

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

COVID-19 VARIANCE ATTESTATION FORM

FOR SOLANO COUNTY



May 18, 2020

Background

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

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

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

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

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

Local Variance

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

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

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

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

County Name: County of Solano

County Contact: Bela T. Matyas, MD, MPH

Public Phone Number: 707-784-8600

Readiness for Variance

The county's documentation of its readiness to modify how the county advances through Stage 2, either to move more quickly or in a different order, than the California's roadmap to modify the Stay-at-Home order, must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including, for example, the elderly and those with specific co-morbidities, and those residing in long-term

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

care and locally controlled custody facilities and other congregate settings, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

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

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

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

Readiness Criteria

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

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by reintroducing features of the stay at home order and using capacity within the health care delivery system to provide care to the sick. Given the anticipated increase in cases as a result of modifying the current Stay-At-Home order, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
 - Demonstrated stable/decreasing number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients of <+5% **-OR-** no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.

Solano County has had between 10-18 hospitalized confirmed COVID-19 patients countywide on any single day over the past 14 days, with a daily average of 14 cases per day in the past 14 days.

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

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

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

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

As of May 18, the cumulative 14-day positive incidence of COVID-19 in Solano County is just under 20 cases per 100,000 population (88 cases; Solano population is 446,000).

- **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).

Guidance for employers and essential critical infrastructure workplaces in Solano County, including how to structure the physical environment to protect essential workers, is embodied in the County's Health Officer Order as well as in numerous written guidance documents, including guidance for hospitals and healthcare settings, long-term care facilities, and first responders. These guidance documents are updated frequently; they are available on our website, <https://admin.solanocounty.com:4433/depts/ph/coronavirus.asp> (our healthcare guidance is at <https://admin.solanocounty.com:4433/civicax/filebank/blobdload.aspx?BlobID=32213>), as are links to guidance documents produced by the CDC and CDPH.

Solano County has been responding to the COVID-19 pandemic since January, when we prepared for the influx of potential COVID-19 cases to arrive via four repatriation flights from China. Two cruise ship evacuations followed, and then Solano County reported the first case of community-transmission of COVID-19, which resulted in a large contact investigation in one of our hospital systems. Throughout this period, we have provided weekly conference calls with providers and hospital systems, with first responders, and with long-term care facilities and RCFEs, including both verbal and written guidance to protect Stage 1 essential workers who have remained working.

On March 17th, Solano County distributed a press release promoting social distancing and self-isolation per the Governor's guidance. On March 18th, a formal Shelter-at-Home Order continuing to stress the importance of physical distancing was issued. These orders were extended through May 17th. A copy of the Order is linked here: <https://www.solanocounty.com/civicax/filebank/blobdload.aspx?BlobID=31828>.

We have also provided regular guidance to essential employers and critical infrastructure workplaces on how to use engineering and management controls to protect essential workers, including use of physical barriers, signage, staffing recommendations, physical distancing recommendations, etc.

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

Solano County Emergency Medical Services/MHOAC provides available PPE upon request to medical and healthcare facilities. Non-healthcare related essential businesses can request resources through the local Office of Emergency Services. The County is also working with the CHMRC to create a PPE Supply Hub app for critical infrastructure businesses to access and be able to source PPE and other supplies at the lowest available cost per unit at the time of search.

The County MHOAC contacts each hospital in the County daily, and receives daily reports from the long-term care facilities in the County, to assess the adequacy of and any needs for PPE.

The inventory of PPE in Solano County has improved dramatically through May, with adequate supplies to meet both immediate and surge needs.

- **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.

Solano County has approximately 446,000 residents, requiring a testing capacity of 670 per day. We currently exceed that testing capacity: we have two walk-in sites in the County, which can process a daily total of 264 tests per day; Kaiser Permanente can process 350 to 400 tests per day; NorthBay Hospital can process over 50 tests per day; Sutter Solano Hospital can process 50 to 100 tests per day; the Solano County Public Health Lab can process 150 to 200 tests per day; and, UCSF can process, per their agreement with us, 100 tests per day. This totals a current testing capacity of 960 to 1110 per day. In the past week, at least 911 tests were conducted in the County (note, this is an under-count as the majority of tests performed at the two Optum sites with negative test results have not yet been reported).

- 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.

