

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



COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR

Background

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

Given the size and diversity of California, it is not surprising that the impact of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

Local Variance

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

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

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

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

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

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

County Name: _____

County Contact: _____

Public Phone Number: _____

Readiness for Variance

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

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

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

Readiness Criteria

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

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

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

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

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

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

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

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

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

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

- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a private bathroom), for the duration of the necessary isolation or quarantine period.

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

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

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to:
 - Skilled nursing facilities (SNF) have >14 day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county has to track PPE availability across SNFs..

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

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

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

COVID-19 Containment Plan

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

Testing

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

Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?
- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?
- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

Protecting the Vulnerable

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

Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?
- Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?
- Are hospitals testing all patients prior to admission to the hospital?
- Do hospitals have a plan for tracking and addressing occupational exposure?

Essential Workers

- How many essential workplaces are in the county?
- What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?
- Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?
- Is there a testing plan for essential workers who are sick or symptomatic?
- Is there a plan for supportive quarantine/isolation for essential workers?

Special Considerations

- Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, e.g. agriculture or manufacturing?
- Are there industries in the county that make it more feasible for the county to increase the pace through stage 2, e.g. technology companies or other companies that have a high percentage of workers who can telework?

Community Engagement

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

Relationship to Surrounding Counties

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

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

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

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

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

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

Printed Name _____

Signature _____

Position/Title _____

Date _____



Shasta County

BOARD OF SUPERVISORS

1450 Court Street, Suite 308B
Redding, California 96001-1680
(530) 225-5557
(800) 479-8009
(530) 225-5189-FAX

JOE CHIMENTI, DISTRICT 1
LEONARD MOTY, DISTRICT 2
MARY RICKERT, DISTRICT 3
STEVE MORGAN, DISTRICT 4
LES BAUGH, DISTRICT 5

May 8, 2020

Jake Hanson
California Department of Public Health
Jake.hanson@cdph.ca.gov
PO Box 997377, MS 0500
Sacramento, CA 95899-7377

Re: Shasta County's Request for Variance to Stage 2 of California's Roadmap to Modify the Stay-At-Home Order

Dear Mr. Hanson:

In accordance with Governor Newsom's Executive Order N-60-20 and the May 7, 2020 guidance issued by the California Department of Public Health, the Shasta County Board of Supervisors submits the following letter of support.

Shasta County Health Officer Dr. Karen Ramstrom has fully apprised the Board of Supervisors of efforts that have been and will be taken to mitigate the spread of COVID-19.

The Shasta County Board of Supervisors fully supports the attestation by Dr. Ramstrom that the County has met the readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap. The Board of Supervisors supports the reopening of businesses and spaces in the County in the most expeditious manner possible, consistent with protection of the public and essential workers.

Thank you,

MARY RICKERT, CHAIR
Board of Supervisors
County of Shasta
State of California



Shasta County

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1450 Court Street, Suite 308B
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Thank you,

MARY RICKERT, CHAIR
Board of Supervisors
County of Shasta
State of California



To Whom it May Concern:

As one of five local hospitals in Shasta County, Vibra Hospital of Northern California understands that the County Health Officer Karen Ramstrom is affirming the County has met the California Department of Public Health's readiness criteria designed to mitigate the spread of COVID-19. All five Shasta County Hospitals work closely together and are involved in the local healthcare coalition (HCC). Resources, staff and education are often shared amongst the group.

Ms. Ramstrom meets regularly with the hospitals and healthcare systems to coordinate surge planning and obtain our feedback. We strongly agree with her assessment that Shasta County is actively monitoring infection through epidemiology, implementing containment measures when needed, offering an adequate amount of testing, monitoring hospital capacity and plans for surge, and protecting vulnerable populations.

As CEO of Vibra Hospital of Northern California, I support the need to protect vulnerable populations, continue social distancing and look for signs we may need to reinstate protective measures. A healthy business community and a healthy community are one and the same. Shasta County's plan for reopening is good for health, good for business and good for our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Gors", written in a cursive style.

