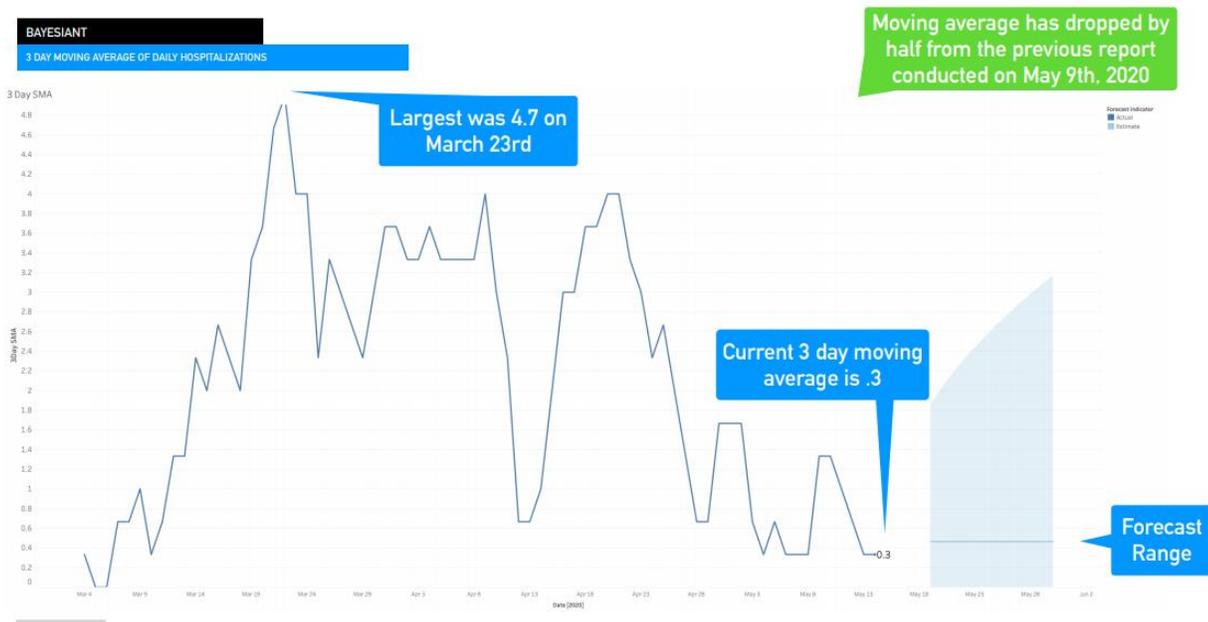
In addition to the sector-specific guidance provided by the State and County, the following guidance remains in place for ALL San Joaquin County residents throughout Stage 2:

- Anyone who is feeling ill should stay at home.
- Vulnerable (high risk) individuals are encouraged to stay at home.
- Individuals are strongly encouraged to wear a protective face covering when in public for source control especially if maintaining six feet of physical distance from others is not possible.
- When in public, maintain physical distance from others (at least six feet).
- Strictly adhere to good hygiene practices by washing hands frequently, using hand sanitizer, cleaning frequently touched surfaces, and covering coughs and sneezes.
- Gatherings with others who are not part of your household is not permitted.



- 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.

San Joaquin County Public Health Services will monitor hospitalizations within the county and evaluate them using a moving, 3-day average. If that average exceeds 2% for two consecutive periods, it will be cause for concern and will prompt a warning to the public that modifications may need to be tightened. If the average exceeds 3% for two consecutive periods, dine-in restaurant services and destination retail will be closed. A persistently increased average thereafter could prompt further closures, going back to earlier phases of Stage 2. These metrics will be followed on an ongoing basis, with the assistance of Bayesiant, as with the graph below:



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

The development of the San Joaquin County Containment Plan has begun and is being led by the County Public Health Department and currently involves the participation of the MHOAC, hospitals and other stakeholders from the community. The Department is in regular communication with these stakeholders and is working to provide additional structure specific to this variance attestation element. Additional stakeholder groups may eventually include:

- Ambulatory health care providers and pharmacies
- Post-acute care entities (including skilled nursing facilities, long term care facilities and hospice providers)
- Educational institutions
- First responders (including EMS, Ambulance providers, Fire and Law Enforcement)
- Homeless shelters
- City and County officials
- Other County Departments such as Behavioral Health and Human Services

In addition to implementing a series of recurring meetings with our stakeholders, San Joaquin County Public Health has already provided technical assistance to these entities and continues to work to strengthen collaborative partnerships across the County to address containment strategies. San Joaquin County will be in a strong position to quickly finalize the sections of the Attestation Variance Containment Plan and in the interim, robust protocols are already in place for several containment plan elements such as contact tracing and living in working in congregate environment. For these reasons the Public Health Department anticipates being able to post our local Containment Plan to within two weeks of attestation approval.