Testing for COVID-19 in Solano County is available throughout the county. The Optum testing sites in Vallejo and Vacaville are within 60 minutes of the most rural parts of the county and 30 minutes of all urban areas. The County's Public Health Department offers testing in Fairfield and multiple healthcare facilities offer testing in various cities in the county. Testing is readily available to our residents. We also hold pop-up testing sites and send out testing teams to facilities as needed. Collection sites include the following:

Optum Serve in Vallejo
 Sutter Solano Hospital in Vallejo
 Kaiser Permanente Hospital in Vallejo
 County Family Health Services Clinic in Vallejo
 La Clinica de la Raza in Vallejo
 County Family Health Services Clinic in Fairfield
 County Public Health in Fairfield
 Clinic Ole in Fairfield (two sites)
 NorthBay Hospital in Fairfield
 Kaiser Permanente Clinic in Fairfield
 Sutter Health Clinic in Fairfield
 NorthBay Hospital (VacaValley) in Vacaville
 Kaiser Permanente Hospital in Vacaville
 County Family Health Services Clinic in Vacaville
 Community Medical Centers in Vacaville
 Optum Serve in Vacaville
 Community Medical Centers in Dixon

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

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

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Our proposed surveillance plan will include the following elements: we will continue to track data regarding positive cases, all testing results, hospitalized cases, cases requiring ICU care and fatalities, including age category, sex, and race and ethnicity; testing of contacts of cases; our daily positivity rate; disparities among cases by age, race and ethnicity, and location; encouraging increased testing by healthcare facilities; active testing-based surveillance at our Long-Term Care Facilities and RCFEs; implementation of antibody testing when available; data from the Optum sites as an indicator of community-level infection rates; and, pop-up and targeted testing at selected locations and facilities, as indicated.

- **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:
 - o 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).

Solano County has approximately 446,000 residents, requiring 67 staff to meet the 15 per 100,000 population criterion for sufficient contact tracing. Our current workforce is comprised of 6 disease investigators, 5 public health nurses, 3 epidemiologists, and 3 environmental health specialists already conducting contact tracing. We also have 20 trained public health nurses, health assistants and health education specialists available for contact tracing. We will be training an additional 30-40 public health nurses, health assistants and education specialists in the final two weeks of May. Also, we have reached out to Touro University to recruit an additional 60-80 student volunteers to train as contact tracers, starting in the first week of June. Our aim is to have readily available a workforce of 80-100 contact tracers. Our aim is higher than what the state is requesting, as we want to account for any attrition that may occur. We have not yet settled on which data management platform we will use.

- o 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.

In Solano County's 2019 Point in Time Count (PIT), there were 1,151 homeless individuals identified, with 21% or 210 individuals sheltered on that day. Between the end of March and April 30, 2020, Solano County and its partnering cities developed 250 Project Roomkey beds, equating to 22% of the total 2019 PIT Count. This puts current temporary bed capacity countywide at approximately 43% of the overall homeless population. It's also important to note that 22% of those counted in the 2019 PIT Count were identified as having a Chronic Health Condition, and therefore Solano County developed enough Project Roomkey non-congregate beds to match the specific number of homeless individuals with underlying chronic health conditions as identified in the most recent PIT Count.

- **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.

Solano County has been tracking hospital ICU beds and ventilators and has had more than the desired 35% surge capacity since the beginning of our COVID-19 response. There are 5 hospitals in Solano County, with a combined total of 678 Licensed Acute Care beds. This is monitored by our Emergency Medical Services team with a daily reporting of the numbers of beds available, including ICU, Medical Surge, and Telemetry beds, as well as ventilators. During the recent repatriation missions, we used a Multi-Casualty Incident (MCI) plan for assessing availability of negative pressure rooms and for directing placement of cases. We plan to use similar processes if needed and will continue the current process of assessing hospital capacity to detect a surge and assess for any resource/ staffing needs.

- 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.

Solano County has in place a robust plan to provide PPE in order to provide clinical and nonclinical hospital workforce protection. Tracking is accomplished through the Emergency Medical Service (EMS) team's daily hospital systems queries. Requests for PPE go through the EMS MHOAC request system that the hospitals and healthcare system providers are very familiar with. Additionally, this is reiterated on a weekly basis on our healthcare and EMS update conference calls.

- **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.