Ann Gors, CEO
Vibra Hospital of Northern California



2175 Rosaline Avenue
P.O. Box 496009
Redding, CA 96049-6009
direct 530.225.6000
redding.mercy.org

May 7, 2020

To Whom It May Concern:

As one of five local hospitals in Shasta County, Mercy Medical Center Redding understands that the County Health Officer, Dr. Karen Ramstrom, is affirming the County has met the California Department of Public Health's readiness criteria designed to mitigate the spread of COVID-19. All five Shasta County Hospitals work closely together and are involved in the local healthcare coalition (HCC). Resources, staff and education are often shared amongst the group.

Dr. Ramstrom meets regularly with the hospitals and healthcare systems to coordinate surge planning and obtain our feedback. We strongly agree with her assessment that Shasta County is actively monitoring infection through epidemiology, implementing containment measures when needed, offering an adequate amount of testing, monitoring hospital capacity and plans for surge, and protecting vulnerable populations. Mercy Medical Center Redding supports the attestation by Dr. Ramstrom that Shasta County has met the readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

As President/CEO of Mercy Medical Center Redding, I support the need to protect vulnerable populations, continue social distancing and look for signs we may need to reinstate protective measures. A healthy business community and a healthy community are one and the same. Shasta County's plan for reopening is good for health, good for business and good for our community.

Sincerely,



G. Todd Smith
President

Chief Executive Officer
Louis Ward, MHA



Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

May 7, 2020

To Whom It May Concern:

As one of five local hospitals in Shasta County, Mayers Memorial Hospital District (MMHD) understands that the County Health Officer Karen Ramstrom is affirming the County has met the California Department of Public Health's readiness criteria designed to mitigate the spread of COVID-19. All five Shasta County Hospitals work closely together and are involved in the local healthcare coalition (HCC). Resources, staff and education are often shared amongst the group.

Ms. Ramstrom meets regularly with the hospitals and healthcare systems to coordinate surge planning and obtain our feedback. We strongly agree with her assessment that Shasta County is actively monitoring infection through epidemiology, implementing containment measures when needed, offering an adequate amount of testing, monitoring hospital capacity and plans for surge, and protecting vulnerable populations.

As CEO of MMHD, I support the need to protect vulnerable populations, continue social distancing and look for signs we may need to reinstate protective measures. A healthy business community and a healthy community are one and the same. Shasta County's plan for reopening is good for health, good for business and good for our community.

MMHD supports the attestation by Dr. Ramstrom that the County has met the readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,



Louis Ward, MBA
Chief Executive Officer



**Shasta Regional
Medical Center**

To Whom It May Concern:

As one of five local hospitals in Shasta County, Shasta Regional Medical Center understands that the County Health Officer Karen Ramstrom is affirming the County has met the California Department of Public Health's readiness criteria designed to mitigate the spread of COVID-19. All five Shasta County Hospitals work closely together and are involved in the local healthcare coalition (HCC). Resources, staff and education are often shared amongst the group.

Dr. Ramstrom meets regularly with the hospitals and healthcare systems to coordinate surge planning and obtain our feedback. We strongly agree with her assessment that Shasta County is actively monitoring infection through epidemiology, implementing containment measures when needed, offering an adequate amount of testing, monitoring hospital capacity and plans for surge, and protecting vulnerable populations.

As CEO of Shasta Regional Medical Center, I support the need to protect vulnerable populations, continue social distancing and look for signs we may need to reinstate protective measures. A healthy business community and a healthy community are one and the same. Shasta County's plan for reopening is good for health, good for business and good for our community. Shasta Regional Medical Center supports this attestation by Dr. Ramstrom that the County has met the readiness criteria outlined by the California Department of Public Health to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,

Casey Fatch
Shasta Regional Medical Center

SHASTA COUNTY
OUTLINE OF COVID-19 CONTAINMENT ELEMENTS
MAY 9, 2020

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INTRODUCTION

The information outlined below demonstrates the readiness of Shasta County to advance through Stage 2 while protecting essential workers and the community.

