

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



COVID-19 VARIANCE ATTESTATION FORM

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FOR Stanislaus County

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May 18, 2020

## Background

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

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

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

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

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

## Local Variance

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

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

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

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

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County Contact: JULIE VAISHAMPAYAN, MD, MPH

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## 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

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

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.

Stanislaus County meets the criteria of demonstrating stable/decreasing number of patients hospitalized for COVID-19 as the 7-day average of daily percent changes in the total number of the hospitalized confirmed COVID-19 patients is less 5%. The 7-day average of the daily percent changes from 5/11/20 to 5/17/20 is 2.79%.

**Table 1** Confirmed COVID-19 Patient Hospitalization

Date	Hospitalization	Percent Change (%)
5/10/2020	17	-
5/11/2020	21	23.53%
5/12/2020	19	-9.52%
5/13/2020	20	5.26%
5/14/2020	19	-5%
5/15/2020	19	0%

5/16/2020	19	0%
5/17/2020	20	5.26%
<b>7-Day Average</b>	<b>19.57</b>	<b>2.79%</b>

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

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

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

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

Stanislaus County meets the criteria that testing positivity over the past 7 days is less than 8%. The 7-day testing positivity percent between 05/12/20 and 05/18/20 in Stanislaus County is 3.39% (See Table 2).

**Table 2** Calculating Test Positivity Over the Past 7 Days

	Positive Results *	Total Results *	Test Positivity Percent
5/12/2020	12	385	-
5/13/2020	11	342	-
5/14/2020	6	367	-
5/15/2020	13	396	-
5/16/2020	7	195	-
5/17/2020	3	75	-
5/18/2020	8	9	-
Total	60	1,769	3.39%

**Note:** \* Daily counts of results determined by the lab result 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:
  - o 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).

In addition to working with congregate living settings such as SNFs, the Stanislaus Public Health Officer also worked with the essential food and beverage manufacturers to establish best

practices to decrease transmission at the worksite.

The County has provided a series of guidance documentation to local employers through its Good 2 Go initiative, which is attached to this attestation. In general, these guidelines include, but are not limited to:

- Social Distancing (6 feet or greater);
  - Mandatory sanitation stations where hand sanitizer/disinfectant wipes are provided, and handwashing is encouraged and readily available in employee break rooms and restrooms;
  - Mandatory safety training completed for all onsite staff on the dangers of and mitigation of risk of COVID-19; also training on how to properly use PPE where necessary or optional;
  - Documentation of all safety instruction and compliance agreements signed by all staff;
  - Appropriate PPE provided where required/applicable/reasonable;
  - Contact barriers when engaging with the public (plexi-glass or other);
  - Prohibiting 'space' sharing between employees;
  - Telecommuting when/where possible;
  - Limiting the number of clients/customers in the business at one time; agreeing to see clients on an appointment only basis;
  - Businesses maintaining regular hours so as not to create 'crowding' created by reducing hours;
  - Businesses shall display all necessary signage for communicating guidelines that must be followed by staff and public;
  - Reconfiguration of office space to allow for distancing; and
  - Reconfiguring or expanding meeting spaces to accommodate spacing requirements; encouraging video conferencing.
- Availability of supplies (disinfectant, essential protective gear) to protect essential workers. Please describe how this availability is assessed.

All entities that employ Stage 1 essential workers have been encouraged to obtain their own supplies through their own supply chains. The County has made its surplus of these supplies available to those entities that are unable to obtain these supplies through other means and currently has an excess of some supplies on hand. Businesses in Stanislas County shall assign a safety officer/coordinator to conduct safety training for staff and maintain PPE availability as well as maintain/update all documentation and signage as necessary. This shall be assessed through random safety inspections for businesses by Code Enforcement personnel to ensure compliance.

- **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.

The County exceeds the minimum daily testing capacity requirement of 1.5 per 1,000 residents. Currently the County has a minimum total availability of 1,024 tests per day within the County,

or roughly 1.86 tests per 1,000 residents. This does not include individual physician offices who are offering testing to their established patients. From 5/12/20 through 5/18/20 the CalREDIE database shows that at least 1,769 tests were performed. The County continues to promote the two OptumServe sites and the Verily drive-through test site on its website and through social media. Additionally, promotion is done on radio stations, including a Spanish station, in an effort to increase testing of our primarily Spanish speaking residents.

- o 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.

Care was given to ensuring establishment of testing sites throughout the County that meet the requisite access for our community (within 30 minutes of any urban areas and 60 minutes of any rural areas). 100% of Stanislaus County residents are within these distance specifications. In fact, Stanislaus County testing locations can assist the residents of San Joaquin, Mariposa, Merced, Alameda, Tuolumne, and Calaveras counties. Testing locations and capacity are listed below.

Location	Address	City	State	Zip Code	Daily Testing Capacity
Salida Library Campus	4835 Sisk Rd	Salida	CA	95468	200
Patterson Senior Center	1033 W Las Palmas Ave	Patterson	CA	95363	132
Keyes Community Center	5506 Jennie Ave	Keyes	CA	95328	132
Emanuel Medical Center	825 Delbon Ave	Turlock	CA	95382	192
Memorial Medical Center	1700 Coffee Rd	Modesto	CA	95355	50
Doctors Medical Center	1441 Florida Ave	Modesto	CA	95350	242
Golden Valley Health Center	2760 3rd St	Ceres	CA	95307	70
Oak Valley Hospital District	1420 W H St	Oakdale	CA	95361	6
Total Test Capacity Available per Day					1024

- o Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and

contact [covCommunitySurveillance@cdph.ca.gov](mailto:covCommunitySurveillance@cdph.ca.gov) for any guidance in setting up such systems in their county.]

The Stanislaus County Public Health Surveillance Plan includes multiple sources of data to monitor community health using contact tracing, laboratory testing, outbreak/cluster identification, syndromic surveillance of influenza and COVID-19, EMS data, hospitalizations, and death reporting. The Plan examines multiple components of COVID-19 testing through laboratory surveillance and targeted testing for household contacts of lab-confirmed COVID-19 cases, as a means of understanding and addressing the movement of the virus that causes COVID-19. We are regularly counting the number of Stanislaus County residents tested daily and noting where the providers ordering these tests are located; tested patients are described across different demographic groups and geographic areas. Epidemiologists assess COVID-19 infection rates across different demographic groups and determine whether testing is adequate for specific populations across Stanislaus County; targeted interventions will be designed if it is determined that <50% of a specific population is unable to access COVID-19 testing.

Stanislaus County is partnering with health systems across the county, including several in more rural areas. In addition to supporting testing through the local healthcare system, Stanislaus County currently has three testing sites established: two CDPH OptumServe test sites, and one drive-through site in Salida through an arrangement with Verily. The two CDPH OptumServe COVID-19 test sites are located in two traditionally rural and underserved areas of the county, Keyes and Patterson. The Keyes location was based on State surveillance, while the Patterson location was selected by the County Public Health Officer based on an epidemiological cluster identification and need for more testing in that area. We will continue to monitor the geographic location of tests performed at these locations and across the county and assess whether these testing rates are adequate to serve the full need of testing in Stanislaus County and whether additional testing sites need be established to meet surveillance and disease control needs.

During contract tracing, we strongly recommend that all household and other close contacts be tested for COVID-19 and provide instruction for accessing testing through Stanislaus County testing sites if the contact is unable or unwilling to seek testing through their primary provider. Through this facilitation we identify additional cases, allowing us to assess and test their close contacts.

