

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

COVID-19 VARIANCE ATTESTATION FORM

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FOR San Mateo County

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**May 18, 2020**

## **Background**

On March 4, 2020, Governor Newsom proclaimed a State of Emergency because of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 14<sup>th</sup>, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4<sup>th</sup>, announced that entry into Stage 2 of the plan would be imminent. Given the size and diversity of California, it is not surprising that the impact and level of county readiness for COVID-19 has differed across the state. On May 7<sup>th</sup>, as directed by the Governor in Executive Order N-60-20, the State Public Health Officer issued a local variance opportunity through a process of county self-attestation to meet a set of criteria related to county disease prevalence and preparedness. This variance allowed for counties to adopt aspects of Stage 2 at a rate and in an order determined by the County Local Health Officer. Note that counties desiring to be stricter or move at a pace less rapid than the state did not need a variance.

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

Now, 11 days after the first variance opportunity announcement, the state has further built up capacity in testing, contact tracing and the availability of PPE. Hospital surge capacity remains strong overall. California has maintained a position of stability with respect to hospitalizations. These data show that the state is now at a higher level of preparedness, and many counties across the state, including those that did not meet the first variance criteria are expected to be, too. For these reasons, the state is issuing a second variance opportunity for certain counties that did not meet the criteria of the first variance attestation. This next round of variance is for counties that can attest to meeting specific criteria indicating local stability of COVID-19 spread and specific levels of county preparedness. The criteria and procedures that counties will need to meet in order to attest to this second variance opportunity are outlined below. It is recommended that counties consult with cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2.

## Local Variance

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

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

All county attestations, and submitted plans as outlined below, will be posted publicly on CDPH's website. CDPH is available to provide consultation to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at [Jake.Hanson@cdph.ca.gov](mailto:Jake.Hanson@cdph.ca.gov) to notify him of your intent to seek a variance and if needed, request a consultation.

**County Name:** San Mateo County

**County Contact:** Health Officer Dr. Scott Morrow, MD & Chief of Health Louise F. Rogers

**Public Phone Number:** 650-573-2519

## Readiness for Variance

The county's documentation of its readiness to modify how the county advances through Stage 2, either to move more quickly or in a different order, than the California's roadmap to modify the Stay-at-Home order, must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including, for example, the elderly and those with specific co-morbidities, and those residing in long-term care and locally controlled custody facilities and other congregate settings, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

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

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 Mateo County has the following 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  $<+5\%$ .

Date	# of Hospitalizations	Previous day # of Hospitalizations	% Change by Day
June 3	43	42	2.4%
June 4	36	43	-16.3%
June 5	38	36	5.6%
June 6	31	38	-18.4%
June 7	50	31	61.3%
June 8	34	50	-32.0%
June 9	29	34	-14.7%
<b>7 day Average</b>			<b>-1.7%</b>

Source: ReddiNet polling of San Mateo County hospitals

In addition, admissions per day rarely exceed 20 per day. Between April 28 and June 10, there were only three days when COVID-19 admissions to hospitals exceeded 20 per day.

On those three days, 25, 22, and 22 admissions occurred. Similarly, the total census of COVID-19 patients in hospitals during that period ranged significantly from 82 to 33. We are close to meeting the State target of no more than 20 admissions per day; while the % change by day of total COVID-19 hospitalizations varies, hospital capacity to surge is substantial as described later this document.

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

San Mateo County current cumulative incidence for the last 14 days (May 27-June 9) is 62.0 per 100,000 population (total of 475 cases). For the past 7 days, the testing positivity rate is 3%:

Date	# of Negative Tests	# of Positive Tests	% Positivity
3-Jun	903	48	5.0%
4-Jun	933	34	3.5%
5-Jun	1115	23	2.0%
6-Jun	701	19	2.6%
7-Jun	396	9	2.2%
8-Jun	974	27	2.7%
9-Jun	665	18	2.6%
total	5687	178	3.0%
	7-day average		3.0%

**Sources:** Case count data from internal REDCap system; testing data from CalREDIE; U.S. Census Bureau, 2014-2018 American Community Survey 5-year Estimates (San Mateo County population of 765,935); Positivity rate derived from SMC Health Lab Dashboard, which is viewable at: <https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>

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

Facility staff of jails and prisons, regardless of whether they are run by local, state or federal government, generally reside in the counties in which they work. So, the incidence of COVID-19 positivity is relevant to the variance determination. In contrast, upon release, inmates of State and Federal prisons generally do not return to the counties in which they are incarcerated, so the incidence of their COVID-19 positivity is not relevant to the variance determination. While inmates in state and federal prisons may be removed from calculation for this specific criteria, working to protect inmates in these facilities from COVID-19 is of the highest priority for the State.

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

N/A



- **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).

San Mateo County first provided guidance for employers on protecting essential workers via the San Mateo County Public Health Officer's order of March 16, 2020. In addition to a "Shelter in Place" order for non-essential workers and non-essential non-work trips, this order required that all businesses and offices remaining open must adhere to "social distancing requirements." These requirements included the following:

- 1) Individuals must maintain appropriate social distancing, staying six feet away from each other to the full extent feasible;
- 2) Individuals must wash their hands with soap and water for 20 seconds as frequently as possible, or use hand sanitizer when soap and water are unavailable;
- 3) Individuals must cover coughs and sneezes into their sleeves or elbows;
- 4) Employers must regularly clean high touch surfaces; and
- 5) Individuals must not shake hands.

This guidance has been supplemented with thoroughly detailed instructions for businesses and other employers on how to effectively implement social distancing and protect worker safety (see attached "Appendix A: Social Distancing Protocol". In addition to the above measures set forth in the Health Officer's March 16, 2020 order, the Social Distancing Protocol requires employers to also implement the following measures:

- 1) Post signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have COVID-19 symptoms; 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; wear face coverings, as appropriate; and not shake hands or engage in any unnecessary physical contact. A copy of the social distancing protocol must also be posted.
- 2) Instruct employees to work from home, if possible.
- 3) Instruct employees to not come to work if sick.
- 4) Conduct symptom checks on employees before entering the workplace.
- 5) Have employees wear face coverings.
- 6) Separate work stations by six feet.
- 7) Frequently disinfect bathrooms, break rooms, and other common areas.
- 8) Make disinfecting supplies, hand sanitizer and soap and water available to employees.
- 9) Take specified measures to prevent crowding or long lines from forming.
- 10) Mark where customers should stand to avoid excessively tight queuing.
- 11) Adhere to specified safety measures when serving or selling food.
- 12) Sanitize items and surfaces that customers touch frequently.

More specific mandates regarding the use of face coverings by employees and members of the public is contained in a separate health order issued May 19th.

There are also specific social distancing/employee safety mandates applicable to small and large construction sites.

Employers in San Mateo County may access information regarding these orders and guidance, as well as any future orders and guidance, at <https://www.smcgov.org/covid-19-business-and-worker-information>.

- 13) In addition to the above mentioned San Mateo County-specific guidance, all employers must also adhere to relevant statewide orders and guidance for their industry: <https://covid19.ca.gov/industry-guidance/>.

#### **ATTACHMENTS:**

- 2.2.1 Face Coverings Health Order
- 2.2.1 SMC March 16th Health Order
- 2.2.1 Social Distancing Protocol for Businesses

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

The Medical Health Operational Area Coordinator (MHOAC), currently operating out of the San Mateo County Emergency Operations Center (EOC), in Redwood City, coordinates an inventory of available medical and health disaster supplies and tracks submitted requests.

The MHOAC provides a software program known as ReddiNet, that facilitates the submission of requests for the medical and health supplies by healthcare facilities. The MOHAC processes requests daily and matches them with available supplies. Non-medical essential workers utilize a similar process through the EOC's Logistics Branch.

The MHOAC and EOC (Logistics and Procurement branches) maintain a list of vendors and they periodically check the status of product available to ensure adequate supply to fulfill requests.

To date, the MHOAC has distributed Personal Protective Equipment (PPE) and other medical supplies and equipment to hospitals, long term care facilities, health clinics, skilled nursing facilities and alternate care facilities.

San Mateo County maintains a robust COVID-19 website at <https://www.smcgov.org/> and the site includes resources for citizens and employers. More specifically, the County provides a Business and Worker resource link at <https://www.smcgov.org/covid-19-business-and-worker-information> and provides information for how to re-open businesses and how to remain safe while operating. Information is available in multiple languages. FAQs on the County website are robust and provide readers with detailed information.

San Mateo County established a 211-call center that provides live operators to speak with callers seeking information and answers to COVID-related questions. This support is available in multiple languages and operators spend an average of approximately nine minutes with each caller.

- **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.

**Response:** Testing capacity in San Mateo County exceeds 1,151 tests per day, which is 1.5 tests per 1,000 County residents. During Shelter In Place (SIP), testing volume did not match testing capacity throughout the state and the County because the SIP order prevented mild/moderately ill symptomatic residents, pre-symptomatic and asymptomatic residents from testing. According to the state, using an adjustment factor that includes unreported commercial labs during the week of 5/31 to 6/6, SMC averaged over 7 days, 1456 tests per day. This exceeds the 1151 required tests per day by 26.5%.

San Mateo County has developed a testing plan that expands testing to include mildly symptomatic and asymptomatic residents. The plan encourages aligning testing capacity with the following high-risk populations:

- In April testing began for all symptomatic and asymptomatic adults in Skilled Nursing Facilities and congregate care settings and their caregivers on a routine cadence (standard of every 2 weeks). This initial effort will be bolstered by facilities efforts to conduct their own routine testing, particularly SNFs who must do so per State CDPH directive. Congregate facilities with more limited resources to test on their own will receive assistance from a planned Public Health team that will also collect specimens once hired.
- In May using Verily drive-through testing sites testing began for historically under-served, low-income, and hard-to-reach communities where access to resources are more difficult. The use of Verily has created logistical challenges that have prevented SMC from reaching deeply into underserved communities due to the digital divide.

The County is increasing the testing capacity in its public health lab to align with the massive undertaking of scaling up to test all congregate care sites in San Mateo County, underserved communities and all contacts of cases.

The San Mateo County Public Health Laboratory's estimated testing capacity will be the following before July 1:

**Public Health Laboratory and PH Lab Partners' Testing Capacity Goal**

Laboratory Name	Type of Laboratory	Daily Maximum COVID-19 Testing (By July)
San Mateo County Public Health Laboratory	Public Health	<b>Molecular:</b> 550 in 16 hours on Hologic Panther

		64 in 8 hours for Cepheid GeneXpert 60 Samples in 8 hours using CDC real-time RT-PCR <b>Total Molecular:</b> 674/day
Viral and Rickettsial Disease Laboratory (VRDL) at CDPH	Public Health (State)	200
University of California at San Francisco	Academic	300
Stanford University	Academic	300
Verily Project Baseline*	State sponsored Drive thru/Walk up sites	250-500
*State directed site; not coordinated by SMCPLH		Total = 1724-1974 per day

**Total Testing Capacity:**

The highest volume of tests run per day in the 2 weeks (May 27 – June 9) prior to attestation submission has been 1592 (1539 negative; 53 positive) on Friday, June 5, 2020. San Mateo County averaged 1192.9 tests per day over the 7 days prior to this application (June 3-June 9) which exceeds the state requirement.

**Source:** testing data from CalREDIE

Current data (updated daily) can be found at: <https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>

- 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.

**Response:** Below is a link from the California Coronavirus COVID 19 Testing Taskforce website that provides a list of all testing sites in San Mateo County. San Mateo County has strategically been assessing testing sites to ensure that residents living in urban and rural areas have access to testing, 30 and 60 minutes, respectively.

<https://www.arcgis.com/apps/Nearby/index.html?appid=43118dc0d5d348d8ab20a81967a15401>

The San Mateo Public Health Laboratory is currently sending samples collected from Skilled Nursing Facilities (SNFs) to the University of California at San Francisco Clinical Laboratory for testing. The Public Health laboratory will be taking over most of the skilled nursing facility testing in the near future.

- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what

frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact [covCommunitySurveillance@cdph.ca.gov](mailto:covCommunitySurveillance@cdph.ca.gov) for any guidance in setting up such systems in their county.]

**Response:** San Mateo County Office of Epidemiology and Evaluation (OOE) plans to implement community sentinel surveillance system sites by contracting with Boston Children's Hospital and reaching out to CDPH for guidance on suggested facilities to onboard locally. Further, OOE aims to increase the number of providers in our jurisdiction reporting ILI and COVID-like illness across age categories. The Health Officer and OOE will be further developing this approach.

We have several objectives we would like to accomplish; the first objective is to onboard our ambulatory clinic sites onto the National Syndromic Surveillance platform. Capturing these data will compliment an existing robust emergency department data set that allows us to conduct near-real-time analysis. The second objective will be to identify additional providers willing to submit specimens for influenza and COVID-19 to our Public Health Lab throughout the year to provide OOE with more information on transmission within the community. We will attempt to recruit providers in a geographically representative way. Last, we are interested in further exploring waste water surveillance as a way of monitoring COVID-19 throughout the year across the County and across SNFs and congregate care sites.

- **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).

San Mateo County Public Health Policy & Planning has implemented a COVID-19 case investigation and contact tracing program that leverages a team approach and follows state and federal guidelines for case investigation, contact tracing, and supporting individuals with suspected or confirmed infection and their contacts. Some on our current tracing team attended the state training online. We will continue to enroll other staff as needed.

San Mateo County Public Health Policy & Planning has already expanded from a baseline workforce of 8.0 FTEs originally doing case investigation and contact tracing to 30 FTEs that have been reassigned across a variety of disease control programs. As a result, most of the redirected staff routinely perform case investigation and contact tracing in other public health programs.

Our workforce capacity was derived from the Association of State and Territorial Health Officials (ASTHO) and State benchmarks. Our goal is to have at least 15

contact tracers per 100,000 residents. For San Mateo's 2019 estimated population of 767,000 (U.S. Census), we plan to identify capacity to scale up to a total of 115 FTE to meet the State standard. San Mateo Co. will meet this metric of 115 case and contact investigation staff by August 1, 2020. A first phase of expansion from the current 30 staff to 75 staff will be completed by July, 2020 with identification of staff by July 1 and onboarding of staff by mid July.

We estimate that our existing 30 can already handle at least 60 new positive cases per day. If we add an additional 85 contact tracing Disaster Service Worker positions to meet the State standard of 115 FTEs the expanded workforce could handle up to 230 new positive cases per day. We will be using a phased-in approach first reaching across other Health Divisions and County Departments to identify another 45 FTEs to achieve 75 FTE by July for coverage of 150 new positive cases per day. We can then surge additional recruiting across County Departments during phase two adding an additional 40 positions as needed until we eventually reach 115 FTEs that will allow the team to investigate up to 230 new positive cases per day.

We are using the ASTHO contact tracing training necessary to provide a baseline understanding of contact tracing followed by an online training developed in-house. We also provide online training on use of our case management solution REDCap.

#### **Case Investigation and Contact Tracing:**

Under the guidance of a Supervisor or Senior Communicable Disease Investigator, Communicable Disease Investigators (CDI) and Contact Tracers (CT) will reach out to every new COVID-19 positive case to conduct an in-depth interview using established call scripts and protocols. CDIs will provide exposure notifications to contacts, screen for symptoms, provide guidance about quarantine, monitor for symptoms and adherence during the quarantine period, and refer for testing as needed. CDIs/CTs will refer cases and contacts to resources for wrap-around services such as housing, transportation, and food as needed. CDIs will release cases from isolation when appropriate. CDIs/CTs will enter data into various information systems including but not limited to REDCap and Qualtrics. CDIs/CTs will routinely handle sensitive protected health information. CDIs will access interpretation services as needed to assure effective communication with our linguistically diverse population.

#### **Isolation and Quarantine:**

Cases are isolated and contacts are quarantined as currently instructed by local health officer orders issued on May 14<sup>th</sup> (see attached). Our communicable disease control team will work with cases and contacts to isolate or quarantine safely in their normal residence when possible per current guidelines. If appropriate isolation or quarantine is not possible in the normal residence, then cases and/or contacts may be offered a hotel room or similar setting at an alternative housing/care site to support appropriate isolation and quarantine. Residents in SNFs who test positive for COVID-19 requiring medical or skilled nursing care may be transferred to a hospital holding unit or COVID-19 Center of Excellence.

#### **Support for CDIs/CTs:**

Senior Communicable Disease Investigators (Sr CDIs) will lead teams of Communicable Disease Investigators and Contact Tracers. Sr. CDIs will assign and review work, provide consultation and coaching, and escalate issues for additional



support as needed. A Public Health Nurse (PHN) will be available for clinical consultation as needed.

#### **Data Management:**

COVID-19 positive laboratory results are captured by the California Reportable Disease Exchange (CalREDIE). In addition to CalREDIE our local contact tracing team will use a combination of REDCap (as case management system) and Qualtrics (as contact tracing/contact system) to monitor contacts of cases during the isolation period. We plan to use REDCap, R, Stata, SAS, Power BI, and Qualtrics to visualize and share data with administration.

#### **New Staff:**

We plan to assign a total of 85 contact tracers and 29 new public health management/infrastructure staff during the month of June continuing through August 2020. Management/Supervisor positions that will be hired during June/July include 1 Clinical Services Manager, 1 Program Services Manager, 1 Health Services Manager I and 1 Community Program Supervisor. Additional support positions that will be hired throughout June and July are 6 Senior Communicable Disease Investigators (3 permanent; 3 term), 2 Epidemiologists, 8 Registered Nurses, 8 Community Health Worker II and 1 Community Program Specialist. Contact tracers will be assigned in phases with the first phase of 45 being assigned during June/July followed by the second phase of 40 during July continuing through August.

#### **ATTACHMENTS:**

2.4.1 Home Quarantine Health Order

- 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 Mateo County currently meets the state threshold for availability of temporary housing units to shelter at least 15% of residents experiencing homelessness in case an outbreak among this population occurs.

San Mateo County, working in collaboration with our homeless services providers, is implementing strategies to prevent and mitigate the spread of COVID-19 among unsheltered homeless residents. Social distancing has been implemented in all our shelters and the medically vulnerable have been moved to non-congregate sites. Additional funds for cleaning and sanitizing have been given to all shelter providers. Our Street Medicine teams are working closely with residents who are unsheltered to track their health status and ensure they get tested if they have COVID-19 symptoms and that they receive appropriate care for any medical issue.

The 2019 Point in Time count identified 1,512 homeless residents in San Mateo County:

a. 611 were identified as sheltered

b. 901 were identified as unsheltered. Of those who were unsheltered, 494 of them were living in RVs, 66 in encampments, 184 in cars, and 157 on the street.

c. Shelter capacity for an additional 15% of the 1,512 people experiencing homelessness would be an additional 227 shelter beds.

During the COVID-19 response, the County and community partners have added additional shelter capacity with access to separate bathrooms, to include non-congregate shelter and isolation capacity:

a. New hotel-based non-congregate shelters, acquired as part of Project Roomkey, currently has a capacity of 177 rooms. This capacity could be increased quickly, if the need increases.

b. In addition to the non-congregate shelters, the County has partnered with California Medical Assessment Team (CAL-MAT), AML, AMR, and the National Guard/CalGuard to open an Alternative Care Site that can accommodate up to 147 individuals who need to isolate/quarantine but cannot isolate/quarantine at home or do not have a home to isolate/quarantine in.

c. With this capacity and the ability to quickly add additional non-congregate shelter beds, the total number of new beds is 324. Therefore, the 15% state requirement is met.

- **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.

In the early stages of the COVID-19 response Health engaged our partner Hospital Consortium (members include San Mateo Medical Center, Kaiser South San Francisco and Redwood City, Seton, Sutter Mills-Peninsula and Dignity Sequoia Health) and surveyed each member regarding their potential to surge and barriers to surge. We also engaged with Stanford, a major hospital provider just outside the County border that plays a substantial role. Each of the hospitals has a surge plan and they have had the opportunity to exercise it in the recent months.

The conversations with the Consortium and member hospitals led to the development of various resources described later in this document to support the hospitals in the event of surge. The survey information regarding their potential to surge also informed the our Modeling COVID-19 Hospital Capacity (attached) that led us to conclude that we have adequate hospital capacity to accommodate most potential surges and in the event we do not, we would have the ability working with the Hospital Consortium members to reinstate the measures including cancelling elective procedures that would be necessary to create more capacity if needed in

order to accommodate a minimum of a 35% surge on top of the average daily census of all the hospitals. In fact, our own modeling signaled that such a surge might not occur until later this summer. Health monitors San Mateo County hospital capacity using the daily ReddiNet polling information we receive from hospitals each day including ICU and med-surge bed capacity (example attached for April 27-June 9) as well as the California Department of Public Health data

<https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>. You will find the ReddiNet report for April 27 through June 9 a good example, with variable admissions and hospitalizations across that time period but substantial hospital capacity remaining each day, even without triggering surge expansions.

The baseline average COVID-positive daily census for the previous 7 days (June 2-June 9) was 37 patients. A 35% surge would be a total of 50 COVID-positive patients in San Mateo County hospitals. Using historical 14-day averages of ICU and medical/surgical bed use by COVID-positive patients, we estimate that 11 of the patients would require ICU-level care and 39 patients would require medical/surgical-level care.

While the number of COVID-19 admissions to hospitals has fluctuated in excess of the State benchmark of 5%, hospital surge capacity remains strong and capable of increasing by at least the State required 35%. In the forty-four days between April 28 and June 10, there were just three days when COVID-19 admissions to hospitals exceeded the State target of 20. On those days 25, 22, and 22 patients were admitted. Similarly, the total census of COVID-19 patients in hospitals during that period ranged significantly from 82 to 33. We are close to meeting the State target of no more than 20 admissions per day; more importantly, hospital capacity is strong to surge as needed to meet patient needs. Our hospitals have reported that, beyond usual capacity, they are able to surge an additional 88 ICU beds and 108 medical/surgical beds within 24-hours.

Source: ReddiNet polling of San Mateo County hospitals

#### **ATTACHMENTS:**

##### 2.5.1 Hospital Capacity Sample Report

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

Local hospitals have responded to COVID-19 with robust measures to protect their workers including screening of employees and patients, testing, cohorting and converting spaces to facilitate appropriate flow of COVID positive patients, and limiting access to visitors. PPE has been a major focus and concern given nationwide shortages. Each hospital determines the type of PPE their clinical and nonclinical personnel need to wear depending on risk using CDC and CDPH guidelines. All the hospitals have established relationships with PPE suppliers and turn to the EMS MHOAC if needed. The burn rate thermometers are used to anticipate requirements. The hospitals work closely with the EMS MHOAC to monitor the days on hand of PPE through the ReddiNet daily polling and to request assistance when there are anticipated to be shortages. A report of PPE requests made and fulfilled between March-May has been attached. This confirms that there continue to be challenges with N95 masks and at times, gowns, which have been supplied by the

MHOAC. The EMS MHOAC works closely with the State to obtain supplies and San Mateo County has also purchased substantial supplies to assist the local effort.

**ATTACHMENTS:**

2.5.2 Hospital PPE Requests

- **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 Communicable Disease (CD) Control Program regularly works alongside long-term care facilities to prevent and control infections and outbreaks of communicable diseases including COVID-19. Our CD team has developed a checklist of COVID-19 prevention and control measures that is shared with congregate settings as needed along with other CDPH and CDC resources. Topics covered included but are not limited to cohorting of staff and residents, targeted testing, and infection control measures. These resources are supplemented by phone and email support. Site visits are performed on an as needed basis.

We have developed and disseminated a COVID-19 mass testing plans for SNFs in alignment with CDPH AFLs to encourage routine surveillance testing and are finalizing similar recommendations for other congregate settings. We continue to collaborate with the CDPH Healthcare Associated Infections Program and Licensing & Certification as needed. Further, CD continues to encourage SNFs to participate in the weekly CDPH SNF calls. We have also connected congregate settings to live and recorded webinar opportunities offered through Stanford School of Medicine and continue to share other webinars, conference calls, and resources offered through CDPH and CDC.

- 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.

All the SNFs in San Mateo County met the State deadline requirement for submission of their plans for preventing COVID-19 spread in their facilities, which included confirmation of their ability to obtain PPE as indicated for their operations. The 17 SNFs in San Mateo County participate in daily polling administered by SMC Health-EMS through the ReddiNet electronic system. This assessment includes the question: Does the facility have enough PPE to last 2 weeks? The San Mateo County MHOAC also reviews daily reports provided by the California Department of Public Health (CDPH). This allows Health to see if they are experiencing shortages. The SNFs know how to request PPE through the Health-EMS MHOAC when there are shortages. Please see attachments for SNF Roster and the most current information regarding the PPE on hand at local SNFs. Per the most recent ReddiNet polling (Column M), all respondent SNFs had a 2-week supply on hand.

**ATTACHMENTS:**

2.6.2 SNF 14 Day PPE Supply  
2.6.2 SNF Roster

- **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.

Following successful attestation, the San Mateo County proposal is to align entirely with the State's reopening plan, including sector and space specific timelines, and sector-specific guidance. All operations permitted with a variance under State guidelines will be permitted to resume operations contingent upon operating under State guidelines. There will continue to be local Health Officer orders that address the core behaviors needed to prevent the spread of the virus. These include orders requiring the use of face coverings, social distancing protocols, quarantine and isolation when necessary, and certain guidance related to congregate living settings.

- **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.

Given the cross-jurisdictional movement of San Mateo County residents, San Mateo County is currently engaged in collaborations with other Bay Area counties to identify and standardize metrics that will be compared at a regional level. San Mateo County is actively monitoring:

- Average number of tests per day, 7-day average
- Hospitalized COVID-positive patients, 3-day and 7-day averages
- Case rate per 100,000 residents
- Outbreaks in SNFs and other LTCFs, including numbers of ill residents and staff

- Deaths of residents with COVID-19 listed as a cause of death, including review of demographic information, geographic distribution, and co-morbidities
- Monitoring for cases and clusters in congregate settings (jail, homeless population, etc.) and community settings (schools, churches, etc.)
- Identifying disproportionate case rates in vulnerable populations (age groups, race/ethnicity, historically-underserved populations, geographic areas)
- Geographic analyses of case rates, by demographic, socio-economic status, and other indicators
- Modelling hospitalization data trends in order to forecast and prepare for a surge in hospitalized cases

**Sources:** testing data from CalREDIE; ReddiNet polling of San Mateo County hospitals; case count data from internal REDCap system; congregate setting facility reporting to San Mateo County Communicable Disease Control; U.S Census Bureau, 2014-2018 American Community Survey 5-year Estimates by census tract

### • 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.

San Mateo County will develop a COVID-19 containment plan that will be developed in collaboration with local stakeholders including but not limited to hospitals, health care system, health plan and the Board of Supervisors.

The plan will be drafted from existing plans and will summarize key containment issues including but not limited to the following: containment issues:

- Testing volume, capacity and strategy
- Congregate care facility containment
- Contact tracing
- Essential workers
- Acute care surge
- Vulnerable communities

Our goal is to develop a draft plan by 7/3/2020.

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?

Testing: San Mateo County averaged 1192.9 tests per day over the 7 days (June 3-June 9) prior to this application, which is 1.55 tests per 1,000 residents and meets the State's benchmark. San Mateo County is advertising the availability of testing locations to the public, as well as working with testing sites to expand to additional locations to increase accessibility. A plan for augmenting testing has been developed and is being vetted by key internal stakeholders.

Positivity Trend: San Mateo County meets the State's benchmark for positivity. The average percentage of positive tests over the past 7 days (June 3-June 9) is 3.1% and is stable or declining (the average percentage of positive tests over the previous 7 days (May 27-June 2) was 4.1%.

Specimen Collection: San Mateo County's plans to augment testing capacity prioritize specimen collection necessary to support case and contact investigation that can address testing needs for any close contact. The County has supported robust specimen collection in skilled nursing facility and other congregate living locations and will continue to serve as a backstop for facilities as they increase their own capacity. The County will also continue to partner with the major ambulatory safety net clinics serving the low-income population as well as other health care providers.

Lab Partnerships: The San Mateo County Public Health Lab will continue to partner with academic and other labs to meet the needs of the most vulnerable residents. The University of California San Francisco and Stanford University have been strong partners to the County Public Health Lab and the County will continue to collaborate and coordinate with the labs serving our region.

Community Surveillance: San Mateo County Office of Epidemiology and Evaluation (OOE) plans to implement community sentinel surveillance system sites by contracting with Boston Children's Hospital and reaching out to CDPH for guidance on suggested facilities to onboard locally. Further, OOE will make efforts to increase the number of providers in our jurisdiction reporting ILI and COVID-like illness across age categories. We have several objectives we will attempt to accomplish: the first objective is to onboard our ambulatory clinic sites onto the National Syndromic Surveillance platform. Capturing these data will complement an existing robust emergency department data set that allows us to conduct near-real-time analysis. The second objective will be to identify additional providers willing to submit specimens for influenza and COVID-19 to our Public Health Lab throughout the year to provide OOE with more information on transmission within the community. We will attempt to recruit providers in a geographically representative way. Last, we are interested in exploring waste water surveillance as a way of monitoring COVID-19 throughout the year across the County and across SNF and congregate care sites.

## 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?

San Mateo County Public Health Policy & Planning has already expanded from a baseline workforce of 8.0 FTEs originally doing case investigation and contact tracing to 30 FTEs that have been reassigned across a variety of disease control programs.

We estimate that our existing 30 can handle at least 60 new positive cases per day. If we add an additional 85 contact tracing Disaster Service Worker positions to meet the State standard of 115 FTEs the expanded workforce could handle up to 230 new positive cases per day. We will be using a phased-in approach first reaching across other Health Divisions and County Departments to identify another 45 FTEs to achieve 75 FTE by July for coverage of 150 new positive cases per day. We can then surge additional recruiting across County Departments during phase two adding an additional 40 positions as needed until we eventually reach 115 FTEs that will allow the team to investigate up to 230 new positive cases per day.

County Health's case and contact investigation team approximates our community's racial, ethnic and linguistic diversity. Most staff are bilingual and bicultural with several having lived experience in communities that may not experience trust in government. As we have worked with our County Human Resources team to expand the case and contact investigation workforce, we have included cultural competency appropriate to the local community and expertise in a second language as key criteria as documented in the attached job description.

The County Health team performing case and contact investigation assesses individuals' ability to safely isolate. The option of alternative housing/care sites at no cost is our most powerful tool and options for such housing and care have been developed by the County Emergency Operations Center as described in other parts of this document. Additionally, staff performing case and contact investigation aim to make referrals whenever possible to help support access to food, medications, other necessities, labor protections, legal aid, etc. depending on the challenges that arise in specific situations.