Shasta County has created and shared with the community a local [Roadmap to Recovery plan](#) and a website providing current, accurate information to the public (www.ShastaReady.com), including a toolkit with guidelines for business reopening.

The Shasta County Containment Plan is in development to document further details of planning and preparation in the areas described below.

EPIDEMIOLOGIC STABILITY OF COVID-19

Since the beginning of this incident, Shasta County has had 31 cases of COVID-19. The last positive case was on 4/28/2020. The county has a population of 180,000. Shasta County has not had more than 1 COVID-19 case per 10,000 in the past 14 days. Shasta County has had a total of 4 deaths from COVID-19. The last death was on 4/20/2020. The county has not had a COVID-19 death in the past 14 days.

PROTECTION OF STAGE 1 ESSENTIAL WORKERS

Throughout Stage 1 of this pandemic, Shasta County’s Department Operation Center and continued work of the Emergency Operations Center Unified Incident Command has made a point of communicating clearly with the media, the community, healthcare providers and cooperating agencies. In fact, this is one of our incident Objectives, all of which will continue throughout this event. As a result, the County incorporated the following to support Stage 1 essential workers and their workplaces. These guidelines will apply to workers, businesses and organizations in future Stages also:

- Since the initiation of the outbreak in China, Shasta County has maintained regular communication and provided guidance to the Healthcare Coalition, city and county government departments, and healthcare providers through Health Alerts, weekly phone calls with outpatient providers and hospitals, and virtual meetings
- Created a local website, ShastaReady.org, to provide clear, accurate, and up-to-date guidance and information to the public including a link to the [governor’s website](#), the State Roadmap webpages, a [business checklist](#) to ensure safety in an open business, and the local [Roadmap to Recovery toolkit](#) where sector specific guidance is housed
- Shasta County maintains an awareness of the essential supplies that exist in the community and refer organizations outside of the medical fields to those resources when their typical retail channels fall short
- Industry specific guidance is available through [OSHA](#), the [CDC](#), [CDPH](#), the [FDA](#) and other regulatory and advisory bodies specific to individual industries, as well as professional organizations
- Sector-specific directives jointly issued by CDPH and CalOSHA are available at covid19.ca.gov/roadmap and will inform employers about providing their employees and patrons a safe and healthy environment.
- In addition to the above, Shasta County maintains a Healthcare Coalition (HCC) with whom regular meetings are hosted and the members are aware of the supports that can be provided to them, including dissemination of guidance and supporting them in accessing PPE and other supplies
- Shasta County’s Unified Command has established a Roadmap to Recovery Advisory Committee which meets regularly to prepare for modifications to the statewide Stay-at-Home order, ensuring a coordinated approach that will balance the gradual re-emergence of critical sectors with protection of our community from COVID-19. Sectors represented include faith, education, medical, business, tribal communities, and the city and county government
- Sectors below can all find supports on the [CA Roadmap website](#), which is also linked at ShastaReady.org:

Agriculture and livestock	Energy and utilities	Mining and logging
Auto dealerships	Food packing	Office workspaces
Child care	Hotels and lodging	Ports
Communications infrastructure	Life sciences	Public transit and intercity rail
Construction	Logistics and warehouse facilities	Real estate transaction
Delivery services	Manufacturing	Retail

TESTING CAPACITY

Between OptumServe State Testing (implemented 4/30/2020), Dignity Health drive-thru testing, three (3) hospitals (Dignity Health, Shasta Regional Medical Center, and Mayer’s Memorial Hospital), and the Shasta County Public Health lab; Shasta county has testing availability for greater than 75% of residents within 60 minutes of driving time in our rural area.

The average testing volume for Thursday 4/30/20 through Wednesday 5/6/20 was 97.5 tests per day. Shasta County Public Health Lab numbers and the OptumServe site include non-Shasta County residents, but Shasta County residents make up the majority.