When and if a case of COVID-19 is detected in a congregate living setting, Stanislaus County partners with the organization to facilitate rapid testing residents and staff as indicated. This approach contains the virus within the setting, protecting potentially vulnerable populations from being further exposed. In addition, a plan is being made to perform random testing of asymptomatic staff in congregate settings for surveillance and early detection, and an antibody study opportunity is being explored based on the current USC-LA County study. A site visit to a respective testing location in Southern California was made on 5/9/20 and work continues to assess feasibility and implementation. The timeline and volumes related to these surveillance methods are under development and intended for implementation within the next two to four weeks.

The Surveillance Plan is in effect and continues to evolve. The County would provide information identified through the Plan in accordance with State guidance, and directly to established CDPH contacts if the matter is urgent.

- **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).

Stanislaus County has approximately 544,546 residents; therefore, Public Health would need the availability of 82 staff to meet the requirement of 15 staff per 100,000 county population for enough surge-level contact tracing. The County currently has 92 trained contact tracers which exceeds the forecasted need for surge planning. Of those, 25 are working daily in contract tracing to follow up on new contacts. We continue to utilize our existing COVID-19 trained and experienced Epidemiology, Communicable Disease, and Public Health Nursing staff who have been conducting containment activities since early March 2020, as well as redirected county staff and Medical Reserve Corp volunteers. On May 5, 2020, the County Board of Supervisors established 14 new fulltime communicable disease control related positions, which are currently under recruitment. Additional part-time staff will be recruited if necessary. County Public Health has conducted training using a combination of locally established materials and information provided by the Association of State and Territorial Health Officials COVID-19 contact tracer training. Stanislaus County plans to utilize the online contact tracing academy developed by the State of California in collaboration with UCSF and UCLA. The contact tracing function is being relocated to a large county facility which can accommodate more than the required level of 82 staff.

This staffing model provides us with the flexibility to scale staffing up or down as needed, sustain contact tracing, and meet the anticipated surge. Currently most contacts are reached within 4 hours and almost all are reached within 24 hours of identification. When assistance is needed to contact hard-to-reach individuals, the Sheriff's office has provided staffing resources to assist with the process of locating contacts. Stanislaus County will continue to implement and improve existing contact tracing protocols and processes and intends to convert to the new contact tracing platform arranged by the State, once it is made available.

- 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.

Conservatively, we refer to the official Point in Time (PIT) Count which indicated Stanislaus County had 1,088 unsheltered individuals; 15% of this count indicates a need for 163 rooms.

Stanislaus County's plan 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) include the following measures:

- Under the Project Roomkey initiative, Securing an Emergency Occupancy Agreement with a local hotel for 121 rooms. We have established an Emergency Non-Congregate Shelter for individuals 65 or older or with underlying health conditions (At-Risk Shelter). Guests were initially selected from existing homeless shelters to increase social distancing capacity. As of May 13th, we have 102 guests occupying 89 rooms, each with a private bathroom, and an aggregate shelter decompression rate of 14.7%. We have public health nurses/medical support on site and do temperature checks twice per day.
- Using existing purchase orders with local motels to shelter individuals up to 14 days through referrals from Public Health and local hospitals. Currently, we have access to over 20 rooms with a private bathroom.
- Repurposing an existing family temporary housing property, containing 21 units with private bathrooms, into a COVID-related shelter.
- Services have also been established to support individuals who have been placed at these facilities such as providing health screenings, medical services, food, laundry, case management, and social support. The County has a team dedicated to the management of this program and partners closely with public health staff, law enforcement in the county and city jurisdictions, local healthcare providers, and a range of volunteer organizations whose input is actively managed and coordinated.

Stanislaus County has also taken steps to assure our existing homeless shelters are operational as we view them as our first line of defense.

- Shelters have increased the frequency of cleaning/sanitation.
- Shelters are performing symptom screening multiple times per day.
- The Community Services Agency Housing & Homeless Services Division initiated weekly conference calls with all directors of local homeless shelters. There are currently thirteen agencies participating on the weekly call. The objectives of the calls are to:
  - Provide a forum to disseminate information about the county's COVID-19 response;
  - Serve as a platform for each agency to provide an operational overview of their respective responses to COVID-19;
  - Identify any operational gaps/needs;
  - Offer an avenue to share best practices, helpful information or receive peer feedback; and
  - Provide an opportunity for shelter directors to place orders for hard to find, high-demand supplies. In response to the reduced availability of some supplies on the open market, shelters with increased cleaning/ social distancing needs due to the coronavirus outbreak may now request assistance to procure some COVID-19 related items.

Additionally, Stanislaus County has implemented a discharge process with our local medical facilities. If a patient meets all of the following criteria, Stanislaus County will shelter the individual in a local motel, with a private bathroom, for the period of isolation/quarantine recommended by the discharging medical facility:

1. Be a resident of Stanislaus County, AND
2. Does not have a suitable place to self-quarantine (homeless or other circumstances that prevent them from home quarantine), AND
3. Does not have the means to pay for a suitable place to self-quarantine (if the individual has the means to pay for shelter s/he is not eligible), AND
4. Meets one of the following criteria and does not require hospitalization:
  - a. Tested positive for COVID-19, OR

- b. Exposed to COVID-19 with symptoms and the treating medical professional recommends isolation, OR
- c. Symptomatic or not, but the individual is at risk greater than age 65, OR
- d. Symptomatic or not, but the individual is at risk as a result of a legitimate underlying and qualifying health condition listed by the CDC for COVID-19.

Finally, The DoubleTree Hotel in Modesto, California has offered First Responders a discounted rate of \$59 per night if there is a need to self-isolate, quarantine, or a need to house first responders and volunteers from outside the area to assist Stanislaus County emergency response. The hotel did not place a limit on the number of rooms it would offer at the discounted rate. Each room has a private bathroom.

- **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.

Stanislaus County hospital capacity can accommodate a minimum surge of 35% due to COVID-19 cases, in addition to providing usual care for non-COVID-19 patients.

- Five-day average estimates for utilized resources for non-COVID-19 patients are: 557 hospital beds, 95 ICU beds, 40 ventilators.
- Estimates of the required hospital capacity, which accommodates a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients are: 751 hospital beds, 128 ICU beds, and 54 ventilators (based on 5-day averages of utilized resources as of May 16<sup>th</sup> plus an additional 35%).
- Stanislaus County acute hospitals have 1,209 licensed hospital beds, 179 licensed ICU beds, and 207 ventilators.
- Stanislaus County estimates current hospital staffing to be approximately: 814 staffed hospital beds, and 179 staffed ICU beds.
- In addition, Stanislaus County acute hospitals have a combined surge capacity of 233 beds.
  - Moreover, Stanislaus County has prepared an Alternate Care Site with the capability of 110 additional surge beds. Staffing will be provided by the Stanislaus County Medical Reserve Corps and other local medical professionals. The ACS is in a ready mode to be utilized for low-acuity care.

Each of the County's five hospitals has established significant surge capacity and provide daily hospital surge data to the Emergency Operations Center for monitoring and reporting purposes. The reporting data includes current COVID related hospitalizations, both in ICU and Non-ICU beds, and the number of total hospitalizations to date; daily confirmed COVID positive hospitalizations, hospital bed availability for 5-day average, hospital bed daily count

(licenses and staffed), ICU bed daily count, ventilator daily count, and surge capacity.