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

Testing

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

Currently daily capacity exists to perform 2 per 1000 (1,524 tests a day), but actual testing volume is likely not at that level. Strategies to reach this level include increasing access to test sites as well as asking all test collection site to report their total collection numbers daily to public health, for accurate tracking. Specimen collection sites do ensure that access exists, but transportation to these sites may be an issue to be included in a strategy to increase usage.

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?

Staff are available as per above contact tracing section, and they are reflective of a wide range of ethnic and linguistic representation. Where specific languages may not be represented, contact tracers have access to language lines and to assistance from local CBO's such as APSARA for Asian languages. We are able to expand to staffing levels that can meet a three-fold increase in cases.

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 25 skilled nursing facilities, all with sufficient PPE at this time and with access to suppliers for ongoing needs. Public health has worked to train the facilities in infection prevention and control. Current supplies for testing exist to test facilities with outbreaks, and the ability to continue such testing will rest upon the continued availability of these supplies to our lab.

We have the state Correctional Health Care Facility (CHCF), San Joaquin County Jail, a juvenile justice center, the Department of Juvenile Justice, and the Deuel Vocational Institute. San Joaquin County Public Health Services (SJC PHS) works in coordination with the California Department of Public Health, the Department of Corrections, and correctional health staff to provide guidance and education on contact investigations, care coordination, COVID-19 testing of inmates and staff. SJC PHS is able to engage with each of these facilities and track facility case rates, and has already been engaged with CHCF and CDPH in dealing with cases in the CHCF facility.

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.)?

Through our partnership with Bayesian, SJC public health has done targeted outreach to the elderly and those with comorbidities with mailings going out to residents with high COVID scores, in the resident's primary languages. Elderly citizens and those at risk also have access to free meal programs in several cities, including food banks, senior lunch programs and Great Plates Delivered.

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?

Hospitals are conducting daily tracking and reporting numbers daily to the MHOAC. All of our area hospitals have reported a plan to test patients prior to elective surgeries, and some are testing all upon admission. Occupational exposure plans are also in place in all hospitals.

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?

SJC PHS has provided guidance through our local order with social distancing protocols. We have worked directly with many workplaces on their own employee strategies, including county HR and the countywide employee health plan for COVID-19.

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?

San Joaquin County has a large agricultural industry, and strategies for mitigating transmission in our migrant farm worker population are in beginning phases, with a plan to collaborate with the homeless taskforce, the Agricultural Commissioner, and local organizations that represent migrant farm workers.

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?

The county engages with cities through weekly MAC (multi agency coordination) calls, and the public health officer also conducts calls and zoom meetings with city councils, mayors, and city managers. The attestation process has been shared with all cities, and their input has been garnered.

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?

Sacramento to the north and Stanislaus to the south are also attesting through the second variance opportunity. Other counties in the San Joaquin Valley area have met attestation via the first variance opportunity.

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

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

Printed Name Maggie Park, MD

Signature *Maggie Park*

Position/Title Public Health Officer

Date 5/20/2020

Attachment 1: May 8th, 2020 Stay at Home Order for San Joaquin County, Item 12 – Social Distancing Protocols

"12. Social Distancing Protocols.

a. All Businesses allowed to operate under any State Public Health order or local public health order must prepare and post a "Social Distancing Protocol" for each of their facilities in the County frequented by the public or employees.

b. The Social Distancing Protocol must be substantially in the form attached to this Order as Appendix A. The Social Distancing Protocol must be posted at or near the entrance of the relevant facility/job site, and shall be easily viewable by the public and employees. A copy of the Social Distancing Protocol must also be provided to each employee performing work at the facility/job site. All businesses performing any level of permitted operations shall implement the Social Distancing Protocol and provide evidence of its implementation to any authority enforcing this Order upon demand. The Social Distancing Protocol must explain how the business is achieving the following, as applicable:

- i. Limiting the number of people who can enter into the facility/job site at any one time to ensure that people in the facility/job site can easily maintain a minimum six-foot distance from one another at all times, except as required to complete the business activity;
- ii. Excluding the public, except where permitted under any State or local health order.
- iii. Where lines may form at a facility/job site, marking six-foot increments at a minimum, establishing where individuals should stand to maintain adequate social distancing;
- iv. Providing hand sanitizer, soap and water, or effective disinfectant at or near the entrance of the facility/job site and in other appropriate areas for use by the public and employees, and in locations where there is high-frequency employee interaction with members of the public (e.g., cashiers);
- v. Providing for contactless payment systems or, if not feasible to do so, the providing for disinfecting all payment portals, pens, and styluses after each use;
- vi. Regularly disinfecting other high-touch surfaces; and
- vii. Posting a sign at the entrance of the facility/job site informing all employees and customers that they should: avoid entering the facility/job site if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into one's elbow; not shake hands or engage in any unnecessary physical contact.
- viii. Any additional social distancing measures being implemented by the State or under a local health order (see the Centers for Disease Control and Prevention's guidance at: <https://www.cdc.gov/coronavirus/2019ncov/community/guidancebusiness-response.html>).

Attachment 2: San Joaquin County Guidance for Employers (5/7/20)

A DIVISION OF
HEALTH CARE
SERVICES AGENCY

Date: May 7, 2020

To: All Businesses and Employers

From: Maggie Park, M.D., Interim Health Officer

San Joaquin County Guidance for Employers 2019 Novel Coronavirus (COVID-19)

Background

COVID-19 is a respiratory illness caused by a novel coronavirus that has been spreading worldwide. Community-acquired cases have now been confirmed in California and as of May 7, 2020 there is widespread community transmission in San Joaquin County. Businesses and employers should prepare for possible impacts of COVID-19 and take precautions to mitigate the spread of the virus.

Mitigation

Mitigation procedures are intended to slow the transmission of a disease and protect the most vulnerable in our community as well as the healthcare and critical infrastructure workforces.

EMPLOYERS should:

- Provide tissues and no-touch disposal receptacles for use by employees.
- Provide disinfectant wipes so that frequently used surfaces (i.e., doorknobs, keyboards, remote controls, desks, handrails) can be wiped down by employees before each use.
- Provide soap and water and alcohol-based hand sanitizer in the workplace.
 - Ensure that adequate supplies are maintained.
 - Place hand sanitizer in multiple locations or in conference rooms to encourage hand hygiene.
- Place posters that encourage staying home sick, cough and sneeze etiquette, and hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Increase ventilation by opening windows or adjusting air conditioning.
- Use telephone or video conferencing whenever possible, especially for those that are at increased risk of severe illness.
- Decrease in-person contact at the workplace.
 - Increase physical space between workers at the worksite.
 - Stagger work schedules.
 - Limit large work-related gatherings.



- See the California Department of Public Health's (CDPH) updated full guidance on Mass Gatherings: <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/index.html>
- Limit or cancel non-essential work-travel.
- Actively encourage sick workers to stay home.
 - Do not require a healthcare provider's note for workers who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare providers office and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - Ensure that sick leave policies are flexible and consistent with public health guidance and that workers are aware of these policies.
- Maintain flexible policies that permit workers to stay home to care for a sick family member. Employers should be aware that more workers may need to stay at home to care for family members than is usual.
- Do not make determinations of COVID-19 risk based on race or country of origin, and be sure to maintain confidentiality of people with confirmed COVID-19.

WORKERS should:

- Maintain a distance of at least 6 feet between people, when possible.
- Use "respiratory etiquette" - cover cough with a tissue or sleeve, not hands.
- Avoid shaking hands and hugging.
- Wash hands often with soap and water for at least 20 seconds.
 - If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
 - If hands are visibly dirty, then soap and water should be used instead of handsanitizer.
- Do not touch face with unwashed hands.
- Regularly disinfect frequently touched surfaces (see Environmental Cleaning section below).

FYI: Face masks are not recommended for healthy people for prevention purposes. Face masks are most useful in limiting the spread of disease when they are worn by people who already have symptoms.