COVID-19 (SARS-CoV-2) RT-PCR Laboratory Testing in Shasta County

Average Volume	Thu 4/30	Fri 5/1	Sat 5/2	Sun 5/3	Mon 5/4	Tue 5/5	Wed 5/6	Total	7 Day Average
OptumServe State Testing	92	113	N/A	N/A	113	84	56	458	65.4
Laboratory tests (commercial, public health, hospitals) pulled from CalREDIE	41	76	8	6	35	48	11	225	32.1
Overall								683	97.5

Testing Capacity	Per day	Per week
OptumServe State Testing	132	660
Dignity Health & Shasta Community Health Center Drive-thru Testing Sites	60	180
Dignity Hospital	200	1400
Shasta Regional Medical Center	72	504
Public Health Lab	100	700
Total	564	4564

With the capacity for 564 tests per day, and a population of approximately 180,000, Shasta county’s testing capacity exceeds the required 1.5 per 1,000 residents (270 tests required). Within the next two-weeks, the Shasta County Public Health Lab testing capacity should increase by 300 additional tests per week once it acquires newly available reagents for the lab’s Hologic Panther Fusion instrument, providing for additional

capacity. Note: The testing capacity of the Public Health Lab and hospitals depends on improved availability of test kits beyond the current limited allocation.

Provider's Using Commercial Laboratories

Name	Address	Operation
Healthcare (non-hospital)		
Redding Rancheria Tribal Health Center	1441 Liberty St. Redding CA 96001	Screening & Testing
Shasta Community Health Center	1035 Placer Street, Redding CA 96001	Screening & Testing
Hilltop Medical Clinic	1093 Hilltop Dr., Redding CA 96001	Screening & Testing
Redding Outpatient Clinic	351 Hartnell Dr., Redding CA 96001	Screening & Restricted Testing
Churn Creek Health Care	3184 Churn Creek Rd., Redding CA 96002	Screening & Testing
Selah Women's Health	2216 Buenaventura Blvd. Ste. B	Screening & testing
Mercy Family Health Center	2480 Sonoma St.	Screening & testing
Anderson Walk-in Clinic	082 McMurry Dr.	Screening & Testing
Cascade Family Medical Center	2134 Eureka Way	Screening & Testing
Hospitals		
Dignity Health	2175 Rosalind Ave., Redding CA 96001	
Shasta Regional Medical Center	1100 Butte St, Redding, CA 96001	
Mayers Memorial Hospital	43563 CA-299, Fall River Mills, CA 96028	

CONTAINMENT CAPACITY

In order to respond to COVID-19, we established two communicable disease (CD) teams that are led by our experienced CD public health nurses (PHN), with one team dedicated to congregate settings. Each CD team is supervised by a PHN and the two teams are provided support by the EOC Containment division lead. The capacity of the CD teams is built out with HHSA PH nurses and public health staff such as Disease Investigation Specialists based on the current case load. In addition, preparations have been made for additional capacity by training School Nurses from the Shasta County Office of Education, District Attorney Investigators, Shasta County Sheriff's Office Detectives, and other Shasta County Health and Human Services Agency staff. A total of 45 individuals have been trained to conduct contact tracing in Shasta County. Shasta County meets the requirement of 15 individuals per 100,000 population trained and available to conduct contract tracing. With an approximate population of 180,000 the requirement is for 27 staff to be trained.

As part of readiness efforts Shasta County has opened an extra-help recruitment and 18 Registered Nurses and 7 Licensed Vocational Nurses have submitted applications and are in various stages of the hiring process. This staff could be trained quickly if more contact tracing staff was needed. The state resources for contact tracing training and staff would be requested if local and regional resources were exhausted.