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

Each of the County's five hospitals have procurement staff, through the Hospital Incident Command System (HICS), who work primarily with their own supply chain vendors to source the PPE needed to protect their workforce. A secondary source for each hospital would be to provide resource requests through the MHOAC Program. The MHOAC Program is prepared to supplement any needs for PPE through current Public Health supplies or routing the request to Region IV RDMHS.

- **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:
  - o Describe your plan to prevent and mitigate COVID-19 infections in skilled nursing facilities through regular consultation with CDPH district offices and with leadership from each facility on the following: targeted testing and patient cohorting plans; infection control precautions; access to PPE; staffing shortage contingency plans; and facility communication plans. This plan shall describe how the county will (1) engage with each skilled nursing facility on a weekly basis, (2) share best practices, and (3) address urgent matters at skilled nursing facilities in its boundaries.

The Medical Health branch has a dedicated section for healthcare facilities which consists of an Assistant Public Health Officer, Public Health Nurses, a Staff Services Coordinator and an Emergency Manager, and the supportive leadership of the Communicable Disease Manager, the Public Health Director, and the Public Health Officer. To facilitate situation assessments and provide prevention and mitigation guidance, this team has conducted weekly All-Skilled-Nursing-Facilities calls for approximately two months. In addition to this weekly call, ad hoc calls are conducted with Administrators from SNFs, Long Term and Assisted Living Facilities, and Home Health providers. The established relationships and frequent calls enable the sharing of best practices and setting the expectation for coordination on urgent matters. Having conferred with CDPH in March 2020 regarding an early SNF quarantine order, a CDPH technical expert came on site to conduct a training for both the County team and the SNF staff. The training information was incorporated into a County established Long Term Care Facilities Toolkit provided to all SNFs and other senior congregate living entities. This toolkit includes information to prevent, prepare for, and detect COVID-19 infections. It is available on the County Health Services Agency website. To assure knowledge and implementation of the Toolkit guidance and the Health order, an EOC Information and Guidance unit makes weekly calls to the individual SNFs. In an assertive effort to prevent SNFs outbreaks, the Public Health Officer took a strict position issuing a Health Order on May 1, 2020 to mandate mitigation measures for Skilled Nursing Facilities and directed that the SNFs submit plans addressing three specific control measures. All 20 of the SNFs have submitted such plans. While the Assistant Public Health Officer has frequently consulted with a CDPH contact, the Medical Health – Health Care Facilities team will begin seeking weekly consultative calls with the CDPH district office.

According to surveys conducted across the past 5 days, the County has sufficient PPE supplies on hand to support all SNF facilities for more than 14 days, with the exception of isolation gowns. The County has purchased a stock of 30,000 additional isolation gowns, which will arrive before the end of the week. Additionally, the Long-Term Care Facilities tool kit provided to congregate care facilities includes guidance for extending PPE. Facilities are required to exhaust their own supply and engage their normal vendors prior to requesting supplies through the MHOAC process.

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

There are 20 skilled nursing facilities (SNFs) operating in Stanislaus County. All SNFs are prompted by the Health Care Facilities team to complete daily bed polls and bi-weekly PPE inventory surveys (Tuesday and Thursday) to monitor resident status, COVID-19 populations, and PPE supplies. Both of these data collection tools are online databases.

1. Acacia Park Nursing & Rehabilitation Center, 1611 Scenic Drive, Modesto, 95350
  2. Brandel Manor, 1801 North Olive Avenue, Turlock, 95382
  3. Casa de Modesto Retirement Center, 1745 Eldena Way, Modesto, 95350
  4. Central Valley Post-Acute, 2649 Topeka St, Riverbank 95367
  5. Central Valley Post-Acute Modesto (Valley Rehabilitation - Skilled Nursing), 515 East Orangeburg Avenue, Modesto, 95350
  6. Central Valley Specialty Hospital-Skilled Nursing Facility, 730 17th St, Modesto, 95354
  7. Ceres Post-Acute Care, 1711 Richland Avenue, Ceres, 95307
  8. Covenant Village of Turlock, 2125 N. Olive Ave, Turlock, 95382
  9. Crestwood Manor, 1400 Celeste Drive, Modesto, 95355
  10. English Oaks Convalescent and Rehabilitation Center, 2633 West Rumble Road, Modesto, 95350
  11. Garden City Healthcare Center, 1310 Granger Avenue, Modesto, 95350
  12. Hy-Lond Healthcare Modesto (Avalon), 1900 Coffee Road, Modesto, 95355
  13. Main West Post-Acute Care, 812 West Main Street, Turlock, 95380
  14. Modesto Post-Acute Center, 159 East Orangeburg Avenue, Modesto, 95350
  15. North Starr Post-Acute care (Bel Air), 180 Starr Avenue, Turlock, 95380
  16. Oakdale Nursing & Rehabilitation Center, 275 South Oak Avenue, Oakdale, 95361
  17. San Luis Care Center, 709 N Street, Newman, 95360
  18. Turlock Nursing and Rehabilitation Center, 1111 East Tuolumne Road, Turlock, 95382
  19. Vintage Faire Nursing Rehabilitation Center, 3620 Dale Road, Modesto, 95356
  20. Windsor Post Acute Healthcare Center of Modesto (Evergreen), 2030 Evergreen Avenue, Modesto, 95350
- **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.

Once the attestation for expanded Stage 2 variance is approved and posted by CDPH, the following sectors would be allowed to open immediately once they have their risk assessment, and site-specific plan implementation: destination retail and dine-in restaurants (other amenities like bars or gaming areas are not permitted to open at this juncture). Guidance for these and all open Stage 2 sectors can be found in the Stanislaus County Good 2 Go Guidance document.

The opening of schools for in-person learning will be delayed as more planning still needs to take place. The Public Health Officer engaged in discussions with local Superintendents beginning in March and continues the collaborative process to assess and plan.

- **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.

The metrics utilized by Stanislaus County are listed below. Strict mitigation measures are needed when one or more criteria in at least two of the three categories are met. Many of the measures are tracked daily. All measures will undergo a systematic evaluation weekly. If criteria are met to tighten, restaurants and retail will return to curbside pickup only. This will be ordered by the health officer and communicated through multiple means. CDPH will be notified by email.

#### Epidemiology:

- Increasing new case counts of at least 10% for 5 consecutive days above a stable baseline in the context of no substantial increase in testing (excluding cases from large known outbreaks);
- Doubling time of cases less than 5 days (from a stable baseline);
- More than 3 unlinked chains (clusters) of transmission in a 14- day period;
- High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (>5 days from a mass gathering);
- Steady increase in ILL in syndromic surveillance for at least 10 days above seasonal average; and
- Increasing number of new health care worker (excluding health care worker transmission in a congregate living facility) infections averaged over a 7-day period.

#### Healthcare:

- Inability to scale up to 35% the number of ICU patients from current census (including staffing);
- Can no longer screen large numbers of symptomatic patients safely, including staffing (e.g., outdoor tents, drive through);
- Less than 4 weeks supply of PPE for 35% increase in current case load;
- Insufficient PPE for all health care workers;
- Insufficient face masks to provide to all patients seeking care;
- More admissions than discharges for COVID-19 over 5 consecutive days;
- Do not have baseline capacity in general health services, including through expansion of telemedicine for COVID-19 and usual care; and
- Health care facilities can no longer be structured to reduce possibility of exposure at triage and all other locations.