Worker Illness

- If an employee comes to work sick or becomes sick with fever OR respiratory symptoms OR sore throat during the workday, they must be sent home immediately.
 - The individual should call their primary care physician (PCP) as soon as possible.
- Anyone that is symptomatic or mildly ill should stay home for at least 10 days after the symptoms begin AND at least 3 days (72 hours) have passed since resolution of fever without the use of fever-reducing medications, and improvement in other symptoms (e.g., cough, shortness of breath, etc.).



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- See Centers for Disease Control and Prevention's (CDC) full guidance on What to Do If You Are Sick: <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>
- If someone is in contact with a confirmed case of COVID-19 and is asymptomatic then they should be allowed to work.
 - They should also self-monitor for fever, respiratory symptoms, or sore throat.
 - Public Health Services is not testing these individuals at this time.

Environmental Cleaning

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. Clean hands immediately after gloves are removed.
- Routinely clean frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, keyboards, phones) with household cleaners and EPA-Registered disinfectants that are appropriate for the surface, following label instructions.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfections should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water OR
 - 4 teaspoons bleach per quart of water
- Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - List of EPA-approved Products: https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry completely
 - Otherwise, use products with the EPA-approved emerging viral pathogens claims (see link above) that are suitable for porous surfaces.



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- Full CDC guidance on Environmental Cleaning and Disinfection Recommendations: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html?deliveryName=USCDC_2067-DM21539

Planning Considerations

- Impact of disease on workers that are vulnerable and may be at higher risk for COVID-19 adverse health complications.
 - Inform workers that some people may be at higher risk for severe illness, such as older adults and those with chronic medical conditions.
- Prepare for possible increased number of worker absences due to illness in workers and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness.
 - Cross-train personnel to perform essential functions.
- Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions outlined in their business infectious disease outbreak response plan based on local conditions.
- Visit Occupational Safety and Health Act's (OSHA) Guide on Preparing Workplaces for COVID-19: <https://www.osha.gov/Publications/OSHA3990.pdf>

Stay Informed

1. CDC Guidance for Businesses and Employers (5/7/2020): <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>
2. San Joaquin County Public Health Services: <http://www.sjcphs.org/>
3. California Department of Public Health (CDPH): <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
4. Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Resources

1. CDC's What To Do If You Are Sick: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>
2. California Labor & Workforce Development Agency (LWDA) for specific guidance and program assistance: <https://www.labor.ca.gov/coronavirus2019/>
3. CDC's Stop the Spread of Germs: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
4. CDC Handwashing Fact Sheets (Eng/Span): <https://www.cdc.gov/handwashing/fact-sheets.html>

Attachment 3: Appendix A – Social Distancing Protocol Form

Appendix A: Social Distancing Protocol

Business name:

Facility Address:

Signage:

Signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into a cloth or tissue or, if not available, into one's elbow; and not shake hands or engage in any unnecessary physical contact.

Signage posting a copy of the Social Distancing Protocol at each public entrance to the facility.

Measures To Protect Employee Health (check all that apply to the facility):

Everyone who can carry out their work duties from home has been directed to do so.

All employees have been told not to come to work if sick.

Should the business deem it necessary, symptom checks are being conducted before employees may enter the workplace.

All desks or individual work stations are separated by at least six feet where operationally possible.

Break rooms, bathrooms, and other common areas are being disinfected frequently, on the following schedule:

- Break rooms:
- Bathrooms:
- Other :

Disinfectant and related supplies are available to all employees at the following location(s):

Hand sanitizer effective against COVID-19 is available to all employees at the following location(s):

Soap and water are available to all employees at the following location(s):

Copies of this Protocol have been distributed to all employees.

Optional—Describe other measures:

Measures To Prevent Crowds From Gathering (check all that apply to the facility):

Limit the number of customers in the store at any one time in an effort to maintain at least six-foot distance from one another at all practicable times.

Post an employee at the door to ensure that the maximum number of customers in the facility set forth above is not exceeded.