The County has established a pathway for any resident who is not able to safely isolate at home to receive support from our Emergency Operations Center Housing and Shelter Branch. Health Officer Orders for safe isolation and quarantine guide individuals in such circumstances as follows: a) isolation: "For purposes of this Order, a Person with COVID-19 who, at any time during their applicable Period of Isolation as set forth in Section 6, does not have access to a home or residence for the purpose of isolation shall not be deemed in violation of this Order if, upon notification of a positive COVID-19 test, such person promptly contacts the San Mateo County Emergency Operations Center Shelter & Care Branch by dialing 211 at any time, day or night, to inform of their COVID-19 status and request an isolation location, cooperates fully with EOC staff, and is otherwise compliant with this Order." b) quarantine: "For purposes of this Order, a Person with COVID-19 who does not have access to a home or residence for the purpose of quarantine shall not be deemed in violation of this Order if, upon notification of the requirement to quarantine pursuant to this Order, such person promptly contacts the San Mateo County Emergency Operations Center Shelter &

Care Branch by dialing 211 at any time, day or night, to inform of their Close Contact status and request a quarantine location, cooperates fully with EOC staff, and is otherwise compliant with this Order." The Emergency Operations Center Shelter and Care branch has arranged housing options to support those who cannot safely self-isolate or quarantine.

**ATTACHMENTS:**

2.9.3 Contact Tracer Draft Job Description

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?

**Congregate Care Facilities**

Skilled Nursing Facilities: 14 facilities, 1,242 beds

Distinct Part SNF: 3 facilities, 461 beds

Adult Residential: 103 facilities, 631 beds

Residential Care Facility For the Elderly (RCFE): 246 facilities, 4,554 beds

Adult Residential with Special Needs: 9 facilities, 37 beds

The congregate care facilities have been a primary focus of the local response as 20% of the positive cases (483 out of 2475 as of June 10) have been associated with these facilities and 63% of the deaths (59 out of 93). Health monitors and publishes this information daily: <https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>

County Health established a Disaster Health Coalition several years ago that many of the congregate care facilities chose to join in order to share information and receive training for disaster preparedness. This became a foundation to expand information dissemination and training related to the COVID-19 response. The facilities range in size from small 6 bed RCFE to large skilled nursing facilities. Health has partnered with the Health Plan of San Mateo to provide education and support to the facilities and to create three SNF Centers of Excellence to create capacity for COVID-19 patients. Attached is the Health Officer/Public Health Mass Testing Strategy for SMC SNFs that describes the protocol for compliance and collaboration. A similar protocol is planned for other licensed congregate care facilities.

<https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>

- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals? Yes
- Do facilities have the ability to safely quarantine individuals who have been exposed? Yes
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities? There is a substantial public health

response to the congregate care facilities that has resulted in testing more than 3,000 patients. The SNFs are shifting to more routine testing in compliance with the plans they submitted to the State California Department of Public Health in early June. The other congregate care facilities are not yet testing routinely on their own but are expected to do so in the near future with some support from Health.

- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs? Yes, recent polling shows they have at least 14 days' worth of PPE supplies.
- Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures? Yes
- Does the workforce have access to locations to safely isolate? The County protocol requires anyone who cannot safely isolate to call the 211 to be connected to someone who will help link them to a resource for safe isolation. The County EOC has mobilized hotel beds for essential workers who cannot safely isolate.
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur? The SNFs and larger RCFEs do have access to staffing agencies if and when staff shortages related to COVID-19 occur.

### **Correctional Facilities**

Maguire Correctional Facility: 950 cells

Maple Street Correctional Center: 1,134 cells

- In the adult facilities there is a housing continuum for COVID-19 positive cases that go into isolation and any Person Under Investigation will be placed in quarantine in addition to cohort convalescent housing. There have been very few cases in the jails.
- There is sufficient testing capacity and there is universal testing in the intake pod at incarceration, as well as additional testing 14 days later after quarantine before moving out of the intake pod to other housing.
- Challenged by confined space, all professional staff, custody staff, and inmates are required to wear masks. There are temperature and symptom checks for all staff coming into the facilities. There are temperature checks and symptom checks for any inmate movement in the facilities. There are designated staff locations that allow for some distancing and all staff are required to wear masks.

Youth Services Center: 180 spaces

The Jail C-19 Management Plan by CHS and Contact Tracing Procedure are attached.

### **Homeless Shelters**

<b>Homeless Shelters</b>	<b>Staff</b>	<b>Residents</b>
Maple Street (LifeMoves)	25	120
Safe Harbor (Samaritan House)	15	42
Project WeHope	15	20
Spring Street: includes ES and TH* (Mental Health Association)	7	22
Daybreak (StarVista)	10	7
CORA (both TH and ES)	10	61
First Step (families) – LifeMoves	20	120

Redwood (families) – LifeMoves	10	27
Crossroads (families) – LifeMoves	10	49
Haven House (families) - LifeMoves	11	65
Home and Hope (families)	3	20

- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals? Homeless shelters do not have isolation space, and if there were a client that is COVID-19 positive, they would be referred to ACS/Burlingame.
- Do facilities have the ability to safely quarantine individuals who have been exposed? Yes, at adult shelters.

**ATTACHMENTS:**

2.9.4 Contact Tracing Procedure for CHS

2.9.4 COVID 19 Management Plan 6-3-20

2.9.4 Exposure Line List

2.9.4 Mass Testing Strategy for SNFs

**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.)?

- Do resources and interventions intentionally address inequities within these populations being prioritized (i.e. deployment of PPE, testing, etc.)?

San Mateo County's engagement with residents has relied on trusted partners, networks and coalitions with strong connections to the most marginalized populations and communities. We recognize that the populations that have shouldered inequitable health burdens that relate to key social determinants of health such as housing, income and wealth are intersecting with the conditions that leave some populations more vulnerable to exposure to COVID-19. County Health, through work to prioritize the communities that have had the highest proportions of young people in the most intensive systems continues to learn about the aspects of COVID-19 risk that are most challenging for low-income residents, people of color, undocumented residents and other populations that have been marginalized or face stigma and discrimination in accessing resources and supports. We attach here a synthesis of key themes (last updated May 21, 2020) that is informing our longer-range recovery planning. We will continue to refine and update this document as we continue to engage with communities across the County.

A virtual town hall conducted May 1, 2020 included participation from each of Health Equity Initiatives (HEIs) that our County Health Behavioral Health and Recovery Services Office of Diversity and Equity supports to share County efforts underway to address equity issues with COVID-19 and to hear communities' voices about the impact of COVID-19 in their lives and to hear what participants feel would be most helpful at this



time. The attached FAQ synthesizes key questions/needs we heard and issues we continue to work on as part of assuring a focus on the most vulnerable. The collaborators are listed in another attachment.

The County Office of Community Affairs has also been deeply engaged with marginalized communities through trusted partners enlisted to maximize the reach of the Census among hard-to-count communities.

County Health in collaboration with other Bay Area counties, and with the support of the Chan Zuckerberg Initiative, Sequoia Health Care District and CDC Foundation has also enlisted youth to design a campaign targeting young people, who have been uniquely affected by COVID-19, the necessity of school closures, and major disruptions to their lives, learning and social connections to launch a Bay Area Regional COVID-19 youth outreach social media campaign—Crushing the Curve. This campaign can be accessed at these links [www.crushingthecurve.me](http://www.crushingthecurve.me) and [www.crushingcurve.com](http://www.crushingcurve.com). The site includes a robust set of resources available to young people in their community. The initial effort has been a partnership of San Mateo County, San Francisco and Alameda Counties, leveraging our work with Social Change related to our cannabis education campaign [CANNABIS] DECODED <https://www.cannabisdecoded.org/cannabis-decoded>.

Through the COVID-19 focused campaign, we will provide our youth with the resources to be resilient and continue to thrive during these uncertain times.

Based on input from youth, below are the images that will be used in the social media campaign.



Chan Zuckerberg has funded an expansion of the campaign to allow us to make these resources available throughout the seven Bay Area jurisdictions (Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara counties as well as the City of Berkeley) in partnership with staff of those counties. CDC Foundation is considering additional funding needed for that expansion. We will also be engaging youth across the region in the development of an expanded outreach effort that will evolve as the response to COVID-19 evolves in the next year.

San Mateo County (SMC) worked hard to accommodate testing for our vulnerable populations through the State run Verily Project Baseline testing program. We started with one testing location in San Mateo and have now gone to Daly City, East Palo Alto, Half Moon Bay, and North Fair Oaks. The criteria for rotating testing to these communities is that the location doesn't have easy to access testing, residents don't feel safe leaving their community for testing, and want to be tested by trusted providers in the community. The week we started rotating the site using this approach,



our daily test results popped up, routinely exceeding the state's benchmark for San Mateo County.

SMC worked with cities and community-based organizations (CBOs) to set up the testing sites and assisted residents that struggled with the Verily Project Baseline system. We had staff and volunteers on site to help register participants to be tested without an appointment. We also have community volunteers helping with translation, so test participants feel safe and comfortable. We also worked to accommodate residents without vehicles by testing those came on foot or by bike.

We are also experimenting with testing models that serve residents without access to the internet or technology that allows them to sign up for the Project Baseline testing option. SMC worked closely with Puente, a trusted CBO in Pescadero, to test almost 100 residents on a Saturday with an entirely County team. SMC will be running another experiment to test farmworkers and their adult family members this Saturday at a time that works for the farmworkers and will include volunteer Stanford Health Care providers. Both experiments could not have happened without the partnership with trusted CBOs to register residents to be tested. The registration process is manual and low tech so that we can meet the population where they are. The target number of farmworkers to be tested for this experiment is around 300.

Since the pandemic started, the County has also stepped up support to our many non-profit partners who assist our vulnerable residents. The County, in collaboration with the Silicon Valley Community Foundation, has distributed just under \$2 million to local non-profit agencies in the last six weeks. Grants to all our homeless shelter providers have helped establish social distancing and other COVID protocols in our shelters. The eight Core Services agencies have also received grants to fund social distancing protocols and technology for tele-meetings with clients. These agencies, which are located in the communities of most need throughout the County, have been given masks and hand sanitizer to distribute to their clients. Through a recently completed competitive grant program, \$903,000 in \$20,000 grants has been distributed to 53 non-profit organizations that assist our most vulnerable residents with the majority of the grants going to agencies that provide mental health support and food and social services assistance.

- 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.)?

Health's Aging and Adult Services Division (AAS) is working collaboratively with Community Based Organization (CBO) partners to ensure that the needs of our older adults, people with disabilities and people with underlying health conditions are met. The County, through AAS, is advised by two commissions: Commission on Aging and Commission on Disabilities.

The supports that we have in place for this vulnerable population are:

Strategies to address food insecurity: We have engaged with the Great Plates Delivered program to provide 3 hot meals a day/ 6 days a week for eligible participants age 60 and over. We are currently serving over 1350 participants.

Local non-profits have expanded their services to include Grab and Go meals and have also expanded their Home Delivered Meals program serving 31,000 meals per month. Some non-profits have expanded their brown bag program to include delivery of groceries. Grocery stores have implemented "senior only" shopping hours. Usually the first hour of business on one or more days/week.

Social connections: Sheltering in Place has drastically increased the need to connect with our older adults. The Health Plan of San Mateo has engaged volunteers to assist in making phone calls to all of their older adult members. Community Based Organizations have shifted work to focus on phone calls to outreach, connect and support those at home. Community Based Organizations are making approximately 1400 calls per week to clients and family caregivers. Adult Day Care providers have expanded virtual support including on-line exercise programs and home delivery of activity kits.

Telehealth: Our county has expanded the opportunity for tele-health by obtaining over 1,000 licenses for Doxy.me, a telemedicine solution for patients.

In-Home Services: We have 6000 In-Home Supportive Services (IHSS) recipients and 6000 providers. Our staff makes approximately 450 calls/week to IHSS clients. We are also providing caregivers with Personal Protective Equipment. We have launched an emergency back-up registry for In-Home Supportive Services Public Authority (IHSSPA) with the goal of this program to dispatch a back-up provider to IHSS recipients whose current in-home provider is unable to provide care due to COVID-19. Our Adult Protective Services program continues to provide protective services to help keep this population safe at home.

Resources: We have numerous resources available online and by phone. The county's online resources are tailored to ensure that the older adults are able to access information easily and are linked to public safety net programs in the county. Resources are also compiled on the Network of Care site.

Our county has redirected 2-1-1 for the public to get the most up-to-date information on resources during this COVID-19 crisis. Aging and Adult Services' 24-hour Hotline is also available to take calls and to connect the public to resources. We have social workers and on-call staff working nights and weekends to inform and assist.

**ATTACHMENTS:**

2.9.5 COVID19 Community Priorities - Impacted Communities

2.9.5 Town Hall Collaborators

2.9.5 Vulnerable Populations Community Town Hall FAQ

**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?

**Acute Care Surge**

Health continues to work closely with the Hospital Consortium member hospitals to monitor and plan for potential surge. Health mobilized a number of resources in coordination with the hospitals in order to plan for potential surge. These include development of an alternate care site with medical support at a repurposed hotel, development of a field hospital, provision of surge tents and other supplies, assistance with PPE shortages, and modeling using the PENN CHIME and Stanford Surf models for potential surge (see attached model). Health worked closely with the Hospital Consortium member hospitals to develop the pathways for use of the resources to avoid use of hospital resources when appropriate and discharge promptly. These discharge planning protocols are attached.

Daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity:

We are tracking hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity through daily hospital polling in ReddiNet (see sample report attached) as well as the California Department of Public Health COVID Tracking

Tool <https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>

Hospitals PPE supply chains:

All of the hospitals in San Mateo County have their own supply chains for PPE and turn to the MHOAC only when their own supply chains are not meeting the need. The State is aware of the specific shortages that continue to recur and have been requested through the mutual aid process such as N95 masks. The County has attempted to obtain substantial supplies of PPE for local use and has been successful except for N95 masks.

Hospital testing of patients prior to admission to the hospital:

Hospitals are prioritizing testing for patients requiring surgery or treatment for which testing would guide specific components of clinical decision-making. Hospitals continue to prioritize testing to manage with constrained supplies of test kits and swabs, and as they continue to mobilize more robust testing capacity.

Hospitals plans for tracking and addressing occupational exposure:

Hospitals prioritize the safety of their staff with robust occupational health programs that address occupational exposure.

**ATTACHMENTS:**

2.9.6 Acute Care Surge Model

2.9.6 Care and Housing Sites

2.9.6 Hospital Capacity Sample Report

2.9.6 Hospital Discharge Planning Workflow

**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?

In aligning with the State, the County will make available all guidance documents provided by CDPH to our essential workplaces ensure employees and customers are safe in accordance with state/county guidance for modification.

These documents are available at:

<https://www.cdph.ca.gov/programs/CID/DCDC/Pages/Guidance.aspx>

While the County and State have provided significant guidance to employers of essential workers, employers must take responsibility for securing sanitation supplies and also arranging for testing of any sick employees. The County will provide guidance when requested and assistance whenever possible. But, employers need to take a role in both supply provision and testing.

### 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?

No, there are no special industries in San Mateo County that deserve special consideration at this time.

San Mateo County has a significant number of technology companies with a high percent of staff who can telework. Those companies include Facebook, Oracle, Box, Survey Monkey and others. In addition, the County, which is one of the larger employers, has established teleworking during shelter in place for many staff, who will probably continue teleworking after our offices reopen.

### 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?

San Mateo County has been closely engaged with our 20 cities since the start of the pandemic. The County Manager has held tri-weekly calls, recently reduced to bi-weekly, open to all local elected officials and City Executive staff. Key members of our business community and non-profit partners also participate in the calls. The calls include public health updates and other presentations, as well as Q&A with the attendees. A follow-up email is sent to all attendees that includes meeting materials and web links.

SAMCEDA, the San Mateo County Economic Development Association, has partnered with the County to provide updates and information to the county business community. SAMCEDA has a comprehensive webpage with links to federal, state and local resources for businesses and publishes a daily newsletter along with hosting webinars and other events related to COVID reopening and recovery.

All guidance documents related to COVID-19 are translated into Spanish, Chinese and Tagalog.

In early April, San Mateo County began developing a Communitywide COVID Recovery Strategic Plan. Over 80 community representatives from all sectors and all communities participated in the development of the plan. Equity is a guiding principal of the plan and representatives from the Black, Hispanic, Asian, Filipino, Pacific Islander, LGBTQ+, and youth communities were contributors to the plan. The County is now working on implementing the Strategic Plan through a number of committees with multiple community members. We expect participation in the implementation process to include even more community members.

### 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?

San Mateo County maintains regular communications with the surrounding Bay Area counties regarding the COVID-19 response, situational awareness and emergent issues. Many are grappling with the question of whether to increase the pace and several have sought variances. The Health Officers, directors of health, and county executives have regular communications. The EMS/MHOAC coordination is strong in the region. The county associations including CHEAC and CCLHO provide forums for coordination and communication. We are prepared for the need for increased coordination as regional and state travel leads to cases that cross departments in the region.

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

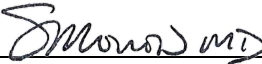
- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.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

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

I, Scott Morrow , hereby attest that I am duly authorized to sign and act on behalf of San Mateo County. I certify that San Mateo 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 Mateo 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: Dr. Scott Morrow, MD, MPH, MBA, FACP \_\_\_\_\_

Signature:  \_\_\_\_\_

Position/Title: Health Officer \_\_\_\_\_

Date: June 12, 2020 (resubmitted) \_\_\_\_\_





Dr. Scott Morrow, Health Officer  
Cassius Lockett, PhD, Director

Public Health, Policy & Planning  
225 37th Avenue  
San Mateo, CA 94403  
smchealth.org

## **ORDER OF THE HEALTH OFFICER No. c19-8(b) (REVISED)**

### **ORDER OF THE HEALTH OFFICER OF THE COUNTY OF SAN MATEO GENERALLY REQUIRING MEMBERS OF THE PUBLIC AND WORKERS TO WEAR FACE COVERINGS**

#### **(PUBLIC HEALTH EMERGENCY ORDER)**

DATE OF ORDER: May 19, 2020

**Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120295, *et seq.*; Cal. Penal Code §§ 69, 148(a)(1))**

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, 120175, AND 120220, THE HEALTH OFFICER OF THE COUNTY OF SAN MATEO ("HEALTH OFFICER") ORDERS:

1. This Order will take effect immediately and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer. Any additional businesses or activities permitted in the Health Officer Order No. c19-5d ("Shelter in Place Order") or any revision of the Shelter in Place Order are automatically subject to this Order without a need to update this Order.
2. As used in this Order, a "Face Covering" means a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers only the nose and mouth and surrounding areas of the lower face. A covering that hides or obscures the wearer's eyes or forehead is not a Face Covering. Examples of Face Coverings include a scarf or bandana; a neck gaiter; a homemade covering made from a t-shirt, sweatshirt, or towel, held on with rubber bands or otherwise; or a mask, which need not be medical-grade. A Face Covering may be factory-made or may be handmade and improvised from ordinary household materials. The Face Covering should be comfortable, so that the wearer can breathe comfortably through the nose and does not have to adjust it frequently, so as to avoid touching the face. For as long as medical grade masks such as N95 masks and surgical masks are in short supply, members of the public should not purchase those masks as Face Coverings under this Order; those medical grade masks should be reserved for health care providers and first responders. In general, even when not required by this Order, people are strongly encouraged to wear Face Coverings when in public. Also, for Face Coverings that are not disposed of after each use, people should clean them frequently and have extra ones available so that they have a clean one available for use.



Note that any mask that incorporates a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that is designed to facilitate easy exhaling is not a Face Covering under this Order and is not to be used to comply with this Order's requirements. Valves of that type permit droplet release from the mask, putting others nearby at risk.

Information about how to wear and clean Face Coverings may be found at the website of Centers for Disease Control and Prevention, at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

3. All members of the public, except as specifically exempted below, must wear a Face Covering outside their home or other place they reside in the following situations:
  - a. When they are inside of, or in line to obtain goods and/or services, any business allowed to operate under the Shelter in Place Order, including, but not limited to, grocery stores, convenience stores, supermarkets, laundromats, and restaurants;
  - b. When they are inside or at any location or facility engaging in Minimum Basic Operations or seeking or receiving Essential Government Functions (as defined in the Shelter in Place Order);
  - c. When they are engaged in Essential Infrastructure work (as defined in the Shelter in Place Order);
  - d. When they are obtaining services at Healthcare Operations (as defined in the Shelter in Place Order)—including hospitals, clinics, COVID-19 testing locations, dentists, pharmacies, blood banks and blood drives, other healthcare facilities, mental health providers, or facilities providing veterinary care and similar healthcare services for animals—unless directed otherwise by an employee or worker at the Healthcare Operation; or
  - e. When they are waiting for or riding on public transportation (including without limitation any bus, BART or CalTrain) or paratransit or are in a taxi, private car service, or ride-sharing vehicle.
4. Each driver or operator of any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle must wear a Face Covering while driving or operating such vehicle, regardless of whether a member of the public is in the vehicle, due to the need to reduce the spread of respiratory droplets in the vehicle at all times.
5. Except as required herein, this Order does not require any person to wear a Face Covering while driving alone, or exclusively with other members of the same family or household, in a motor vehicle.
6. All businesses, as well as entities and organizations with workers engaged in Essential Infrastructure work, Minimum Basic Operations, Essential Government Functions, or Healthcare Operations (except to the extent when a higher level of protection is required or recommended by local, state or federal authorities) must:
  - a. Require their employees, contractors, owners, and volunteers to wear a Face Covering at the workplace and when performing work off-site any time the employee, contractor, owner, or volunteer is:



- i. interacting in person with any member of the public;
- ii. working in any space visited by members of the public, such as by way of example and without limitation, reception areas, grocery store or pharmacy aisles, service counters, public restrooms, cashier and checkout areas, waiting rooms, service areas, and other spaces used to interact with the public, at all times regardless of whether anyone from the public is present;
- iii. working in any space where food is prepared or packaged for sale or distribution to others;
- iv. working in or walking through common areas such as hallways, stairways, elevators, and parking facilities; or
- v. in any room or enclosed area when other people (except for members of the person's own household or residence) are present.

For clarity, a Face Covering is not required when a person is in a personal office (a single room) when others outside of that person's household are not present as long as the public does not regularly visit the room. By way of example and without limitation, a construction worker, plumber, bank manager, accountant, or bike repair person is not required to wear a Face Covering if that individual is alone and in a space not regularly visited by the public, but that individual must put on a Face Covering when coworkers are nearby, when being visited by a client/customer, and anywhere members of the public or other coworkers are regularly present. Additionally, a brief removal of a Face Covering when necessary to preserve health and safety, shall not constitute a violation of this Order.

- b. Take reasonable measures, such as posting signs, to remind their customers and the public of the requirement that they wear a Face Covering while inside of or waiting in line to enter the business, facility, or location. Businesses and entities or organizations that engage in Essential Infrastructure work or Minimum Basic Operations must take all reasonable steps such as clear signage and verbal directives to prohibit any member of the public who is not wearing a Face Covering from entering, must not serve that person if those efforts are unsuccessful, and may call the police for assistance if that person refuses to leave.

A sample sign to be used for notifying customers can be found at the Public Health website, at <https://cmo.smcgov.org/document/face-covering-signs-essential-businesses>.

7. Any child aged two years or less must not wear a Face Covering because of the risk of suffocation. This Order does not require that any child aged twelve years or less wear a Face Covering. Parents and caregivers must supervise use of Face Coverings by children to avoid misuse.
8. Wearing a Face Covering is recommended while engaged in outdoor land-based recreation such as walking, hiking, bicycling, or running, but not required. But each person engaged in such activity must comply with social distancing requirements including maintaining at least six feet of separation from all other people to the greatest extent possible. Additionally, it is recommended that each person engaged in such activity bring a Face Covering and wear that Face Covering in circumstances where it is difficult to maintain compliance with Social Distancing Requirements (as defined in the Shelter in Place Order), and that they carry the Face Covering in a readily accessible location, such as around the person's neck or in a pocket, for such use. Because running or bicycling causes people to more forcefully expel airborne particles, making the usual minimum six feet distance less adequate, runners and cyclists must take steps to avoid exposing others to those particles, which



include the following measures: wearing a Face Covering when possible; crossing the street when running to avoid sidewalks with pedestrians; slowing down and moving to the side when unable to leave the sidewalk and nearing other people; never spitting; and avoiding running or cycling directly in front of or behind another runner or cyclist who is not in the same household.

9. A Face Covering is also not required by this Order to be worn by a particular individual if the person (or, if applicable, the person's conservator, guardian or a minor's parent) can show either: (1) a healthcare professional has advised that wearing a Face Covering may pose a risk to the person wearing the Face Covering for reasons related to physical or mental health, such as an impairment or disability that significantly impacts the person's ability to safely use a Face Covering; or (2) wearing a Face Covering would create a risk to the person related to their work as determined by local, state, or federal regulators or workplace safety guidelines. A Face Covering should not be used by anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the Face Covering without assistance.
10. The intent of this Order is to ensure that—subject to certain specified and limited exceptions—all people who are visiting or working at a business, all people who are seeking care at healthcare facilities or engaged in certain types of public transit or transportation, and all people who work for or seek services from entities engaged in Essential Infrastructure work, Minimum Basic Operations, or Essential Government Functions wear a Face Covering to reduce the likelihood that they may transmit or receive the COVID-19 virus. In so doing, this Order will help reduce the spread of the COVID-19 virus and mitigate the impact of the virus on members of the public and on the delivery of critical healthcare services to those in need. All provisions of this Order must be interpreted to effectuate this intent.
11. This Order is issued based on evidence of increasing occurrence of COVID-19 within the County, the Bay Area, and the United States of America, scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically. Due to the outbreak of the COVID-19 virus in the general public, which is now a pandemic according to the World Health Organization, there is a public health emergency throughout the County. With the virus that causes COVID-19, people can be infected and contagious and not have any symptoms, meaning they are asymptomatic. People can also be infected and contagious 48 hours before developing symptoms, the time when they are pre-symptomatic. Many people with the COVID-19 virus have mild symptoms and do not recognize they are infected and contagious, and they can unintentionally infect others. Therefore, the CDC, CDPH, and SMC PH have concluded that wearing a face covering, when combined with physical distancing of at least 6 feet and frequent hand washing, may reduce the risk of transmitting coronavirus when in public. And because it is not always possible to maintain at least 6 feet of distance, members of the public and workers are required to wear face coverings while engaged in most activities and other activities when others are nearby. For clarity, although wearing a face covering is one tool for reducing the spread of the virus, doing so is not a substitute for sheltering in place, physical distancing of at least 6 feet, and frequent hand washing.

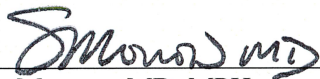
This Order is also issued in light of the existence, as of May 18, 2020, of 1687 confirmed cases of infection by the COVID-19 virus in the County, including and 75 deaths and a significant and increasing number of suspected cases of community transmission. This Order is necessary to slow



the rate of spread, and the Health Officer will continue to assess the quickly evolving situation and may modify this Order, or issue additional Orders, related to COVID-19, as changing circumstances dictate.

12. This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the March 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the March 10, 2020 Resolution of the Board of Supervisors of the County of San Mateo Ratifying and Extending the Declaration of a Local Health Emergency, the April 7, 2020, Board of Supervisors' Resolution Further Extending the Proclamation of Local Health Emergency Until the County Takes Action to Terminate the Local Emergency, the April 15, 2020 Order of the Health Officer No. c19-1b extending and revising the Order restricting visitors to skilled nursing facilities to all residential type facilities, the April 13, 2020 Order of the Health Officer No. c19-3c extending and revising the School Operations Modification Order, the March 24, 2020 Order of the Health Officer No. c19-4 directing all laboratories conducting COVID-19 diagnostic tests to report COVID-19 test information, the May 15, 2020 Shelter in Place Order No. c19-5d, the April 6, 2020 Orders of the Health Officer Nos. c19-6 and c19-7 requiring isolation for COVID-19 positive individuals and quarantine of Close Contacts of COVID-19 positive individuals, the Face Covering Order, the May 11, 2020 Order of the Health Officer No. c19-9 allowing for certain highly regulated vehicle-based gatherings, and the May 13, 2020 Order of the Health Officer No. c19-10 directing clinical laboratories to accept assignments for diagnostic tests from Optum Serve and Logistics Health Inc.
13. Failure to comply with any of the provisions of this Order constitutes an imminent threat and immediate menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both.
14. The County must promptly provide copies of this Order as follows: (1) by posting on the County's website ([smcgov.org](http://smcgov.org)) and the Department of Public Health website ([smchealth.org](http://smchealth.org)); (2) by posting at the San Mateo County Hall of Justice, located at 400 County Center, Redwood City, CA 94063; and (3) by providing to any member of the public requesting a copy.
15. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other people or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

  
\_\_\_\_\_  
Scott Morrow, MD, MPH,  
Health Officer of the County of San Mateo

Dated: May 19, 2020



**ORDER OF THE HEALTH OFFICER  
OF THE COUNTY OF SAN MATEO DIRECTING  
ALL INDIVIDUALS LIVING IN THE COUNTY TO SHELTER AT THEIR PLACE OF  
RESIDENCE EXCEPT THAT THEY MAY LEAVE TO PROVIDE OR RECEIVE  
CERTAIN ESSENTIAL SERVICES OR ENGAGE IN CERTAIN ESSENTIAL  
ACTIVITIES AND WORK FOR ESSENTIAL BUSINESSES AND GOVERNMENTAL  
SERVICES; EXEMPTING INDIVIDUALS EXPERIENCING HOMELESSNESS FROM  
THE SHELTER IN PLACE ORDER BUT URGING THEM TO FIND SHELTER AND  
GOVERNMENT AGENCIES TO PROVIDE IT; DIRECTING ALL BUSINESSES AND  
GOVERNMENTAL AGENCIES TO CEASE NON-ESSENTIAL OPERATIONS AT  
PHYSICAL LOCATIONS IN THE COUNTY; PROHIBITING ALL NON-ESSENTIAL  
GATHERINGS OF ANY NUMBER OF INDIVIDUALS; AND ORDERING  
CESSATION OF ALL NON-ESSENTIAL TRAVEL**

**DATE OF ORDER: MARCH 16, 2020**

**Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120295, *et seq.*)**

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE COUNTY OF SAN MATEO (“HEALTH OFFICER”) ORDERS:

1. The intent of this Order is to ensure that the maximum number of people self-isolate in their places of residence to the maximum extent feasible, while enabling essential services to continue, to slow the spread of COVID-19 to the maximum extent possible. When people need to leave their places of residence, whether to obtain or perform vital services, or to otherwise facilitate authorized activities necessary for continuity of social and commercial life, they should at all times reasonably possible comply with Social Distancing Requirements as defined in Section 10 below. All provisions of this Order should be interpreted to effectuate this intent. Failure to comply with any of the provisions of this Order constitutes an imminent threat to public health.
2. All individuals currently living within San Mateo County (the “County”) are ordered to shelter at their place of residence. To the extent individuals are using shared or outdoor spaces, they must at all times as reasonably possible maintain social distancing of at least six feet from any other person when they are outside their residence. All persons may leave their residences only for Essential Activities, Essential Governmental Functions, or to operate Essential Businesses, all as defined in Section 10. Individuals experiencing homelessness are exempt from this Section, but are strongly urged to obtain shelter, and







governmental and other entities are strongly urged to make such shelter available as soon as possible and to the maximum extent practicable (and to utilize Social Distancing Requirements in their operation).