Solano Public Health holds weekly conference calls with the skilled nursing facilities and RCFEs in the County, as well as with CDPH officials and hospital geriatrician and infectious disease physicians. In addition, Public Health staff communicate directly with each SNF at least twice weekly. With feedback from the impacted community, we have developed and frequently updated written guidance for SNFs in Solano. Our interactions with our SNFs specifically focus on targeted testing, patient cohorting plans, infection control precautions and plans, access to PPE, staffing shortage contingency plans, facility communication plans, and plans and procedures for transport of residents. Clients and staff of SNFs represent a very high priority for surveillance and testing; our isolation and quarantine guidance for these clients and staff are stricter than for other settings. A single positive COVID-19 staff or client of a SNF results in testing of the entire staff and all clients of that facility. Subsequent testing at that facility involves testing anyone who manifests appropriate signs or symptoms, as well as the entire cohort of COVID-19 negative staff and clients weekly until no new individuals are found to be positive. In addition, we plan to periodically test staff and residents at all of our SNFs beginning with several facilities this week.

- 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.

The Skilled Nursing Facilities (SNF)s located in Solano County have a supply of PPE expected to provide protection for staff and residents for a minimum of 14 days. In addition to the normal supply chain, local SNFs have been trained on the use of the Medical and Health Operational Area Coordinator (MHOAC) request process to access critical, emergency supplies. All SNFs had been assessed by our LTCF Team early on for pandemic preparedness. We also hold a weekly LTCF update call to provide guidance, assess PPE/ resource needs, and have provided PPE when requested through the MHOAC system and directly from our LTCF Team. Additionally, Solano County has been working with the CHMRC to source PPE supplies at lowest cost per unit at the time of search through the PPE-X App for ongoing procurement from non-state supply chains.

Solano County SNFs and contacts:

1. Fairfield Post-Acute Rehab (FF) Meleah Lugtu (707)-718-8869
2. VACAVILLE CONVALESCENT AND REHABILITATION CENTER (VV) Aimilee Cayanan (916)-895-8568
3. Orchard Post Acute Care (VV) Melvin Rimando (707) 448-6458
4. La Mariposa Care & Rehabilitation Center (FF) Florinda Mobleza (707) 422-7750
5. Greenfield Care Center of Fairfield (FF) Cadimas, Theresa (707) 425-0669
6. Windsor Vallejo Nursing & Rehabilitation Center (Vallejo) Sherri Silverberg 707-758-8344
7. Heartwood Avenue Healthcare (Vallejo) Staci Taylor (707)-643-2267
8. Laurel Creek Health Center (FF) Peggy Huston 707-432-1127
9. SPRINGS ROAD HEALTHCARE (Vallejo) Francia Ballesteros 707-334-0397

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. These details should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Any sector that is reflective of Stage 3 should not be included in this variance because it is not allowed until the State proceeds into Stage 3. For additional details on sectors and spaces included in Stage 2, please see <https://covid19.ca.gov/industry-guidance/> for sectors open statewide and <https://covid19.ca.gov/roadmap-counties/> for sectors available to counties with a variance.

On May 5, 2020, the Solano County Board of Supervisors concurred with the Public Health Officer's Roadmap to Recovery framework that places businesses and activities into one of three risk categories (Low, Medium, or High) depending upon the risk of transmission in each setting and ability to mitigate that transmission through physical separation, barriers and personal protective equipment (PPE) as necessary. A local Public Health Officer Order #2020-07 was subsequently implemented. Among this Order's intent is the safe reopening of businesses consistent with the County's and State's Roadmaps. Businesses within the State's Stage 2 fall both within the Low and Medium Risk categories of the County's Public Health Officer's Order and the Order contains both local requirements for their operation and/or refers to the industry guidance and checklists provided by the State on its website.

Currently, all businesses allowed statewide may operate in conformance with the County's Roadmap and statewide guidance. Following approval of the County's variance attestation by CDPH, businesses allowed only through a County variance (currently destination retail [retail stores], including shopping malls and swap meets,

Dine-in restaurants, and schools with modifications) will be allowed to reopen as early as May 20 (or upon posting of this attestation on the CDPH website, whichever occurs later) if appropriate guidance has been developed by the State or County and implemented by the business. It is estimated that destination retail and Dine-in restaurants may open as of May 20, 2020 (or upon approval of attestation), while schools will open later in summer or fall once guidance is developed.

Solano County staff will work through existing community networks and through social media and press releases to share this plan with Stage 2 businesses that are reopening. Reopening of Stage 2 businesses is contingent upon their readiness to implement and comply with sector-specific guidance.

Solano County's "Roadmap to Recovery" will guide our movement through Stage 2 and is available at:

<https://admin.solanocounty.com:4433/civicax/filebank/blobdload.aspx?BlobID=32211>

- **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.