Shasta County's Containment Team

Type	Number & Notes
Team leads	2 nursing supervisors and 1 non-nursing lead
Nurses - do both case investigation and contact tracing	<ul style="list-style-type: none"> • 4 nurses who currently work close to full-time on COVID = core group for case investigation • 13 part-time nurses available for surge capacity and support – trained on contact tracing, some trained or in process of learning case investigation • 1 volunteer nurse available for call-in (trained for contact tracing)
Contact Tracers (non-nurses)	<ul style="list-style-type: none"> • 1 full-time contact tracer • 25 staff trained and available for contact tracing
Generation and Tracking of Isolation and Quarantine orders	<ul style="list-style-type: none"> • 1 FTE generates and tracks isolation and quarantine orders • 2 back-up staff are available if the need arises
Symptom Monitoring of individuals in Isolation and quarantine	<ul style="list-style-type: none"> • 1 non-nurse • 1 back-up is scheduled to be trained

The containment team includes staff reflecting a variety of racial and ethnic backgrounds including Spanish, Mien, and Russian speaking bilingual staff, as well as LGBTQ. Isolation and Quarantine orders and informational handouts are currently being used in English and Spanish.

Isolation and quarantine wraparound services

- Shasta County Public Health is operating in a Unified Command structure and positions for “runners” are activated. Runners can and commonly do deliver a thermometer for symptom monitoring, and masks if a person infected with COVID-19 has other household members
- Instructions for symptom monitoring and a symptom monitoring log are provided to all infected individuals
- Individuals infected with or exposed to COVID-19 are instructed on resources to support them including resources such as 2-1-1, links to state benefits such as unemployment and FMLA specific to COVID-19.
- Health and Human Services Agency Community Health Advocates assist, over the phone, with applications such as unemployment and referrals such as housing resources
- Food can be purchased for patients who are already receiving social services benefits, such as MediCal, CalFresh, CalWorks as per a local resolution
- The Probation Department will provide and deliver hot meals to probationers who are isolated or quarantined
- Prescription medications that have been paid for can be delivered by Public Health staff if the individual provides written consent

TEMPORARY HOUSING

The latest information on the count of individuals experiencing homelessness in Shasta County is from the 2019 Point-in-Time Count. In January of 2019, 827 individuals were counted as homeless. Shasta County is participating in *Project Room Key* and has secured sufficient hotel rooms for the current needs for isolation and quarantine for homeless individuals. As of this date, twenty-one individuals are housed through *Project Room Key* efforts and a total of 28 individuals have been served through the project. A symptom and temperature screening process is in place at the local homeless shelter which includes referrals to *Project Room Key* for symptomatic or high-risk individuals. An agreement with a second hotel is being drafted. *Project Room Key* is monitored through the Unified Command system and administered by the Shasta County Housing and Community Action Agency.

HOSPITAL CAPACITY

Hospital Surge

There are five hospitals in Shasta County: Dignity Health, Shasta Regional Medical Center (SRMC), Vibra, and Patients Hospital, all in Redding; and Mayers Memorial Hospital District, in Fall River Mills, 70 miles east of Redding. All these facilities maintain emergency operation, surge, and pandemic plans and are required to train on these at least twice annually per CMS guidelines. Each facility has a staffing matrix to ensure adequate staffing and available on-call resources.

All five Shasta County Hospitals work closely together and are involved in the local Healthcare Coalition (HCC). The hospitals have participated in weekly meetings with the Public Health DOC and now EOC since March. Resources, staff, and education are often shared amongst the group.

The hospitals have all prepared a surge capacity plan during COVID-19. Surge beds were acquired by the planned reduction of services, elimination of elective surgeries, substantial conversion of space, and use of curbside tent screening. Each facility has plans in place and can accommodate greater than a 35% surge.

<u>Facility:</u>	<u>Licensed Beds</u>	<u>Surge Beds</u>
Mercy	267	150
SRMC	226	55
Mayers	16	10
Vibra	88	0
Patients	7	4
	604	219

Bed polling is monitored daily through EMReource by S-SV EMS.

Examples of hospital surge plan strategies include: canceling elective procedures, and utilizing on-call and per diem staff. Each facility has specific plans for reassigning beds and opening additional spaces for patient care such as conference rooms and other treatment areas not traditionally used as bed space. These plans also include utilizing tents for COVID screening at Dignity Health and SRMC, and use of a 25-bed ACS at SRMC.