Placing per-person limits on goods that are selling out quickly to reduce crowds and lines.
Explain:

Optional—Describe other measures:

Appendix A: Social Distancing Protocol

Measures To Keep People At Least Six Feet Apart (check all that apply to the facility)

- Placing signs outside the store reminding people to be at least six feet apart, including when in line.
- Placing tape or other markings at least six feet apart in customer line areas inside the store and on sidewalks at public entrances with signs directing customers to use the markings to maintain distance.
- Separate order areas from delivery areas to prevent customers from gathering.
- All employees have been instructed to maintain at least six feet distance from customers and from each other, except employees may momentarily come closer when necessary to accept payment, deliver goods or services, or as otherwise necessary.
- Optional—Describe other measures:

Measures To Prevent Unnecessary Contact (check all that apply to the facility):

- Preventing people from self-serving any items that are food-related.
 - Lids for cups and food-bar type items are provided by staff, not to customers to grab.
 - Bulk-item food bins are not available for customer self-service use.
- Not permitting customers to bring their own bags, mugs, or other reusable items from home.
- Providing for contactless payment systems or, if not feasible, sanitizing payment systems regularly.
Describe:
- Optional—Describe other measures (e.g. providing senior-only hours):

Measures To Increase Sanitization (check all that apply to the facility):

- Disinfecting wipes that are effective against COVID-19 are available near shopping carts and shopping baskets.
- Employee(s) assigned to disinfect carts and baskets regularly.
- Hand sanitizer, soap and water, or effective disinfectant is available to the public at or near the entrance of the facility, at checkout counters, and anywhere else inside the store or immediately outside where people have direct interactions.
- Disinfecting all payment portals, pens, and styluses after each use.
- Disinfecting all high-contact surfaces frequently.
- Optional—Describe other measures:

* Any additional measures not included here should be listed on separate pages, which the business should attach to this document.

You may contact the following person with any questions or comments about this protocol:

Name: **Phone number:**

Attachment 4: Hospital Attestations



San Joaquin General Hospital • P. O. Box 1020 • Stockton • CA 95201 • (209) 468-6000

Sent by Email

May 18, 2020

Dan Burch
EMS Administrator and
Medical Health Operational Area Coordinator
San Joaquin County
Emergency Medical Services Agency
P.O. Box 220
French Camp, CA

RE: COVID-19 County Variance Attestation

Dear Mr. Burch:

In response to your letter of May 14, 2020, San Joaquin General hereby attests to meeting specific standards related to hospital capacity, personal protective equipment and workforce availability. Specifically, San Joaquin General Hospital attests that it will maintain a minimum surge capacity of 35%. The old Towers building has been fully stocked with supplies and beds. The computers for the Cerner Electronic Health Record have been reinstalled and are available for use when needed.

San Joaquin General Hospital has executed a contract with a supplemental staffing agency, Maxim, to provide nurses through July 18, 2020. In the event additional nurses are needed to handle surge patients the contract will be extended. The contracts can be extended if necessary.

The hospital continues to monitor the supply of critical PPE and has been able to obtain an adequate supply to cover surge volume if needed. The CDC guidelines on how to extend the use of N95 respirators will be followed if necessary. In late April 2020, SJGH began working with national vendor Battelle to recycle n95 respirators. The hospital is committed to obtain a enough volume of other PPE to provide staff a safe environment. In addition, the Infection Control Practitioner and Nursing Education staff are providing on-going surveillance and training regarding proper COVID-19 techniques.

Do not hesitate to contact me if you have any questions.

David



1800 N. California St.
Stockton, CA 95204
direct (209) 467-6402
StJosephsCares.org

May 15, 2020

Mr. Dan Burch,

This letter shall serve as an attestation for Dignity Health St. Joseph's Medical Center's compliance with maintaining substantial hospital capacity for the current COVID-19 cases as well as a potential surge of 35% related to COVID-19, including ICU beds, ventilators, personnel and personal protective equipment for healthcare workers.

Managing current COVID-19 case volume and maintaining capacity for a potential COVID-19 related surge is being accomplished through the activation of our emergency operations plan, specifically the infectious disease surge strategy which allows us to expand our ICU capacity using existing licensed patient care areas as well as expand into non-licensed patient care spaces for lower acuity patients. In addition, daily monitoring of the workforce capacity, supply chain resources and COVID-19 modeling provide opportunity to adjust and respond to the changing situation.