#### Public Health:

- Cannot elicit contacts for 20% or more of cases;
  - 10% or more of non- household symptomatic contacts fail to get tested or get tested in more than 24 hours of symptom onset;
  - Insufficient hand sanitizer to place at entry of buildings including workplaces;
  - No designated facilities for non-hospitalized COVID-19 infected people who can't be safely cared for at home (e.g., because of space constraints, medically vulnerable household members, or otherwise); and
  - No longer have the ability to convey physical distancing recommendations which change behavior in residents.
- **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.

Stanislaus County's containment plan includes a multi-pronged strategy including elements of diagnostic and surveillance-based testing, rapid contact tracing, coordinated prevention and preparedness efforts in multiple congregate settings such as LTCFs, shelters, and correctional facilities. Surveillance processes monitor relevant healthcare facility, equipment, PPE and workforce availability, important physical distancing, PPE and disinfecting guidance to both essential and non-essential sectors to mitigate impacts of current and future population movement and mixing, and assurance of prevention protections and quarantine/isolation solutions for vulnerable populations. More detail is contained herein. A written plan is in process and should be completed the first week of June.

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?

In addition to supporting testing through the local healthcare system, Stanislaus County currently has three test sites established; 1) A walk-in test site in Keyes, 2) A walk-in test site in Patterson, and 3) A drive-through test site in Salida. These three partnership test sites were identified and established through partnerships with OptumServe (walk-in sites) and Verily (drive-through site). We will continue to monitor whether additional testing sites need to be established to meet this daily goal and the needs of the community.

In the past 7 days (5/12 – 5/18), an average of 3.39% of all COVID-19 tests performed in

Stanislaus County were positive.

Stanislaus County has been partnering with health systems across the county, including several in more rural areas. The two CDPH OptumServe test sites are located in two traditionally rural and underserved areas of the county, Patterson and Keyes, while the Verily drive-through test site has been established in Salida, near the urban Modesto/Riverbank area. We will continue to monitor the geographic location of tests performed and assess whether these testing rates are adequate to serve the full need of testing in Stanislaus County, and assess whether additional test sites need to be established to meet this goal.

In addition to the OptumServe and Verily test sites (both utilizing Quest Labs), Stanislaus County utilizes the San Joaquin County Public Health laboratory under its joint powers agreement to process specimens for COVID-19 testing for suspect cases.

Stanislaus County plans to conduct respiratory surveillance by weekly respiratory symptom (including fever) capture from congregate living facilities (including skilled nursing and long-term care facilities), local businesses, and local citizens.

### 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?

Stanislaus County has approximately 544,546 residents; therefore, Public Health would need the availability of 82 staff to meet the requirement of 15 staff per 100,000 county population for enough surge-level contact tracing. The County currently has 92 trained contact tracers which exceeds the forecasted need for surge planning, assuming a three-fold increase and presuming each case has ten close contacts. Of those, 25 are working daily in contract tracing and investigation efforts to isolate new cases and follow up on new contacts. We continue to utilize our existing COVID-19 trained and experienced Epidemiology, Communicable Disease, and Public Health Nursing staff who have been conducting containment activities since early March 2020, as well as redirected county staff and Medical Reserve Corp volunteers. The staffing component reflects the community racial, ethnic, and linguistic diversity, a language line is available as are additional certified bilingual county staff, and most staff have participated in annual cultural diversity awareness training. On May 5, 2020, the County Board of Supervisors established 14 new fulltime communicable disease control related positions, which are currently under recruitment. Additional part-time staff will be recruited if necessary. County Public Health has conducted training using a combination of locally established materials and information provided by the Association of State and Territorial Health Officials COVID-19 contact tracer training. Stanislaus County plans to utilize the online contact tracing academy developed by the State of California in collaboration with UCSF and UCLA. The contact tracing function is being relocated to a large county facility which can accommodate more than the required level of 82 staff.

This staffing model provides us with the flexibility to scale staffing up or down as needed, sustain

contact tracing, and meet the anticipated surge. Currently most contacts are reached within 4 hours and almost all are reached within 24 hours of identification. When assistance is needed to contact hard-to-reach individuals, the Sheriff's office has provided staffing resources to assist with the process of locating contacts. Stanislaus County will continue to implement and improve existing contact tracing protocols and processes and intends to convert to the new contact tracing platform arranged by the State, once it is made available.

To support the potential isolation and quarantine needs of low-income individuals, Public Health, through the EOC, has coordinated with Stanislaus County Community Services Agency for care and shelter needs. Additionally, a County Emergency Operations Center liaison has worked with faith-based and other non-profit organizations to assure coordination of supplemental supportive services, including a locally established loveourneighbors.org service which matches online needs requests related to COVID-19, with volunteers.

#### 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 20 skilled nursing facilities in Stanislaus County, along with 87 assisted living and group homes, and one in-patient hospice facility.

Stanislaus County currently has two Correctional Facilities:

1. Stanislaus County Jail, located at 250 East Hackett, Modesto, 95350, with a bed capacity of 1,753.
2. Stanislaus County Juvenile Hall, located at 2215 Blue Gum Ave., Modesto, 95458, with a bed capacity of 219.

Currently, there are seven adult/family homelessness shelters in Stanislaus County. Since November 2019, we have implemented a process whereby each shelter is contacted on a daily basis and an emergency shelter bed availability report is provided to local homelessness partners. As of May 12th, we have a total capacity of 631 shelter beds of which 75 are available.

To our knowledge, there have been no COVID-19 positive cases at any of our homeless shelters.

Just as with all other communicable diseases, Stanislaus County has established clear plans and communication lines to track and notify local public health of COVID-19 case rates within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals.

Our four largest homeless shelters have isolation areas for individuals exhibiting symptoms but do not have quarantine areas for individuals who are COVID-19 positive or who have been exposed to someone who is COVID-19 positive. If an individual who is currently staying in a homeless shelter were to test COVID-19 positive or become exposed to someone who is COVID-19 positive, the individual would be sheltered in one of the hotels with which the County has an existing purchase order. Placement referral would come from public health or a local hospital.

There is sufficient testing capacity in Stanislaus County to conduct a thorough outbreak investigation at each of the facilities discussed in this section. We have 3,200 test kits and a team of 92 contact tracers.

The county routinely surveys long-term care facilities, and those that responded in our most recent survey indicated sufficient supplies. Long-term care facilities' primary source for PPE is through supply chain vendors. Secondary source is through MHOAC program, which is located at the EOC.

Facilities within Stanislaus County have policies and protocols to appropriately train the workforce in infection prevention and control procedures.

If an individual who is currently working in a congregate setting were to test COVID-19 positive or become exposed to someone who is COVID-19 positive and not have personal access to a safe isolation location, the individual would be isolated in one of the hotels with which the County has an existing purchase order.

The EOC has been working with the local EMS agency and RDMH to ensure that long-term care facilities have access to staffing resources in the event of staffing shortages. We actively monitor the daily surveys conducted by the State regarding staffing needs for these entities to ensure all capacity needs are addressed.

#### 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.)?

Stanislaus County EOC prioritizes distribution of PPE to medical facilities and first responders. We are proud of the wide coverage of testing facilities available to our community members. The faith-based community has held several drives for PPE. There is also a drive for homemade face coverings. The face coverings collected by the faith-based community are given to Parent Resource Center and others in need. The Stanislaus County sponsored testing is available via drive through. It is beneficial to the high-risk population in that they do not have

to leave their vehicle to access testing. In total, we are confident in our ability to ensure equitable access to needed resources.