Protecting the Hospital Workforce

All five hospitals have strict policies in place to protect patients and clinical and non-clinical staff. Daily screening procedures are in place, Personal Protective Equipment is provided and training and education occurs regularly. All staff is notified of COVID testing facilities and allowed work time for tests. Each facility implemented strict guidelines for workforce safety in early March. The hospitals have existing mechanisms for tracking occupational exposures within their workforce. Any COVID-related exposures would be monitored through the hospital's incident command. Written versions of these polices are available upon request.

All five hospitals in Shasta County are able to acquire appropriate PPE through their normal vendors at this time and are not relying on MHOAC. The hospitals are practicing PPE optimization using guidance from the CDC. Employees are being trained and monitored regarding PPE use. In the event of a surge and a shortage of PPE, MHOAC would work with the hospitals to provide PPE.

Shasta County Alternate Care Site

In addition to our hospitals, Shasta County has an Alternate Care Site (ACS) with the capacity for 125 beds. Currently the ACS is planned for use as a low-acuity setting. If a trigger indicates we need to utilize this capacity, we can accomplish the following:

In the first 48 hrs:

- Secure and physically setup the site
- Implement the staffing and supply plans
- Communicating with hospitals that are nearing capacity

Within 5-7 days:

- Staffing operational and supply resources on hand
- Coordinate with hospitals to receive transfer patients

VULNERABLE POPULATIONS

Shasta County has a total of 185 congregate living facilities, they include 10 Skilled Nursing Facilities, 33 Assisted Living, 18 Intermediate Care Facilities, 111 Far Northern Regional Center Mix Facilities (DDS, etc), 1 Domestic Violence Emergency Housing/Community Organization, 12 Residential/Addiction treatment facilities. There are two correctional facilities including one jail (485 capacity) and one juvenile hall (60 capacity). The community has one homeless shelter which can hold up to 105 women and 200 men.

All facilities have an isolation plan as well as a contingency plan. All facilities can safely isolate and quarantine on site or through the utilization of a contingency plan such as Project Room Key for the homeless shelter. Shasta County has current capacity to support testing congregate facilities and has a history of working with congregate settings to ensure testing.

It has been verified that all long-term care facilities have access to sufficient PPE. In the event of an outbreak in a facility that were to exceed the facilities' PPE capacity, PPE contingency plan includes Healthcare Coalition and Public Health/MHOAC support. Specifically, all ten (10) SNFs currently have a 14-day supply of PPE and have non-state supply chains available. None have received the allocated FEMA distribution as of today's date but are scheduled to arrive early May. In addition to the SNFs, all, except two assisted living and intermediate care sites report having a full 14-day supply of PPE and are aware of the Public Health resource requesting process. Dedicated staff are in regular communication with our SNFs and protocols are in place to report SNF PPE availability, including Situation Reporting and Resource Requesting.

Facilities have access to supplemental staffing agencies. If staffing becomes inadequate, plans are in place to support staffing through county/agency hired extra help staff and MOU agreements with HCC partners (e.g., EMTs, ACS staff, HCC healthcare workers, HHSA extra help staff). Final contingency plan is to utilize regional resources and Health Corps.

COVID-19

Facility A (SNF) had 7 staff and 1 resident with confirmed COVID-19. Facility B (SNF) had 1 staff with confirmed COVID-19. Facility C (SNF) had a staff from facility A also work at this facility creating and exposure. With a total of ten (10) cases associated with a congregate setting.