3. All businesses with a facility in the County, except Essential Businesses as defined below in Section 10, are required to cease all activities at facilities located within the County except Minimum Basic Operations, as defined in Section 10. For clarity, businesses may also continue operations consisting exclusively of employees or contractors performing activities at their own residences (i.e., working from home). All Essential Businesses are strongly encouraged to remain open. To the greatest extent feasible, Essential Businesses shall comply with Social Distancing Requirements as defined in Section 10 below, including, but not limited to, when any customers are standing in line.
4. All public and private gatherings of any number of people occurring outside a household or living unit are prohibited, except for the limited purposes as expressly permitted in Section 10. Nothing in this Order prohibits the gathering of members of a household or living unit.
5. All travel, including, but not limited to, travel on foot, bicycle, scooter, motorcycle, automobile, or public transit, except Essential Travel and Essential Activities as defined below in Section 10, is prohibited. People must use public transit only for purposes of performing Essential Activities or to travel to and from work to operate Essential Businesses or maintain Essential Governmental Functions. People riding on public transit must comply with Social Distancing Requirements as defined in Section 10 below, to the greatest extent feasible. This Order allows travel into or out of the County to perform Essential Activities, operate Essential Businesses, or maintain Essential Governmental Functions.
6. This Order is issued based on evidence of increasing occurrence of COVID-19 within the County and throughout the Bay Area, scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically, and evidence that the age, condition, and health of a significant portion of the population of the County places it at risk for serious health complications, including death, from COVID-19. Due to the outbreak of the COVID-19 virus in the general public, which is now a pandemic according to the World Health Organization, there is a public health emergency throughout the County. Making the problem worse, some individuals who contract the COVID-19 virus have no symptoms or have mild symptoms, which means they may not be aware they carry the virus. Because even people without symptoms can transmit the disease, and because evidence shows the disease is easily spread, gatherings can result in preventable transmission of the virus. The scientific evidence shows that at this stage of the emergency, it is essential to slow virus transmission as much as possible to protect the most vulnerable and to prevent the health care system from being overwhelmed. One proven way to slow the transmission is to limit interactions among people to the greatest extent practicable. By reducing the spread of the COVID-19 virus, this Order helps preserve critical and limited healthcare capacity in the County.
7. This Order also is issued in light of the existence of 41 cases of COVID-19 in the County, as well as at least 258 confirmed cases and at least three deaths in the seven Bay Area jurisdictions jointly issuing this Order, as of 5 p.m. on March 15, 2020, including a significant and increasing number of suspected cases of community transmission and likely further significant increases in transmission. Widespread testing for COVID-19 is not yet available but is expected to increase in the coming days. This Order is

necessary to slow the rate of spread and the Health Officer will re-evaluate it as further data becomes available.

8. This Order revokes and replaces Order Number C19-2b (revised), originally issued on March 14, 2020. That order is no longer in effect as of the effective date and time of this Order. This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the March 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the March 10, 2020 Resolution of the Board of Supervisors of the County of San Mateo Ratifying and Extending the Declaration of a Local Health Emergency, the March 11, 2020 and March Order of the Health Officer No. C19-1 restricting visitors to skilled nursing facilities, the March 12, 2020 State of California Executive Order N-25-20, and the March 13, 2020 Order of the Health Officer No. C19-3 imposing a School Operations Modification Order.
9. This Order comes after the release of substantial guidance from the County Health Officer, the Centers for Disease Control and Prevention, the California Department of Public Health, and other public health officials throughout the United States and around the world, including a variety of prior orders to combat the spread and harms of COVID-19. The Health Officer will continue to assess the quickly evolving situation and may modify or extend this Order, or issue additional Orders, related to COVID-19.
10. Definitions and Exemptions.
  - a. For purposes of this Order, individuals may leave their residence only to perform any of the following “Essential Activities.” But people at high risk of severe illness from COVID-19 and people who are sick are urged to stay in their residence to the extent possible except as necessary to seek medical care.
    - i. To engage in activities or perform tasks essential to their health and safety, or to the health and safety of their family or household members (including, but not limited to, pets), such as, by way of example only and without limitation, obtaining medical supplies or medication, visiting a health care professional, or obtaining supplies they need to work from home.
    - ii. To obtain necessary services or supplies for themselves and their family or household members, or to deliver those services or supplies to others, such as, by way of example only and without limitation, canned food, dry goods, fresh fruits and vegetables, pet supply, fresh meats, fish, and poultry, and any other household consumer products, and products necessary to maintain the safety, sanitation, and essential operation of residences.
    - iii. To engage in outdoor activity, provided the individuals comply with Social Distancing Requirements as defined in this Section, such as, by way of example and without limitation, walking, hiking, or running.



- iv. To perform work providing essential products and services at an Essential Business or to otherwise carry out activities specifically permitted in this Order, including Minimum Basic Operations.
    - v. To care for a family member or pet in another household.
  - b. For purposes of this Order, individuals may leave their residence to work for or obtain services at any “Healthcare Operations” including hospitals, clinics, dentists, pharmacies, pharmaceutical and biotechnology companies, other healthcare facilities, healthcare suppliers, home healthcare services providers, mental health providers, or any related and/or ancillary healthcare services. “Healthcare Operations” also includes veterinary care and all healthcare services provided to animals. This exemption shall be construed broadly to avoid any impacts to the delivery of healthcare, broadly defined. “Healthcare Operations” does not include fitness and exercise gyms and similar facilities.
  - c. For purposes of this Order, individuals may leave their residence to provide any services or perform any work necessary to the operations and maintenance of “Essential Infrastructure,” including, but not limited to, public works construction, construction of housing (in particular affordable housing or housing for individuals experiencing homelessness), airport operations, water, sewer, gas, electrical, oil refining, roads and highways, public transportation, solid waste collection and removal, internet, and telecommunications systems (including the provision of essential global, national, and local infrastructure for computing services, business infrastructure, communications, and web-based services), provided that they carry out those services or that work in compliance with Social Distancing Requirements as defined this Section, to the extent possible.
  - d. For purposes of this Order, all first responders, emergency management personnel, emergency dispatchers, court personnel, and law enforcement personnel, and others who need to perform essential services are categorically exempt from this Order. Further, nothing in this Order shall prohibit any individual from performing or accessing “Essential Governmental Functions,” as determined by the governmental entity performing those functions. Each governmental entity shall identify and designate appropriate employees or contractors to continue providing and carrying out any Essential Governmental Functions. All Essential Governmental Functions shall be performed in compliance with Social Distancing Requirements as defined in this Section, to the extent possible.
  - e. For the purposes of this Order, covered businesses include any for-profit, non-profit, or educational entities, regardless of the nature of the service, the function they perform, or its corporate or entity structure.
  - f. For the purposes of this Order, “Essential Businesses” means:
    - i. Healthcare Operations and Essential Infrastructure;
    - ii. Grocery stores, certified farmers’ markets, farm and produce stands, supermarkets, food banks, convenience stores, and other establishments engaged in the retail sale of canned food, dry goods, fresh fruits and vegetables, pet supply, fresh meats, fish, and poultry,



- and any other household consumer products (such as cleaning and personal care products). This includes stores that sell groceries and also sell other non-grocery products, and products necessary to maintaining the safety, sanitation, and essential operation of residences;
- iii. Food cultivation, including farming, livestock, and fishing;
  - iv. Businesses that provide food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals;
  - v. Newspapers, television, radio, and other media services;
  - vi. Gas stations and auto-supply, auto-repair, and related facilities;
  - vii. Banks and related financial institutions;
  - viii. Hardware stores;
  - ix. Plumbers, electricians, exterminators, and other service providers who provide services that are necessary to maintaining the safety, sanitation, and essential operation of residences, Essential Activities, and Essential Businesses;
  - x. Businesses providing mailing and shipping services, including post office boxes;
  - xi. Educational institutions—including public and private K-12 schools, colleges, and universities—for purposes of facilitating distance learning or performing essential functions, provided that social distancing of six-feet per person is maintained to the greatest extent possible;
  - xii. Laundromats, drycleaners, and laundry service providers;
  - xiii. Restaurants and other facilities that prepare and serve food, but only for delivery or carry out. Schools and other entities that typically provide free food services to students or members of the public may continue to do so under this Order on the condition that the food is provided to students or members of the public on a pick-up and take-away basis only. Schools and other entities that provide food services under this exemption shall not permit the food to be eaten at the site where it is provided, or at any other gathering site;
  - xiv. Businesses that supply products needed for people to work from home;
  - xv. Businesses that supply other essential businesses with the support or supplies necessary to operate;
  - xvi. Businesses that ship or deliver groceries, food, goods or services directly to residences;
  - xvii. Airlines, taxis, and other private transportation providers providing transportation services necessary for Essential Activities and other purposes expressly authorized in this Order;
  - xviii. Home-based care for seniors, adults, or children;
  - xix. Residential facilities and shelters for seniors, adults, and children;
  - xx. Professional services, such as legal or accounting services, when necessary to assist in compliance with legally mandated activities;
  - xxi. Childcare facilities providing services that enable employees exempted in this Order to work as permitted. To the extent possible, childcare facilities must operate under the following mandatory conditions:
    - 1. Childcare must be carried out in stable groups of 12 or fewer (“stable” means that the same 12 or fewer children are in the same group each day).
    - 2. Children shall not change from one group to another.



3. If more than one group of children is cared for at one facility, each group shall be in a separate room. Groups shall not mix with each other.
  4. Childcare providers shall remain solely with one group of children.
- g. For the purposes of this Order, “Minimum Basic Operations” include the following, provided that employees comply with Social Distancing Requirements as defined this Section, to the extent possible, while carrying out such operations:
- i. The minimum necessary activities to maintain the value of the business’s inventory, ensure security, process payroll and employee benefits, or for related functions.
  - ii. The minimum necessary activities to facilitate employees of the business being able to continue to work remotely from their residences.
- h. For the purposes of this Order, “Essential Travel” includes travel for any of the following purposes. Individuals engaged in any Essential Travel must comply with all Social Distancing Requirements as defined in this Section below.
- i. Any travel related to the provision of or access to Essential Activities, Essential Governmental Functions, Essential Businesses, or Minimum Basic Operations.
  - ii. Travel to care for elderly, minors, dependents, persons with disabilities, or other vulnerable persons.
  - iii. Travel to or from educational institutions for purposes of receiving materials for distance learning, for receiving meals, and any other related services.
  - iv. Travel to return to a place of residence from outside the jurisdiction.
  - v. Travel required by law enforcement or court order.
  - vi. Travel required for non-residents to return to their place of residence outside the County. Individuals are strongly encouraged to verify that their transportation out of the County remains available and functional prior to commencing such travel.
- i. For purposes of this Order, residences include hotels, motels, shared rental units and similar facilities.
- j. For purposes of this Order, “Social Distancing Requirements” includes maintaining at least six-foot social distancing from other individuals, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.
11. Pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes an imminent threat to public health.
12. This Order shall become effective at 12:01 a.m. on March 17, 2020 and will continue to be in effect until 11:59 p.m. on April 7, 2020, or until it is extended, rescinded, superseded, or amended in writing by the Health Officer.



SAN MATEO COUNTY HEALTH

**PUBLIC HEALTH,  
POLICY & PLANNING**

13. Copies of this Order shall promptly be: (1) made available at the County Government Center at 400 County Center, Redwood City, CA 94063; (2) posted on the County Public Health Department website (available at [www.smchealth.org](http://www.smchealth.org)); and (3) provided to any member of the public requesting a copy of this Order.
14. If any provision of this Order to the application thereof to any person or circumstance is held to be invalid, the reminder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

A handwritten signature in black ink, appearing to read "Scott Morrow MD", is written over a horizontal line.

Scott Morrow MD, MPH  
Health Officer of the County of San Mateo

Dated: March 16, 2020



## **Appendix A: Social Distancing Protocol (Updated April 29, 2020)**

Business name :

Facility Address:

Approximate gross square footage of space open to the public:

**Businesses must implement all applicable measures listed below, and be prepared to explain why any measure that is not implemented is inapplicable to the business.**

---

### **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 COVID-19 symptoms; 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; wear face coverings, as appropriate; 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.

☐ Symptom checks are being conducted before employees may enter the work space.

☐ Employees are required to wear face coverings, as appropriate.

☐ All desks or individual work stations are separated by at least six feet.

☐ 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 to ; which allows for customers and employees to easily 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:

## **Appendix A: Social Distancing Protocol (Updated April 29, 2020)**

☐ Optional—Describe other measures:

---

### **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 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 and attached to this document.

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

**Name:**                      **Phone number:**

**SAN MATEO COUNTY HEALTH OFFICER ORDER FOR THE CONTROL OF COVID-19  
NO. C19-7b (REVISED) DIRECTING INDIVIDUALS IN THE COUNTY WHO ARE CLOSE  
CONTACTS OF INDIVIDUALS DIAGNOSED WITH COVID-19 TO QUARANTINE  
THEMSELVES**

DATE OF ORDER: May 14, 2020

**Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. California Health and Saf. Code, § 120295, et seq.; Cal. Penal Code §§ 69, 148(a)(1).**

**SUMMARY OF THE ORDER**

California is in a State of Emergency because of the Coronavirus Disease 2019 (“COVID-19”) pandemic. The spread of the novel coronavirus that causes COVID-19 is a substantial danger to the health of the public within the County of San Mateo (“County”). COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence and best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19. The age, condition, and health of a significant portion of the population of the County place it at risk for serious health complications, including death, from COVID-19. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public at significant risk. Currently, there are few specific treatments for COVID-19 and no vaccine available to protect against COVID-19 transmission.

To help slow COVID-19’s spread, protect vulnerable individuals, and prevent the healthcare system in the County from being overwhelmed, it is necessary for the Health Officer of the County of San Mateo to require the quarantine of persons exposed to a person diagnosed with COVID-19. “Quarantine” separates and restricts the movement of persons who, while not yet infected with COVID-19, have been exposed to COVID-19 and therefore may become infectious. This Order addresses quarantine requirements. “Isolation” refers to the separation of persons who have been infected with COVID-19 from persons. San Mateo County Health Officer Order No. c19-6b concerns isolation requirements. This Order was updated on May 14, 2020, to incorporate changes to the self-quarantine protocol based on new guidance from the United States Centers for Disease Control and Prevention.

**UNDER THE AUTHORITY OF SECTIONS 101040; 101085; 120130; AND 120175 OF THE CALIFORNIA HEALTH AND SAFETY CODE, THE HEALTH OFFICER OF THE COUNTY OF SAN MATEO (“HEALTH OFFICER”) ORDERS:**

**1. All individuals who are Close Contacts, as described in Section 2 of this Order, must quarantine themselves and follow all instructions in this Order and the San Mateo Public Health (“Public Health”) guidance documents referenced in this Order. Self-quarantine is required because a person with COVID-19 can easily spread the virus to others. Quarantine separates potentially infected individuals from others to prevent the spread of COVID-19.**

2. Persons must self-quarantine under this Order if they are notified, become or are made aware that they have been in close physical proximity with a person who is a Person with COVID-19, as defined in Health Officer Order c19-6b (Revised), during their infectious period, which begins 48 hours before symptoms began (or, in the absence of symptoms, on the collection date of a positive test) and ends when the Person with COVID-19 is released from Isolation pursuant to Health Officer Order c19-6b, (including as it may be further revised). For purposes of this Order, a “Close Contact” of a Person with COVID-19 includes any person who, during the Person with COVID-19’s infectious period:

- a. Lived in or stayed at the same residence as the Person with COVID-19 when the Person with COVID-19 was not following Home Isolation Instructions; OR
- b. Was an intimate sexual partner of the Person with COVID-19; OR
- c. Stayed within 6 feet of the Person with COVID-19 for 10 minutes or more while the Person with COVID-19 was not wearing a face mask; OR
- d. Had direct contact for any amount of time with the body fluids and/or secretions of the Person with COVID-19 (e.g., was coughed or sneezed on, shared utensils with, or was provided care by or provided care for them without wearing a mask, gown, and gloves).

3. For purposes of this Order, a Person with COVID-19 who does not have access to a home or residence for the purpose of quarantine shall not be deemed in violation of this Order if, upon notification of the requirement to quarantine pursuant to this Order, such person promptly contacts the San Mateo County Emergency Operations Center Shelter & Care Branch by dialing 211 at any time, day or night, to inform of their Close Contact status and request a quarantine location, cooperates fully with EOC staff, and is otherwise compliant with this Order.

4. This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the March 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the March 10, 2020 Resolution of the Board of Supervisors of the County of San Mateo Ratifying and Extending the Declaration of a Local Health Emergency, the April 7, 2020, Board of Supervisors’ Resolution Further Extending the Proclamation of Local Health Emergency Until the County Takes Action to Terminate the Local Emergency, the April 15, 2020 Order of the Health Officer No. c19-1b extending and revising the Order restricting visitors to skilled nursing facilities to all residential type facilities, the April 13, 2020 Order of the Health Officer No. c19-3c extending and revising the School Operations Modification Order, the March 24, 2020 Order of the Health officer No. c19-4 directing all laboratories conducting COVID-19 diagnostic tests to report COVID-19 test information, the April 29, 2020 Shelter in Place Order No. c19-5c, the April 17, 2020 Order of the Health Officer No. c19-8 requiring members of the public and workers to wear face

coverings, and the and the May 11, 2020 Order of the Health Officer No. c19-9 permitting highly regulated vehicle-based gatherings.

5. Instructions. All individuals who meet the definition of a close contact of an individual diagnosed with COVID-19 must immediately take the following actions:

- a. Quarantine themselves in their home or another residence, such as a hotel or motel, for 14 days. A Person with COVID-19 who does not have access to a home or other residence should refer to Section 3, above. They may not leave their place of quarantine or enter any other public or private place, except to access necessary medical care or during an emergency that requires evacuation to protect the health and safety of the individual, including but not limited to being tested for COVID-19, and must observe Social Distancing Requirements as set forth in the current Health Officer order directing all individuals to shelter in place, including maintaining at least 6 feet of distance from others, wearing a face covering, and frequently washing hands.
- b. Obtain a diagnostic test for COVID-19. Information on how to obtain diagnostic testing is available through a person's primary health care provider, or by calling 211 for information concerning community-based testing. A Close Contact who tests positive for COVID-19 immediately becomes a Person with COVID-19 and is subject to the requirements of Health Officer Order c19-6b, (including as it may be further revised) rather than this Order.
- c. Carefully review and closely follow all requirements listed in the "Home Quarantine Instructions" posted at [www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders) and attached to this Order as Appendix A, and comply with all directive of the Health Officer, including but not limited to reporting health data and identifying contacts who may have been exposed to COVID-19.
- d. If a quarantined person becomes sick with fever, cough, or shortness of breath (even if their symptoms are very mild), they shall isolate themselves at home and away from other people and follow the "Home Isolation Instructions," posted at [www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders), and attached as Appendix B at all times while seeking and obtaining diagnostic testing under subpart b., above. This is because the person is likely to have COVID-19 and if so, can spread it to vulnerable individuals. If a medical professional examines a quarantined person and determines that their symptoms are not due to COVID-19, the person may discontinue home isolation but shall continue to follow the home quarantine order and instructions.
- e. If a quarantined person is diagnosed with COVID-19, they are to follow the County of San Mateo Health Officer Isolation Order No. c19-6b (Revised), issued on May 14, 2020, including "Home Isolation Instructions" posted at [www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders), and attached to this Order as Appendix B.

6. Exception. Notwithstanding the foregoing, health care workers and first responder agency workers who are household members, intimate partners, or caregivers of a person with COVID-19 are not subject to this Order under the following circumstances:





- a. The worker informs their employer that the worker is a Close Contact of a Person with COVID-19; AND
- b. The worker is asymptomatic, and the worker's employer determines, based on staffing needs, that the worker needs to report to work; AND
- c. The worker returns to work.

7. The Health Officer may take additional action(s), which may include civil detention or requiring one to stay at a health facility or other location, to protect the public's health if an individual who is subject to this Order fails to comply with this Order.

8. This Order shall become effective at 12:01 am on May 16, 2020 and will continue to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer.

9. Copies of this Order shall promptly be: (1) made available at 400 County Center, Redwood City, CA 94063; (2) posted on the County Health Services website ([www.smchealth.org/post/health-officer-statements-and-orders](http://www.smchealth.org/post/health-officer-statements-and-orders)); and (3) provided to any member of the public requesting a copy.

10. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

Scott Morrow MD, MPH  
Health Office of the County of San Mateo

**Dated:** May 14, 2020

**Appendix A:** "Home Quarantine Instructions"

**Appendix B:** "Home Isolation Instructions"



Leadership COVID-19 Report

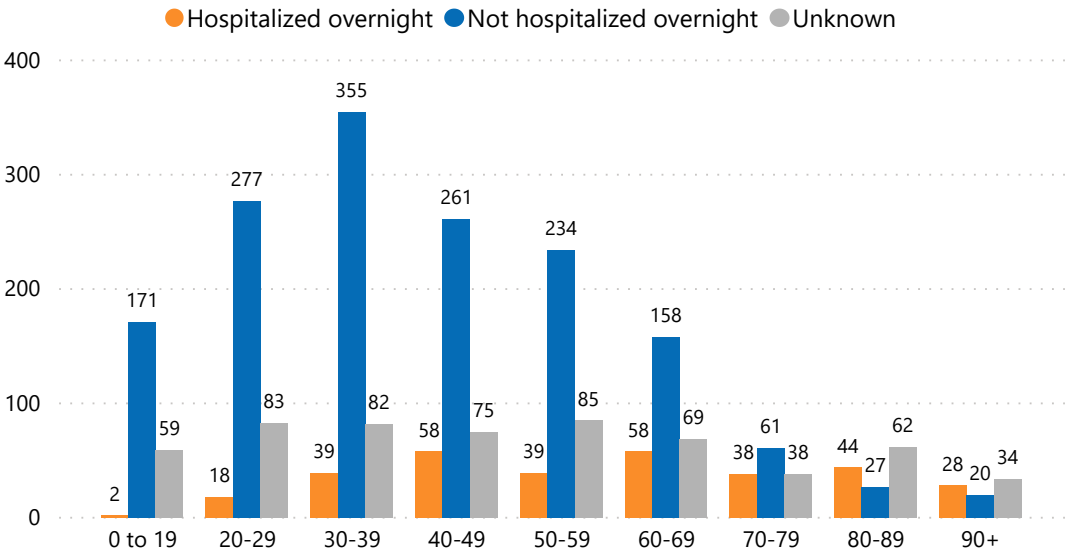
June 9, 2020

For Official Use Only - Not for Public Release

Cases by Age

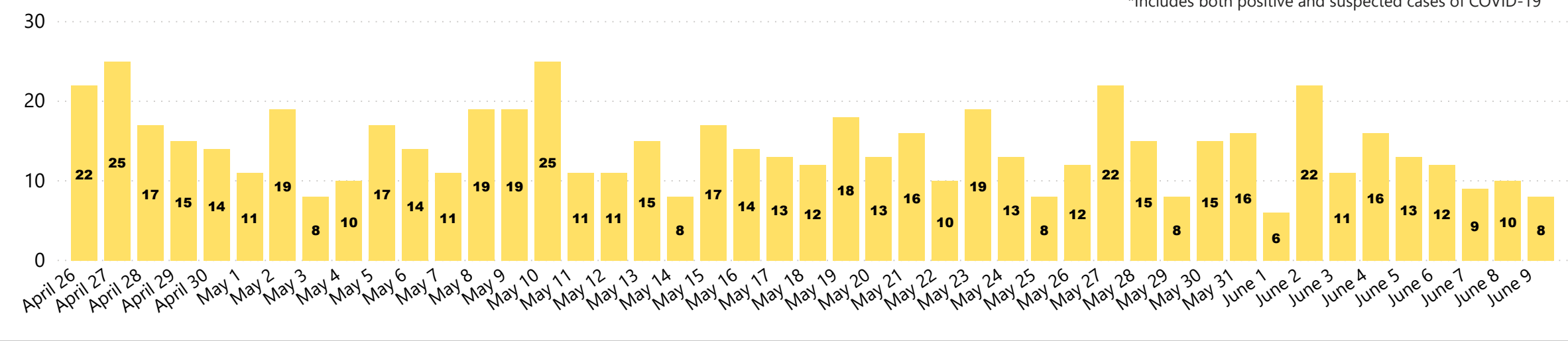
Age Category	Count	% of Total
0 to 19	232	9%
20-29	378	15%
30-39	476	19%
40-49	394	16%
50-59	358	14%
60-69	285	12%
70-79	137	6%
80-89	133	5%
90+	82	3%
Total	2475	100%

Hospitalization Status by Age

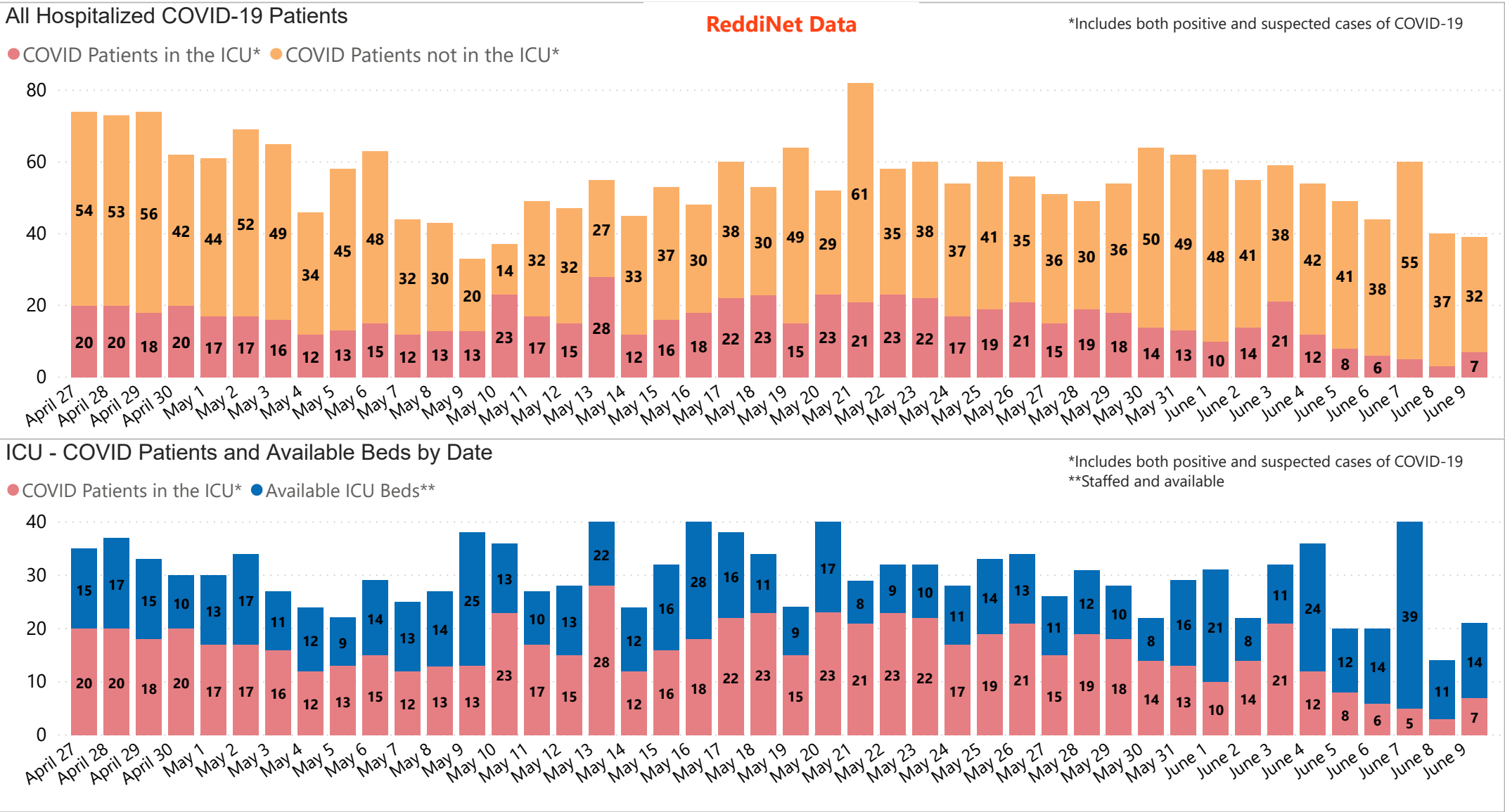


ReddiNet Data

New COVID-19 Patients Admitted in last 24 hours

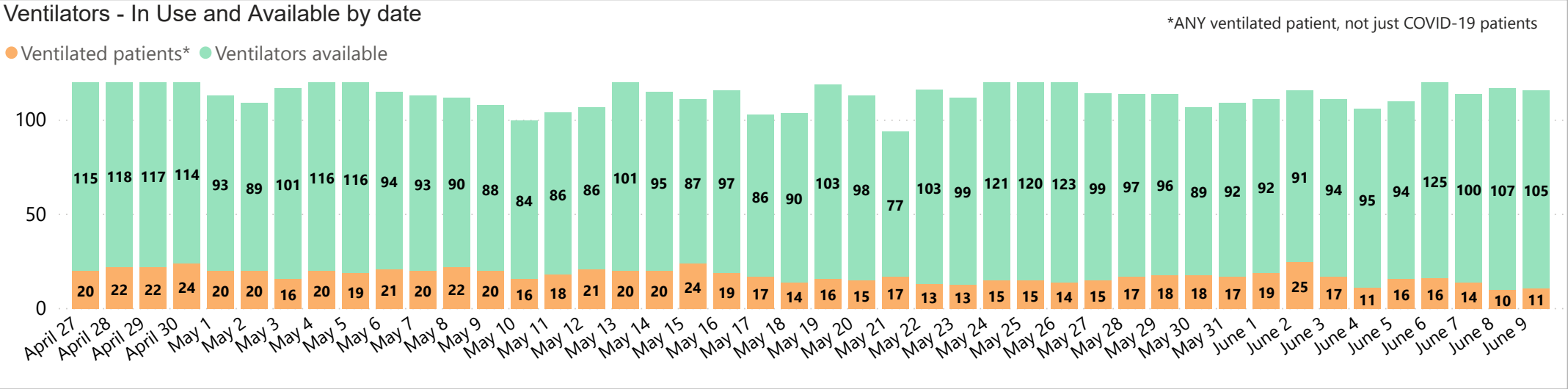
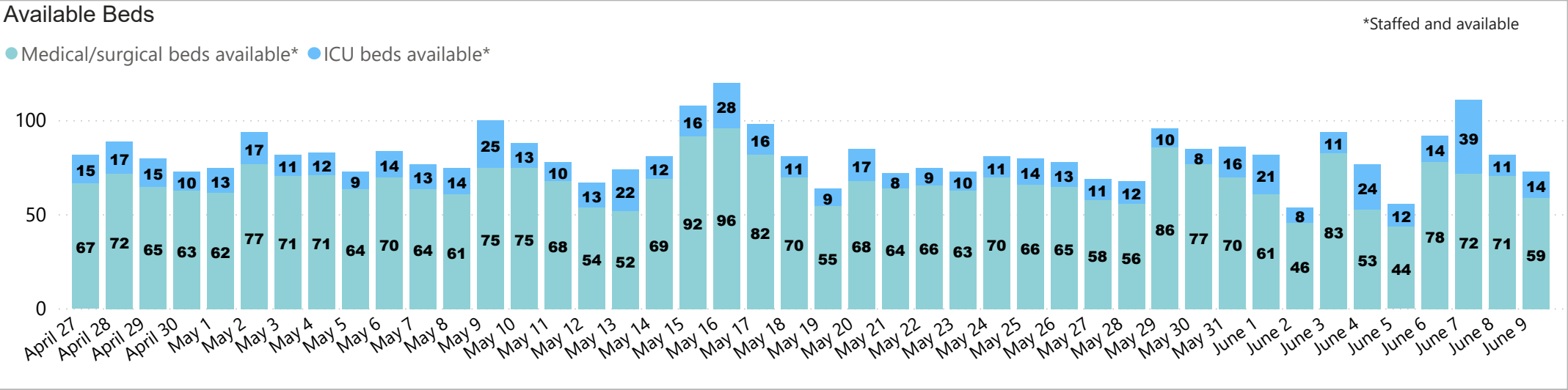