The existing Senior Meals program in Stanislaus County has been serving low income seniors and vulnerable populations. Currently, Stanislaus County is feeding low income seniors and COVID related cases with over 2,000 meals each week through the Senior Meals program and Food Box deliveries by Stanislaus County Area Agency on Aging and Love Our Neighbors. Love Our Neighbors is a volunteer organization that coordinates with the County to help serve food insecure populations due to COVID-19. Individuals can request food assistance on the Love Our Neighbors website and 211. Community Services Agency, Adult Services has made 4,916 calls to seniors and medically compromised adults since April 3, 2020. APS and IHSS social workers continue to make calls to ensure Seniors and individuals with disabilities to ensure they know what the signs of COVID 19 are; check to see if they have a family, friend, or caretaker who was checking on them; and provide information and make connections to available resources as need.

### 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?

Hospital capacity is being tracked daily by the hospitals. The daily bed status is reported to our Emergency Operations Center (EOC). The data provided shows current COVID-19 related hospitalizations for confirmed and suspected cases, overall hospital census, ICU census, ventilator daily count, and surge capacity.

Hospitals primary source for PPE is through supply chain vendors. Hospitals are able to secondarily source through MHOAC program, which is located at EOC.

Each of the County's five (5) hospitals are testing all patients prior to admission.

Each of the County's five (5) hospitals have a plan for tracking/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?

There are between 15,000-20,000 businesses in the greater Stanislaus County area, a number that is always fluctuating. It is estimated that between 60-70 percent of these are essential by state standards. When considering the economic outlook and the effect that COVID-19 has had on the individual workers, one could make the argument that ALL businesses are essential for maintaining the health and viability of the economy and the individual/family.

We have continued to provide communication through documentation that supports the safe practices guidelines and directives of both the state and local health orders so businesses can self-regulate for compliance.

PPE and other cleaning/sanitizing products have been in short supply nationally and this would be a concern if businesses needed access to a continuous supply.

Sick or symptomatic employees are referred to their personal physician for a testing referral. There is no provision for every employer to have testing capability onsite. There is no plan for supportive quarantine/isolation for essential workers beyond what is already in place or suggested by the CDC or health officials. On a practical level, the need for such actions in Stanislaus County has been quite small and able to be addressed on a case-by-case basis through our routine processes (such as we have for people with TB). An employee who is symptomatic, but not confirmed positive, would be required to stay home and isolate for 14 days as recommended by the CDC and be tested as soon as possible. If testing positive, they would be under the guidance of a physician and would follow prescribed protocol under their direction.

### 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?

Much of our County's economy is based in agriculture. Not only do we grow and raise produce and livestock, we are also heavily engaged in food processing. Major U.S. food companies like Foster Farms and Gallo Wineries call Stanislaus County home. The Public Health team has worked tirelessly in partnership with industry leaders in order to maintain the health and safety of its workforce and products. To that end, the County Public Health Officer issued an order with specific provisions to keep our essential food, especially meat, manufacturing running. See the attached Public Health Order dated May 12, 2020.

Many businesses that thought they could not support telework have found otherwise. This has also challenged our retail sectors to develop an online presence so that online ordering is available, which in some cases has been the difference between a business remaining solvent or closing. We are lucky to have a collaborative local business spirit, and local chambers of commerce, businesses, NGO's, and government agencies have joined together to assist each other with IT needs related to telecommuting and providing socially distanced services.

### 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?

Stanislaus County is in continuous and regular communication with its nine incorporated cities through several avenues, including regular conference calls with the Stanislaus County Multi-Agency Coordination Group (StanMAC) and the EOC Agency Representative Conference calls. The StanMAC consists of the Director of Emergency Services, Assistant Director of Emergency Services, Chair of the Board of Supervisors, Public Health Officer, rotating City Manager, and EOC Leadership. At least twice weekly, the StanMAC discusses policy and provides COVID-19 response updates to the nine city managers.

The Community Liaison holds twice weekly conference calls with the cities and districts that have activated their Emergency Operations Centers. This includes three cities, the Modesto Irrigation District, the Turlock Irrigation District, Yosemite Community College District, California State University, Stanislaus and the Stanislaus County Office of Education. The Emergency Operations Center also holds weekly conference calls with the entire Operational Area including cities, districts, non-profits, county departments, and other emergency management partners.

Under the direction of the Chairwoman of the Stanislaus County Board of Supervisors and the Chief Executive Office, the County has partnered with local business leaders to develop the Stanislaus Good 2 Go guidance. Good 2 Go is a series of papers that outline the best practices and safety standards we recommend for reopening of the local economy based on the phased rollout recommended by the Governor's office. A team from the County and many local business sectors developed the Stanislaus Good 2 Go and act as a resource for businesses that may have questions related to opening businesses in the new COVID-19 normal.

The Community Liaison Officer has worked with the faith-based organizations in Stanislaus County to develop the Stanislaus County COVID-19 Safe Worship Guidance, a plan on how to provide for the safety of congregants when faith centers can resume in person services. The documents include guidance on how to prevent infections, how to intensify cleaning and disinfection efforts, identifies congregants at high risk and ideas to protect them, and shares ideas for modifying rites, rituals, and services.

The Community Liaison Officer(s) also regularly communicate with key stakeholders including the United Way, the Stanislaus Community Foundation, public and private school districts, homelessness service providers, child-care providers, agriculture, and other partners. The faith-based community and business leaders have provided input into the variance plan via the documents created by both sectors. The forums for meetings included Zoom and WebEX.

The Joint Information Center (JIC) has coordinated with the Spanish-speaking community to ensure information posted on social media and websites are translated into various mediums, including written and video. The JIC established a Spanish Facebook site. The General Factsheet for COVID-19 was translated into Spanish, Farsi, Khmer, Portuguese, Punjabi and Tagalog. When drafting the Stanislaus County COVID-19 Safe Worship Guidance, the JIC translated the draft document to Spanish so representatives from the Spanish-speaking community could have input into the guidance. A sign language translator has been included on the live weekly Facebook Q&A. The County Website has an accessibility widget for our ADA community. We are also partnering with the local chapter of the NAACP to leverage their resources and contacts to further ensure information flow to our hard-to-reach populations.

## 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?

Of our neighboring counties, while Merced and San Joaquin have experienced increasing numbers of COVID-19 cases over the past several weeks, the rate of increase is stable. San Joaquin and Stanislaus are very connected. For example, at least 56 of our cases are linked to an outbreak in San Joaquin County. Likewise, Merced also impacts Stanislaus County statistics and these statistics cannot be looked at simply in the aggregate. In one instance, a SNF in Stanislaus near the border with Merced has many (at least 20) cases that are Merced County residents and not reflective of transmission in their community. There is also a large hospital in Stanislaus that serves multiple counties given its location. By contrast, Tuolumne has had very low levels of COVID-19 in their community, with only two resident cases and zero deaths.

Tuolumne, Calaveras, and Mariposa counties have already applied for and been granted a local variance by the state. It is our understanding that they plan to move through Stage 2 as their individual COVID-19 circumstances dictate. It is our understanding that San Joaquin is moving forward with preparations to request a local variance under the second set of criteria and will formally submit this request in the near future. While Stanislaus County has not coordinated the submission of this attestation with other neighboring counties, we have and will continue to maintain a collaborative spirit and approach to our COVID-19 response in order to ensure the health and wellbeing of all citizens of our region.

