

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



COVID-19 COUNTY VARIANCE ATTESTATION FORM

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FOR

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## 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 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 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](mailto: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](mailto: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 \_\_\_\_\_



# SISKIYOU COUNTY

## Health and Human Services Agency

### Public Health Division

810 South Main Street  
Yreka, CA 96097  
(530) 841-2134 / Fax (530) 841-4094

SARAH COLLARD, PH.D.

*Director of Health and Human Services Agency*

AARON STUTZ, M.D.

*Public Health Officer*

SHELLY DAVIS, MN BSN PHN CCHP

*Director of Public Health Division*

*Director of Nursing/Inmate Medical*

## **Reopening Siskiyou County (Revised May 13, 2020)**

Supported by Siskiyou County Public Health and Siskiyou County Office of Emergency Services

Siskiyou County recommends beginning a strategic plan for reopening of county activities and businesses in phases. Support from our communities, social obligation, and personal responsibility are critical for the success of the reopening plan. The safety and health of Siskiyou County residents are the most important decision-making guides during the COVID-19 response and remain our number one priority.

As of 05/13/2020, Siskiyou County has five confirmed cases, all of which have recovered. We have not detected any new positive cases in the last 37 days.

### **Reopening Plan for Siskiyou County**

#### **Standard Guidelines – To be followed in Phase 1 and Phase 2**

##### **All residents and visitors must adhere to these guidelines:**

- Proper social distancing with 6 feet of space between one another in public, unless in same household.
- Washing hands frequently and thoroughly.
- Staying home if sick or not feeling well.
- Proper sanitation practices and protocols are followed at all facilities.
- All residents 65 or older or having underlying health conditions are strongly encouraged to continue to self-isolate.
- No gatherings where proper social distancing cannot be maintained.
- Facial covering recommendations provided by the Centers for Disease Control (CDC).

#### **Phase 1 – Safety and Preparedness – April 25th**

- Follow **Standard Guidelines**
- Anyone who is feeling ill should stay home.
- Continue social distancing when in public; maximize physical distance from others (at least six feet).
- Wash hands, use hand sanitizer, clean frequently touched surfaces, cover coughs and sneezes, consider wearing facial coverings when in public.
- Gatherings should be limited to 10 or fewer people.
- Residents are encouraged to participate in outdoor recreation activities daily. Travel for these activities should be kept to a minimum and within Siskiyou County.
- Vulnerable (high-risk) individuals are strongly encouraged to stay home. Households with vulnerable members should be aware that other members of the household might

increase risk of transmission. Precautions should be taken to protect vulnerable household members.

- Elective surgeries may resume service under the advised PPE guidelines and development of a written plan must be done showing how the business will execute those guidelines.
- Skilled Nursing Facilities and Long-Term Care Facilities:
  - Restrict all visitations except for certain compassionate care situations, such as end of life situations.
  - Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers).
  - Cancel all group activities and communal dining.
  - Implement active screening of residents and HCP for fever and respiratory symptoms.
- Non-essential travel is strongly discouraged.
- Those traveling to Siskiyou County for the purpose of staying in a second home must quarantine for 14 days upon arrival.
- Residents currently living in the county equal to or older than 65 years of age, or residents with underlying health conditions are strongly encouraged to stay in their place of residence and must at all times follow the above **Standard Guidelines** to the greatest extent feasible. Such residents may leave for essential services only.
- The CDC and Siskiyou County Public health is recommending that residents wear facial coverings while in public in an effort to prevent transmission of COVID-19. All employees working in the public must wear a facial covering while being employed. Wearing a facial covering does not reduce your risk of exposure to the virus; however, it reduces transmission of COVID-19.

### **General triggers to transition into Phase 2**

- Hospitalization and ICU trends stable.
- Hospital surge capacity to meet demand.
- Sufficient PPE supply to meet demand.
- Sufficient testing capacity to meet demand.
- Contact tracing capacity county-wide.
- Isolation / quarantine guidelines are in place.
- Support for those who are isolated or exposed.
- Workplaces have available their individual plan to meet the standard guidelines.