Solano County Public Health has been continually monitoring and reviewing data to determine if it is necessary to return to the previous reopening stage in order to avoid overwhelming the healthcare system. Metrics that would trigger consideration of adjusting modifications include:

- Epidemiologic indicators: A doubling time of cases of less than 5 days for 5 consecutive days;
- Health care indicators: An increasing number of new healthcare worker infections for 5 consecutive days; Less than a 7-day supply of PPE for healthcare workers; Hospital census above 135% of baseline capacity;
- Public health indicators: Unable to elicit contacts for 20% or more of cases; 20% or more of symptomatic contacts fail to get tested; Insufficient voluntary isolation facilities for non-hospitalized COVID-19 cases who can't safely remain at home (due to space constraints, vulnerable household members, or otherwise).

The Health Officer will notify the CDPH Duty Officer of emerging concerns within 24 hours. The final decision to return to a previous stage will be made by the Solano County Health Officer after consultation with CDPH.

- **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.

Our COVID-19 containment plan is in the process of being developed; numerous elements are at a draft final stage, including testing, contact tracing, living and working in congregate settings, protecting the vulnerable, acute care surge and community engagement, but others are in need of additional development. We are currently working with appropriate partners to finalize these remaining elements. It is anticipated that our plan will be completed within the next several weeks.

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?

Solano County's daily testing surge capacity is above 2 per 1000 residents (892). The average daily positive test rate is below 6% and has been stable for 4 weeks except for a Skilled Nursing Facility outbreak not affecting the community case rate. Specimen collection locations have been identified throughout the County to ensure access for all residents, and contacts have been established with specimen processing labs. Our community surveillance plan is described above.

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?

Solano County has approximately 446,000 residents, requiring 67 staff to meet the 15 per 100,000 population criterion for sufficient contact tracing. Our current workforce is comprised of 6 disease investigators, 5 public health nurses, 3 epidemiologists, and 3 environmental health specialists already conducting contact tracing. We also have 20 trained public health nurses, health assistants and health education specialists available for contact tracing. We will be training an additional 30-40 public health nurses, health assistants and education specialists in the final two weeks of May. Also, we have reached out to Touro University to recruit an additional 60-80 student volunteers to train as contact tracers, starting in the first week of June. Our aim is to have readily available a workforce of 80-100 contact tracers. Our aim is higher than what the state is requesting, as we want to account for any attrition that may occur. Our contact tracing staff are reflective of community racial, ethnic and linguistic diversity.

Living and Working in Congregate Settings

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Is there a plan to track and notify local public health of COVID-19 case rate within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals?
- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
- Does the workforce have access to locations to safely isolate?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

There are nine Long-Term Care Facilities and just over 150 RCFEs in our County, along with many dozens of Board and Care facilities. Our County jail houses inmates at three locations, we have one juvenile detention facility, and we have two State corrections facilities. We have three homeless shelters with a combined capacity of about 300 beds. Our Long-Term Care Facilities have sufficient PPE for staff and have access to suppliers for ongoing PPE needs; they are able to cohort isolated and quarantined residents, as needed.

The Solano Community Action Partnership (CAP Solano <http://www.capsolanojpa.org/>) is responsible for coordinating shelter operations in the County and cities. Shelter information is available on their web page. The County has opened two non-congregate sites for the homeless and an additional one will open by the end of the month for a total of 250 beds.

More development is needed to address this element of the plan.

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.)?

Older residents and people with disabilities who are living in their own homes are being supported through a network of community service organizations and a "warm line" call center that serves as a clearing house to address their needs. More development is needed to address this element of the plan.

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?

Solano County has been actively tracking Hospital census, ICU census, ventilator availability, PPE inventory, and hospital admissions above and beyond normal operations tracking since January 2020, when Travis AFB began repatriating citizens from China. Hospitals in Solano County instituted Covid-19 precautions well before state public health orders due to Travis' operations and continue to do so. They have implemented plans for tracking and addressing occupational exposures.

Essential Workers

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

More development is needed to address this element of the plan.

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?

Solano County is unique due to its location between the Bay Area and Sacramento. Oil refining, rail, pipeline, highway and electrical infrastructure critical for Bay Area commerce, health, and safety exist in Solano County. Agricultural products are already being harvested this growing season. Solano County is home to the largest Air Force installation in the western US. Travis AFB has a major role in disaster planning for the state and nation. Variations to the state order are necessary to support these unique assets and the people who work to maintain and operate them. Workers throughout the county are teleworking but many must report to facilities that millions of northern California residents rely on every day.

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?