SMC Health Office of Epidemiology and Evaluation



SMC Health Office of Epidemiology and Evaluation

ReddiNet Data



SMC Health Office of Epidemiology and Evaluation

3/10/20- 5/26/20

Row Labels	Sum of Quantity Requested	Sum of Quantity Filled (Eaches)
<b>Dignity Health Medical Group- Sequoia</b>	<b>200</b>	<b>60</b>
Masks- N95	80	24
Masks- N95 expired but useful	120	36
<b>KAISER PERMANENTE - REDWOOD CITY</b>	<b>7425</b>	<b>5240</b>
Face Shield	100	15
Goggles	25	25
Gowns- fluid resistant	1000	500
Masks- N95	2100	500
Masks- surgical	4200	4200
<b>KAISER PERMANENTE - SOUTH SAN FRANCISCO</b>	<b>4550</b>	<b>384</b>
Goggles	50	34
Gowns- fluid resistant	4500	350
<b>MILLS-PENINSULA MEDICAL CENTER - BURLINGAME</b>	<b>34100</b>	<b>6150</b>
Gowns- fluid resistant	11000	800
Masks- N95	8100	2200
Masks- N95 expired but useful	10000	2650
Masks- surgical	5000	500
<b>San Mateo Medical Center</b>	<b>179760</b>	<b>17296</b>
Goggles	100	30
Gowns- fluid resistant	20100	2950
Gowns- gowns	4850	3850
Masks- N95	63900	5210
Masks- N95 expired but useful	90810	5256
<b>SEQUOIA HOSPITAL</b>	<b>6400</b>	<b>1435</b>
Goggles	900	75
Gowns- fluid resistant	2000	300
Masks- N95	2500	560
Masks- N95 expired but useful	1000	500
<b>SETON MEDICAL CENTER - DALY CITY</b>	<b>17700</b>	<b>12300</b>
Goggles	1000	1000
Gowns- fluid resistant	4200	500
Gowns- gowns	4200	2500
Masks- N95	1800	1800
Masks- N95 expired but useful	6500	6500
<b>Seton Medical Center SNF, Daly City</b>	<b>10000</b>	<b>10000</b>
Masks- N95	5000	5000
Masks- N95 expired but useful	5000	5000
<b>Grand Total</b>	<b>260135</b>	<b>52865</b>

Provider Name	Address	City	County	State	ZIP Code	Eye Protection	7DOS Masks	7DOS Gloves	7DOS Gowns	Projected Shipment Date	Status (Pending Shipment/Shipped/Delivered)	2 Week Supply on hand?
ATHERTON REGENCY	1275 CRANE MENLO PAS	San Mateo	CA		94025	59	481	2200	623	20-21 May	Received 50 gowns.	Yes
PENINSULA POST-ACUTE	1609 TROUS BURLINGA	San Mateo	CA		94010	29	433	2000	304	20-21 May	Received. Nothing missing.	Yes
SETON MEDICAL CENTER D/P SNF	1900 SULLIV DALY CITY	San Mateo	CA		94015	116	960	4400	1220	20-21 May	Not received.	Yes
CARLMONT GARDENS NURSING C	2140 CARLM BELMONT	San Mateo	CA		94002	33	442	2100	345	20-21 May	Possibly received some masks, waiting to hear back.	Yes
SAN MATEO MEDICAL CENTER D/	222 WEST 35 SAN MATE	San Mateo	CA		94403	114	1046	4800	1193	20-21 May	Not received.	Yes
BROOKSIDE SKILLED NURSING HO	2620 FLORES SAN MATE	San Mateo	CA		94403	48	487	2300	503	20-21 May	Received. Nothing missing.	Yes
MILLBRAE SKILLED CARE	33 MATEO A MILLBRAE	San Mateo	CA		94030	32	472	2200	338	20-21 May	Received. Nothing missing.	Yes
ST. FRANCIS HEIGHTS CONVALESC	35 ESCUELA DALY CITY	San Mateo	CA		94015	55	657	3000	575	20-21 May	Not received.	Yes
DEVONSHIRE OAKS NURSING CEN	3635 JEFFER REDWOOD	San Mateo	CA		94062	17	219	1000	180	20-21 May	Received. Nothing missing.	Yes
PACIFICA NURSING AND REHAB C	385 ESPLAN PACIFICA	San Mateo	CA		94044	45	697	3200	470	20-21 May	Received. Nothing missing.	Yes
THE SEQUOIAS	501 PORTOL PORTOLA	San Mateo	CA		94028	19	194	900	201	20-21 May	Received. Nothing missing.	Yes
LINDA MAR CARE CENTER	751 SAN PEE PACIFICA	San Mateo	CA		94044	23	395	1800	240	20-21 May	Received. Nothing missing.	Yes
SAN BRUNO SKILLED NURSING	890 EL CAMI SAN BRUN	San Mateo	CA		94066	21	216	1000	223	20-21 May	Received. Nothing missing.	Yes
ST. FRANCIS CONVALESCENT PAVI	99 ESCUELA DALY CITY	San Mateo	CA		94015	104	1519	7000	1094	20-21 May	Only received Hanes masks.	Yes
VISTA TERRACE											N/A (not on FEMA list)	Yes
BURLINGAME LONG TERM CARE											N/A (not on FEMA list)	No Response

Organization	Address	Phone Number	Primary Point of Contact	Primary Contact Phone Number	Primary Point of Contact Email	Secondary Point of Contact	Secondary Contact Phone Number	Secondary Point of Contact Email	Provider Type
Atherton Regency	1275 Crane Street, Menlo Park 94025	650-325-8600	Brad Heap	480-593-6846	bheap@kalestahc.com	Guru Singh	510-491-5119	don@athertonregency.com	Long Term Care (LTC) Facility- Inpatient
Brookside Nursing	2620 Flores St, San Mateo 94403	650-349-2161	Elaine Zolfarelli	925-548-0309	elaine@brooksidenursing.com	Mervina Deguzman	925-895-2545	Mervina@BrooksideNursing.com	Long Term Care (LTC) Facility- Inpatient
Burlingame Skilled Care	1100 Trousdale Dr, Burlingame 94010	650-692-3758	Nora De Leon-Flores	510-334-8891	administrator@burlingameitc.com	Bryan Guillermo	415-553-2123	asstadministrator@BurlingameSN.com	Long Term Care (LTC) Facility- Inpatient
Carlmont Gardens Nursing Center	2140 Carlmont Dr, Belmont 94002	650-591-9601	Sharolyn Kriger	650-339-1057	admcari@earthlink.net	Yasmine McNaughton	650-591-9601 (O)	ymcnaughton@carlmontgardens.com	Long Term Care (LTC) Facility - Inpatient
Devonshire Oaks Nursing Center	3635 Jefferson Ave, Redwood City 94062	650-366-9503	Rose Platon	650-334-8536	admin@devonshireoaksnc.com				Long Term Care (LTC) Facility - Inpatient
Linda Mar Rehabilitation	751 San Pedro Terrace Rd, Pacifica 94044	650-359-4800	Dereck Cretz	650-201-8003	DCretz@lindamarrehab.com	Alicia McDaniel	650-242-2280	don@lindamarrehab.com	Long Term Care (LTC) Facility - Inpatient
Millbrae Skilled Care	33 Mateo Ave, Millbrae 94030	650-689-5784	Abby Ma	415-706-7035	Abby@MillbraeSkilledCare.com	Marilou Gonzales		Marilou@MillbraeSkilledCare.com	Long Term Care (LTC) Facility - Inpatient
Pacifica Nursing and Rehab Center	385 Esplanade Ave, Pacifica 94044	650-9935576	Jacob Beaman	650-515-1287	jbeaman@pacificarehab.com	Filipina Canta	650-743-5697	Don@pacificarehab.com	Long Term Care (LTC) Facility/Physical Therpay and Speech-Language Pathology-Outpatient
Peninsula Post-Acute	1609 Trousdale Dr, Burlingame 95765	650-652-3969	Shane MacCormack	530-400-3060	smccormack@plum.com	Glynis Marcantel		glynism@plum.com	Long Term Care (LTC) Facility - Inpatient
Providence San Bruno	890 El Camino Real, San Bruno 94066	650-583-7768	Brooke Koyfman	650-435-3949	Brooke.koyfman@sanbrunohc.com	Malou Gonzales	650-766-1926	malou.gonzales@sanbrunohc.com	Long Term Care (LTC) Facility - Inpatient
San Mateo Medical Center Skilled Nursing Facility	222 West 39th Ave, San Mateo 94403	650-573-3678	Malu Cruz	650-573-3684 (O)	mlcruz@smcgov.org	Joan Spicer		jspicer@smcgov.org	Long Term Care (LTC) Facility - Inpatient
Seton Coastside	600 Marine Blvd, Moss Beach 94038	650-563-7100	Jerry Birk	916-500-1836	jerry.birk@verity.org	Tina Ahn	650-991-6534 (O)	TinaAhn@verity.org	Long Term Care (LTC) Facility - Inpatient
St. Francis Heights Convalescent Hospital	99 Escuela Drive, Daly City 94015	650-994-3200	Kordell Erickson	714-336-7038	kordellerickson@lifegen.net	Mark Rodriguez	650-207-0638	markrodriguez@lifegen.net	Long Term Care (LTC) Facility - Inpatient
St. Francis Pavilion	35 Escuela Drive, Daly City 94015	650-994-3200	Steve Black	408-406-4743 (c)	steveblack@lifegen.net				Long Term Care (LTC) Facility - Inpatient
The Sequoias	501 Portola Valley Road, Portola Valley 94028	650-851-1501	Ray Boudewyn	415-505-7370	rboudewyn@SequoiaLiving.org	Glenmore Mullins	650-424-4172	gmullins@SequoiaLiving.org	Long Term Care (LTC) Facility - Inpatient
Vista Terrace (Formerly Nazareth Vista)	1041 Hill St., Belmont 94002	650-591-2008	Julie Mammad	650-315-1585 (O)	blmt_adm@meridiansenior.com	Rowena Tan Chung	408-230-6312	Rowenat@colonialoaks.org	Long Term Care (LTC) Facility- Inpatient



## CONTACT TRACER JOB DESCRIPTION

Under the leadership and guidance of a Senior Communicable Disease Investigator (SCDI) Contact Tracers will interview, evaluate, monitor clients, provide education and guidance and isolation/quarantine parameters based on the California Department of Public Health and Centers for Disease Control and Prevention (CDC) guidelines.

### Example of Duties

- Interview patient using a list of questions to establish the case history and determine all possibly exposed individuals; contact other individuals and notify them of their exposure.
- Record and establish the description and timeline of onset of symptoms.
- Obtain contact information for each of those individuals.
- Explain information and recommendation regarding isolation and quarantine parameters; provide information on services available.
- Monitor case for ongoing needs and disease clearance.
- Suggest to SCDI appropriate plan which may include referral to another agency or professional.
- Maintain detailed records of cases and assemble these into periodic reports.
- Refer cases and contacts to appropriate services including but not limited to housing, food and transportation.

### Knowledge of:

- Excellent client/customer service principles and techniques.
- Effective interviewing techniques.
- Basic tools/method for locating patients and contacts who may be difficult to reach or reluctant to engage in conversation.
- Cultural competency appropriate to the local community.
- Basic record-keeping principles and practices.
- Client confidentiality, including the ability to conduct interviews without violating confidentiality disclosed during the interviews.

### Skills/Ability to:

- Engage with and earn the trust of clients who will be required to follow local public health instructions.
- Speak and write in a second language.
- Use initiative and tact in tracing contacts for follow-up treatment.
- Write routine reports and correspondence.
- Learn and become proficient with the basics of communicable diseases and public health intervention.
- Learn and become proficient with medical terms related to COVID-19, principles of exposure, methods of prevention and control, and symptoms of COVID-19 infection.
- Establish trust with clients and maintain utmost confidentiality of information obtained from clients.

- Establish and maintain effective working relationships with associates, health agencies, physicians, individuals, and the public.
- Maintain and present information clearly and concisely orally and in writing.
- Use electronic case management systems.
- Recognize when to refer patients and contacts for further care if needed.
- Understand when to refer individuals or situations to medical, social, or supervisory resources.

### **Minimum Qualifications**

Possession of a high school diploma or G.E.D equivalency. An Associate Degree or higher from an accredited college or university in health, biology, education, social services or closely related field or completion of 24 semester units in the above areas is strongly desired.

Experience interviewing or counseling clients to obtain confidential and personal information is strongly desired.

### **Duration of Assignment**

- This position assignment is expected to last up to 1 year and may be extended. This is a full-time position 40 hours/week. Days of the week may vary depending on the need.
- Staff trained for the role will be “called to duty” based on growth in the number of cases. Depending on the volume of case growth, some staff will not be called in the near term but may be contacted to participate in activities that enable them to maintain the knowledge and training necessary to be quickly onboarded if necessary.

## **CONTACT TRACING PROCEDURE FOR CHS FOR COVID-19**

Once an inmate (index) has been identified to have a communicable disease that can potentially expose others, the control of the disease should be a priority. The following guidelines highlight the steps necessary to maintain the health and safety of the index, the jail population and the community.

### **Steps after Index Identified:**

1. Place the index in medical isolation in Sheltered Living. Use the negative pressure room for COVID-19 cases, confirmed positive or suspected.
2. Identify if index has a cellmate.
3. Identify index movement within the facility. These include court appointments, contact visit, clinic appointment within the jail or outside appointments.
4. Identify any inmates that have been exposed to index case. Exposure can occur two days prior to symptom onset.
  - a. Any other inmates in the same pod that had exposure such as being on the same rec group.
  - b. Check sick call lists, lab draws, radiology, dental visits for possible contact with the index case.
  - c. Ask the Sheriff's office to review video recording of clinic and waiting room to see which inmates had contact with the index case if index case had a clinic visit.
5. Identify any staff that had contact with the index case.
  - a. Arresting officer that brought inmate to jail.
    - i. Sheriff's office will inform arresting agency.
  - b. CHS staff or contract workers that had contact with index case.
    - i. CHS management team will notify staff or Sheriff's Leadership team if work exposure occurred.
    - ii. Exposed staff members should contact the employee/occupational health for guidance.

### **Index Case Management, Tracing and Notification:**

1. Obtain the following:
  - a. Booking date
  - b. DOB
  - c. Address
  - d. Phone numbers
  - e. Symptom onset
  - f. Description of symptoms and presentation
  - g. Specimen collection date and result date
2. Send above information to confidential email of San Mateo county Public Health. Email to [SMCCDControl@smcgov.org](mailto:SMCCDControl@smcgov.org)

3. Place index on next available MD/FNP sick call.
4. Monitor index at least twice daily.
5. If asymptomatic at onset and remains asymptomatic for 14 days, index can be cleared for general population after 14 days.

### **Contact Exposure Management and Notification:**

*For exposed inmates currently in custody, obtain and do the following:*

1. Date of last exposure
2. Exposure details including if inmates were both wearing a mask
3. Check for symptoms of COVID-19
4. Recent COVID-19 test results, if any

*If exposed inmates meet the any of following guidelines:*

1. Prolonged, close contact with index case.
2. Not wearing a mask

Then DO the following:

1. Place exposed inmate on house alone, rec alone.
  - a. Can remain on same pod if not symptomatic
  - b. If symptomatic or becomes symptomatic, move to Sheltered Living in a negative pressure isolation room.
  - c. Notify Classification of housing restrictions.
2. Place on twice daily symptom and temp checks for 14 days.
3. Test for COVID-19 on 12<sup>th</sup> day from last exposure date.
4. Place name on contact tracing list.

*For exposed inmates that are not in custody (NIC), obtain and do the following:*

1. Name
2. DOB
3. Address
4. Phone Number
5. Date of last contact with index (Exposure Date)
6. Details of exposure, including length of time, circumstances and if exposed and index were wearing a mask
7. Known symptoms of exposed, if any, prior to release
8. Send above information to confidential email of San Mateo County Public Health. Email to [SMCCDControl@smcgov.org](mailto:SMCCDControl@smcgov.org)
9. Notify receiving facility if exposed inmate was transferred to another facility to advise them of the above information on exposure.



*For those non-county employees such as a visitor who are identified as **close contact to a confirmed case while in the jail facility**, notify CD Control.*

1. Name
2. DOB
3. Address
4. Phone Number
5. Date of last contact with index (Exposure Date)
6. Details of exposure, including length of time, circumstances and if exposed and index were wearing a mask
7. Send above information to confidential email of San Mateo County Public Health. Email to [SMCCDControl@smcgov.org](mailto:SMCCDControl@smcgov.org)

6/3/2020

## Correctional Health Services

### COVID-19 (Novel Coronavirus) Management Plan for the Jail

#### Background

*CDC is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus (named “2019-nCoV”) that was first detected in Wuhan City, Hubei Province, China and which continues to expand. Chinese health officials have reported thousands of infections with 2019-nCoV in China, with the virus reportedly spreading from person-to-person in many parts of that country. Infections with 2019-nCoV, most of them associated with travel from Wuhan, also are being reported in a growing number of [international locations](#), including the [United States](#).*

*Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with [MERS](#) and [SARS](#).*

*On March 11, 2020, the World Health Organization has declared COVID-19 as a pandemic affecting 114 countries and infecting over 118,000 people worldwide with 4,291 deaths so far.*

*For current updates on this rapidly evolving situation, please visit the CDC website:  
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>*

*It is the policy of Correctional Health Services to follow CDC and San Mateo County Health guidelines in managing COVID-19. Due to rapidly changing guidelines and recommendations, the policy will be updated constantly and will be communicated via email to staff.*

Correctional Health faces the biggest threat from this infection from new bookings coming from San Francisco International Airport (SFO). Arrestees from SFO are typically brought in by San Francisco Police Department (SFPD). It is essential the immediate assessment is conducted and medical clearance be conducted in the **Sally port before** the arrestee is brought inside the facility to limit possible exposure to COVID-19.

Medical screening is completed on all new arrests. Screening includes medical history, question on international travel and complete set of vital signs including a lung auscultation.

#### **Personal Protective Equipment (PPE)**

##### **Medical Staff:**

1. Gown (Fluid resistant or impermeable)
2. Eye protection (goggles or face shield)
3. Facemask, unless performing an aerosol-generating procedure, then use N95
4. Gloves

##### **Sheriff's Office:**

1. Facemask
2. Gloves (appropriate medical grade)



## Inmates:

1. Face Mask- (procedural mask or cloth face mask) Proper use should be taught and demonstrated to the patient.

## Summary of Changes to the Guidance from the [CDC](#):

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
  - Based on local and regional situational analysis of PPE supplies, **facemasks are an acceptable** alternative when the supply chain of respirators cannot meet the demand. **During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.**
    - Facemasks protect the wearer from splashes and sprays.
    - Respirators, which filter inspired air, offer respiratory protection.
  - When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
  - **Eye protection, gown, and gloves continue to be recommended.**
    - **If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.**
- Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and options for extended use of respirators, facemasks, and eye protection on such units. Updated recommendations regarding need for an airborne infection isolation room (AIIR).
  - **Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures** (See Aerosol-Generating Procedures Section)
- Updated information in the background is based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.
  - Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

## CDC PPE Guidelines for Corrections:

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
<b>Incarcerated/Detained Persons</b>					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as feasible based on local supply, especially if housed as a cohort				
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19		X			
Incarcerated/detained persons in a work placement handling laundry or used food				X	X

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
service items from a COVID-19 case or case contact					
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See <a href="#">CDC guidelines</a> for more details.			X	X
Staff					
Staff having direct contact with <b>asymptomatic</b> incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)		Face mask, eye protection, and gloves as local supply and scope of duties allow.			
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X	X	
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see <a href="#">CDC infection control guidelines</a> )	X**		X	X	X
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see <a href="#">CDC infection control guidelines</a> )	X		X	X	X
Staff handling laundry or used food service items from a COVID-19 case or case contact				X	X
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See <a href="#">CDC guidelines</a> for more details.			X	X

### **Screening Plan:**

**Intake:** All new arrests coming from SFO or brought in by SFPD will be identified by Central Control. Intake staff (Sheriff's and CHS) will be notified by Central Control. All arresting officers (SFPD and other agencies) will be asked if their arrestee has just traveled from affected geographic regions in the last 14 days (Exhibit #7). If the arrestee just traveled from the affected geographic regions, the following must be done: (see Exhibit #1 and #2) **Any travel from China, Iran, Italy, Japan or South Korea in the last 2 weeks is high-risk.** 114 countries have confirmed cases. **Cardinal Signs of COVID-19 are Fever and Cough. Due to the community spread of COVID-19, anyone exhibiting these symptoms is high risk. See Exhibit # 10 for Risk Categories. All new arrests will be screened at the Sally port (Exhibit #8)**

1. Intake nurse will be alerted by custody staff of pre-booking inmates.
2. Nurse will bring thermometer and Pre-Booking Questionnaire to the Sally port.
3. Stay at least 6 feet from the arrestee and ask about respiratory symptoms (cough, shortness of breath/difficulty breathing). Use Pre-booking questionnaire (Exhibit # 8)

4. **If the answer is yes** to the pre-booking questionnaire, the intake nurse will **don full PPE gear-** (eye protection, facemask, full gown and gloves). (Exhibit #3A, 3B) and put a facemask on the patient.
5. Take the temperature.
6. If suspected PUI case, alert the arresting officer and Intake Sgt. and intake staff.
7. Sheriff's office personnel who will come in contact with the inmate will don gloves and facemask.
8. For any new arrests that meet the criteria for COVID-19 infection, the ED should be consulted for advice on the need for medical clearance prior to acceptance. If the patient is not in distress, they can be accepted and scheduled for sick-call and COVID-19 testing done in the jail.
9. Arresting Officers should be given a facemask to wear during transport if the arrestee is refused at intake for any reason.
10. PUI cases should be housed to Sheltered Living immediately after the booking process.

***Inmates in Housing Unit: Symptoms may appear 2-14 days after exposure.***

1. Any inmate being evaluated for a fever, respiratory issues or flu-like symptoms should be asked to put a procedural mask on, **before** being seen by the nurse or provider.
2. A detailed travel history for patients being evaluated with fever and acute respiratory illness should be obtained. **Any travel from China, Iran, Italy, Japan or South Korea in the last 2 weeks is high-risk.**
3. The nurse will don **full PPE** gear **if** the inmate meets the travel or contact criteria below or has a fever and cough/shortness of breath, **prior** to having close contact with the patient.
4. Any patients being evaluated and meets the criteria listed below will be placed in a negative air-flow room in Sheltered Living (rooms 5-8) or single cell.
  - a. Inmates will be scheduled for immediate sick call with the MD or FNP.
  - b. Infectious Disease will be contacted to report possible case of COVID-19.
  - c. Any close contact of the sick inmate will be evaluated and placed under surveillance as a (PUI).
  - d. The housing unit where the sick inmate was housed will be placed in lock-down. No new housing or movement in the pod will be allowed until medically cleared (approx. 14 days) and directed by Infectious Disease.
5. All inmate movements including going to court, to clinic, to an outside appointments, re-housing or release will need to be medically screened for temperature and symptoms. Any positive responses will be addressed immediately including putting a facemask on the patient before movement. Exhibit 12.

**Staff Screening:**

Effective March 18, 2020, all staff or persons entering the facility will be medically screened for COVID-19. The screening will include temperature check and symptoms review for cough and/or shortness of breath. If the staff has a temperature of 100.4° F or higher, or has a cough and or shortness of breath, the person will be not be allowed to come into the facility. For low grade fever of 99.7° with any other symptoms such as nausea/vomiting or diarrhea, loss of smell or taste, acceptance to the jail will not be allowed. Employees will be asked to go home and contact their healthcare provider. Exhibit #11, #11B for new symptoms identified by CDC.

The Sargent or charge nurse will be advised if a staff is denied entrance due to a positive screening.

Medical screeners will wear the appropriate PPE during screening. This includes face mask, eye goggles or face shield and gloves.

All equipment used will be disinfected in between use.

Non-touch thermometers will be used for temperature checks if available.

After medical screening is completed, an armband will be placed on the staff that will allow them access to either jail facilities for the day.

### **Housing Recommendation and Plan for COVID-19 Patients:**

Effective March 13, 2020, CDC guidelines states that COVID-19 patient can be house in a single-patient room with the door closed. Negative airflow rooms (AIIR) should be reserved for those undergoing aerosol-generating procedures.

1. Anyone identified as PUI case or confirmed COVID-19 will be housed in Sheltered Living until full capacity of the pod has been reached.
2. Negative Airflow rooms (Rm. 5-8) will be utilized first.
3. If all negative airflow rooms are occupied as an isolation room, PUI cases should be housed in a single room in Sheltered Living.
4. Inmates with the same diagnosis of COVID-19 can be housed together in the same room if all single rooms in SL have been utilized.
5. If the capacity to house known and suspected COVID-19 patients at Sheltered Living has been reached, a pod designated for **COVID-19 only** patients should be considered and utilized.
6. Post recovery of COVID-19 patients will be in a designated pod separate from general population as the patient may still shed virus post recovery.

### **Criteria to Guide Evaluation of Patients Under Investigation (PUI) for COVID-19**

Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of COVID-19 in Wuhan City, China.

Clinical Features	&	Epidemiologic Risk
Fever <sup>1</sup> or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas <sup>5</sup> (see below) within 14 days of symptom onset
Fever <sup>1</sup> with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization <sup>6</sup> and without alternative explanatory diagnosis (e.g., influenza) <sup>7</sup>	AND	No source of exposure has been identified

**Footnote:**

<sup>1</sup>Fever may be subjective or confirmed

<sup>2</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

<sup>3</sup>Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient).

Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#).

<sup>4</sup>Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

<sup>5</sup>Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all [COVID-19 Travel Health Notices](#).

<sup>6</sup>Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.

### **Notification and Documentation:**

- All inmates identified to be as a *Patient Under Investigation* will be reported to Infectious Disease. Call the hospital operator at 573-3775 during *business hours* and ask for Infection Control to be paged.
- Obtain the inmate's contact information. Phone number and address should be documented in the patient's chart so they may be contacted by Public Health if released.
- Inmates identified as PUI case will be reported to Michael del Rosario, Clinical Services Manager-Nursing by telephone/text and the on-duty Sgt. of the facility.

### **Discharge Planning:**

For inmates with known or suspected COVID-19 infection if released as a:

- Transfer to another facility:
  - Notify receiving facility prior to transferring an inmate with known or suspected COVID-19 infection.
  - Advise Sheriff's Transportation staff of inmate's status and precaution for transfer.
  - Provide facemask for inmate and deputy during transport.
- Released to home:
  - Give facemask to the inmate to wear before leaving the pod and a facemask to wear when leaving the facility.
  - Advise the patient to self-quarantine for up to 14 days from symptom or exposure date.
  - Advise the patient to contact their healthcare provider for follow-up treatment, but tell them to **call ahead before** going to their healthcare provider.
- For Inmates without COVID-19 and are going to a shelter or program, the inmate will be medically screened for COVID-19 for up to 12 days prior to transfer. An attestation letter will be completed prior to transfer to the shelter or program. Exhibit #13

### **Infection Control:**

- Follow hand hygiene protocols. Wash your hands with soap and water for **at least 20 seconds** or use alcohol based hand cleaner **before and after** every contact with every patient and the environment due to contaminated surfaces. Avoid touching your eyes, nose or mouth before you have washed your hands.

- All CHS are to wear a facemask while at work specially when social distancing can not be maintained. Cloth face mask is approved for non-patient contact only.
- Hospital grade face mask should be worn when dealing with patient contact.
- N95 mask should be used by healthcare staff/custody only. They should be discarded after having contact with a suspected case once you leave the room. (Exhibit #5) During equipment shortages, crisis strategies will be implemented that includes extended use and re-use of N95 as needed.
- Procedural/surgical mask are to be used by the suspected or confirmed COVID-19 patient. Replace after each use. They must be worn when outside of their cell or when having contact with staff.
- Inmates will be given cloth facemask and will need to wear them when leaving their pod or cell.
- Full PPE when worn, should be discarded in a **red biohazard bag** after exiting the patient's room who is under PUI. (Exhibit #3B, #4) **If the patient is in the negative air flow room, doffing off should be done before exiting the anteroom.**
- Cough etiquette- Cover your mouth, nose when you cough or wear procedure mask on. (Exhibit #6) Provide coughing inmates with procedural mask while in the clinic and expedite their visit.
- Inmates under PUI that are being released or transferred to another facility or hospital will be given a procedural/surgical mask to wear during transport. The receiving facility should be notified prior to any transfer to alert them of potential exposure risk.
- If possible, inmates identified as PUI should limit their movement within the facility or the pod.
- Large group activities within the jail should be avoided if possible.
- Elective procedures, surgeries and non-urgent outpatient visits to SMMC clinics should be postponed or scheduled via tele-health if possible with the approval of the medical director.