### **Phase 2 – Lower Risk Workplaces (May 8, 2020)**

- Follow **Standard Guidelines**
- A gradual opening to businesses considered low-risk (retail stores with curbside pickup, manufacturing, and offices) may open but must be able to adhere to the above standard guidelines and develop a written plan showing how the business will execute those guidelines. Plan should be available upon request. All employees must wear a mask during employment.
- Public transit companies may return to operations if social distancing guidelines above can be followed, are practices to achieve them are clearly defined, and there is

developed a written plan showing how the business will execute those guidelines. Plan should be available upon request. Masks should be worn by transit driver and strongly suggested for patrons.

- Restaurants may open only by curbside, take-out or delivery with mask being worn during food preparation and delivery. A written plan must be in place and available upon request.
- Dental services and routine medical services may resume service under the advised PPE guidelines and with a developed written plan showing how the business will execute those guidelines. Plan should be available upon request. Masks must be worn at all times for such services by dental and medical providers.
- Businesses that develop a physical barrier between their employees and their clients and that practice social distancing may open. Social distancing must be clearly defined and there must be developed a written plan showing how the business will execute the standard guidelines. Masks must be worn by both employee and patron at all times. Plans should be available upon request.
- Golf courses, public parks and trails may open, but groups must be limited to less than 10 and social distancing strictly maintained.

#### **Triggers to progress through Phase 2 variance:**

- Hospital and ICU trends remain stable.
- Hospital surge capacity to handle 35% surge
- Sufficient PPE supply meets demand.
- Testing capacity and supplies able to sustain 1.5 tests/1000 population
- Contact tracing county-wide and ability to triple contact tracing staff
- Isolation / quarantine guidelines remain in place.
- Support services for vulnerable populations available
- Workplaces have available their individual plans to meet the standard guidelines.
- Widespread high-quality community testing is available

#### **Phase 2 – Expanded Phase 2 with Attestation Variance (May 15<sup>th</sup> 2020)**

- Higher education that pertains only to the following essential services: police, fire, EMS, healthcare with similar plans and standard guidelines in place.
- Destination retail, including shopping malls and swap meets.
- Personal services, limited to: car washes, pet grooming, tanning facilities, and landscape gardening.
- Office-based businesses (telework remains strongly encouraged)
- Dine-in restaurants (other amenities, like bars or gaming areas, are not permitted)
- Outdoor museums and open gallery spaces
- Schools and childcare

#### **General Triggers for transition into Phase 3**

- Hospital and ICU trends remain stable.
- Hospital surge capacity exceeds demand.
- Sufficient PPE supply exceeds demand.
- Testing capacity and supplies able to sustain 2.0 tests /1000 population

- Contact tracing county-wide meets capacity
- State restrictions are eased
- Support services for those who are isolated or exposed meet capacity
- Workplaces have available their individual plans to meet the standard guidelines.

### **Phase 3 – To be determined**

- Personal services such as nail salons, tattoo parlors, gyms and fitness studios
- Hospitality services, such as bars, wineries, tasting rooms and lounges
- Entertainment venues with limited capacities, such as movie theaters, gaming facilities, and pro sports
- Indoor museums and gallery spaces, zoos and libraries
- Community centers, including public pools, playgrounds, and picnic areas
- Limited-capacity religious services and cultural ceremonies
- Nightclubs
- Concert venues
- Live audience sports
- Festivals
- Theme parks
- Hotels/lodging for leisure and tourism – non-essential travel
- Higher Education

### **Specific Triggers**

As we move through this staged approach to reopen our County, we will always be ready to reinstate previous closure measures. At the discretion of the Siskiyou County Health Officer, the following metrics will be monitored and used as **specific triggers** to progress or regress through the phases of reopening:

#### **CATEGORY 1 - Epidemiology**

- Significant change in new cases over 3 consecutive calendar days in the context of no substantial increase in testing
- Doubling time of cases less than 5 days (from most recent nadir)
- More than 3 unlinked chains of transmission in a 14-day period
- Likelihood of exposure at mass gatherings or congregations of people and ability detect of a case (>5 days) from a gathering or long- term care facility
- Significant change in respiratory or viral illnesses in the county
- Significant change in new health care worker infections for 5 consecutive days
- Substantial increase in unexplained deaths within the county