Coordination with Tuolumne, Merced, and San Joaquin occurs consistently through weekly coordination and collaboration meetings of the San Joaquin Valley Public Health Consortium, as well as through collaboration of county leaders.

The proximity of population centers in San Joaquin present some challenges for contact tracing and isolating efforts, while testing does not seem to be negatively impacted. The counties presenting the most imminent risk based on travel and highway access is San Joaquin, followed by Merced.

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 Julie Vaishampayan, hereby attest that I am duly authorized to sign and act on behalf of Stanislaus County. I certify that Stanislaus 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 Stanislaus 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 Julie Vaishampayan, MD, MPH, FIDSA

Signature 

Position/Title Stanislaus County Public Health Officer

Date May 19, 2020



## **HEALTH SERVICES AGENCY**

**Public Health Services**  
820 Scenic Drive, Modesto, CA  
95350-6194

**Julie Vaishampayan, MD, MPH**  
Public Health Officer

## Stanislaus County's Plan for Moving Through Stage 2

Once the attestation for expanded Stage 2 variance is approved and posted by CDPH, the following sectors will be allowed to open immediately once they have their risk assessment and site-specific plan implementation:

- Destination Retail
- Dine-In Restaurants

Other amenities like bars or gaming areas will not be permitted at this juncture. In addition, the opening of schools for in-person learning will be delayed as more planning still needs to take place to ensure the safety of community members. The Public Health Officer engaged in discussions with local Superintendents beginning in March and continues the collaborative process to assess and plan. Guidance for these and all open Stage 2 sectors can be found in the Stanislaus County *Good 2 Go* guidance document.

Stanislaus County actively monitors a variety of metrics to determine if an increase in mitigation measures is needed. As the County moves through Stage 2, if one or more criteria in at least 2 of the 3 categories listed below are met, stricter mitigations measures will be implemented through Public Health Orders. Such measures would initially include restaurants and retail returning to curbside pickup only. See the complete list of measures on the following page.

Epidemiology	Healthcare	Public health
<ul style="list-style-type: none"> <li>➤ Increasing new case counts of at least 10% for 5 consecutive days above a stable baseline in the context of no substantial increase in testing (excluding cases from large known outbreaks);</li> <li>➤ Doubling time of cases less than 5 days (from a stable baseline);</li> <li>➤ More than 3 unlinked chains (clusters) of transmission in a 14-day period;</li> <li>➤ High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (&gt;5 days from a mass gathering);</li> <li>➤ Steady increase in ILI in syndromic surveillance for at least 10 days above seasonal average; and</li> <li>➤ Increasing number of new health care worker (excluding health care worker transmission in a congregate living facility) infections averaged over a 7-day period.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Inability to scale up to 35% the number of ICU patients from current census (including staffing);</li> <li>➤ Can no longer screen large numbers of symptomatic patients safely, including staffing (e.g., outdoor tents, drive through);</li> <li>➤ Less than 4 weeks supply of PPE for 35% increase in current case load;</li> <li>➤ Insufficient PPE for all health care workers;</li> <li>➤ Insufficient face masks to provide to all patients seeking care;</li> <li>➤ More admissions than discharges for COVID-19 over 5 consecutive days;</li> <li>➤ Do not have baseline capacity in general health services, including through expansion of telemedicine for COVID-19 and usual care; and</li> <li>➤ Health care facilities can no longer be structured to reduce possibility of exposure at triage and all other locations.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Cannot elicit contacts for 20% or more of cases;</li> <li>➤ 10% or more of non-household symptomatic contacts fail to get tested or get tested in more than 24 hours of symptom onset;</li> <li>➤ Insufficient hand sanitizer to place at entry of buildings including workplaces;</li> <li>➤ No designated facilities for non-hospitalized COVID-19 infected people who can't be safely cared for at home (e.g., because of space constraints, medically vulnerable household members, or otherwise); and</li> <li>➤ No longer have the ability to convey physical distancing recommendations which change behavior in residents.</li> </ul>



**HEALTH SERVICES AGENCY**

**Public Health Services**  
820 Scenic Drive, Modesto, CA 95350-6194

**Julie Vaishampayan, MD, MPH**  
Public Health Officer

Phone: 209.558.8804 Fax: 209.558.7286  
[www.hsahealth.org](http://www.hsahealth.org)

**ORDER OF THE STANISLAUS COUNTY PUBLIC HEALTH OFFICER REQUIRING ALL FOOD AND BEVERAGE MANUFACTURING FACILITIES TO TAKE CERTAIN PREVENTATIVE MEASURES INCLUDING MASKING AND SYMPTOMS SCREENING TO PROTECT RESIDENTS FROM THE SPREAD OF COVID-19**

**Effective Date: May 12, 2020 until further notice.**

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

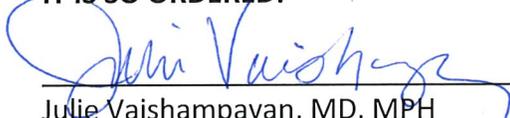
*UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101470, 101475, 101085, 120175, 120200, 120210 AND 120215 THE HEALTH OFFICER OF THE COUNTY OF STANISLAUS ("HEALTH OFFICER") ORDERS:*

1. This Order becomes effective as of 5:00 p.m., on May 12, 2020 and continues in effect until rescinded, superseded, or amended in writing by the Health Officer or by the State Public Health Officer.
2. This Order is issued in accordance with, and incorporates by reference: the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the Declarations of Local Health Emergency issued by the Health Officer on March 11, 2020, The Proclamation of a Local Emergency on March 11, 2020, and the March 17, 2020, Resolution of the Board of Supervisors of the County of Stanislaus, Ratifying the Declarations of Local Health Emergency and Local Emergency Proclamation, Governor Newsom's March 12, 2020, Executive Order N-25-20, Governor Newsom's March 19, 2020 Executive Order N-33-20, and the designation by the State Public Health Officer of Essential Critical Infrastructure Workers issued March 22, 2020.
3. COVID-19 can easily spread between people who are in close contact with one another. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public and critical health care workers and first responders at significant risk.
4. This Order is necessary because COVID-19 is highly contagious and has a propensity to spread person to person and by attaching to surfaces or remaining in the air.
5. Because COVID-19 is spread through respiratory droplets that are produced when an infected person coughs, sneezes or talks, covering the nose and mouth of an infected person can slow or prevent the spread of the virus. Even a small reduction in community transmission could make a major difference to the demand on the healthcare system.
6. This Order is based on substantial guidance from the Centers for Disease Control and Prevention ("CDC"), the California Department of Public Health and other public health officials throughout the

United States and around the world about the symptoms that may be related to COVID-19.