#### **Environmental Infection Control:**

Per CDC guidelines, room occupied by patients identified as PUI, can be cleaned by following normal cleaning procedures. After the patient leaves their room, it should be left vacant for at least one hour prior to anyone entering the room if not wearing PPE. Negative airflow rooms while in use will be checked daily to ensure proper function. CHS will follow current CDC guidelines listed below.

- Dedicated medical equipment should be used for patient care.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for 2019-nCoV in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against 2019-nCoV. These products can be identified by the following claim:
  - "[Product name] has demonstrated effectiveness against viruses similar to 2019-nCoV on hard non-porous surfaces. Therefore, this product can be used against 2019-nCoV when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."
  - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related). Specific claims for "2019-nCoV" will not appear on the product or master label.



- See [additional information about EPA-approved emerging viral pathogens claim](#)[external icon](#).
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim for 2019-nCoV, products with label claims against human coronaviruses should be used according to label instructions.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Detailed information on environmental infection control in healthcare settings can be found in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#) and [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) [section IV.F. Care of the environment].

### **Surveillance:**

A line list will be maintained for contacts with a PUI case. The list will include the names of the staff and inmates that come into contact with the PUI case. (Exhibit #9)

### **Staff Exposure:**

Any staff who comes into contact with someone with suspected or confirmed COVID-19 patient while not wearing recommended PPE should seek occupational health medical attention. Staff should remain at home and notify occupational health services if they become ill.

CHS will follow the CDC guidelines in managing HCP with potential exposure to COVID-19 as listed below.

**As of 6/3/2020      CDC Guidelines**

### **Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19**

Higher-risk exposures generally involve exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure.

*This guidance applies to HCP with potential exposure in a healthcare setting to patients, visitors, or other HCP with confirmed COVID-19. Exposures can also occur from a suspected case of COVID-19 or from a person under investigation (PUI) when testing has not yet occurred or if results are pending. Work restrictions described in this guidance might be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. Therefore, a record of HCP exposed to PUIs should be maintained. If test results will be delayed more than 72 hours or the patient is positive for COVID-19, then the work restrictions described in this document should be applied.*

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged <sup>1</sup> close contact <sup>2</sup> with a patient, visitor, or HCP with confirmed COVID-19 <sup>3</sup>	<ul style="list-style-type: none"> <li>• HCP not wearing a respirator or facemask<sup>4</sup></li> <li>• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude from work for 14 days after last exposure<sup>5</sup></li> <li>• Advise HCP to monitor themselves for fever or <a href="#">symptoms consistent with COVID-19</a><sup>6</sup></li> <li>• Any HCP who develop fever or <a href="#">symptoms consistent with COVID-19</a><sup>6</sup> should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation</li> </ul>

Exposure	Personal Protective Equipment Used	Work Restrictions
	<ul style="list-style-type: none"> <li>HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>and testing.</li> </ul>
HCP other than those with exposure risk described above	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>No work restrictions</li> <li>Follow all <a href="#">recommended infection prevention and control practices</a>, including wearing a facemask for source control while at work, monitoring themselves for fever or <a href="#">symptoms consistent with COVID-19</a><sup>6</sup> and not reporting to work when ill, and undergoing active screening for fever or <a href="#">symptoms consistent with COVID-19</a><sup>6</sup> at the beginning of their shift.</li> <li>Any HCP who develop fever or <a href="#">symptoms consistent with COVID-19</a><sup>6</sup> should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</li> </ul>

HCP with [travel](#) or [community](#) exposures should inform their occupational health program for guidance on need for work restrictions.

HCP=healthcare personnel

1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an **exposure of 15 minutes or more as prolonged**. However, **any duration** should be considered prolonged if the exposure occurred during performance of an [aerosol generating procedure](#)[external icon](#).
2. Data are limited for the definition of close contact. For this guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.
3. Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 could have been infectious:
  1. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets [criteria for discontinuation of Transmission-Based Precautions](#)
  2. For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
    1. In general, individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet [criteria for discontinuing Transmission-Based Precautions](#).
    2. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of [2 days](#)[pdf icon](#) prior to

the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.

4. While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.
5. If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to [Strategies to Mitigating HCP Staffing Shortages](#).

Fever is either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Occupational health programs should have a low threshold for evaluating symptoms and testing HCP

### **Staff Contact with PUI:**

Goal: Minimize contact with PUI as much as possible to limit exposure risk.

Plan for CHS:

1. Try to have a dedicated HCP for the patient to maintain consistent care and limit risk to other HCP if scheduling permits it.
2. Only one HCP should take care of the patient during their shift. They will see patient for meds, treatment, vital signs or other health care related activities to limit exposure to other HCP.
3. Use Tele-med for ER or outside providers if available to prevent exposure to others during transport.
4. Staff having close contact with PUI will wear full PPE.
5. A second RN will observe and check the other nurse to ensure full PPE gear is worn correctly.

Recommended Plan for Sheriff's Office:

1. Maintain regular staff in the pod to minimize exposure to other staff. Avoid assigning pregnant staff to the pod.
2. Pod deputies should wear full PPE when entering the PUI's cell.
3. Anytime inmate comes out of their cell, if they are PUI, inmate must wear a procedure/surgical facemask.
4. Surfaces and phones that the PUI inmate used should be disinfected after use.
5. Any deputy moving/transporting the inmate should wear gloves and facemask at a minimum if they are going to have close contact with the inmate identified as PUI.

### **Recommendations for Monitoring Based on COVID-19 Exposure Risk:**

1. **High- and Medium-risk Exposure Category**  
**HCP in the high- or medium-risk category** should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature  $>100.0^{\circ}\text{F}$  or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)\* they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.
2. **Low-risk Exposure Category**  
**HCP in the low-risk category** should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)\*. They should ensure they are afebrile and

asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

3. **HCP who Adhere to All Recommended Infection Prevention and Control Practices**

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.

4. **No Identifiable risk Exposure Category**

HCP in the *no identifiable risk* category do not require monitoring or restriction from work.

5. **Community or travel-associated exposures**

HCP with potential exposures to COVID-19 in community settings, should have their exposure risk assessed according to [CDC guidance](#). HCP should inform their facility's occupational health program that they have had a community or travel-associated exposure. HCP who have a community or travel-associated exposure should undergo monitoring as defined by that guidance. Those who fall into the *high-* or *medium- risk* category described there should be excluded from work in a healthcare setting until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 should contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work.

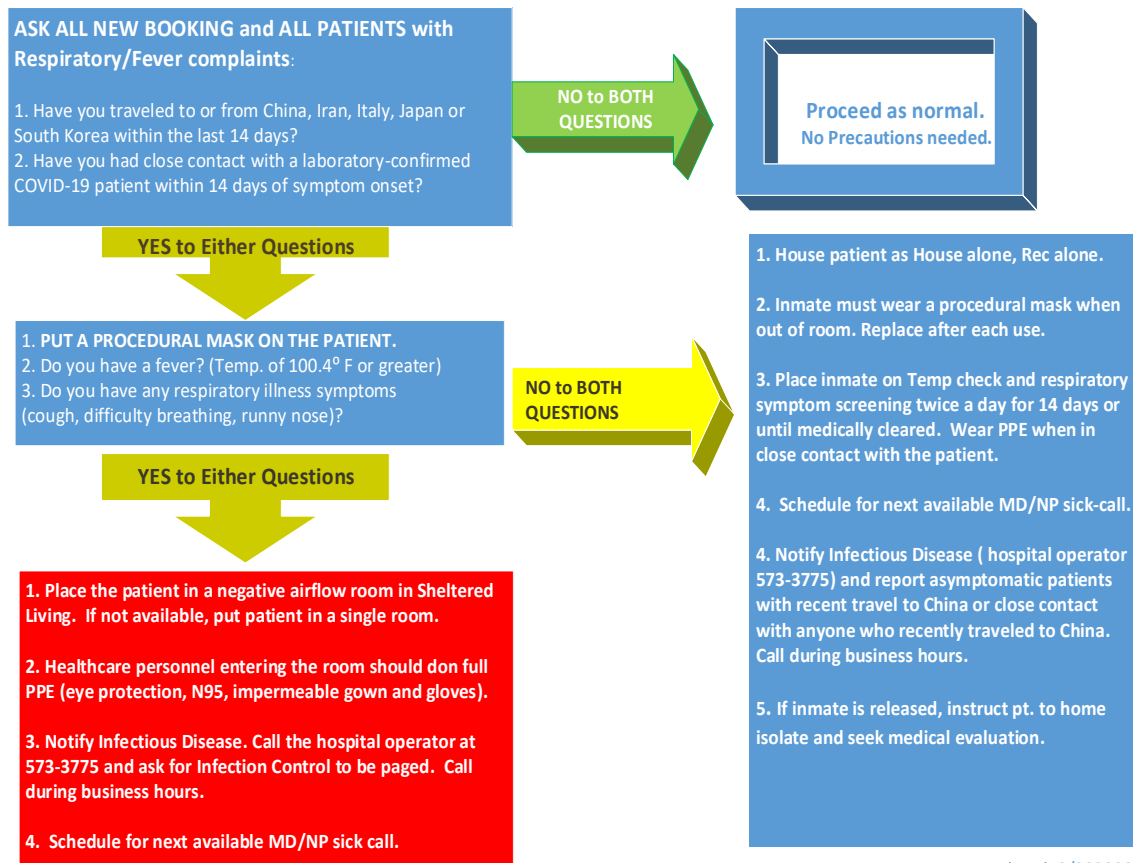
### **UPDATES:**

Due to the ever changing recommendations from CDC, it is imperative that all staff review all communications from CHS to keep updated with the new policies and guidelines. Copies of all communications, flyers or announcement are maintained in the department share drive (Coronavirus folder) as well as the communication folder at the Maguire clinic. It is highly recommended to follow the CDC website for the latest updates as well. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

## Exhibits:

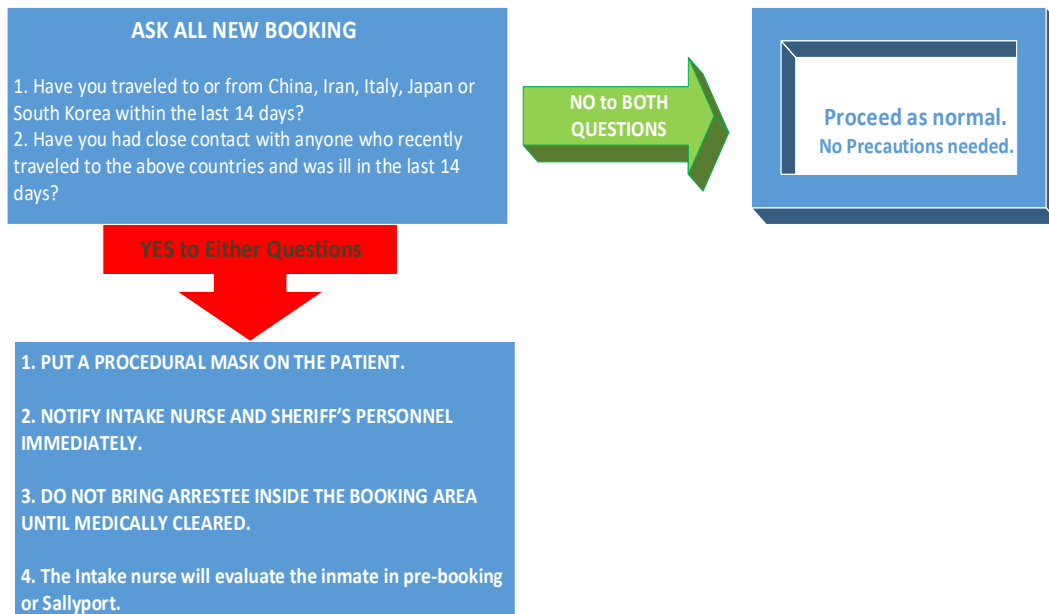
#1

### COVID-19 In-Person Screening in the Jail



Updated: 2/28/2020

### COVID-19 In-Person Screening in the Jail for Arresting Agencies



Updated: 2/28/2020

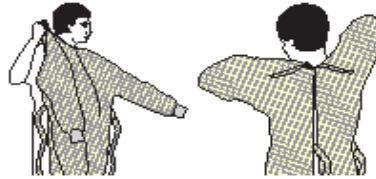


## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



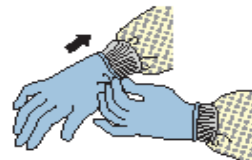
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown

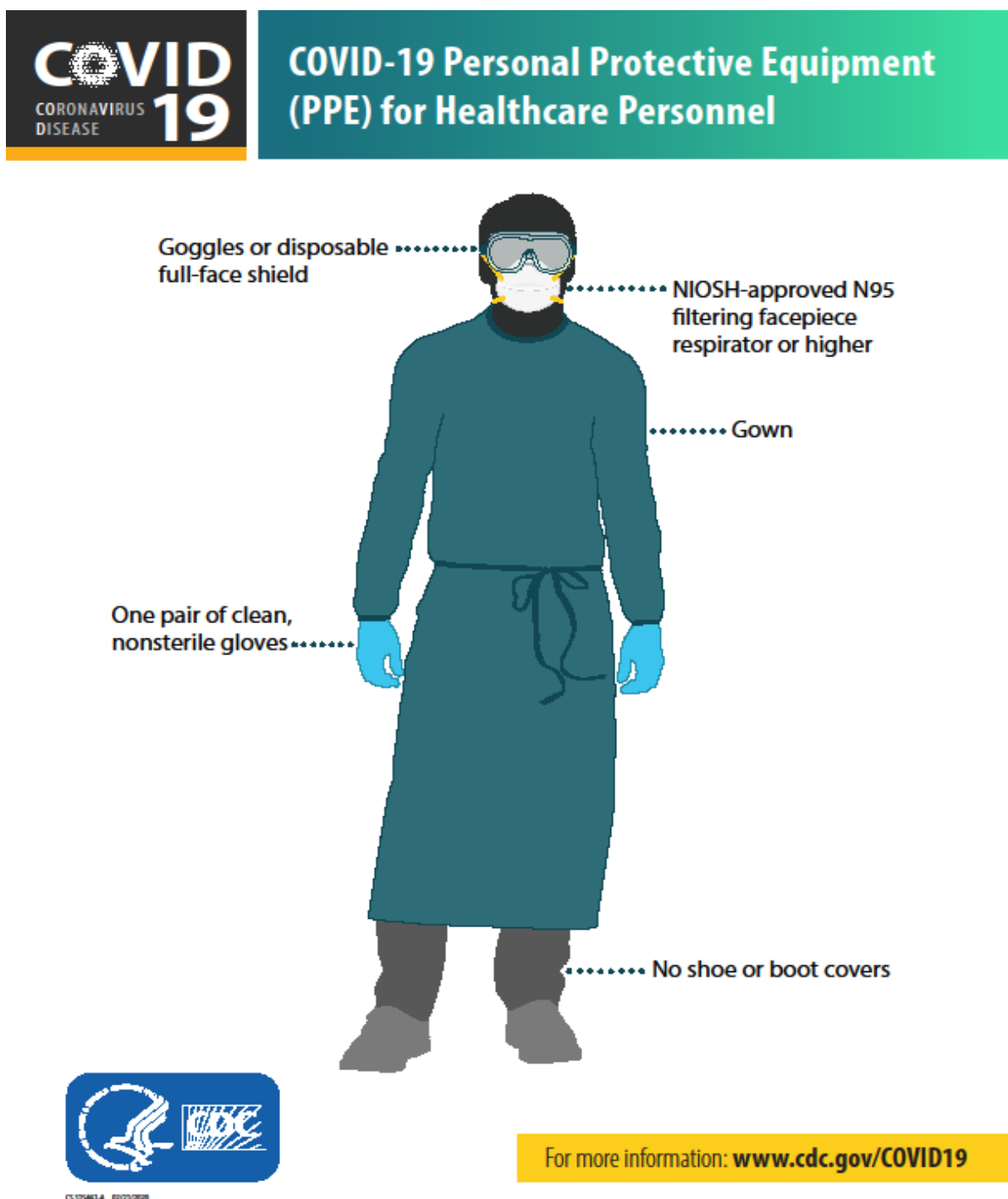


## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



CA250472-2



## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



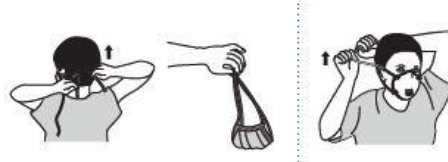
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

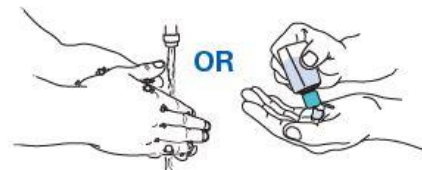


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**



C8250672-E

## Filtering out Confusion: Frequently Asked Questions about Respiratory Protection

### User Seal Check

Over 3 million United States employees in approximately 1.3 million workplaces are required to wear respiratory protection. The Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134) requires an annual fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is used in the workplace.<sup>1</sup> Once a fit test has been done to determine the best respirator model and size for a particular user, a user seal check should be done every time the respirator is to be worn to ensure an adequate seal is achieved.



### What is a User Seal Check?

A user seal check is a procedure conducted by the respirator wearer to determine if the respirator is being properly worn. The user seal check can either be a positive pressure or negative pressure check.

During a **positive pressure user seal check**, the respirator user **exhales** gently while blocking the paths for air to exit the facepiece. A successful check is when the facepiece is slightly pressurized before increased pressure causes outward leakage.

During a **negative pressure user seal check**, the respirator user **inhales** sharply while blocking the paths for air to enter the facepiece. A successful check is when the facepiece collapses slightly under the negative pressure that is created with this procedure.

A user seal check is sometimes referred to as a fit check. A user seal check should be completed each time the respirator is donned (put on). It is only applicable when a respirator has already been successfully fit tested on the individual.

### How do I do a User Seal Check while Wearing a Filtering Facepiece Respirator?

Not every respirator can be checked using both positive and negative pressure. Refer to the manufacturer's instructions for conducting user seal checks on any specific respirator. This information can be found on the box or individual respirator packaging.

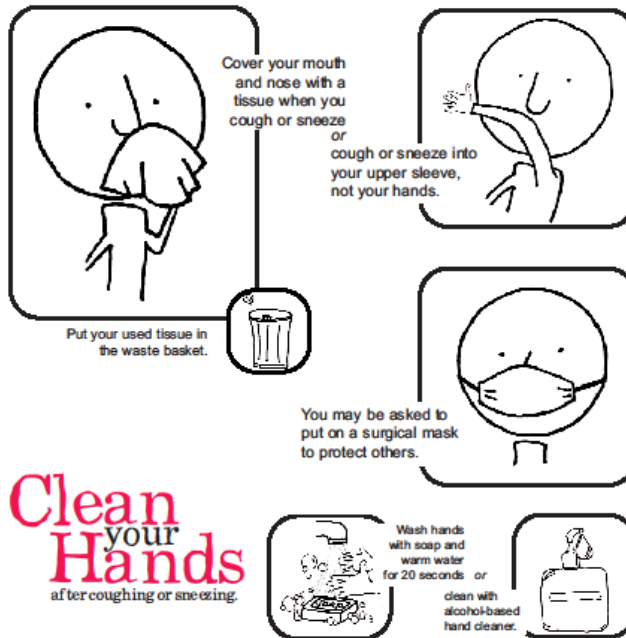
The following positive and negative user seal check procedures for filtering facepiece respirators are provided as examples of how to perform these procedures.



Centers for Disease Control  
and Prevention  
National Institute for Occupational  
Safety and Health

Stop the spread of germs that make you and others sick!

# Cover your Cough



City of Chicago Department of Health  
1111 North Dearborn Street  
Chicago, IL 60610  
312.767.4000 or 312.767.4000 TDD  
www.cityofchicago.org



APIC  
Association for Professionals in Infection Control  
and Epidemiology

## Correctional Health Services San Mateo County

**Arresting Agency** \_\_\_\_\_ **Officer's Name** \_\_\_\_\_

**Badge Number** \_\_\_\_\_

**Arrestee Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**AKA** \_\_\_\_\_ **S.M. Co. ID#** \_\_\_\_\_

**Please Circle All that Apply:**

1. Arrestee was placed in a "wrap" devise
  - a. Time placed \_\_\_\_\_
2. A Taser Gun (electronic shocking device) was used on arrestee prior to arrest.
  - a. Time of exposure \_\_\_\_\_
  - b. Number of times exposed \_\_\_\_\_
3. Arrest is primarily for intoxication                      Yes      No  
     Alcohol \_\_\_\_\_      Drugs \_\_\_\_\_
4. Arrestee was examined at a medical facility prior to booking.
  - a. Medical information given to nurse \_\_\_\_\_
5. Arrestee has medical devices and/or medication in property.
6. Arrestee has an injury or is obviously ill.
7. Arrestee speaks little or no English. Language spoken \_\_\_\_\_.
8. Circumstances indicate possible need for psych/suicide assessment:
  - a. Prominent person charge with an embarrassing crime.
  - b. Person said s/he wished to die and/or asked the officer to shoot them.
  - c. High profile crime involving loss of life and/or harm to a child.
  - d. Involves stalking, hostage taking or prolonged high speed-chase.
  - e. Child Molestation charges.
  - f. Other
- 9. In the last 14 days, arrestee had recently traveled from China, Iran, Italy, Japan, or South Korea, or had close contact with anyone who recently traveled to the affected geographic areas or was ill in the last 14 days.**
10. Nothing to report.

**Signature of Officer:** \_\_\_\_\_ **Date** \_\_\_\_\_

Please give completed form to the Intake Nurse or Booking Officer.



**CORRECTIONAL HEALTH SERVICES**  
**COVID-19 INTAKE PRE-BOOK QUESTIONNAIRE**

Label if available or information of Person of Interest (POI)

NAME:

*Please apply label with ID number*

DOB:

Date/Time: \_\_\_\_\_

Have you traveled from any other country within the past 14 days?

Yes

No

If so, which countries? \_\_\_\_\_

Have you been in *CLOSE* contact with anyone in your community with a confirmed case of the *Covid* 19 virus in the past 14 days?

Yes

No

If yes, who was the contact person? Name \_\_\_\_\_

Phone number of contact: \_\_\_\_\_

List Symptoms of POI: Fever ☐ SOB ☐ Cough ☐ **No SX** ☐ Temp: \_\_\_\_\_

Cannot accept if has at least 2 symptoms:

Nausea or vomiting ☐ Diarrhea ☐ Loss of smell or taste ☐ Chills or muscle pain ☐

Headache ☐ Sore Throat ☐

**\*\*DO NOT ACCEPT IF Temp 100.4 UNTIL YOU CALL E.D. FOR GUIDANCE\*\***

IF they cannot be cited out call the ED to see if they will see the inmate

Contacted Infectious Disease or ED: \_\_\_\_\_

Name of provider

Date/Time

\*If IM has symptoms related to COVID: notify intake Sgt. so to see if this arrestee can be cited out

When did these symptoms begin? \_\_\_\_\_

Have you taken any Antipyretics (Tylenol, Motrin)? If so, type: \_\_\_\_\_

When did (POI) last take antipyretic medication? \_\_\_\_\_

Name of Nurse who assessed POI: \_\_\_\_\_

**MASK GIVEN TO INMATE IN BOOKING** ☐

REVISED 5/30/2020

STAFF LINE LIST				
List should be completed daily for 14 days for any staff that comes into contact with a suspected PUI case.				
If Employee reports fever and/or Respiratory sx, they should not come to work and contact Occupational Health.				
Name of Staff with PUI Contact	Date of Contact	Temp and Sx Screening (indicate Y or N) Check daily at beginning of shift for 14 days since last contact (Employee Self-Check)	Comments	Staff Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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19				
20				
21				
22				
23				
24				

Exhibit #10

Risk Categories for Exposures Associated with International Travel or Identified during Contact Investigations of Laboratory-confirmed Cases

Risk Level	Geographic (Travel-associated) Exposures*	Exposures Identified through Contact Investigation
High	Travel from Hubei Province, China	Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 <i>without using recommended precautions</i> for <a href="#">home care</a> and <a href="#">home isolation</a>
Medium (assumes no exposures in the high-risk category)	<ul style="list-style-type: none"> <li>Travel from mainland China outside Hubei Province or Iran</li> <li>Travel from a country with widespread sustained transmission, other than China or Iran</li> <li>Travel from a country with sustained community transmission</li> </ul>	<ul style="list-style-type: none"> <li>Close contact with a person with symptomatic laboratory-confirmed COVID-19</li> <li>On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction</li> <li>Living in the same household as, an intimate partner of, or caring for a person in a non-healthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection <i>while consistently using recommended precautions</i> for <a href="#">home care</a> and <a href="#">home isolation</a></li> </ul>
Low (assumes no exposures in the high-risk category)	Travel from any other country	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact
No identifiable risk	Not applicable	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

#11

CHS STAFF COVID-19 SCREENING					
All CHS employees must be screened by the charge/desk nurse as soon as they arrive in the facility to minimize COVID-19 exposure to jail staff and inmates.					
If Employee reports fever and/or Respiratory symptoms (cough or Shortness of Breath), they should not be at work and should contact their medical provider.					
Deny Entrance IF: Any Temp. over 100.4 ° F or Cough and/or Shortness of breath. Low grade temp. 99.7 ° with cough and/or Shortness of breath					
Name of Staff	Date/Time	Temp and Sx Screening (List Temp, Do you have a cough or shortness of breath? Yes or No)	Comments	Employee Initials	Screeners Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

#11B


### DO YOU HAVE – Cannot accept

- **Cough**
- **Shortness of Breath**
- **Nausea or Vomiting** (Plus one other symptom or fever)
- **Diarrhea** (Plus one other symptom or fever)
- **Loss of Smell or Taste** (Plus one other symptom or fever)
- **Chills or muscle pain** (Plus one other symptom or fever)
- **Sore Throat** (Plus one other symptom or fever)
- **Headache** (Plus one other symptom or fever)

If you have mild symptoms (fever, cough, shortness of breath), you may not return to work until 3 days (72 hours) have passed since resolution of your fever or improvement of your respiratory symptoms without the use of medications to reduce your fever or cough **AND** at least 7 days have elapsed since your symptoms first appeared.

\*\*\*\*\* CANNOT ACCEPT if Temp 100.4 \*\*\*\*\*

#12

		SAN MATEO COUNTY HEALTH									
		CORRECTIONAL HEALTH SERVICES									
<h2 style="text-align: center;">Respiratory Symptom Checklist</h2>											
Known contact w/ COVID confirmed patient? <input type="checkbox"/> If yes, date _____. <input type="checkbox"/> No											
	Date	Time	Temp	Cough	SOB	O2	Pulse	Nausea, vomiting, diarrhea	Loss of taste/smell	Nurse Initial	
D1 AM											
D1 PM											
D2 AM											
D2 PM											
D3 AM											
D3 PM											
D4 AM											
D4 PM											
D5 AM											
D5 PM											
D6 AM											
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D14 PM											

**#13**

Attestation Letter for COVID-19 Screening for Discharge

Date: \_\_\_\_\_

Inmates Name: \_\_\_\_\_

DOB: \_\_\_\_\_

The above-named inmate has been medically screened for COVID-19 prior to discharge and is deemed symptom free for COVID-19 at this time. Included in the screening process is a temperature check, specific symptom screening for COVID-19, and exposure risk to known confirmed or positive cases of COVID-19 in the last 14 days.

Based on the assessment of the inmate today, Correctional Health Services attest that the inmate is not symptomatic or at risk for developing COVID-19 acquired from the jail.

If you have any questions, please contact our clinic at 650-599-7340 and speak to the charge nurse.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_



## COVID-19 LINE LIST

*List should be completed daily for **14 days** for any staff or inmates that come into close contact with a suspected PUI case or confirmed positive.*

*Use Temp and Respiratory symptom screening form to document results. Check twice daily for symptoms.*

*Asymptomatic positive or exposed to confirmed positive will remain on isolation/quarantine for 14 days from date of test result or last known exposure date.*

[illegible]

**Attention:** Directors of Skilled Nursing Facilities in San Mateo County

**Regarding:** COVID-19 Mass Testing Strategy for Skilled Nursing Facilities (SNFs) in San Mateo County

At the beginning of the COVID-19 outbreak, we focused our efforts on case finding and contact tracing investigations as well as testing of symptomatic frontline workers and mitigating outbreaks in SNFs, with the goal of protecting our most vulnerable populations. **Testing asymptomatic residents and staff of SNFs** is a decisive move to protect these most vulnerable people, and their care givers, who are at high risk in case of an outbreak. In alignment with the rest of the Bay Area, San Mateo County's ultimate goal is to test all staff and all residents in SNFs on a recurring weekly testing cycle.

Universal testing of residents and employees of SNFs is consistent with the San Mateo County [Health Officer Order dated April 15, 2020](#) and the California Department of Public Health (CDPH) All Facility Letter ([AFL 20-52](#) and [AFL 20-53](#)) which mandate SNFs to submit COVID-19 mitigation plans and provide guidance concerning testing.

As described in the [New England Journal of Medicine article Pre-symptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility](#), SNFs serve some of the county's most vulnerable populations including older adults and residents with underlying health conditions. Additionally, the congregate nature of these facilities means residents live near each other and have extensive contact with fellow residents and facility staff. Once introduced into a facility, COVID-19 can spread rapidly, and residents are at high risk of becoming seriously ill, or even dying, if they become sick.

As long as COVID-19 is circulating in the community, residents and staff of SNFs remain at risk. Testing determines who is COVID-19 positive and allows facilities to immediately establish necessary protocols, including cohorting of residents and implementing adequate infection control measures.

Although testing is a critical tool to identify asymptomatic COVID-19 positive cases, it is just one aspect of the County's response. In addition, the San Mateo County Communicable Disease Control Program (SMC CD Control) has created a new set of protocols in a checklist format that offers an array of strategies to mitigate transmission risk and outbreaks. Testing is one piece of a larger strategy that includes preventive measures such as social distancing, frequent hand washing and appropriate use of personal protective equipment (PPE).

Skilled nursing facilities in San Mateo County are operationally and financially responsible for conducting their own testing. San Mateo County will continue to provide assistance while SNFs ramp up their testing capability. Once all facilities have been tested, based on what is currently known about the incubation period of SARS-CoV-2, the goal is to establish a recurring weekly testing cycle. Testing science and technology are rapidly evolving and will continue to inform our response and testing strategy. As more information becomes available about the virus, the testing schedule may need to be adjusted.

Thank you for working with us to keep your residents and staff safe and healthy. For questions, please call SMC CD Control at 650-573-2346. This number is intended for use by SNFs and should not be disseminated further.