Solano County leadership is actively engaged with its cities and this variance request is a result of that engagement. County officials have virtual meetings with city officials to discuss COVID-19 issues three times weekly, and there are meetings with city emergency response and first response officials multiple times weekly. The cities are ready to open more businesses with health and safety of their citizens in mind. County Board and City Council meetings are virtual with increased public comment due to the pandemic. Social Media and regular press releases have kept the public informed. AlertSolano messaging announces any changes to public health orders. Community engagement is reflective of the racial, ethnic and linguistic diversity of the County.

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?

Solano County OES and Public Health Offices have an active and positive relationship with neighboring counties. Solano provides lab services to Napa, Yolo and Marin Counties. Both agencies participate in multiple weekly teleconferences to discuss state and local issues. Despite the Stay-at-Home order, traffic through Solano County is increasing daily. School closures have eased the rush hour traffic but we are rapidly approaching normal drive times in the county. Our variance request will not increase what we are already seeing but it will reduce the economic burden on our citizens with minimal risk to public health. More development is needed to address this element of the plan.

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 Bela T. Matyas, MD, MPH, hereby attest that I am duly authorized to sign and act on behalf of Solano County. I certify that Solano 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 Solano 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 Bela T. Matyas

Signature 

Position/Title Health Officer

Date May 20, 2020

Solano County Roadmap to Recovery

Steps to Lifting Order of the Health Officer

Revised May 7, 2020

The global pandemic of COVID-19 is still in its early stages and poses an unprecedented challenge to the health and well-being of every community across the country. The virus spreads easily, testing capacity is limited and expanding slowly, and treatment and vaccine development are just beginning. In the absence of treatments and vaccines proven to be safe and effective, we expect to be responding to COVID-19 in our communities for a long time. There is substantial evidence that social distancing is effective at blunting the full force of COVID-19, although these actions have come with significant economic and social costs. If we move too quickly to ease restrictions, the potential for significant spread could have grave impacts to the health and wellness of our residents as well as the economy and squander the gains we have made from the shelter at home orders.

The purpose of this document is to provide a roadmap to recovery by outlining the criteria for reopening and the phases for lifting the stay at home order to guide critical decisions in support of the public's health and well-being in the weeks and months ahead. This document is a living policy document that shall both abide by the existing Solano County and State of California Public Health Orders, and also provide a roadmap influencing the course of the Solano County Public Health Order as it relates to reopening activities and businesses in the County.

Solano Public Health has listed below the phases and the criteria for lifting the stay at home order. The roadmap looks at businesses and activities by their level of risk and the potential impact to the health of Solano County residents. The phases for reopening are divided into three categories: low, medium and high risk. These categories are detailed below.

As we reopen Solano County, it is important to continue to protect our population at high risk to Covid-19 illness. High Risk Populations are older people (65 years and older), those with compromised immune systems, and people with certain underlying health conditions, particularly, heart disease, lung disease or diabetes, for example, seem to be at greater risk of serious illness. High-risk populations are still recommended to adhere to guidance as communicated by the California Department of Public Health (CDPH):

- Avoid crowds, mass gatherings or large events, and public transit, and stay home as much as possible, and definitely stay home when sick.
- Clean and disinfect your home to remove germs; practice routine cleaning of frequently touched surfaces
- Use "respiratory etiquette." Cover coughs and sneezes with a tissue or a sleeve.
- Review and update your personal emergency plan.

Solano Public Health continues to monitor the situation in Solano County to ensure the safety of all community members and assess the transmission of the COVID-19 virus. We are planning and preparing for how our County will reopen safely, in line with the Governor's six-point plan and the risks in Solano County. In order to do so, the focus will be on whether the operation of an activity,

service, or business can be safely performed without transmitting the virus by implementing proper social distancing or other protective measures. Future directives will be based on the following guiding principles:

- 1) Activities will be allowed to resume and businesses to open based on the level of risk and ability to minimize transmission of the virus; and
- 2) Level of risk will be determined by how easily the activity can be modified or social distancing can be incorporated.

Essential services shall continue following the directives detailed in the stay at home order. This includes child care, educational institutions, day camps, etc.

I. Low Risk

Businesses, organizations and activities that, by their nature, can typically provide physical distancing (at least 6 feet separation or other engineering controls, such as barriers or screening) to meet Social Distancing (Appendix A) between persons while providing their services. Because they can provide physical distancing, these businesses pose the lowest risk of COVID-19 transmission.