7. This Order is issued in light of the existence of 508 cases of COVID-19 in the County as well as 21 fatalities, as of May 11, 2020. The County has confirmed through testing that COVID-19 is present throughout the County.
8. Essential food and beverage manufacturing facilities shall make every effort to comply with social distancing and shall take the following actions:
  - a. All people entering the facility shall be screened for symptoms. Temperature screening on entry is strongly recommended where temperature taking equipment is available and entry points can be managed without creating other public health concerns. Provide hand sanitizer and must encourage its use when entering the facility.
  - b. Employees shall wear face coverings at all times while within 6 feet of another person for periods of time that exceed 10 minutes (for guidance see <https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-coveringinstructions.pdf> ). Where face coverings create safety or public health concerns, administrative or engineering controls should be considered.
  - c. Employees in breakrooms shall maintain all social distancing requirements, including 6-foot physical distancing from another person at all times. Various ways to accomplish this include setting up outdoor break areas, staggering break times as much as possible, removing seating, and providing table top reminders.
9. Copies of this Order shall promptly be: (1) made available at the County Administration Building at 1010 10<sup>th</sup> St, Modesto, 95354; (2) posted on the Stanislaus County Home page (StanCounty.com); and (3) provided to any member of the public requesting a copy of this Order.
10. If any provision of this Order to the application thereof to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

  
\_\_\_\_\_  
Julie Vaishampayan, MD, MPH  
Health Officer of the County of Stanislaus

Date: May 10, 2020

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Thomas E. Boze  
County Counsel, County of Stanislaus

Date: May 12, 2020



**HEALTH SERVICES AGENCY**

**Public Health Services**  
820 Scenic Drive, Modesto, CA 95350-6194

**Julie Vaishampayan, MD, MPH**  
Public Health Officer

Phone: 209.558.8804 Fax: 209.558.7286  
[www.hsahealth.org](http://www.hsahealth.org)

**ORDER OF THE STANISLAUS COUNTY  
PUBLIC HEALTH OFFICER**

**REQUIRING ALL INDIVIDUALS ENTERING CERTAIN CONGREGATE CARE/LIVING FACILITIES TO TAKE CERTAIN PREVENTATIVE MEASURES INCLUDING MASKING AND SYMPTOMS SCREENING TO PROTECT RESIDENTS FROM THE SPREAD OF COVID-19**

**REQUIRING EMS PROVIDERS AND FIRST RESPONDERS TO SYMPTOM SCREEN AND WEAR MEDICAL-GRADE MASKS WHILE RESPONDING TO CALLS TO CERTAIN CONGREGATE CARE/LIVING FACILITIES**

**Effective Date: Begins May 4, 2020 until further notice.**

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

*UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101470, 101475, 101085, 120175, 120200, 120210 AND 120215 THE HEALTH OFFICER OF THE COUNTY OF STANISLAUS ("HEALTH OFFICER") ORDERS:*

1. This Order becomes effective as of 12:01 a.m. on May 4, 2020 and continues in effect until rescinded, superseded, or amended in writing by the Health Officer or by the State Public Health Officer.
2. This Order is issued in accordance with, and incorporates by reference: the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the Declarations of Local Health Emergency issued by the Health Officer on March 11, 2020, The Proclamation of a Local Emergency on March 11, 2020, and the March 17, 2020, Resolution of the Board of Supervisors of the County of Stanislaus, Ratifying the Declarations of Local Health Emergency and Local Emergency Proclamation, Governor Newsom's March 12, 2020, Executive Order N-25-20, Governor Newsom's March 19, 2020 Executive Order N-33-20, and the designation by the State Public Health Officer of Essential Critical Infrastructure Workers issued March 22, 2020.
3. The Stanislaus County Health Officer has determined that there is an increased risk of the Coronavirus 2019 Disease ("COVID-19") among persons living or working in licensed healthcare facilities, residential care facilities, shelters, group homes and other congregate living facilities. Social distancing alone in these facilities is not effective due to the concentration of individuals and the nature of the services provided. To help slow the spread of COVID-19 and protect vulnerable individuals and critical workers, prevent death in vulnerable individuals living in congregate settings, critical workers, and first responders, and prevent the healthcare system in the County of Stanislaus from being overwhelmed, it is necessary for the Health Officer to direct the implementation of additional preventative measures.

4. This Order is issued based on scientific evidence and best practices as currently known and available to prevent the spread of the virus that causes COVID-19 to the residents and workers in congregate living facilities. The age, condition, and health of a significant majority of adult residents living in certain congregate settings and care facilities place those residents at particularly high risk of experiencing serious health complications from COVID-19, including death.
5. COVID-19 can easily spread between people who are in close contact with one another. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public and critical health care workers and first responders at significant risk.
6. This Order is necessary because COVID-19 is highly contagious and has a propensity to spread person to person and by attaching to surfaces or remaining in the air.
7. Because COVID-19 is spread through respiratory droplets that are produced when an infected person coughs, sneezes or talks, covering the nose and mouth of an infected person can slow or prevent the spread of the virus. Even a small reduction in community transmission could make a major difference to the demand on the healthcare system.
8. This Order is based on substantial guidance from the Centers for Disease Control and Prevention ("CDC"), the California Department of Public Health and other public health officials throughout the United States and around the world about the symptoms that may be related to COVID-19.
9. This Order is issued in light of the existence of 374 cases of COVID-19 in the County as well as 13 fatalities, as of April 30, 2020. The County has confirmed through testing that COVID-19 is present throughout the County.
10. Residents/Patients Not Covered By This Order: The preventative measures required by this Order do not apply to patients or existing or new residents of congregate care facilities, but only to persons entering such facilities who are not patients, or existing or new residents.
11. Screenings:
  - a. Self-Evaluation. Immediately prior to entering a facility in Stanislaus County described in Exhibit A or Exhibit B, all individuals, except EMS/First Responders, shall self-evaluate for mild to moderate symptoms related to COVID-19, or other respiratory illness. The symptoms that must be included in this self-evaluation are sore throat, coughing, shortness of breath, runny nose in the absence of known allergies, unusual headaches, severe fatigue, fever, chills, gastro-intestinal symptoms such as diarrhea or stomach cramps, or loss of sense of smell or taste. Upon entry to the facility, the individual shall immediately report the results of the symptom self-evaluation to the Facility or Agency Operator or designee.
  - b. Temperature screening. All individuals, except EMS/First Responders, entering a facility in Stanislaus County listed in Exhibit A or Exhibit B shall submit to a temperature screening immediately prior to entering the facility. The temperature screenings shall be conducted by the operator of the facility or agency or his or her designee utilizing the least intrusive means possible.
12. Masking:
  - a. Masking Patient Care Facilities. Each staff member or authorized visitor of a facility listed in

Exhibit A shall cover his or her nose and mouth with a minimum of a medical-grade surgical mask at all times while in the facility. To preserve limited medical-grade mask supplies, the Facility or Agency Operator or designee may exempt certain staff members from this requirement who work in areas with no contact with patients or patient care staff. Exempt staff must wear fabric or cloth facial covering and must launder the covering after each shift before use. The Facility Operator or designee shall post the list of exempted staff at the entrance to the facility and shall provide the list to the Health Officer upon request.

- b. Masking Non-Patient Care Congregate Settings. Each staff member or authorized visitor (e.g. end of life visitors) of a facility listed in Exhibit B shall cover his or her nose and mouth with a facial covering made from fabric or cloth. If medical-grade masks are available, those may be used in lieu of a cloth or fabric facial covering. If a cloth covering is used, it must be laundered after each shift before reuse.