Sincerely,

Scott Morrow, MD, MPH, MBA  
San Mateo County Health Officer





## **COVID-19 Mass Testing Strategy for Skilled Nursing Facilities in San Mateo County**

### **1. Background:**

Improved COVID-19 testing capacity in San Mateo County provides us with a powerful tool to intervene earlier to prevent and control outbreaks in SNFs. In our limited experience with COVID-19 in SNFs, we have found through mass testing that when a single or small number of symptomatic cases are identified, there may be many additional asymptomatic or mild cases among residents and staff. Without testing to identify and act on these additional cases, we cannot effectively control the outbreak. We have identified the following benefits of mass testing:

- a. We can make better-informed decisions about cohorting. For example, for facilities with a large number of asymptomatic COVID-19 positive residents, we may recommend either to "reverse isolate" the negative patients or to send the COVID-19 positive residents to a dedicated COVID-19 facility if feasible.
- b. We can make more informed decisions on selecting residents for isolation and quarantine. With limited testing, uninfected residents may be unintentionally exposed to infectious asymptomatic and pre-symptomatic COVID-19 residents.
- c. Asymptomatic staff who test positive will be excluded from work per the SMC CD Control guidelines, thus preventing unintentional spread of COVID-19 to other patients and staff.

### **2. Mass Testing Strategies:**

We have identified 2 strategies for mass testing that will be implemented in parallel:

**Strategy 1: Facilities with COVID-19 infected staff or residents. Facilities experiencing single cases or outbreaks of COVID-19 among residents and/or staff members.** This response driven testing strategy includes the following steps:

- a. Serial testing of residents:
  - i. As soon as possible after one (or more) COVID-19 positive individuals (resident or staff members) is identified in a facility, serial retesting of all residents who test negative upon initial testing should be performed **every 7 days until no new cases are identified in two sequential rounds of testing**
  - ii. Once a resident tests positive, no additional testing is needed for that resident.
  - iii. Place residents into three separate cohorts based on the test results, accordingly:
    1. Positive result
    2. Negative result but exposed within the last 14 days
    3. Negative result without known exposure within the last 14 days
- b. Serial testing of staff members:
  - i. As soon as possible after one (or more) COVID-19 positive individual(s) (resident or staff members) is identified in a facility, serial retesting of all staff members who test negative upon initial testing should be performed **every 7 days until no new cases are identified in two sequential rounds of testing**; the facility may then resume its regular surveillance testing schedule for staff members.
  - ii. If testing capacity is not sufficient to serially retest all staff members, consider testing staff members who worked with COVID-19 positive residents or are known to work at other healthcare facilities with cases of COVID-19.
  - iii. Once a staff member tests positive, no additional testing is needed for that staff member.



- c. Cohort all COVID-19 positive residents and staff as outlined below or consider transferring COVID-19 positive residents to a designated COVID-19 receiving facility, if feasible, after approval by SMC CD Control.
- d. We strongly recommend all staff attend/review the following recorded trainings:
  - i. [Stanford School of Medicine Webinar – Strategies to Prevent the Spread of Coronavirus in Your Facility](#)
  - ii. [CDC Webinar Series – COVID-19 Prevention Messages for Long Term Care Staff](#)

**Strategy 2: Pre-emptive intervention. Prospective surveillance of facilities not currently experiencing outbreaks. Testing facilities in this category will allow San Mateo County to monitor facilities pro-actively to ensure that interventions can be made as early as possible.**

- a. Conduct baseline testing for all residents and staff members.
- b. After baseline testing is completed, continue with surveillance testing described below:
  - a. In facilities without any positive COVID-19 cases: implement testing of 25 percent of all staff members every 7 days including staff from multiple shifts and facility locations. The testing plan should ensure that 100 percent of facility staff are tested each month.
  - b. In facilities with a positive COVID-19 case, implement response-driven testing as described in *Strategy 1*.

### 3. Testing Logistics:

Successful implementation of these testing strategies will require substantial collaboration between the facilities' leadership and public health investigators.

#### a. Test Types

- i. **PCR testing** is useful during outbreaks when residents or staff are shedding virus in the days and weeks after initial infection.
  - 1. PCR testing should be used for facility-wide testing of staff and residents as described in this document.
  - 2. PCR testing is not 100% sensitive, so some individuals with negative tests may still have COVID-19.
- ii. **Serologic/antibody testing** may become useful in the future, but we do not currently recommend it.

#### b. Individual facilities should develop plans for ongoing testing

- i. While San Mateo County Health has provided help to facilities that did not have a readily accessible alternative, moving forward, the large scope of the pandemic requires facilities to use their own resources.
- ii. Facilities should develop relationships with commercial laboratories. Please see *Appendix 1* for a list of laboratories that offer COVID-19 testing.
- iii. Facilities should identify or hire staff to perform specimen collection on an ongoing basis.
- iv. Facilities that have previously identified cases of COVID-19 and that have been cleared by SMC CD Control should immediately implement *Strategy 2: Pre-emptive intervention*, as described above.
- v. In order to identify transmission early, facilities that do not have known cases of COVID-19 should plan to test 25% of staff on a rotating basis every 7 days. If any testing from the sample population is positive, the facility should plan to do facility-wide testing as described in *Strategy 1*.





- c. **While the responsibility for testing staff and residents on a regular basis ultimately falls on the SNFs**, San Mateo County will attempt to facilitate testing while the facilities work to develop a plan to take over that responsibility. The following information must be provided prior to testing:

1. Name of Facility
2. Address of Facility
3. Phone Number of Facility
4. Name of the single point of contact (POC) at Facility
5. If applicable, name of the Medical Director at Facility (the Medical Director must be the ordering physician for the facility so that he/she may get the testing results directly)
6. Total number of individuals (staff and residents) to be tested
7. Proposed dates of testing/specimen collection
8. List of residents and staff to be tested (use the provided Excel spreadsheet)

#### 4. **Public Health Follow-up:**

Based on testing results, SMC CD Control may recommend a number of interventions, depending upon how many staff members and residents are affected.

##### a. **Staff**

- i. **Staff who test positive for COVID-19 and have respiratory symptoms** should be excluded from work and isolated until they meet the SMC CD Control Return to Work Criteria.
- ii. Assuming they do not develop symptoms, **asymptomatic staff who test positive for COVID-19** should also be excluded from work and isolated until they meet the SMC CD Control Return to Work Criteria. However, in a setting of critical staffing needs, asymptomatic staff may be allowed to work, but only if facilities can ensure that all the following conditions are met:
  1. **Asymptomatic COVID-19 positive staff must only work with COVID-19 positive residents and COVID-19 positive staff.**
  2. **Work areas for COVID-19 positive and COVID-19 negative staff must be kept separate**, including break rooms, work stations, and bathrooms.
- iii. We do not recommend serial testing or test-of-cure for people testing positive. Instead, the SMC CD Control Return to Work Criteria should be followed.

##### b. **Residents**

- i. **Residents testing positive for COVID-19** should be separated from all residents who tested negative (cohorting). Cohorting should be organized as follows:
  1. All residents who test positive for COVID-19 should be housed in a separate area within the facility. Ideally this would be a separate building or a separate floor. If there is no way to separate cohorting areas, then temporary physical barriers (screens, etc.) with clear signage should be used.



2. Patients can be roomed together strictly by cohort (i.e. only COVID-19 negative with other COVID-19 negative residents and COVID-19 positive with other COVID-19 positive residents). Cohorting should be done with as much separation as possible and with a minimum of 6 feet of separation.
  3. COVID-19 positive and COVID-19 negative groups should not share common areas or bathrooms.
  4. Staff, equipment, etc. should be dedicated to a cohort (positive or negative) and should not be shared.
  5. **Residents who test positive but remain asymptomatic** should be considered infectious for 14 days after the date of the initial positive test.
- ii. **Residents who have symptoms consistent with COVID-19, but test negative** should still be presumed to have COVID-19 given that the sensitivity of the COVID-19 PCR test is around 70%. These residents should be placed on contact and droplet precautions, and isolated away from both COVID-19-positive and COVID-19-negative residents if possible. Re-testing can be performed prior to the next scheduled testing cycle if results will impact cohorting decisions.
  - iii. If after mass testing is done, only a small number of individuals is identified in one category, and if it is feasible, consider relocating this minority to another facility. Given the risk of spreading infections to other facilities, all potential transfers must be approved by SMC CD Control.

**c. Completion of Cohorting:**

Residents who test positive for COVID-19 can be removed from the COVID-19 designated cohort area when they are no longer considered to be infectious. For details, please refer to the SMC CD Control Congregate Setting Admission, Readmission, and Discontinuation of Transmission-Based Precautions guidelines and/or call SMC CD Control.

**5. Contact Information:**

- a. SMC CD Control can be reached by phone at 650-573-2346, by fax at 650-573-2919, or by email (non-urgent items only) at [SMCCDControl@smcgov.org](mailto:SMCCDControl@smcgov.org). Please note that this contact information is intended for provider and facility use only and should not be shared further.

**6. Resources:**

- a. San Mateo County [Health Officer Orders and Statements](#)
- b. [Stanford School of Medicine Webinar – Strategies to Prevent the Spread of Coronavirus in Your Facility](#)
- c. [CDC Webinar Series – COVID-19 Prevention Messages for Long Term Care Staff](#)
- d. [AFL 20-52: Coronavirus Disease 2019 \(COVID-19\) Mitigation Plan Implementation and Submission Requirements for Skilled Nursing Facilities \(SNF\) and Infection Control Guidance for Health Care Personnel \(HCP\)](#)
- e. [AFL 20-53: Coronavirus Disease 2019 \(COVID-19\) Mitigation Plan Recommendations for Testing of Health Care Personnel \(HCP\) and Residents at Skilled Nursing Facilities \(SNF\)](#)



## Appendix 1: COVID-19 Testing Laboratories List

A list of laboratories is provided to help facilities meet their COVID-19 testing needs. Laboratories listed in the table below can provide a variety of test-related services. Capabilities associated with each laboratory are defined as follow:

- Full service: Laboratory can provide onsite/offsite sample collection (including supplies like personal protective equipment [PPE] and sample collection kits), facilitates logistics to collect and process specimens, and conduct diagnostic testing
- Enhanced service: Laboratory can provide sample collection kits, manage inbound logistics (e.g. preprinted shipping labels), and conduct diagnostic testing
- Testing only service: Laboratory can conduct diagnostic testing only. Submitters must supply their own collection kits.

Lab Name	Contact	Location	Full service	Enhanced service	Testing only service
Avellino Lab	(650) 396-3741; <a href="https://www.avellinocoronatest.com/">https://www.avellinocoronatest.com/</a> ; tom@avellino.com	Menlo Park, CA	X	X	X
Color Genomics	(844) 352-6567; covid-response@color.com; <a href="https://www.color.com">https://www.color.com</a>	Burlingame, CA		X	X
Transplant Genomics	(508) 337-6200; info@trugraf.com; <a href="http://transplantgenomics.com">http://transplantgenomics.com</a>	Pleasanton, CA		X	X
Westpac Labs	(562) 906-5227; <a href="https://www.westpaclab.com/covid-19/">https://www.westpaclab.com/covid-19/</a>	Santa Clara, CA		X	X
ARUP Laboratories	800-522-2787; <a href="https://www.aruplab.com/infectiousdisease/coronavirus">https://www.aruplab.com/infectiousdisease/coronavirus</a>	Salt Lake City, UT		X	X
BioReference Laboratories	833-684-0508; <a href="https://www.bioreference.com/coronavirus/">https://www.bioreference.com/coronavirus/</a>	Elmwood Park, NJ	X	X	X
Quest Diagnostics	866-697-8378; <a href="https://www.questdiagnostics.com/home/Covid-19/">https://www.questdiagnostics.com/home/Covid-19/</a>	Secaucus, NJ			X
LabCorp	<a href="https://www.labcorp.com/coronavirus-disease-covid-19">https://www.labcorp.com/coronavirus-disease-covid-19</a>	Burlington, NC		X	X
UltimateDx	(800) 799-7248; <a href="https://ultimatedx.com/">https://ultimatedx.com/</a>	Los Angeles, CA	X	X	X



Lab Name	Contact	Location	Full service	Enhanced service	Testing only service
Curative KorvaLabs	(650) 713-8928	San Dimas, CA	X	X	X
Exceltox Laboratories	Jonathan Pittman; (216)373-1360; jonathan@exceltox.com	Irvine, CA		X	X
Keck Medicine of USC Clinical Laboratories	800-872-2273; <a href="https://www.keckmedicine.org/coronavirus/">https://www.keckmedicine.org/coronavirus/</a>	Los Angeles, CA			X
Let's Get Checked – Priva Path Diagnostics	(626) 479-8460 ext. 4002; info@lgclabs.com	Monrovia, CA		X	X
MiraDx	(424) 387-8100; info@miradx.com; <a href="https://miradx.com/covid-19-testing/">https://miradx.com/covid-19-testing/</a>	Los Angeles, CA	X	X	X
Pacific Diagnostic Lab	(805) 879-8100; <a href="https://www.pdillabs.com">https://www.pdillabs.com</a>	Santa Barbara, CA		X	X
Pathology Sciences Medical Group	(530) 891-6244; <a href="https://www.pathologysciences.com/">https://www.pathologysciences.com/</a>	Chico, CA		X	X
PrimeX Clinical Lab	(800) 961-7870; <a href="https://primexlab.com/test-announcement-for-the-2019-novel-coronavirus/">https://primexlab.com/test-announcement-for-the-2019-novel-coronavirus/</a>	Van Nuys, CA		X	X
StemExpress	(530) 303-3828; <a href="https://www.stemexpress.com/covid-19-testing/">https://www.stemexpress.com/covid-19-testing/</a>	Folsom, CA	X	X	X
Sun Clinical Lab	Mark Pandori; (626) 234-2355; <a href="https://sunclinicallab.azurewebsites.net">https://sunclinicallab.azurewebsites.net</a>	El Monte, CA		X	X

## Community Priorities During Covid-19

Covid-19 has created both a public health and ensuing economic crisis that has affected everyone in San Mateo County. We are all on an unprecedented journey. But our communities of color, our low-income communities, our LGBTQI+ communities and other communities/identities that have historically been marginalized, already started this journey behind the eight ball.

Our most impacted communities are often essential workers on the front lines of exposure. Impacted communities were also already experiencing housing, job, and food insecurity, and increased chronic health conditions. And now with Covid-19, challenges have reached a tipping point. For example, more than 1 in 5 transgender adults have at least one or more existing chronic condition. And fear of discrimination and mistrust keeps many from going to the doctor. This creates a higher risk for the outcomes of Covid-19.

San Mateo County is very diverse. Over 60% of our population is people of color across the county, and in some census tracts that's up to 98% POC. The social factors that can challenge health equity were already in place before the crisis and now getting worse:

- Up to 37% of some census tracts experience overcrowded housing conditions, making it difficult to socially isolate, learn or work from home, and have personal space to destress.
- Up to 39% of some of census tracts are limited English speaking, making it more challenges to get accurate information and access resources during this crisis.
- People of Color and LGBTQI+ are disproportionately living in poverty. Our LGBTQI+ communities make up a high percentage of our homeless youth, and experience discrimination getting jobs and creating financial security along with our communities of color.
- Federal reserve data shows that almost 40% of Americans can't withstand a \$400 emergency in any given month – and during this crisis, most of our impacted communities have this level of crisis if not much more. Especially our immigrant families and households without documentation, who do not qualify for unemployment or the federal stimulus relief, among other gaps in financial supports.

To ensure our most impacted communities are centered in the Covid-19 response and recovery, a community priorities list was developed with grassroots partners, residents and leaders in our most impacted communities. The priorities below represent issues and feedback shared by partners across our Community Collaboration for Children's Success Initiative (with 700+ list community partners), our community organizing and CBO partners in direct relationship with hundreds of impacted residents, as well as feedback from a broad number of 200+ participants representing communities of color, immigrant populations, LGBTQI+, low-income residents at our virtual Covid-Town Hall on May 1<sup>st</sup>.

For more information of feedback from community partners, please contact Shireen Malekafzali, Health Policy and Planning, County Health – [smalekafzali@smcgov.org](mailto:smalekafzali@smcgov.org), or call 415.271.3357.

## Community Priorities

- **Access to Easily Accessible, Cultural and Linguistically Appropriate Community Resources & Covid19-related Information**
  - One-Stop-Shop website for links for all community resources during Covid-19. It's hard to navigate and figure out where to get information about different issues and needs.
  - Translation of resources is critical.
  - Outreach to hard to reach populations via existing communication channels communities utilize (example radio, social media venues, church virtual groups, phone chains, etc) and via trusted community leaders. Having information on a website is not enough to reach all of our communities.
  - Ensuring outreach and communication is culturally appropriate by engaging community leaders for their expertise, feedback, and partnership.
- **Outreach and Engagement to Support Service/Resource Navigation**
  - Support identifying resources and navigating service needs
    - Having trusted community members and leaders support outreach and system navigation to ensure people feel safe to access resources, especially for our undocumented families and households
    - Forms that may seem simple are difficult to fill out and need support walking people through it or filling it out
  - Having specific communities of color and LGBTQI+ affinity groups where people can have trusted solidarity to get support and feel like they belong.
  - Ensuring continued resources for longer-term prevention even as we support immediate emergency needs is important for long-term recovery.
- **Promote Equity, Solidarity & Community Building**
  - Track data by race, place, SOGI and linguistic isolation, where possible.
    - Disaggregate Asians to understand the specific population issues. Consider partnering with other counties to get accurate PI data.
    - Where not possible, identify ways to set up systems to ensure disaggregation by race and SOGI going forward.
  - Prevent and stop xenophobia through proactive outreach and messaging campaigns. Specifically, support our Asian communities and our Black populations who are experiencing racism as they wear masks in public spaces.
    - Active Outreach on Community Solidarity through a messaging campaign
    - Developing clear language and messaging that enables essential workers to feel essential and not disposable, and enables impacted communities to feel seen and not sidelined.
  - Implement restorative justice practices instead of punitive enforcement approaches.
- **Housing stability**
  - Rental assistance funding continued to be needed and is critical to people feeling like they can stay in their homes. Support to navigate the process and fill out paperwork is needed.
  - Eviction protections is vital to stability and shelter.
  - Expanding Eviction Protections and Moratorium on Rent Increases beyond the Shelter In Place Order as much as possible as people struggle financially to get back on their feet.

- Locations for homeless to shelter and allowing all homeless options for hotel voucher not just some
- Specific Houseless Shelter/Resources for the Transgender and Non-Binary communities for they can feel comfortable and safe.
- **Food Security**
  - Access to healthy foods for all
  - Prepared food deliveries for those that are not mobile
  - Hot meals made available through EBT use when grocery stores may not be accessible, or they may not have access to cooking facilities
  - Supporting our farmworkers as they ensure food on our tables to make sure they feel safe and protected
- **Financial Security**
  - Access to jobs to return to when the economy opens up. Including access to job training opportunities and apprenticeships into industries that are revived.
  - Resources for small business to stabilize and withstand this time
  - Eviction protection for small businesses
  - Basic income could help communities overcome major financial barriers, especially for those most vulnerable
- **Resources for immigrant families and households without documentation**
  - Removing barriers as much resources for those that do not qualify for unemployment and other benefits or resource channels
  - Ensuring sanctuary and safety as immigrant families access resources
  - Conducting outreach through trusted channels in the undocumented community
  - Ensuring language and messaging that ensures our immigrant families and households without documentations feel like they belong and are essential parts of community
- **Internet and Cell Data access**
  - More vital than ever now that education and connection is mostly focused on line
  - Chrome books and devices are necessary for children and adults to navigate this time
  - Stable internet access across San Mateo County so families are not left behind as information and resources are shared, as well as children's learning
- **Education, Families & Childcare**
  - Need mental health support for families and children/youth during this challenging time
  - Access to chrome books and internet access – they are basic essentials not a luxury
  - Activities for children/youth that are enriching that are virtual or have activity materials to pass out to families so children have access to enrichment.
  - Childcare for essential workers during work.
  - Childcare for families during essential activities for caregivers such as medical appointments.
  - Specific supports and resources virtually for families who have children that are questioning their sexuality and/or gender.
  - Supplemental tutoring or supports for children's learning, to help with homework and other needs.
- **Healthcare & Frontline Workers**
  - Increase testing for Covid-19, specifically in underserved communities and for essential workers. Testing should be free, easy to access in our communities without a car, and without symptoms and other requirements

- Personal Protective Equipment for healthcare and frontline essential workers across sectors including farmworkers.
- Enforcement of adherence to labor laws and protections for frontline workers
- Healthcare coverage
- Providing virtual healthcare for County clients and beyond. And allowing County clients to make online appointments and access medical information.
- **Mental Health Support**
  - Increased mental health support since anxiety, depression and other mental health challenges are all heightened.
  - Supports to overcome isolation, especially for older adults
  - Suicide prevention is particularly important right now.
  - Violence prevention, especially in the home against children and women.
- **Domestic Violence Prevention & Response**
  - Proactive outreach via phone, video and text to those that may be in need to see how they are doing and providing space to share if challenges are occurring. This is especially important for children since there are fewer people who can see if issues are coming up in the home to call for help.
  - Rapid response to domestic violence calls.
  - Proactive outreach, education and support for previous perpetrators and victims, and to the broader population focused on prevention, de-escalation, anger management and more.
- **Transportation Access**
  - Options for transportation that are inexpensive. Cost of transportation has risen with Uber/Lyft being primary options for those that do not have a car. Many low-income people do not have a car and depend on the limited transit options.
  - Transit options that help people access essential work, goods and services.



Office of Diversity & Equity (ODE)  
San Mateo County Behavioral Health & Recovery Services

**RACE & CORONAVIRUS  
TOWN HALL  
COMMUNITY PARTNERS**



The Bay Area Community Health Advisory Council (BACHAC) is dedicated to eliminating health disparities through innovative models of health education, access to resources and advocacy across generations and diverse communities. For more information please call Phone (650) 652-3884 or visit [bachac.org](http://bachac.org)



The Office of Diversity & Equity (ODE) supports communities by providing resources and referrals to behavioral health and substance use services. ODE provides free community courses (Parent Project, Health Ambassador Program, Mental Health First Aid, Digital Story Telling and more), community supported Health Equity Initiatives and oversees Behavioral Health & Recovery Services' Suicide Prevention Efforts. For more information please email us at [ode@smcgov.org](mailto:ode@smcgov.org) or visit [smchealth.org/bhrs/ode](http://smchealth.org/bhrs/ode)



Catholic Charities is the veritable backbone of non-profit human services in the Bay Area, serving more than 32,000 people a year through more than 30 diverse programs serving the homeless, children and youth, low-income families, seniors, HIV/AIDS patients, immigrants, and adults with disabilities. For more information please call (415) 972-1200 or visit [catholiccharitiessf.org](http://catholiccharitiessf.org)



Get Healthy San Mateo County works to create healthy, equitable communities by focusing on work that helps advance Place-based Primary Prevention, Health Equity, and Collaboration.. For more information please visit [gethealthysmc.org](http://gethealthysmc.org)



Starvista is a non-profit organization that provides high impact services through counseling, skill development, and crisis prevention to children, youth, adults, and families to help all ages and stages through life's challenges. For more information please visit [star-vista.org](http://star-vista.org)



Taulama for Tongans is a non-profit community based organization dedicated to improving the health of all Tongans and Other Pacific Islanders in San Mateo County through education, advocacy, research, and service. For more information please visit call (650) 286-1500 or email us at [TaulamaforTongans@gmail.com](mailto:TaulamaforTongans@gmail.com)



# RACE & COVID-19 COMMUNITY TOWN HALL FAQ

May 2020

## DO WE KNOW COVID-19 DATA BY ETHNICITY IN SAN MATEO COUNTY (SMC) (NOT JUST CA)?

Yes, please refer to the [San Mateo County COVID-19 Data](#) for the most up to date information for San Mateo County on COVID-19 including race & ethnicity.

## DO WE POST INFORMATION ABOUT COVID-19 BY ZIP CODE?

Yes, please go to [San Mateo County COVID-19 Data](#) for the most up to date information for San Mateo County on COVID-19 including information by zip code & city information.

## IS RACE/ETHNICITY DATA AVAILABLE IN SMC FOR COVID-19 TESTING? WHAT EFFORTS ARE THERE TO ASSESS TESTING ACCESS IN UNDERSERVED COMMUNITIES?

Yes, SMC leaders have worked to inform our communities of race & ethnicity data for individuals who have been tested for COVID-19. Additionally, our leadership has provided disaggregated data & data by zip code. Please check the following link for the most up to date information for [San Mateo County COVID-19 Data](#).

SMC leadership has worked to provide testing sites across the County in an effort to reach our underserved communities. This testing is available through [VERILY](#) Testing. This is a state sponsored testing contractor, supported by County's as to location and logistics with usually 24 hour turnaround time and is available to asymptomatic individuals as well.

VERILY Testing Requirements: Register online and get appointment ([verily.com](#)).

Must have gmail account and phone number. Additionally one needs ID or the ability to prove identity on the day of test.

Verily Testing Schedule and Locations: Site Definitions: SMEC (Event Center); HMB (Half Moon Bay); DC (Daly City); EPA (East Palo Alto); and NFO (North Fair Oaks).

Site Addresses: NFO- Sports House Parking Lot, 3151 Edison Way, Redwood City  
DC- Jefferson High School District, 699 Serramonte Blvd, Daly City, CA 94015  
HMB- Cunha Intermediate School, 600 Church St., Half Moon Bay  
EPA- 550 Bell St, East Palo Alto, CA 94303

### SMC Testing Schedule:

(there are no times listed because this is by appointment (drive up with accommodation for pedestrians and bicycles):

6/1/20 – 6/13/20

M – SMEC    Tu – SMEC    W – HMB    Th – HMB    F – NFO    Sa – NFO

6/15/20 – 6/26/20

M – SMEC    Tu – DC    W – DC    Th – EPA    F – EPA

6/29/20 – 7/10/20

M – SMEC    Tu – HMB    W – HMB    Th – NFO    F – NFO

## **DOES THE COUNTY HAVE PLANS TO EXPAND TESTING TO LESS SICK & ASYMPTOMATIC POPULATION?**

Yes, testing is available through VERILY Testing. This is a state sponsored testing contractor, supported by County's as to location and logistics with usually 24 hour turnaround time and is available to asymptomatic individuals as well.

## **ARE THERE DATA THAT IS DISAGGREGATED FOR ASIAN AMERICANS? IE. SPECIFIC DATA FOR FILIPINOS, CHINESE, ETC.**

Yes, the disaggregated data can be found at our San Mateo County Health COVID-19 Data page. Since starting to report this data, Pacific Islander data has been separated from the category of Asian.

## **DOES SAN MATEO COUNTY BOARD OF SUPERVISORS HAVE ANY INTEREST IN COLLABORATING WITH OTHER COUNTIES IN A MULTI-COUNTIES RESOLUTION & PUBLIC STATEMENTS DENOUNCING XENOPHOBIA & RACISM?**

The San Mateo County Board of Supervisors has passed a resolution condemning xenophobia, to make a statement & bring awareness to racial issues happening in the county. Additionally, San Carlos City Council & City of South San Francisco City Council have passed resolutions denounce xenophobia & anti-Asian sentiment. For additional resources & supports to protect against xenophobia & report hate crimes please visit Stop AAPI Hate Reporting Center or Teaching Tolerance. Additionally, please refer to the Xenophobia Response Tips Resource Card produced by the San Mateo County Chinese Health Initiative.

## **IS IT POSSIBLE TO SHARE THE INFORMATION ABOUT THE NEED TO INCREASE CENSUS RESPONSE RATE FOR EAST PALO ALTO & EAST MENLO PARK SO THAT THOSE OF US WITH CONNECTIONS IN THOSE COMMUNITIES CAN SUPPORT THOSE EFFORTS?**

Yes, the census response rates can be found at the [Census 2020 San Mateo County](#) page. We appreciate your support in having everyone in San Mateo County counted. This will support all our communities for many years to come.

## **WHERE CAN WE FIND A CENTRALIZED LOCATION TO FIND RESOURCES FOR PEOPLE IN NEED DUE TO COVID-19 FOR SAN MATEO COUNTY/BY CITY?**

You can find information on COVID-19 for San Mateo County (SMC) at our [County Manager Office COVID-19 Resources](#) page. For translation of materials please use tab at top right of page.

## **HOW WILL YOU SUPPORT US IN ORDER TO HAVE GOOD MENTAL HEALTH DUE TO THE STRESS WE ARE EXPERIENCING & HOW IS IT POSSIBLE TO MOTIVATE YOUTH AS THE QUARANTINE CONTINUES EVEN AFTER MAY 31? HOW LIKELY IS IT?**

Mental health supports & learning ways to implement healthy coping are essential during this time. For specific information about resources & tools please visit the [County Managers Office COVID-19 Resource](#) page or [San Mateo County Health Behavioral Health & Recovery Services](#). Additionally, if someone you know is in need of mental health or substance use support please refer to our [Mental Health and Substance Use Services Information Flyer](#). The [Behavioral Health and Recovery Services Office of Diversity & Equity](#) hosts trainings, supports Health Equity Initiatives, hosts free community classes & has other ways for you to stay involved. Including signing up for our [email updates](#) and getting information from our [Office of Diversity & Equity Blog](#). Lastly, counties have teamed up to launch the campaign "[Crushing the Curve](#)" in order to connect youth to resources on education, hobbies, health, volunteer opportunities, how to contribute to the COVID-19 response, resources available to them if they need help and more. Find these resources at [www.crushingcurve.com](http://www.crushingcurve.com).

## AT THIS POINT ARE THERE ANY ALTERNATIVES FOR UNDOCUMENTED FOLKS TO GET HEALTH CARE SERVICES THAT ARE NON-COVID-19 RELATED?

Healthcare service availability is typically organized through health insurance. For undocumented residents who are employed, health coverage may be available through employers, & then access to health care would be through that health insurance company's healthcare provider network. For undocumented residents who are not employed or whose employers do not provide health coverage, public programs are available for those at the lowest income levels. For undocumented children & young adults, Medi-Cal is available, regardless of documentation status for those with incomes at or below the eligibility level for Medi-Cal. For undocumented adults, Restricted Medi-Cal is available to cover emergency & pregnancy related services. The County offers the ACE program for residents, regardless of documentation status who are ineligible for Medi-Cal or an advance premium tax credit to buy insurance through Covered California. There are more than 21,000 adults enrolled in the County ACE program as of April 30. Enrollment assistance is available by phone by contacting the Health Coverage Unit at 650.616.2002.

Supervisor Horsley's district is working alongside Puente, Farm Bureau & employer's to ensure all its coastside farmworkers (approx. 1500 workers) are being provided information on health, how to stay healthy & how to protect themselves & their families. Additionally, a resource guide has been created by SMC Immigrant Services which has information on San Mateo County's community based organizations & other services available for our Immigrant Community. You can find the links to the resource guide below:

[English- Immigrant Resource Guide](#), [Espanol- Guia de Recursos Para Inmigrantes](#), [移民资源手册](#). Lastly, if someone you know is in need of mental health or substance use support please refer to the [support services](#) here . You can obtain assistance regardless of your immigration status & language services are available.