Examples of businesses and organizations in this category include retail stores, manufacturing, pet grooming that can maintain physical distancing, and county and city/local parks (except playgrounds, campgrounds and beaches). Outdoor recreational activities (including golf, tennis, hiking, and boating) are also considered to be Low Risk. This list is not exhaustive and any business, organization, or activity that can operate utilizing physical distancing to meet Social Distancing requirements is Low Risk.

Low Risk businesses, organizations and activities will need to meet specific criteria provided in a Health Officer Order to minimize the risk of transmission of COVID-19 in order to operate. Table 1 provides an overview of some of these criteria. It is anticipated that the Order will be released sometime during the week of May 4, 2020.

II. Medium Risk

Businesses, organizations, gatherings and activities that, by their nature cannot readily implement physical distancing methods due the need for close, prolonged contact between individuals to provide their services or to perform the activity. Since physical distancing cannot be readily implemented while providing service or performing the activity, the use of personal protective equipment (PPE)¹, such as face coverings, face masks, and gloves, is necessary. Due to the proximity of people to one another and the reliance on PPE, these businesses, organizations and gatherings and activities pose a moderate risk for transmission of COVID-19.

¹ PPE is limited. PPE should be reserved for the health care workforce working this pandemic.

Examples of businesses, organizations and activities in this category include restaurants' dining areas (i.e. in-restaurant dining), hair and nail salons, barbers, dental services, physical therapy, massage therapy, acupuncture, tattoo parlors, chiropractic or osteopathic manual medicine, bars, tasting rooms at wineries, and tap rooms at breweries, movie theaters, and limited concerts or entertainment shows.

Medium Risk businesses, organizations and activities will need to meet specific criteria provided in a Health Officer Order to minimize the risk of transmission of COVID-19 in order to operate. Table 1 provides an overview of some of these criteria. The Board will discuss modifications to the Order regarding Medium Risk activities on May 12, 2020.

III. High Risk

These are businesses, organizations, gatherings and activities that, by their nature, do not adhere themselves to Social Distancing requirements and that may be attended by large groups of people. Due to Social Distancing standards not being maintained and the large number of people with potential to exposure these businesses, organizations, gatherings, and activities pose the highest risk for transmission of COVID-19. As such High Risk businesses and organizations cannot operate and high risk gatherings and activities cannot occur until the overall incidence of COVID-19 is reduced in the community. Solano Public Health will continue to monitor COVID-19 data and will announce when High Risk activities may take place.

Examples of high risk businesses, organizations, gatherings and activities include playgrounds, festivals, dance parties, amusement parks, recreational use of public pools, and beaches.

At this time it is unknown when the incidence of COVID-19 will be reduced significantly enough to allow High Risk businesses or activities. Solano Public Health will continue to monitor COVID-19 data and will announce when High Risk activities may take place.

TABLE 1 - Level of Risk to Guide Re-Opening

During the COVID-19 pandemic, people who are 65 years and older, those with compromised immune systems, and people with certain underlying health conditions, particularly, heart disease, lung disease or diabetes, for example, should continue to self-isolate at home and adhere to guidance as communicated by the California Department of Public Health (CDPH). If do go out, then should take precautions to practice social distancing, minimize person to person contacts, and implement good hand cleaning.

Low Risk Activities	Medium Risk Activities	High Risk Activities
Allowed as of May 8, 2020 provided operation can adhere to physical distancing requirements	Not allowed at present; clear protocols will need to be developed and posted for review	Currently not allowed.
<ul style="list-style-type: none"> • <i>Businesses that by nature and operation can readily implement Physical Distancing (6-feet or barriers) with minimal modifications</i> • Mitigation measures include: <ul style="list-style-type: none"> • Limiting the number of customers in store/waiting areas, establishing paths of travel, spatial markings on floor, or other methods required to meet physical distancing. • Cleaning and sanitization of high contact surfaces and common areas • Signs posted to remind employees and customers on COVID-19 precautions, such as hand cleaning, staying away if sick, spatial distancing, and sanitizing equipment • Employees are provided necessary PPE, such as face masks and gloves, as needed for task, such as incidental, brief contact with customers • Alternate work methods continue to be used to limit number of on-site employees to extent practical • Social Distancing Protocol posted at entrance and given to employees. 	<ul style="list-style-type: none"> • <i>Businesses where physical distancing cannot be maintained and require additional Social Distancing methods to protect public health due to close contact with customers, such as restaurant dining rooms, barbers and dentists.</i> • Mitigation Measures are under development by Public Health and Resource Management, but may include: <ul style="list-style-type: none"> • Those required for Low Risk mitigation measures • Routine use of Personal Protective Equipment, such as face coverings, physical barriers and gloves as applicable required due to close contact • Increased cleaning and sanitization of customer contact items/areas and between customers • Must develop a Business Protocol that will explain how Social Distancing is met • COVID-19 supervisor (an employee) is assigned to ensure compliance, with a focus mitigations related to close contacts within in this category 	<ul style="list-style-type: none"> • <i>Due to their nature, (mass gatherings, playgrounds, etc.) participation in this activity does not allow compliance with social distancing measure and would result in large numbers of exposed people</i> • Incidence of COVID-19 in the community is significantly decreased prior to re-opening. • Guidelines not yet developed.