SECTORS AND TIMELINES AND PLAN FOR MOVING THROUGH STAGE 2

STAGE 2	SECTORS	TIMELINE
	<ul style="list-style-type: none"> • Healthcare sector is slowly adding back deferred preventive and elective services and procedures. This will continue throughout Stage 2 based on capacity of individual facilities. Other disciplines also adding back services with modifications including optometry, dentistry. • Low-risk workplaces that have been pre-planning their reopening: <ul style="list-style-type: none"> • Retail to begin with the option of curbside pickup, including but not limited to: Bookstores, jewelry stores, toy stores, clothing stores, shoe stores, home and furnishing stores, sporting goods stores, antique stores, music stores, florists. • Supply chains supporting the above businesses, in manufacturing and logistical sectors • Destination retail, including shopping malls and swap meets. • Personal services, limited to: car washes, pet grooming, tanning facilities, and landscape gardening. • Office-based businesses (telework remains strongly encouraged) • Dine-in restaurants (other facility amenities, like bars or gaming areas, are not permitted) • Outdoor museums and open gallery spaces 	MAY 9, 2020
	<ul style="list-style-type: none"> • Simultaneously, outdoor recreation may increase- Public spaces such as parks, trails, and golf courses should limit crowds and ensure physical distancing. Use of boats should be limited to household contacts or half occupancy. 	
	<ul style="list-style-type: none"> • Childcare will resume in mid-May with Head Start and the YMCA in early June • Summer programs - the City of Redding will tentatively begin summer programs June 8, additional camps are preparing with dates to be determined • School have begun preparations for Shasta County schools to resume the week of August 10, 2020 	As early as mid-May

TRIGGERS FOR ADJUSTING MODIFICATIONS

Surveillance indicators to assist with strategies on loosening or tightening mitigation measures. Levels in the table below indicate early, mid, and late signs of a possible resurgence of disease in community. Shasta County monitors the data triggers regularly and reports them twice a week to the EOC and will be developing a dashboard for the public. As triggers are monitored and concerns about congregate settings are identified, Shasta County will immediately inform the state and request technical support as needed. The County regularly communicates with RDMHS and regional County partners and will inform them of changes to status particularly any emerging concerns identified. As we develop our containment plan we will develop a system for regional notifications.

Early surveillance indicators		Mid surveillance indicators		Late surveillance indicators	
Steady increase in influenza-like illness, identified through syndromic surveillance.	<i>Gathered from clinics</i>	A 30% increase in new case counts for 5 consecutive days in the context of no substantial increase in testing.	<i>Obtained from our internal line list tracked daily</i>	* Hospitalization and ICU numbers increasing by 25% for 7 consecutive days	<i>Monitored through the California hospital bed poll</i>
Steady increase in COVID-19 like illness, identified through syndromic surveillance.	<i>Obtained from report from Sac. Valley Med. Share for region</i>	Delayed detection (>5 days) of a case from a mass gathering.	<i>Determined by investigation team, who would then notify appropriate individuals</i>	Two outbreaks of COVID-19 among residents and/or staff of congregate settings. Where there has been 3 or more cases at each facility within a 14 day period.	<i>Obtained through RDMHS counts and reported through our investigation team</i>
Surge of respiratory patients at medical facilities not detected using above methods.	<i>Reported to us by provider</i>	Increasing number of new health care worker infections for 5 consecutive days.	<i>Determined by investigation team and extracted from CalREDIE in line list</i>	Substantially increased unexplained deaths within the County.	<i>Determined from Mortality Report and possibly communication with coroner's office</i>
		More than three unlinked chains of transmission in a 14-day period.	<i>Determined by investigation team and</i>		

			<i>extracted from line list</i>		
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* ACS Trigger: Hospitalization and ICU numbers reaching threshold to initiate reopening ACS. (Monitored through the California hospital bed poll).

CRITICAL SUPPLIES

As of 5-5-2020

Personal Protective Equipment Quantities at Shasta County HHSA, Public Health

	Gloves (all sz)	N95 Masks	Respirators	Surgical Masks	Face Shields	Safety Goggles	Tyrvek (all sz)	Gowns	Sanitizer (gal.)
Total Materials Requested 4/26 - 5/2	600	375	0	1,550	100	0	0	1,250	2
Total Distributed 4/26 - 5/2	600	140	25	1,500	100	0	0	570	11
Total On Hand 5/4	228,100	7,388	603	17,160	2,534	239	250	867	115

Lab Testing Quantities at Shasta County HHSA, Public Health

	Swabs	VTM	VTM + Swab Kits	Notes
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Total on Hand	Quantity on Hand:	54	150	1474	We also have the reagents to make 6 liters of VTM in house if necessary (2000 tubes) 300 of the VTM+Swab kits are from the IRR and contain M4 transport media instead of VTM/UTM.
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