#### **CATEGORY 2 - Health Care**

- Ability to scale up to 2x the number of ICU patients from current census (including staffing)
- Ability to screen significant\* numbers of symptomatic patients safely (including staffing)
- Stability of hospital resources such as acute/ICU beds, ventilators, and staff
- Hospital capacity to handle a 35% surge in patients
- Availability of PPE for healthcare workers or patients seeking care

- Ratio of admissions to discharges for COVID-19
- Physical ability of healthcare facilities to reduce possibility of exposure at triage and all other locations

#### CATEGORY 3 - Public Health Response

- Ability to elicit contacts for 80% or more of cases
- Ability to test 90% or more of symptomatic contacts within 24 hours of symptom onset
- Ability to test at the prescribed number of tests / unit population prescribed by the state
- Ability to provide testing sites for 75% of the county's population within 1 hour's drive
- Availability of hand-cleansing supplies to provide at publicly-accessible buildings
- Availability of alternate care sites for non-hospitalized COVID-19 infected patients who require assistance
- Isolation/quarantine orders by state authorities

The health and safety of Siskiyou County residents is our number one priority. We ask the citizens of Siskiyou County to realize that the reopening process may lead to more positive COVID-19 cases in Siskiyou County, yet this impact must be balanced against the economic impact of continuing the closure which have adverse health impacts themselves. It is our opinion that this reopening plan was made in the best interest of residents' physical, mental, and economic health.

Aaron Stutz, MD  
Health Officer, Siskiyou County

Shelly Davis, MN BSN-PHN CCHP  
Director of Public Health

May 13, 2020

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

Dear Governor Newsom,

Mercy Medical Center Mt. Shasta (MMCMS) supports the Plan to Reopen Siskiyou County and the Director's Attestation.

Siskiyou County has fortunately had a low evidence of the COVID-19 Virus. In fact, we have only realized 5 positive cases county-wide utilizing PCR testing. All five of these patients have fully recovered without requiring hospitalization.

In collaboration with other Dignity Health hospitals, MMCMS has expanded testing capacity and is increasing the number of tests performed. The Mt. Shasta Clinical Laboratory will be performing COVID-19 PCR rapid testing on the Cepheid GeneXpress. This will allow for turnaround times of less than one hour to more efficiently diagnose patients presenting with symptoms consistent with COVID-19.

The hospital provides screening and temperature monitoring of each of our staff members each day. We have begun testing other essential workers in our community and are collaborating with Public Health to meet the testing requirements of the plan.

MMCMS has safety measures in place and will continue to follow local, state and federal protocols to keep our patients and caregivers protected in our hospital and clinics. Some of the actions our hospital has taken to date include:

- MMCMS physicians and caregivers are equipped with the appropriate protective equipment (PPE) and materials required in the treatment of COVID-19, as well as other surgeries and procedures. All PPE and lab testing supplies are inventoried daily and appropriate ordering is completed. We are fully stocked with the needed supplies.
- MMCMS has not had a positive patient but if we do, the hospital is well-prepared with processes and procedures in place to minimize any risk of exposure in our facilities.

- MMCMS has a well-defined surge plan that includes the need to reserve capacity to meet a minimum of a 35% increase in demand by COVID-19 patients. If a surge should occur:
  - We have the ability to open 50 patient beds allowing us to reserve the necessary 35% for COVID-19 related patients.
  - We would implement our surge plan to cease all elective surgeries and unnecessary out-patient procedures and/or services.
  - The staff at MMCMS is cross-trained in various departments and nursing units including specialty care. We have compiled a list of local retired nursing staff and physicians willing to assist in the care of patients if the patient numbers were to overwhelm our current staffing capabilities.
  - MMCMS is fortunate to have our sister hospitals in the region, Mercy Medical Center Redding and St. Elizabeth Community Hospital allowing for the ability to share resources both human and supply based.
- MMCMS is positioned to perform PCR testing on a minimum of 50 patients per day in our newly established COVID-19 Screening Clinic.
- MMCMS in coordination with Dignity Health has virtual care capabilities allowing patients to access care from the comfort and safety of their home if they choose.