If you have any questions, please feel free to contact me at (209) 467-6402 or Michael.Williams@DignityHealth.Org

Sincerely,

Michael Williams

Michael Williams
Chief Operating Officer
St. Joseph's Medical Center



May 14, 2020

Maggie Park, MD
Public Health Officer, San Joaquin County

2233 Grand Canal Blvd, Suite 214
Stockton, CA 95207

Dr. Park,

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

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

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

Sincerely,

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

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



Adventist Health Lodi Memorial
975 S. Fairmont Avenue
Lodi, CA 95240
(209) 334-3411

May 14, 2020

Dr. Maggie Park
Public Health Officer, San Joaquin County
PO Box 220
French Camp, CA 95231

Dear Dr. Park:

In response to your request, Adventist Health Lodi Memorial:

- Is prepared to accommodate a surge of 35% due to COVID-19 cases in addition to providing care to non COVID-19 patients; and
- Has adequate PPE to protect our associates and clinicians.

We understand San Joaquin County will use this letter to apply for a variance to move through the stages to lift certain California stay-at-home orders.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Wolcott".

Daniel Wolcott
President

DAMERON HOSPITAL

Managed by:



525 W. Acacia St.
Stockton, CA 95203
209-944-5550
DameronHospital.org

May 14, 2020
Dan Burch
San Joaquin County EMS
500 W. Hospital Rd.
French Camp, CA 95231

Re: Covid-19 County Variance Attestation

Dameron Hospital will maintain 35% hospital capacity to accommodate a minimum surge due to COVID-19 cases in addition to providing usual care for non-COVID19 patients

To accomplish the 35% surge capacity, Dameron has inventoried physical beds to ensure supply is sufficient. Dameron has also placed beds in low-volume units to ensure readiness for a surge of patients. Dameron has sufficient workforce capacity for a 35% surge. To meet the 35% surge, appropriately licensed and trained staff from procedure units are available to assist in inpatient nursing units including the intensive care unit as needed.

Dameron evaluates PPE use and quantity on a daily basis. PPE is distributed through a central supply department who closely monitors amount being issued, appropriate use for department, and current levels. Dameron follows current CDC and CDPH guidelines in regards to PPE use for both clinical and nonclinical workforce.

Sincerely,

A handwritten signature in black ink that reads "Terri Day" with "ND" written below it.

Terri Day, Administrator

Dameron Hospital



DOCTORS HOSPITAL
OF MANTECA

1205 E. North Street
Manteca, CA 95336

May 18, 2020

To Jeff Costa:

Doctors Hospital of Manteca (DHM) attests to the following:

1. We will maintain 35% hospital capacity to accommodate a minimum surge due to COVID – 19 cases in addition to providing usual care for non-COVID-19 patients.
2. We will accomplish the 35% surge capacity by ensuring both physical beds and workforce capacity by utilizing areas currently not in use and by utilizing staffing services that are corporate wide
3. We are adequately supplied for PPE for all staff. All staff (vendors/physicians) are required to wear surgical masks throughout our facility at all times. We also have each staff member (including vendors/physicians, etc) attest to an absence of all recognized symptoms for COVID – 19 before entering our facility – (symptoms listed and accepted by CDPH).

Should you require more information please contact: Beverly.fick@tenethealth.com

Thank you

Beverly Fick
Chief Nursing Officer



Central Valley Service Area

Sanjay Marwaha, MD
Physician-in-Chief

Corwin N. Harper, MHA, FACHE
Senior Vice President/Area Manager

May 18, 2020

Maggie Park, MD
San Joaquin Public Health Director
1601 E. Hazelton Avenue
Stockton, CA 95205

Re: Variance to Stage 2 of California's Roadmap to Modify the Stay-at-Home Order

Dear Dr. Park,

In response to your request, Kaiser Foundation Hospital, Manteca:

- Has capacity to accommodate a minimum surge of 35% due to COVID-19 cases, in addition to providing usual care for its non-COVID-19 patients.
- Has adequate Personal Protective Equipment (PPE) to protect its workforce.

We understand that San Joaquin County has requested this information in order to assess its readiness to request a local variance to move to Stage 2 in California's Roadmap to Modify the Stay-At-Home Order.

Sincerely,

A handwritten signature in black ink, appearing to read "CHarper", written over the typed name of Corwin N. Harper.

Corwin N. Harper, MHA, FACHE
Senior Vice President/Area Manager
Kaiser Foundation Hospital, Manteca

San Joaquin County Plan for Moving Through Stage 2

On May 8, 2020 early Stage 2 retail (curbside and delivery only), manufacturing, and related logistics were allowed to resume in San Joaquin County per the statewide stay-at-home order.