## HAS THEIR BEEN A LGBTQ+ RESOURCE GUIDE TO ADDRESS SOME OF THE LGBTQ+ CONCERNS OF COVID-19 PANDEMIC?

Our San Mateo County [Pride Initiative](#) and [San Mateo County Pride Center](#) are currently working on an LGBTQ+ Resource Guide. Once finalized this resource will be distributed throughout San Mateo County.

## WILL WE SEE A BIG PUSH FOR PUBLICLY ACCESSIBLE WIFI ON A LARGE SCALE?

Supervisor Horsley has stated "One thing that I know that happens in both East Palo Alto, North Fair Oaks, parts of Daly City, parts of San Mateo, and definitely on the Coast side is that there is difficulty connecting to the internet. I have directed our Information Services department to work with a group, actually from the schools to come up with a program to expand public WIFI for those areas that are currently having difficulty."

Additionally, multiple Internet Service Providers (ISPs) have made updates to their low-cost internet service programs to ensure individuals and families stay connected to the internet during this challenging time. Please refer to [Low Cost Internet Services](#) for additional information on these programs.

## WHERE CAN I COMPLETE THE APPLICATION (CENSUS)?

To complete the Census questionnaire visit: <https://my2020census.gov/>. We appreciate the community coming together to complete this important information! To learn more about Census 2020 please refer to Census 2020 What You Need to Know: [English](#), [Chinese](#), [Spanish](#), [Russian](#), [Tongan](#), [Tagalog](#).

## IS THE RACE & COVID-19 WEBINAR AVAILABLE TO WATCH?

Yes, you can watch the webinar by clicking the link [Race & COVID-19 Town Hall](#) or by going to <https://smcbhrsblog.org/2020/05/12/missed-the-race-and-covid-19-townhall-watch-he>

## HOW CAN I STAY CONNECTED AND SUPPORT THIS WORK?

Our SMC [Diversity & Equity Council \(DEC\)](#), one of our Health Equity Initiatives (HEI) has made the commitment to continue this discussion and work together to support our marginalized communities. Please feel free to attend our monthly meeting by contacting our Diversity & Equity Co-chairs: Frances Lobos ([flobos@smcgov.org](mailto:flobos@smcgov.org)) or Brenda Nunez ([brenda.nunez@star-vista.org](mailto:brenda.nunez@star-vista.org)). Additionally, you can refer to our [HEI meeting schedule](#) for additional meeting information.







SAN MATEO COUNTY HEALTH  
**PUBLIC HEALTH,  
POLICY & PLANNING**

# **San Mateo County Health, Office of Epidemiology and Evaluation Modeling COVID-19 Hospital Capacity, Phase II**

**April 10, 2020**



# Overview

1. Background
2. Modeling Hospital Capacity and Demand
3. Summary of Models and Projections



# Background

## COVID-19 – Updates

- › Hospitalizations to date
- › Regional catchment update – OSHPD analysis
- › Hospital Reported Surge Capacity
- › Collaborating on COVID-19 modeling with other counties
- › Stanford DUA in process for SMC



## San Mateo COVID-19 Hospitalizations

	3/29	3/30	3/31	4/1	4/2	4/3	4/4	4/5	4/6	4/7	4/8	4/9
<b>Number of COVID-positive/suspected patients hospitalized (Total)</b>	83	95	78	109	96	82	84	83	85	75	77	71
<b>Number of COVID-positive/suspected patients ICU only</b>	27	29	21	27	30	37	31	27	21	22	24	17

Source: ReddiNet, reported by SMC hospitals



## Regional Catchment- Hospitalizations for SMC Residents and SMC Hospitals

Average annual Number of Hospitalizations for SMC and Non County Residents for SMC or Non SMC hospitals, 2016-2018 - Higher Acuity Patients

	SMC Hospital	Non-SMC hospital	Total hospitalizations
<b>SMC Resident</b>	12,572	6,205	18,777
<b>Non-SMC Resident</b>	4,090	-	-
<b>Total</b>	16,663	6,205	

- › Approximately 6,205 annual hospitalizations for San Mateo County residents were not in San Mateo. Approximately 4,090 annual hospitalizations in SMC were for residents from other counties.

Source: OSHPD-Office of Statewide Health Planning and Development.



## SMC Hospital Resourced Capacity

	Kaiser RWC	Kaiser SSF	Mills- Peninsula	SMMC	Sequoia	Seton	Total SMC
Current Capacity: ICU beds for COVID-19 patients	20	23	10	7	14	8	82
Current Capacity: Med/Surg beds for COVID-19 patients	24	105	35	30	51	20	265
Surge Capacity: ICU beds for COVID-19 patients	30	41	49	23	18	9	170
Surge Capacity: Med/Surg beds for COVID-19 patients	48	92	70	71	66	26	373
Source:	ReddiNet	Hospital/EMS	ReddiNet/ EMS	ReddiNet	Hospital/EMS	ReddiNet	

Source: ReddiNet or reported by SMC hospitals. Resourced capacity is defined as hospitalized reported beds not constrained by staffing, equipment, or facilities.



## Overview of Models

### Stanford Model (SURF- County Level)

- › Projecting County Level Bed Demand

### CHIME (COVID-19 Hospital Impact Model for Epidemics) Penn Medicine

### *Modeling considerations*

- › Model tools are updating changing frequently with little notification or documentation
- › Multiple iterations of models and models may be necessary for planning
- › Limitations reviewed in earlier presentation





## Stanford Hospital Planning Model – County Model

### Useful for short term planning

- › Does not provide hospital census peaks

### Limited on the start date for the projections

- › Today is the earliest start date, early intervention impacts are limited or missing
- › *Stanford include early start date change in the model for us by Sunday 4/12/2020*

### Updated to include SMC acute and ICU beds counts for COVID-19 patients

- › Surveys and discussions with hospital management
- › By hospital for total SMC, includes surge capacity
  - › Acute bed total – 373; ICU bed total – 170
  - › Bed estimates are current resources (as of 4/9/2020)

Stanford County Model Information	SMC County 3/30/2020	SMC County 4/9/2020	Notes
Current hospitalizations (today)	87	76	Data from ReddiNet, SMC hospital reports
Doubling time, number of days until the cumulative number of hospitalization/cases doubles.	4, 10, & 9->12->14	Simulations 8 -> 12 8 -> 14	Attempt to model ranges including conservative est. and current hospitalizations
Number of days to model ahead	30 days	60 days	Limited by chart detail
Simulation of intervention (Optional)	None, None, Yes	Yes	
Length of stay (Days) for acute care	7	7	CDPH & Penn Medical = 7
Length of stay (Days) for ICU	9	9	CDPH & Penn Medical = 9
Acute beds available to COVID-19 patients	50%	373	ReddiNet & hospital input to EMS
ICU beds available to COVID-19 patients	50%	170	ReddiNet & hospital input to EMS



## Social Distancing Impact on Hospitalizations (Number of days for patient counts to double)

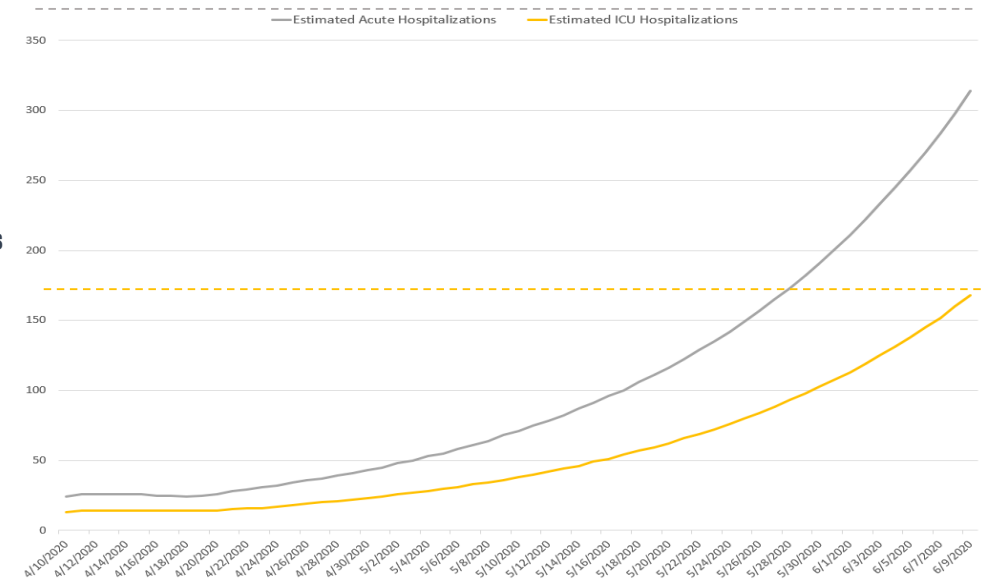
Assumes acute hospital length of stay (7 days), ICU length of stay (9 days), Med/Surg (acute) and ICU beds are available for COVID-19 patient use

Hospitalized Patients (doubling time)	Simulation 8 days -> 14 days	Simulation 8 days -> 12 days
Level of Social Distancing	Moderate	Moderate
Date ICU Beds Exceeded <sup>1</sup>	~June 10	May 30
Date Acute Beds Exceeded <sup>1</sup>	> 60 days, June 15	June 2
Demand at End of Modeling Period (after 60 days)	ICU: 168 Acute: 314	ICU: 309 Acute: 579

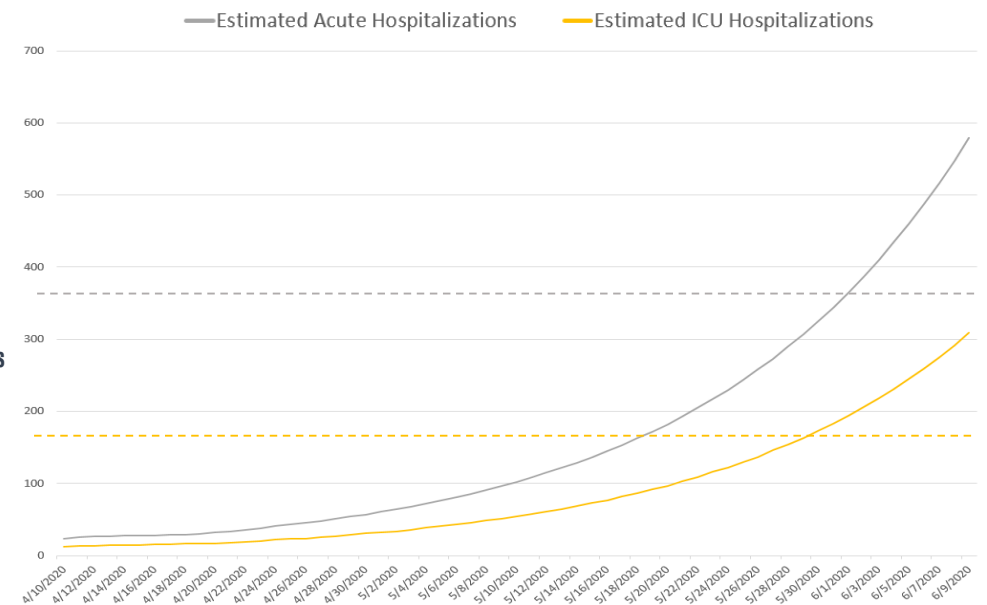
<sup>1</sup>Numbers of beds available based on ReddiNet or EMS hospital phone calls (resource surge capacity)

Source: <http://surf.stanford.edu/covid-19-tools/covid-19/>

Doubling time = 8 days->14 days



Doubling time = 8 days->12 days





## Summary – Stanford County Model

**Models show that hospital demand is still increasing at the end of 60 days**

**Data associated with early dates are not reliable due to limitation of start time**

**In this model social distancing plays a large role**

- › Social mitigation policies may decrease COVID-19 cases and hence need for hospital care
- › Sustained or increased levels of social distancing have a large impact in this model



## CHIME Model

**Provides hospital census peaks and case counts for hospitalizations, ICU, and ventilator demand**

**Requires additional county/region specific number inputs**

- › Due to small numbers for SMC; using Penn Hospital defaults
- › Comparing data collected from SMC to validate Penn Hospital assumptions over time

**Metrics for average length of stay for hospital, ICU, and average number of days for ventilation**

- › Using model defaults due to SMC small numbers, evaluating for next update

**Infectious days, new indicator, is 14 days (default)**

**Model does not provide date at which hospital beds exceed capacity<sup>1</sup>**

hospital capacity to estimate date

Source: <https://penn-chme.phl.io/>



CHIME Model Information	SMC County 3/30/2020	SMC County 4/8/2020	Notes
Current lab confirmed hospitalizations	87	76	Data from ReddiNet, SMC hospital reports
Doubling time, number of days until the cumulative number of hospitalization/cases doubles.	4 days	4 days	Prior to social distancing
Number of days to model ahead	360	360	CHIME allows longer timeframe compared to Stanford
Hospitalization %, ICU %, Ventilated %	2.5%, 0.75%, 0.5%	2.5%, 0.75%, 0.5%	Used Penn recommendation based on 5 year % for respiratory illness, SMC numbers too small for use
Length of stay (days) for acute care	7	7	CDPH = 7
Length of stay (days) for ICU	9	9	CDPH = 9
Length of stay (days) for Vent	10	10	CDPH = 10
Mitigation- reduction of social contact	0, 60%, 70%	<b>60%, 65%, 70%</b>	CDPH mobility data
Hospital market share	100%	100%	Using 100% for entire county

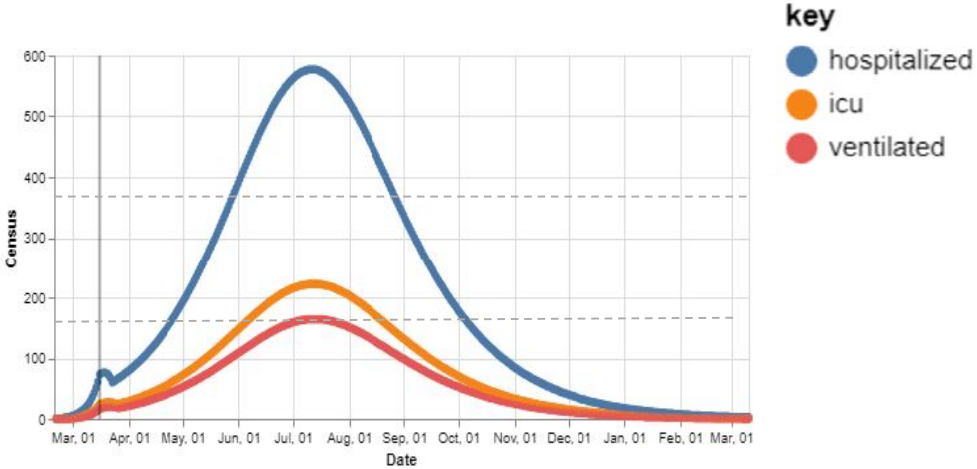
CHIME Social Distancing Impact on Hospitalizations

Assumes acute hospital length of stay (7 days), ICU length of stay (9 days), Vent length of stay (10 days) same as prior modeling assumptions.

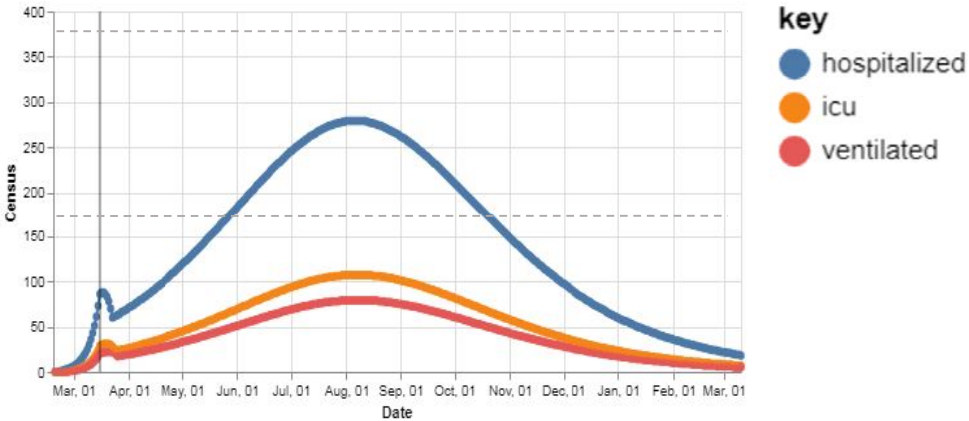
Social Distancing (%)	60%	65%
Date ICU census peaks, case count	July 10 222 cases	July 30 107 cases
Date Hospitalized census peaks, case count	July 10 577 cases	Aug 1 279 cases
Date Vent Census peaks, case count	July 9 164 cases	July 9 79 cases
Date ICU Beds Exceeded (170 beds) <sup>1</sup>	~July 15	Never
Date Acute Beds Exceeded (373 beds) <sup>1</sup>	~June 1	Never

<sup>1</sup>Numbers of beds available based on ReddiNet or EMS hospital phone calls (resource surge capacity)

60% Social Distancing



65% Social Distancing







## Summary - CHIME

**Provides longer view of projected impact to hospitals vs Stanford model**

**65 % social distancing mitigation model estimates close to current situation**

- › Projected hospital census in model is close to current SMC hospital census
- › Prior hospital levels of care peak between July (August for 70% reduction scenario)
- › Current model hospital level of care peak between June 1 and August 1

**In this model social distancing plays a large role**

- › Early, sustained, or increased levels of social distancing have a large impact in this model



## Overall Summary

### **Social Distancing has a large impact on future hospital bed demand in these models**

- › Models appear to assume county starts with little or no social distancing
- › Likely SMC early implementation of “Shelter in Place” had positive, strong impact

**Stanford model calculates estimates based on date it is run.**

**Model updates occur frequently. Cannot recreate past model estimates.**

**Models provide a sense of magnitude and timing for local hospital capacity**



## Modeling Comparison

### Stanford County Model (4/9/2020)

Hospitalized Patients (doubling time)	Simulation 8 days -> 14 days	Simulation 8 days -> 12 days
Date ICU Beds Exceeded	~June 10	May 30
Date Acute Beds Exceeded	~June 15	June 2

### CHIME Model (4/9/2020)

Social Distancing (%)	60%	65%
Date ICU Beds Exceeded (170 beds)	July 15	Never
Date Acute Beds Exceeded (373 beds)	June 1	Never

### Hospitalization Projections

Three of the four scenarios show:

- › ICU bed capacity is exceeded somewhere between May 30 - July 15
- › Acute bed capacity is exceeded somewhere between June 1 - June 15

ICU and acute bed capacity is never exceeded in one scenario (CHIME 65% reduction social contact)



## Next Steps

**Examine additional model parameters and updated Stanford tool**

**Collection and extraction of SMC specific case and facility data**

- › Lengths of stay for non-ICU and ICU hospitalizations
- › Gather weekly updates of ICU bed, acute bed, and vent capacity in SMC hospitals

**CDPH will send modeling estimates and information to inform metrics for county specific adherence to social distancing and shelter-in place order**

**Establishing collaboration with Stanford for modeling support**

- › Setting up data use agreement between Epidemiology and Stanford

**Continue collaboration with other bay area epidemiologists for a coordinated regional response**



SAN MATEO COUNTY HEALTH  
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## Questions/Comments?

Office of Epidemiology and Evaluation

[epidemiology@smcgov.org](mailto:epidemiology@smcgov.org)



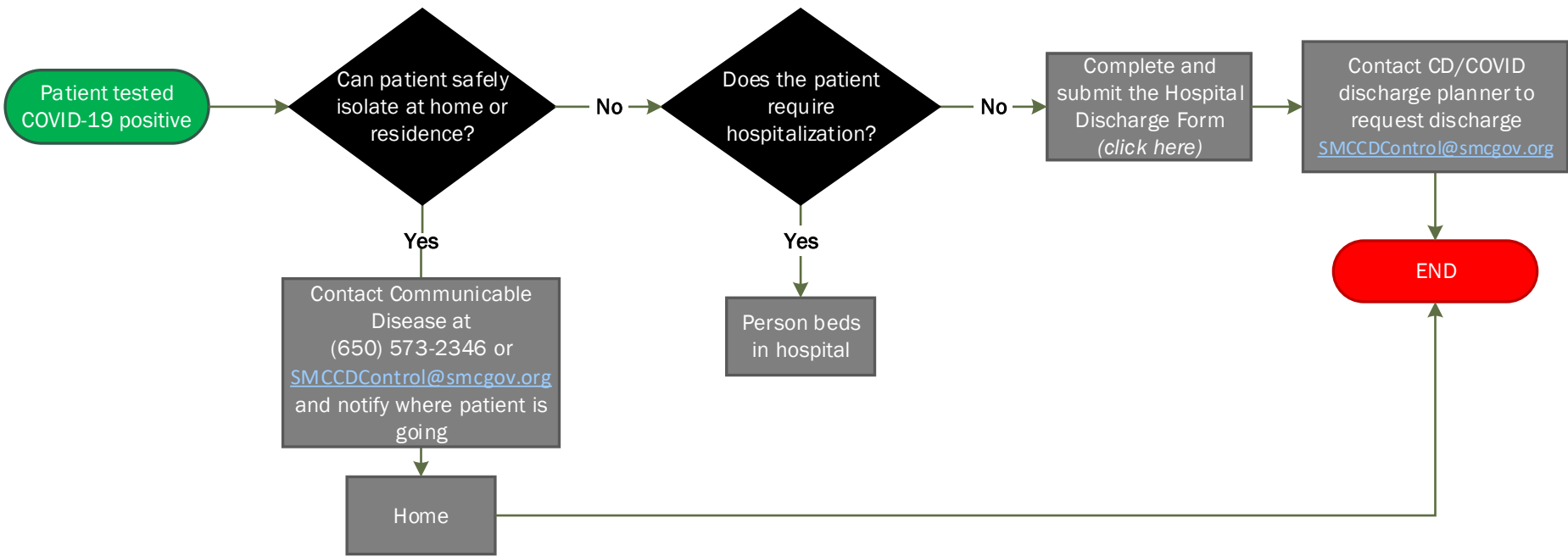
ACS SAN CARLOS	<p>Alternate Care Site</p> <p>Fairfield Inn 555 Skyway Road San Carlos, California</p>	<p>Occupancy criteria:</p> <ul style="list-style-type: none"><li>• Grand Princess passenger/crew</li><li>• Other criteria determined by fed/ state authorities</li></ul> <p>Maximum capacity: 125</p>	
ACS BURLINGAME	<p>Alternate Care Site</p> <p>Holiday Inn Express 1350 Bayshore Highway Burlingame, California</p>	<p>Occupancy criteria:</p> <ul style="list-style-type: none"><li>• COVID-19 positive</li><li>• Does not require hospitalization</li><li>• Does not require advanced life support equipment (e.g., ventilator, cardiac monitoring, etc.)</li></ul> <p>Maximum capacity: 145</p>	<a href="#">Workflow</a>
ACS SETON MEDICAL CENTER	<p>Alternate Care Site</p> <p>Seton Medical Center 1900 Sullivan Avenue Daly City, California</p>	<p>Occupancy criteria:</p> <ul style="list-style-type: none"><li>• COVID-19 positive</li><li>• Criteria determined by state authorities and medical center staff</li></ul> <p>Maximum capacity: unknown</p>	
FMS SAN MATEO	<p>Federal Medical Station</p> <p>San Mateo Event Center 1346 Saratoga Drive San Mateo, California</p>	<p>Occupancy criteria:</p> <ul style="list-style-type: none"><li>• Low acuity patients</li></ul> <p>Maximum capacity: 250</p>	
AHS SAN MATEO	<p>Alternate Housing Site</p> <p>San Mateo Event Center 1346 Saratoga Drive San Mateo, California</p>	<p>Occupancy criteria:</p> <ul style="list-style-type: none"><li>• Persons who are symptomatic and are awaiting test results who do not require ADA accommodations and are able to care for themselves</li></ul> <p>Maximum capacity: 20</p>	<a href="#">Workflow</a>
AHS SOUTH SAN FRANCISCO	<p>Alternate Housing Site</p> <p>Larkspur Landing 690 Gateway Boulevard South San Francisco, California</p>	<p>Occupancy criteria:</p> <ul style="list-style-type: none"><li>• First Responders or healthcare workers who are symptomatic and are awaiting test results who are able to care for themselves</li></ul> <p>Maximum capacity: 35</p>	<a href="#">Workflow</a>