The team at Mercy Medical Center Mt. Shasta is well trained, confident and prepared to care for our community if any evidence of this pandemic arrives. MMCMS fully supports the plan to Reopen Siskiyou County.

Sincerely,



Rodger Page  
President  
Mercy Medical Center Mt. Shasta  
914 Pine Street  
Mt. Shasta CA, 96094  
530.926.9348

St. Elizabeth Community Hospital  
2550 Sister Mary Columba Drive  
Red Bluff, CA 96080  
530.529.8012  
[Rodger.page@dignityhealth.org](mailto:Rodger.page@dignityhealth.org)

May 13, 2020

Siskiyou County Board of Supervisors  
P. O. Box 750  
Yreka, CA 96097

Dear Board of Supervisors:

Fairchild Medical Center (FMC) supports the Plan to Reopen Siskiyou County and the Director's attestation.

The COVID-19 prevalence is low. Siskiyou County has encountered only 5 positive cases identified by utilizing PCR testing. All of these patients have successfully recovered without requiring hospitalization.

FMC has safety measures in place and will continue to follow local, state and federal protocols to keep our patients and caregivers safe in our hospital and clinics. Some of the actions our organization is taking include:

- FMC's physicians and caregivers are equipped with the appropriate personal protective equipment (PPE) and materials required in the treatment of COVID-19, as well as other surgeries and procedures. As the hospital reopens services, PPE is and will be tracked carefully to assure that sufficient PPE is available. Inventories are being monitored daily.
- FMC is expanding COVID-19 testing capacity for our patients and caregivers. The hospital is in the process of testing all 535 of its employees utilizing PCR and serology testing. The hospital expects to begin testing other essential workers in our community soon and will collaborate with Public Health to meet the testing requirements of the plan.
- FMC has not had a positive patient but when it does, the hospital has thoughtfully segmented COVID-19 and non-COVID-19 patients to minimize the risk of exposure in our facilities.
- FMC provides and encourages several virtual access points for medical care to our community.
- When an in-person visit is necessary, FMC has implemented plans to minimize patient congregation in waiting rooms.

FMC does have hospital capacity, including ICU beds and ventilators, and adequate PPE available to accommodate routine patient volumes as well as a minimum 35% surge due to COVID-19. The five phase FMC surge plan outlines which space will be converted and in what order it will be converted to accommodate the surge. FMC also has workforce available to accommodate a 35% surge.

Fairchild supports the Plan to Reopen Siskiyou County.

Sincerely,



Jonathon Andrus  
Chief Executive Officer  
Fairchild Medical Center  
[jandrus@fairchildmed.org](mailto:jandrus@fairchildmed.org)  
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JA/rb

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444 Bruce Street | Yreka, CA 96097

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# COUNTY OF SISKIYOU

## Board of Supervisors

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(530) 842-8005  
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Toll Free: 1-888-854-2000, ext. 8005

May 13, 2020

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

Re: County of Siskiyou - Letter of Support for Attestation of Readiness

Dear Dr. Angell:

Please be advised that the Board of Supervisors for the County of Siskiyou recognize and acknowledge the statewide Stay-At-Home order issued on March 19, 2020 by Governor Newsom in order to slow the spread of COVID-19.

In relation to the Stay-At-Home order, during the May 5, 2020 Board of Supervisors Meeting, the Siskiyou County Public Health Officer, Dr. Aaron Stutz and the Siskiyou County Public Health Director, Shelly Davis, made a presentation pertaining to the phased approach of California's Roadmap to Modify the Stay-At-Home Order.

The Board of Supervisors fully supports the COVID-19 Siskiyou County Variance Attestation submitted by Dr. Aaron Stutz, Siskiyou County Public Health Officer to the California Department of Public Health.

Sincerely,

Michael N. Kobseff  
Chairman  
County of Siskiyou Board of Supervisors

CC: County of Siskiyou Board of Supervisors Members  
Senator Brian Dahle  
Assemblywoman Megan Dahle