Low Risk Activities (continued)	Medium Risk Activities (Continued)	High Risk Activities (Continued)
<ul style="list-style-type: none"> • COVID-19 supervisor (an employee) is assigned to ensure compliance • Desirable Measures: <ul style="list-style-type: none"> • Availability of face coverings for employees and guests • Availability of sanitary wipes and/or hand sanitizer • Gloves for employees conducting transactions is recommended • Solid transparent screening provided at transaction counters where 6 feet distancing cannot be maintained. 		

SOCIAL DISTANCING REQUIREMENTS

"Social Distancing" is maintaining at least a six-foot separation from all persons, except for family members or those in the same household or living unit or providing a comparable level of protection against exposure to respiratory droplets or secretions through the use of personal protective equipment or other physical or administrative controls. It is strongly recommended that community members use cloth face coverings when outside the home to prevent asymptomatic transmission of COVID-19 from the wearer to others. At workplaces, cloth face coverings are recommended when interacting with the public or working in areas visited by the public or shared with co-workers where social distancing is difficult to maintain. Face coverings are not recommended for children 6 years of age or under and may not be appropriate for individuals who have difficulty removing the covering without assistance.

Appendix B: Social Distancing Protocol (Updated May 5, 2020)

Business name: [Click or tap here to enter text.](#)

Facility Address: [Click or tap here to enter text.](#)

Approximate gross square footage of space open to the public: [Click or tap here to enter text.](#)

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.
 - ☐ Signage at areas visible to all workers, required hygienic practices including not touching face with unwashed hands or with gloves; washing hands with soap and water for at least 20 seconds; use of hand sanitizer with at least 60% alcohol, cleaning and disinfecting frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, and doorknobs; covering the mouth and nose when coughing or sneezing as well as other hygienic recommendations by the CDC
 - ☐ Gym/Fitness center only: signs posted at entrance and on each wall of the room with the equipment: Ensure touched surfaces are sanitized before and after individual use.
-

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.
 - ☐ Personal Protective Equipment (PPE) to protect from COVID-19 provided to Employees as appropriate for tasks. 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 ([Click or tap here to enter text.](#)): [Click or tap here to enter text.](#)
 - ☐ Disinfectant and related supplies are available to all employees at the following location(s): [Click or tap here to enter text.](#)
 - ☐ Hand sanitizer effective against COVID-19 is available to all employees at the following location(s): [Click or tap here to enter text.](#)
 - ☐ Soap and water are available to all employees at the following location(s): [Click or tap here to enter](#)
-

text.

- ☐ Copies of this Protocol have been distributed to all employees and employees have been trained on protocol.
 - ☐ Optional—Describe other measures: [Click or tap here to enter text.](#)
-

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 [Click or tap here to enter text.](#), which allows for customers and employees to easily maintain at least six-foot distance from one another at all practicable times.
 - ☐ Employee monitors 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: [Click or tap here to enter text.](#)
 - ☐ Optional—Describe other measures: [Click or tap here to enter text.](#)
-

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 utilizing appropriate PPE.
 - ☐ Gyms/Fitness centers only: Fixed or semi-fixed equipment is spaced, blocked or removed to always ensure six feet separations. Only lap swimming/structured exercise/yoga allowed in pools and bathers are monitored to ensure six feet separation.
 - ☐ Optional—Describe other measures: [Click or tap here to enter text.](#)
-

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: [Click or tap here to enter text.](#)
 - ☐ Optional—Describe other measures (e.g. providing senior-only hours): [Click or tap here to enter text.](#)
-

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.
- ☐ No sharing of equipment between employees to the extent practical. Touch surfaces on equipment is sanitized between different employee use if must be shared.
- ☐ Optional—Describe other measures: [Click or tap here to enter text.](#)

Measures to Ensure Compliance to Protocol:

- ☐ A COVID-19 Supervisor, who can be an on-site employee, is designated for all periods the business is operating to ensure compliance with this protocol. A schedule of assigned staff is attached.