Discharge Flow For COVID-19 Positive Patients

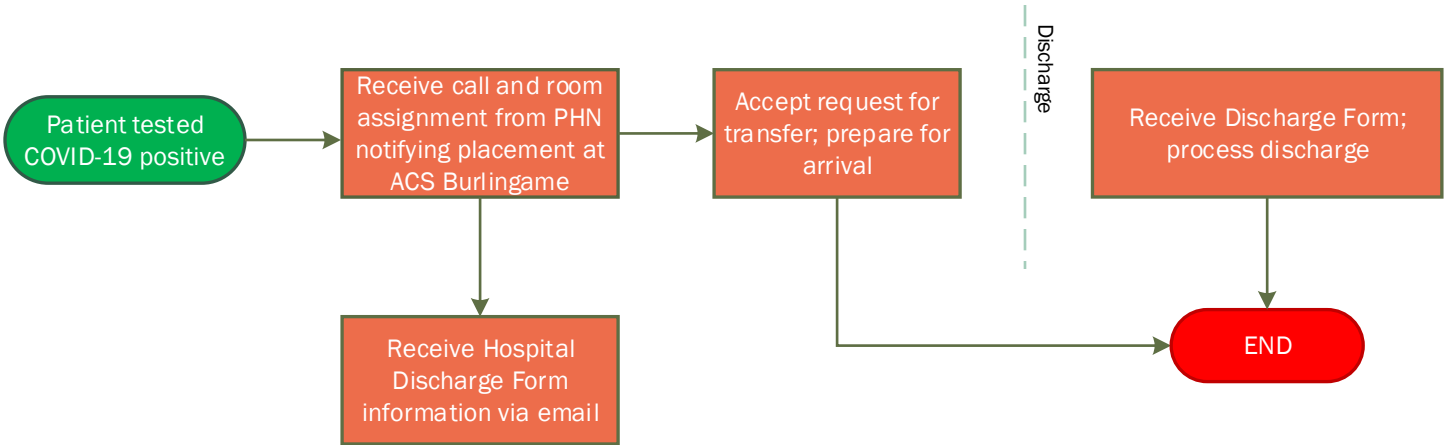


SAN MATEO COUNTY HEALTH

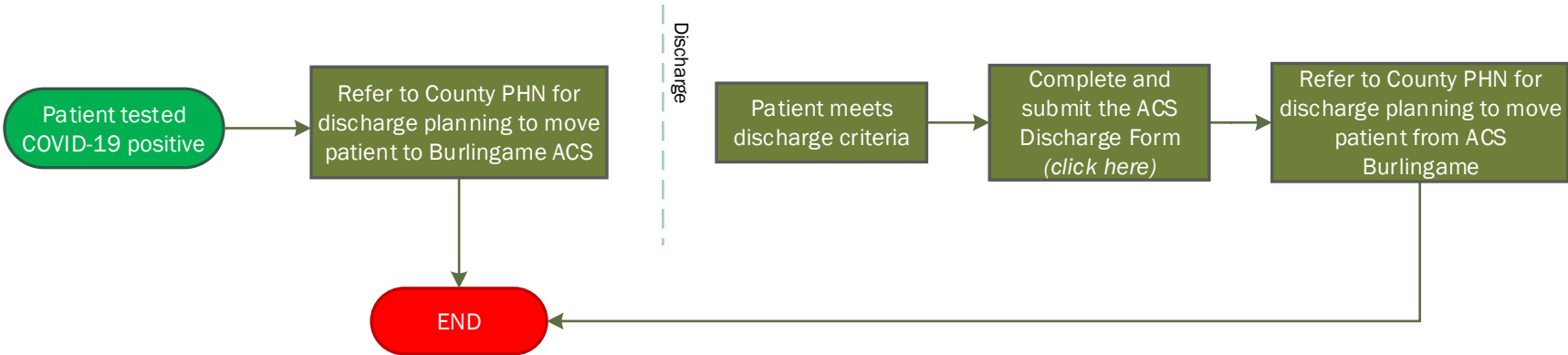
HOSPITAL



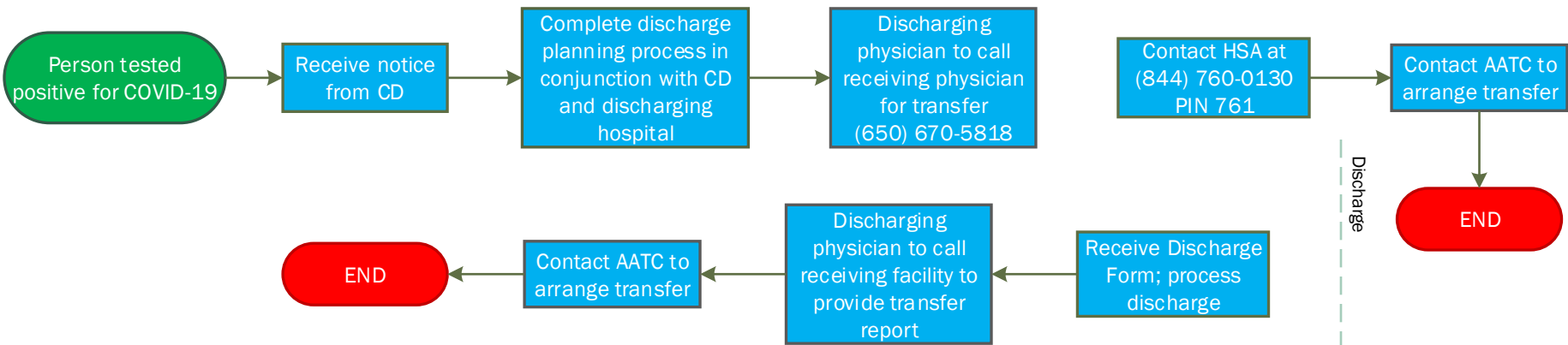
HUMAN SERVICES AGENCY



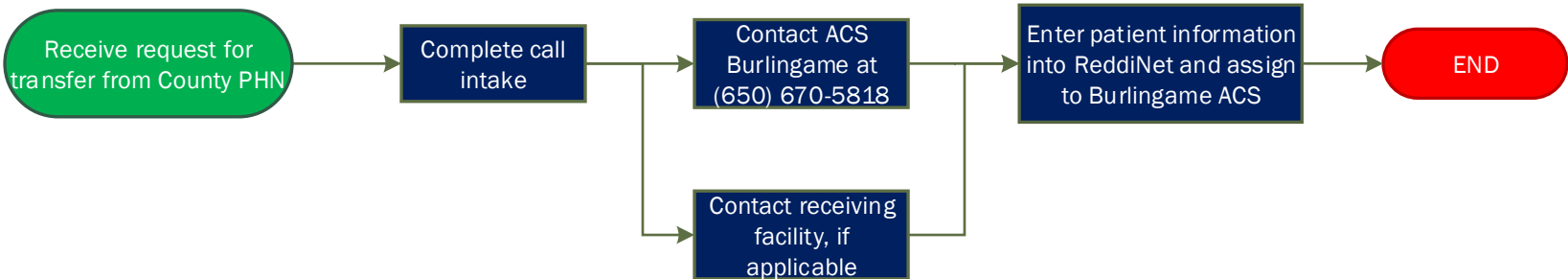
COMMUNICABLE DISEASE



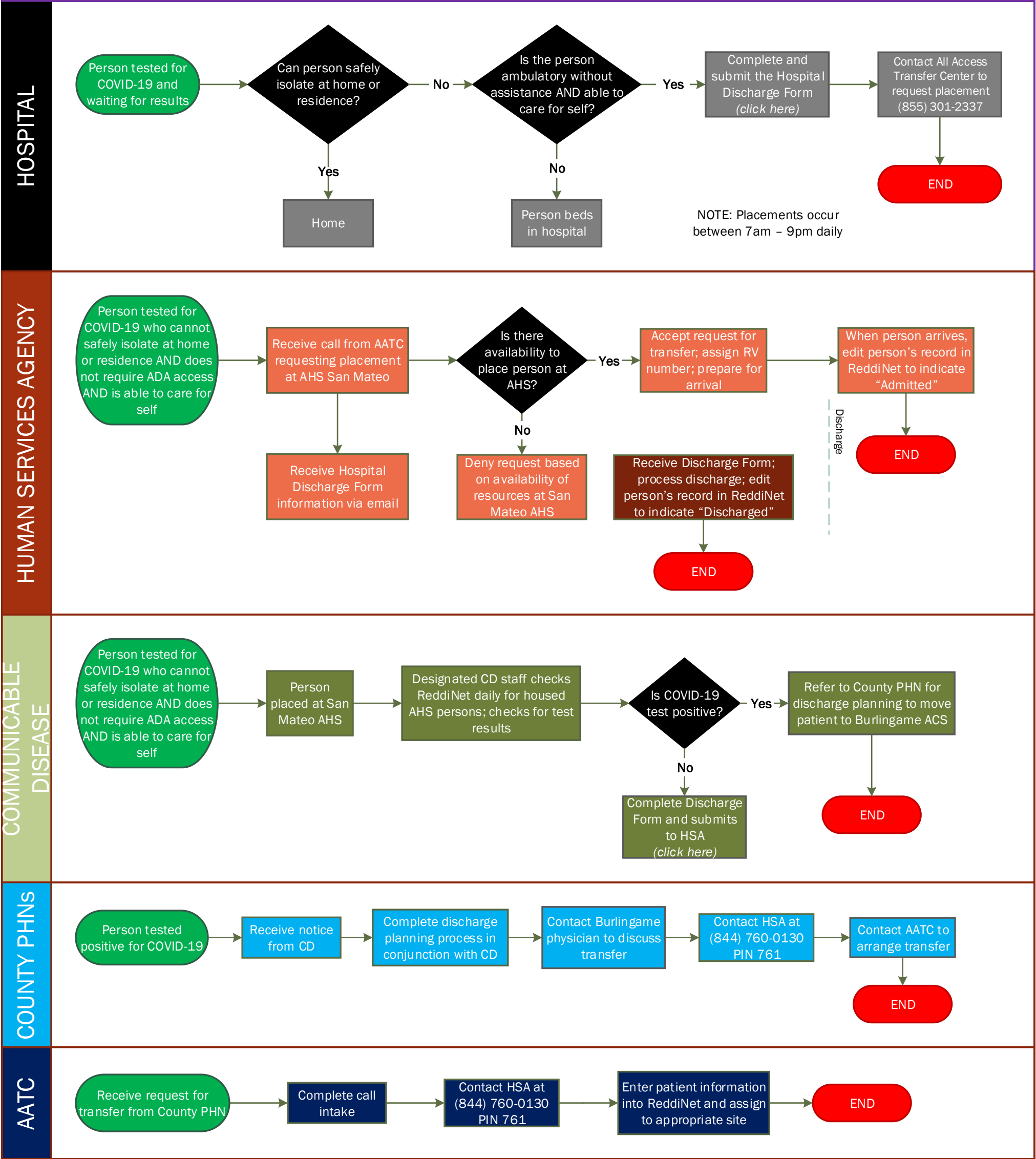
COUNTY PHNS



AATC







Leadership COVID-19 Report

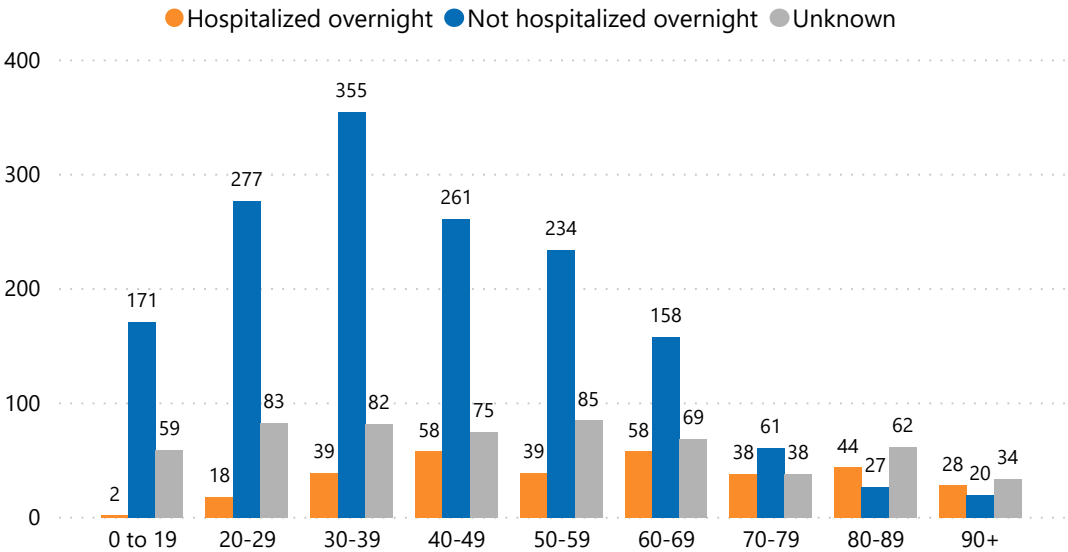
June 9, 2020

For Official Use Only - Not for Public Release

Cases by Age

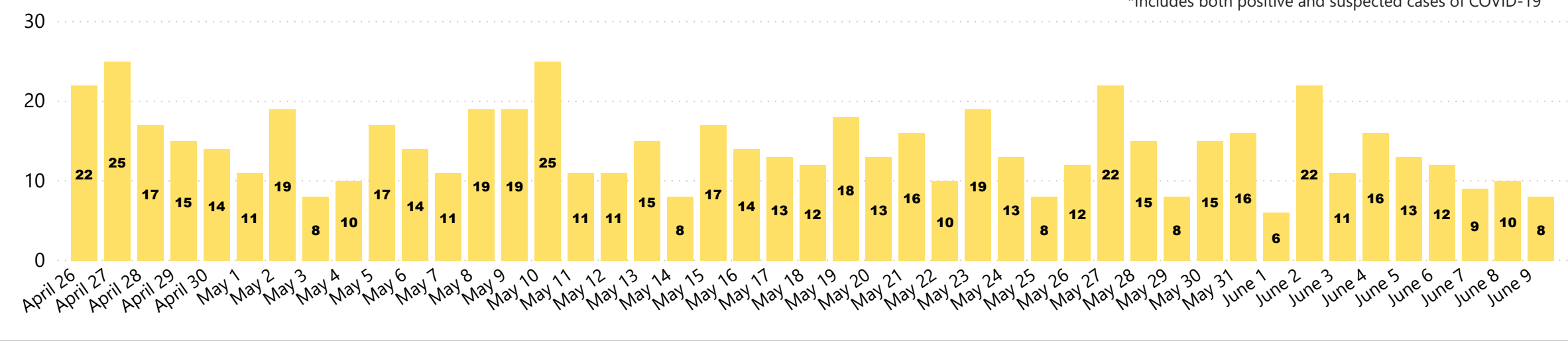
Age Category	Count	% of Total
0 to 19	232	9%
20-29	378	15%
30-39	476	19%
40-49	394	16%
50-59	358	14%
60-69	285	12%
70-79	137	6%
80-89	133	5%
90+	82	3%
Total	2475	100%

Hospitalization Status by Age



ReddiNet Data

New COVID-19 Patients Admitted in last 24 hours

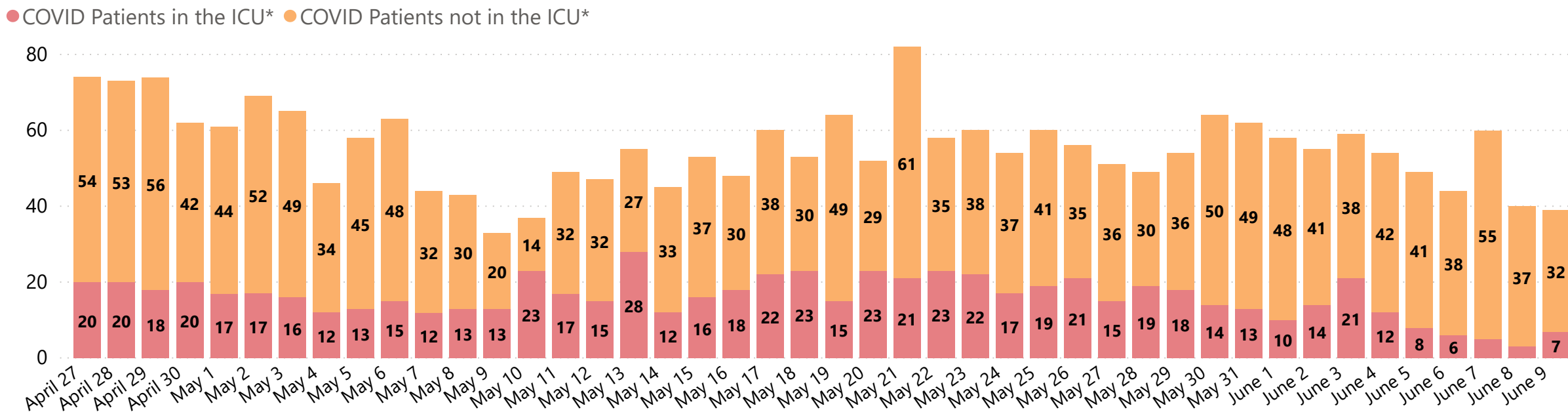


SMC Health Office of Epidemiology and Evaluation

All Hospitalized COVID-19 Patients

ReddiNet Data

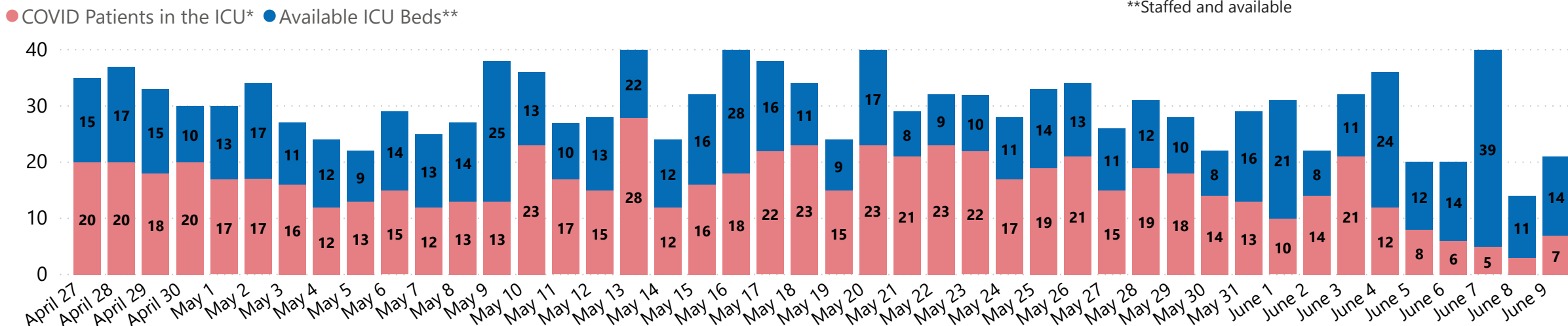
\*Includes both positive and suspected cases of COVID-19



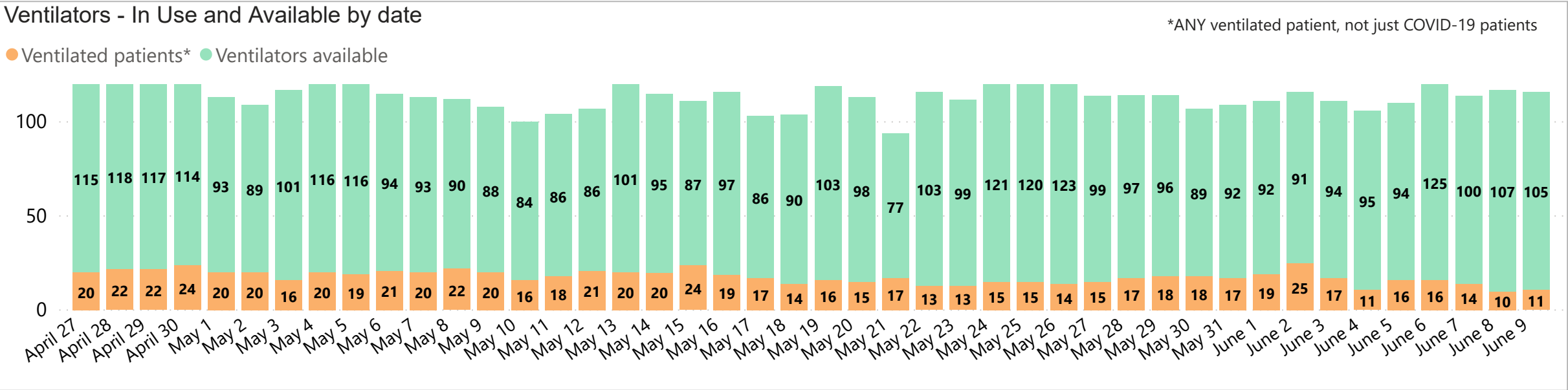
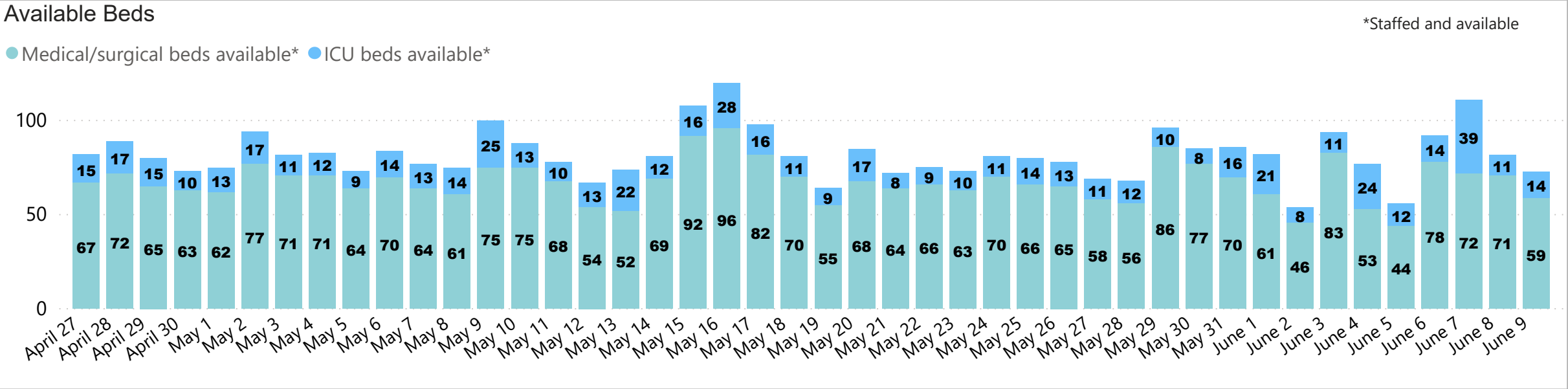
ICU - COVID Patients and Available Beds by Date

\*Includes both positive and suspected cases of COVID-19

\*\*Staffed and available



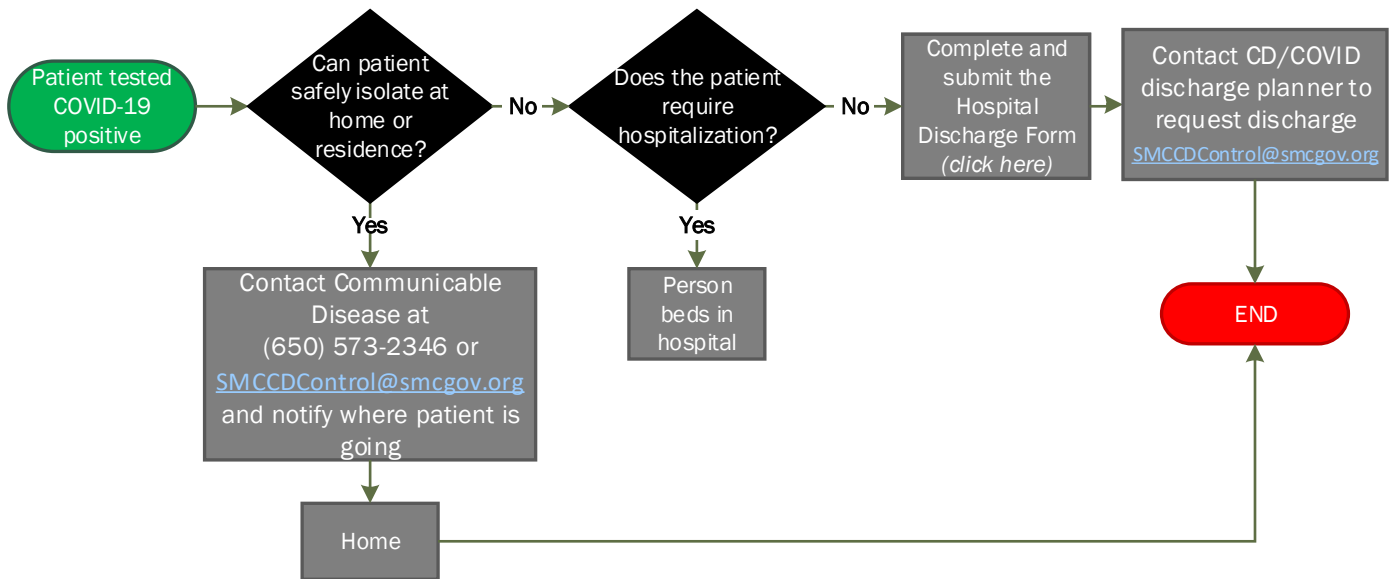
ReddiNet Data



# Discharge Flow For COVID-19 Positive Patients

Guidance for COVID-19 positive patients being discharged from a hospital to an Alternate Care Site

HOSPITAL



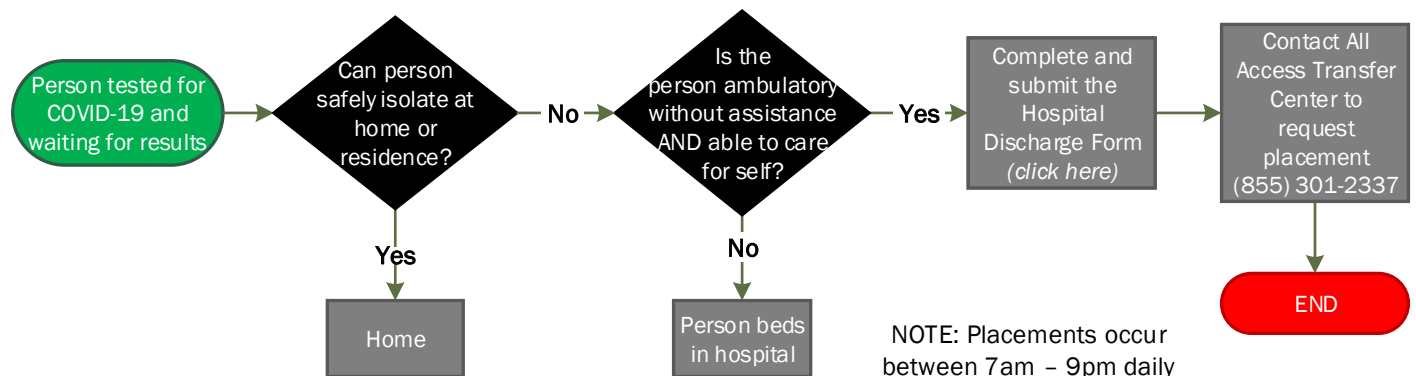
# Discharge Flow For Persons Awaiting COVID-19 Testing Results

Guidance for symptomatic persons who are awaiting COVID-19 testing results being discharged from a hospital to an Alternate Housing Site



SAN MATEO COUNTY HEALTH

HOSPITAL



June 12, 2020

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

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

Dear Governor Newsom and Dr. Angell:

I am the President of the San Mateo County Board of Supervisors and my colleagues on the Board have authorized and directed me to transmit to you this letter in support of the San Mateo County Health Officer's attestation form for a variance to the State of California's Roadmap to Pandemic Resilience to Modify the Stay-at-Home Order related to the COVID-19 pandemic.

The Board of Supervisors understands that the purpose of the attestation form is to permit counties that demonstrate an ability to protect the public and essential workers to progress more quickly through Stages of the State's Roadmap to Pandemic Resilience. The San Mateo County Health Officer's attestation, which this Board fully agrees with, demonstrates that the County can provide such protection and the County is therefore seeking this variance, which will allow the County to fully synchronize its reopening with the State Roadmap.

San Mateo County was among the first counties in the State to implement local orders, which remain in place, that highlight key behaviors necessary to prevent the spread of COVID-19, such as hand-washing, social distancing, and wearing face coverings, as well as isolation and quarantine after exposure.

San Mateo County has also worked tirelessly to build testing capacity, develop a detailed contact tracing program and staffing plan, and secure sufficient personal protective equipment to deal with any future COVID-19 surge. Hospital surge capacity in the County remains strong overall, and the number of COVID-19 hospitalizations has remained stable.





The Honorable Gavin Newsom  
The Honorable Sonia Y. Angell, M.D.  
June 12, 2020  
Page 2

County staff has worked with community partners to address the key COVID-19 related needs of our most vulnerable residents. Homeless shelters in the County have implemented social distancing protocols and high-risk residents have been relocated to hotels. Free testing has been offered throughout the County, with sites specifically located in communities of color. Multiple programs have helped to provide for the homebound and elderly during the term of the Shelter in Place Order.

The County has also collaborated closely with our cities and other community partners to both share information about COVID-19 response and to gather community input on a Community-wide COVID-19 Recovery Strategic Plan. Work is also starting on a community-wide Recovery Implementation Plan.

The data, programs and plans developed by the County, in partnership with the State, in response to the COVID-19 pandemic over the last months have allowed the County to protect the public from potential COVID-19 spikes and is allowing the Health Officer to submit the attestation for the requested variance to harmonize its reopening of businesses with the activities allowed by the State. The Board of Supervisors wholeheartedly supports this attestation and respectfully requests your approval.

Thank you for your consideration in this matter.

Very truly yours,



Warren Slocum  
President, San Mateo County Board of Supervisors





June 12, 2020

Sonia Y. Angell, M.D., MPH, State Public Health Officer  
California Department of Public Health  
PO Box. 997377, MS 0500  
Sacramento, CA 95899-7377

Dear Dr. Angell,

Dignity Health Sequoia Hospital supports the request by the County of San Mateo (the "County") for variance from the State's COVID-19 Roadmap to Recovery and Stay at Home Order.

The County coordinates regularly with regional hospitals in service to the health and well-being of its residents. In response to the emerging threat of COVID-19, we have worked closely with Health Officer, Dr. Scott Morrow, Health Chief Louise Rogers and key leaders in the County Health team to support a coordinated approach to both preparedness and mitigation of transmission. We expect to continue to do so as the State and County move toward greater opening of economic and other activity.

We strongly support the County's request for variance which we recognize requires the County to collect and monitor data to demonstrate such a variance will not have a negative impact on individuals or healthcare systems. County Health leaders regularly brief us on our local metrics and how these meet the State and Bay Area Health Officers' metrics to monitor the spread of the disease.

We have worked closely with County Health in key aspects of the collective response, including:

- Daily polling of hospital and ventilator capacity that informs surge planning and modeling necessary to plan for capacity constraints;
- Assuring sufficient supply chains for critical Personal Protective Equipment, test kits, swabs, and other scarce resources, such as Remdesavir;
- Standing up an Alternative Care Site and knowing about Alternative Housing Site(s) to address the needs of patients/residents who leave our facilities; and
- Supporting the Skilled Nursing Facilities and other congregate living facilities within the County on both preventive and responsive fronts to assure sufficient SNF capacity to support hospital acute capacity.

We appreciate your consideration of the County's request and are committed to remaining closely engaged with the County as we address this next phase of COVID-19 mitigation.

Regards,

A handwritten signature in black ink, appearing to read "Bill Graham". The signature is stylized with a large, looped "B" and a distinct "G".

Bill Graham  
President



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tty 800.735.2929 or dial 7-1-1

[www.hpsm.org](http://www.hpsm.org)

June 11, 2020

Sonia Y. Angell, M.D., MPH  
State Public Health Officer  
California Department of Public Health  
P.O. Box 997377, MS 0500  
Sacramento, CA 95899-7377

Dear Dr. Angell:

I am writing on behalf of the County Organized Health System (COHS) for San Mateo County to support the County's request for variance from the State's COVID-19 Roadmap to Recovery and Stay at Home Order. The Health Plan of San Mateo (HPSM) originated out of close partnership with the County and major county healthcare organizations and providers 33 years ago. The Plan has a history of collaborating closely with County Health to serve our shared populations. Regular and tight coordination has been in place since establishment of the County's Emergency Operations Center to address COVID-19. Health Chief Louise Rogers and key leaders in County Health team partner with HPSM staff in a coordinated approach to readiness and mitigation and expect to continue to do so as the State and County move toward greater opening of economic and other activity.

HPSM supports the County's request to the State, recognizing it requires the County to collect and monitor data to demonstrate that variances are not having a negative impact on individuals or healthcare systems. County Health leaders regularly brief HPSM leadership on local metrics and how these meet the State and Bay Area Health Officers' metrics to monitor the spread of the disease. As a major payer for Medicare and Medi-Cal funded nursing facility care in San Mateo County, HPSM has partnered especially closely with County Health to serve the needs of nursing facility residents and ensure the safety of this uniquely vulnerable population.

We deeply appreciate County Health's focus on residents living in all congregate living arrangements, not just nursing facilities, and all the ways the County has supported these facilities when resource, PPE and staff constraints have left residents vulnerable. HPSM understands that the County is considering a substantial financial commitment to maintain and enhance its focus on protecting residents in congregate settings, an approach we encourage and applaud.

Sonia Y. Angell, M.D., MPH  
State Public Health Officer  
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Specifically, HPSM has worked closely with County Health in key aspects of the collective response, including:

- Supporting the establishment of Skilled Nursing Facility Centers of Excellence capable of caring for COVID-19 positive patients;
- Facilitating weekly calls with nursing facilities to learn from each other and outside experts as they evolve prevention strategies and practices for safely caring for patients with COVID-19;
- Supporting specimen collection and testing of SNF residents and staff; and
- Other unexpected challenges and demands that we continue to confront together.

HPSM appreciates your consideration of the County's request and will remain closely engaged with the County as we address this next phase of COVID-19 mitigation.

Sincerely,

A handwritten signature in blue ink, appearing to read "Maya Altman", with a stylized flourish at the end.

Maya Altman  
Chief Executive Officer

June 12, 2020

Sonia Y. Angell, M.D., MPH  
State Public Health Officer  
California Department of Public Health  
P.O. Box 997377, MS 0500  
Sacramento, CA 95899-7377

Re: Variance to Stage 3 of California's Roadmap to Modify the Stay-at-Home Order

Dear Dr. Angell,

In response to your request, Kaiser Foundation Hospitals Redwood City and South San Francisco:

- Have 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.
- Have adequate Personal Protective Equipment (PPE) to protect its workforce.

We understand that SMC County has requested this information in order to assess its readiness to request a local variance to move to Stage 3 in California's Roadmap to Modify the Stay-At-Home Order.

Sincerely,



Sheila Gilson, RN, MSM, CENP  
Senior Vice President/Area Manager  
Redwood City Service Area

cc: Ron Groepper, Senior Vice President/Area Manager, The Greater San Francisco Service Area



1900 Sullivan Ave, Daly City, CA 94015

June 11, 2020

Dear California Department of Public Health colleagues,

Seton Medical Center Hospital supports the County's request for variance from the State's COVID-19 Roadmap to Recovery and Stay at Home Order.

The County coordinates regularly with hospitals in the county in service to the health and well-being of San Mateo County residents. As our County responded to the emerging threat of COVID-19, we have worked closely with the Health Officer, Dr. Scott Morrow, Health Chief Louise Rogers and key leaders in the County Health team to support a coordinated approach to readiness and mitigation. We expect to continue to do so as the State and County move toward greater opening of economic and other activity.

We strongly support the County's request the State is considering, which we recognize requires the County to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. County Health leaders regularly brief us on our local metrics and how these meet the State and Bay Area Health Officers' metrics to monitor the spread of the disease.

We have worked closely with County Health in key aspects of the collective response, including:

- Daily polling of hospital and ventilator capacity that informs surge planning and modeling necessary to plan for capacity constraints;
- Assuring sufficient supply chains for critical Personal Protective Equipment, test kits, swabs, and other scarce resources, such as Remdesivir;
- Standing up an Alternative Care Site and knowing about Alternative Housing Site(s) to address the needs of patients/residents who leave our facilities;
- Supporting the Skilled Nursing Facilities and other congregate living facilities in our County on a range of both preventive and responsive fronts to assure sufficient SNF capacity to support hospital acute capacity;
- Other unexpected challenges and demands that we continue to confront together.

We appreciate your consideration of the County's request and are committed to remaining closely engaged with the County as we address this next phase of COVID-19 mitigation.

Regards,

A handwritten signature in black ink, appearing to read 'Tony Armada', written over a blue horizontal line.

Anthony Armada, FACHE  
President