Upon submittal of this attestation and posting on the CDPH website, San Joaquin County intends to move through Stage 2 in its entirety beginning on Friday May 22, 2020 conditioned on such businesses having implemented appropriate guidance as provided by the State and the County.

This means that San Joaquin County will have reopened the following sectors in accordance with current State Stage 2 requirements:

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

In addition, as the State continues to add additional and specific lower-risk workplaces to Stage 2 where listed at <https://covid19.ca.gov/roadmap/#stage-2>, San Joaquin County will allow those potential additional businesses to re-open as well and in accordance with all State and County guidance to reduce the risk to public health.

San Joaquin County has a clear understanding that counties are not allowed to move into Stage 3 activities at this time.

Schools are not currently planned for reopening as part of later Stage 2 and San Joaquin County will continue to engage with our education partners on appropriate planning for this sector.

San Joaquin County staff will work through our various community networks and via social media to share this plan with Stage 2 businesses that are attempting to reopening. Reopening of Stage 2 business activities is strictly contingent upon their readiness to implement and comply with sector-specific guidance and no Stage 3 sectors or businesses or activities will be allowed to reopen in San Joaquin County under this variance.

Stage 2 guidance is subject to updates by both CDPH and San Joaquin County as informed by other local, state and federal agencies. The latest county based guidance will always be available to the public at <http://sjready.org/events/covid19.html>

Supportive materials for businesses such as signage, posters, and a resource list to help businesses make necessary modifications and encourage safe practices have been made available for download and as appropriate posting by businesses.

San Joaquin County staff will enlist regional economic development stakeholders to help educate San Joaquin businesses regarding the importance of vigilant adherence to public health protocols to prevent the potential for falling back into closure due to increased community spread of COVID-19.

In addition to the sector-specific guidance provided by the State and County, the following guidance remains in place for ALL San Joaquin County residents throughout Stage 2:

- Anyone who is feeling ill should stay at home.
- Vulnerable (high risk) individuals are encouraged to stay at home.
- Individuals are strongly encouraged to wear a protective face covering when in public for source control especially if maintaining six feet of physical distance from others is not possible.
- When in public, maintain physical distance from others (at least six feet).
- Strictly adhere to good hygiene practices by washing hands frequently, using hand sanitizer, cleaning frequently touched surfaces, and covering coughs and sneezes.
- Gatherings with others who are not part of your household is not permitted.



SAN JOAQUIN
— COUNTY —
Greatness grows here.

Board of Supervisors

Katherine Miller, Chair, *Second District*

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Rachél DeBord, *Clerk of the Board of Supervisors*

May 20, 2020

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

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

Dear Governor Newsom and Dr. Angell:

The San Joaquin County Board of Supervisors wants to thank you for your leadership and management of the COVID-19 pandemic. The steps taken have proven to work, as the trend in California has not matched predictions and forecasts. The mitigation measures have allowed our hospitals and health care systems to expand surge capacity and gather sufficient supplies and resources, and testing has become readily available to our residents. San Joaquin County has benefited in its development in preparation for surge capacity from the collaborative health care system, which includes seven hospitals.

With the State Order and the San Joaquin County Stay at Home Order, which has been in place since March 20, 2020, we have been able to maintain a low hospitalization rate, low ICU admissions, and we have been able to build a total surge capacity of 1,902 hospital beds, which is significantly greater than the 35% minimum required by the State. We believe we have met the intent of the criteria for advancing through Stage 2 at a more rapid pace, since as requested by the State, we have focused on reducing hospitalizations and preparing our surge capacity.

San Joaquin County has completed a comprehensive review of its readiness for moving through Stage 2 and has prepared plans for doing so. Our health officer's attestation addresses epidemiological stability, protection of essential workers, protection of at-risk/vulnerable populations, testing capacity, containment capacity, hospital capacity, plans for moving through Stage 2, and triggers for adjusting modifications.

Please accept this letter of support from the San Joaquin County Board of Supervisors as an endorsement of our health officer's attestation and request for a local variance to California's Roadmap to Recovery.

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine M. Miller". The signature is fluid and cursive, with a large initial "K" and "M".

Katherine M. Miller, Chair
San Joaquin County Board of Supervisors

cc: San Joaquin County Board of Supervisors
County Administrator Monica Nino