* 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: [Click or tap here to enter text.](#)

Phone number: [Click or tap here to enter text.](#)

May 18, 2020

Bela Matyas, MD. MPH
Public Health Officer
Solano County Public Health Department
355 Tuolumne Street
Vallejo, CA 94590

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

Dear Dr. Matyas,

In response to your request, Kaiser Foundation Hospital Vacaville in Solano County:

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

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

Sincerely,



Nor Jemjemian
Senior Vice President/Area Manager
Kaiser Foundation Hospital
Napa-Solano Area

May 18, 2020

Bela Matyas, MD. MPH
Public Health Officer
Solano County Public Health Department
355 Tuolumne Street
Vallejo, CA 94590

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

Dear Dr. Matyas,

In response to your request, Kaiser Foundation Hospital Vallejo in Solano County:

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

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

Sincerely,



Nor Jemjemian
Senior Vice President/Area Manager
Kaiser Foundation Hospital
Napa-Solano Area

ERIN HANNIGAN

District 1, Chairwoman, (707) 553-5363

MONICA BROWN

District 2, Vice-Chair (707) 784-3031

JAMES P. SPERING

District 3, (707) 784-6136

JOHN M. VASQUEZ

District 4, (707) 784-6129

SKIP THOMSON

District 5, (707) 784-6030

BOARD OF SUPERVISORS**SOLANO
COUNTY****BIRGITTA E. CORSELLO**County Administrator
(707) 784-6100675 Texas Street, Suite 6500
Fairfield, CA 94533-6342
Fax (707) 784-6665www.solanocounty.com

May 20, 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: Letter of Support for Solano County Attestation of Readiness for California Pandemic
Resilience Roadmap Stage 2: Lower Risk

Dear Dr. Angell:

On behalf of my colleagues on the Solano County Board of Supervisors, I am submitting this letter of support of the Solano County Public Health Officer's request for a variance.

As the County with the first identified community-based transmission and host to the majority of State Department employees and cruise ship evacuees, Solano County has been able to maintain a flat epidemiological curve over a prolonged period of time.

Solano County Public Health Officer Dr. Matyas has kept the Board of Supervisors fully apprised of the status of COVID-19 in our community and most recently, he presented his "Roadmap to Recovery", our version of a containment plan, which includes specific criteria for the reopening of Solano County and to guide critical decisions in support of the public's health and well-being. On May 5th, the Board voted unanimously to support Dr. Matyas's request for concurrence to move as quickly as permitted by the Governor and California Department of Public Health.

The Solano County Board of Supervisors fully supports Dr. Matyas' attestation that Solano County meets all of the readiness criteria and his desire to increase the pace at which the County advances through Stage 2 of the Governor's Pandemic Roadmap.

Sincerely,

A handwritten signature in blue ink that reads "Erin Hannigan".

Erin Hannigan, Chairwoman
Solano County Board of Supervisors

CC: Solano County Board of Supervisors
Birgitta Corsello, Solano County Administrator
Bernadette Curry, Solano County Counsel
Dr. Bela Matyas, Solano County Public Health Officer
Jerry Huber, Solano County Director of Health & Social Services



May 13, 2020

Dr. Bela Matyas
Solano County Public Health
275 Beck Avenue
Fairfield, CA 94533

RE: Notification of Preparedness and Capacity

Dear Dr. Matyas,

At your request, NorthBay Healthcare is submitting this letter regarding Solano County's request to the State of California for a variance to modify its stay-at-home order to advance through Stage 2.

Our health system is, and has been, prepared to respond to the COVID-19 crisis. Our two hospitals have increased surge capacity above the defined level of 35% following months of planning and training of our health care workforce. Our supply of personal protective equipment is stable and exceeds a 20-day on-hand supply. We have adequate intensive care capacity, ventilators and an ability to isolate patients with COVID-19 and those suspected of infection.

As Solano County carefully moves forward, in compliance with the state's guidance, we will support well-defined safeguards to protect the public health and the workforce in those businesses that will be reopening their doors, as well as enforcement of the county's modified order.

Sincerely,

Aimee Brewer, MPH
President
NorthBay Healthcare Group

Compassionate Care, Advanced Medicine, Close to Home.



May 13, 2020

Bela T. Matyas, MD, MPH
Public Health Officer, Solano County

275 Beck Avenue
P.O. Box 4090, MS 5-240
Fairfield, CA 94533

Dr. Matyas,

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

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

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

Sincerely,

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

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