13. Other Preventative Measures Applicable to Patient Care Facilities:

- a. Physical Distancing. Residential group activities and communal dining shall be discontinued at facilities listed in Exhibit A and Exhibit B. Staff members of and visitors to such a facility shall practice physical distancing by remaining at least six feet apart from other persons unless caring for a resident. This includes while on breaks or at meals. Facilities may need to stagger break and meal times for staff to accommodate this order. The facility operator shall direct staff members to provide instruction to residents about physical distancing. All residents of a facility shall practice physical distancing by remaining at least 6 feet apart from other persons when out of their rooms.
- b. Multiple Facilities. Facilities listed in Exhibit A or Exhibit B should avoid by any means possible utilizing employees or staff who have worked at another facility within the past 14 days. If this is not feasible, the facility operator shall keep a daily log that shows, for each employee, all of the facilities where the employee has worked in the past 14 days. The log shall be produced immediately upon demand by any authorized representative of the Health Officer.
  - i. Multiple Facilities Protective Measures. If an individual works at or provides services for more than one facility listed in Exhibit A or Exhibit B, the individual must shower and change clothes and shoes prior to starting a shift at a second facility. The facility or agency must identify those individuals who work at or provide services for more than one facility and make available a shower and changing area that can be accessed before the individual enters any common area where staff and patients congregate. A staff locker room with a shower can meet this obligation, if staff can pass through the facility quickly without contacting other individuals on the way to the locker room.

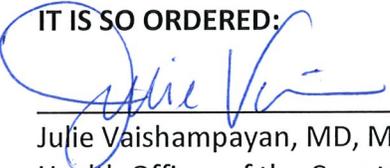
14. EMS Providers/First Responders:

- a. Emergency Medical Services (“EMS”) and First Responders on Site: If emergency or other medical transport of a patient or resident is required, the facilities listed in Exhibit A and Exhibit B shall endeavor to move the patient or resident requiring transport to the nearest ambulance-accessible entry way, to the extent consistent with medically appropriate patient care.

- b. EMS/First Responder Masking. Staff and volunteers for EMS providers and any individual who is a “first responder” must wear a minimum of a medical-grade surgical mask while responding to a call to a facility listed in Exhibit A or Exhibit B.
  - i. “First responders” includes persons who provide 24/7 emergency response, first aid care, or other related assistance either in the course of the person’s occupational duties or as a volunteer, such as peace officers, emergency medical technicians, firefighters, rescue workers, certain social workers, and certain animal control officers.
- c. EMS/First Responder Self-Evaluation and Screening. Before commencing duty, all staff and volunteers for EMS providers and all first responders as defined herein, shall conduct both a self-evaluation screening in accordance with this Order, and shall submit to a temperature screening. No individual shall be on duty if through self-evaluation the individual identifies he/she has symptoms or a temperature screening of the individual results in a temperature of 100.0 F or 37.8 C or greater, or the person feels like they are running a fever. Nothing in this Order prevents an EMS provider or an employer of a “first responder” from requiring more frequent temperature or symptom checks.

- 15. Medical-grade surgical masks do not need to be changed on a daily basis. They can be used for up to one week, unless soiled, torn, unable to cover mouth/nose, or otherwise compromised.
- 16. A copy of this Order shall be posted at all entrances to each facility listed in Exhibit A or Exhibit B immediately upon receipt.
- 17. Copies of this Order shall promptly be: (1) made available at the County Administration Building at 1010 10<sup>th</sup> St, Modesto, 95354; (2) posted on the Stanislaus County Home page (StanCounty.com); and (3) provided to any member of the public requesting a copy of this Order.
- 18. If any provision of this Order to the application thereof to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

  
\_\_\_\_\_  
Julie Vaishampayan, MD, MPH  
Health Officer of the County of Stanislaus

Date: May 1, 2020

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Thomas E. Boze  
County Counsel, County of Stanislaus

Date: May 1, 2020

## EXIBIT A

### Patient Care Facilities

This Order applies to the following Patient Care Facilities:

1. Skilled Nursing Facilities
2. Hospice Facilities

## EXHIBIT B

### Other Congregate Living Settings

This order applies to the following Other Congregate Living Settings:

1. Residential Care Facilities for the Elderly
2. Continuing Care Retirement Facilities (Assisted Living)



**HEALTH SERVICES AGENCY**

**Public Health Services**  
820 Scenic Drive, Modesto, CA 95350-6194

**Julie Vaishampayan, MD, MPH**  
Public Health Officer

Phone: 209.558.8804 Fax: 209.558.7286  
[www.hsahealth.org](http://www.hsahealth.org)

May 1, 2020

COVID-19 is causing outbreaks and deaths in skilled nursing facilities (SNFs) throughout the United States. To prevent more outbreaks in Stanislaus County, Public Health requires each SNF to submit a plan in writing by Friday, May 8, 2020 addressing:

1. How the facility plans to immediately isolate and test within 24 hours of onset all residents with symptoms consistent with COVID-19.
2. How the facility will keep all new admissions in quarantine for 14 days to reduce the risk of introduction of COVID-19 into the facility
3. How the facility will notify transport personnel and the receiving facility about a suspected diagnosis prior to transfer. This includes notification of all residents who are symptomatic or quarantined.

For questions, please contact either Denise Sanford or Kelly Cardoza.

Denise Sanford  
[DSanford@schsa.org](mailto:DSanford@schsa.org)  
(209) 480-9528

Kelly Cardoza  
[KMCardoza@schsa.org](mailto:KMCardoza@schsa.org)  
(209) 596-5079

Thank you so much for all your work protecting our most vulnerable during this very difficult time.

Julie Vaishampayan, MD, MPH  
Public Health Officer  
Stanislaus County



## **BOARD OF SUPERVISORS**

*Kristin Olsen, District 1*  
*Vito Chiesa, District 2*  
*Terry Withrow, District 3*  
*Tom Berryhill, District 4*  
*Jim DeMartini, District 5*

1010 10th Street  
Modesto, CA 95354  
Phone: 209-525-4494 Fax 209-525-4420

May 19, 2020

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

Re: Letter of Support for Attestation of Readiness for Stanislaus County

Dear Governor Newsom,

On behalf of the Stanislaus County Board of Supervisors, I hereby submit this letter of support for the written attestation prepared by the Stanislaus County Public Health Officer, Dr. Julie Vaishampayan, to the California Department of Public Health. In accordance with Executive Order N-60-20 and the May 7, 2020, guidance issued to counties, the Board of Supervisors certifies that Stanislaus County has met the relevant metrics identified in its variance attestation form and that the County's COVID-19 readiness and response protocols meet the guidelines for an accelerated move through Stage 2 of California's Roadmap to Modify the Stay-at-Home Order.

The Stanislaus County Board of Supervisors strongly agrees that when considering the reopening of our local economy, we must be guided by science and data to make informed decisions. Throughout this pandemic, we have relied on the guidance and advice of Dr. Vaishampayan and her reliance on scientific analysis in forming our policy decisions to respond to the challenges and concerns impacting our community. We believe our local Public Health Officer is best informed on our unique situation to continue to guide our approach to reopening the economy in Stanislaus County.

Dr. Vaishampayan was appointed Stanislaus County Public Health Officer on May 3, 2017. She has 25 years of experience as an infectious disease physician, Board Certified in preventive medicine and public health with master's degrees in Public Health and Epidemiology. She has served as an Associate Professor of Medicine at Wayne State University in Detroit, Chief of Medical Services for the Oakland County health division in Pontiac, Michigan, Chief of Communicable Disease Emergency Response Branch with the California Department of Public Health in Richmond, and the Assistant Health Officer in San Joaquin County prior to joining Stanislaus County. In addition, she is Chair of the Public Health Committee of the Infectious Diseases Society of America, President of the California Academy of Preventive Medicine, and serves on the Executive Committee for the California Conference of Local Health Officers (CCLHO). We are very fortunate to have a public health expert of this caliber guiding the direction of our emergency response in Stanislaus County.

Under Dr. Vaishampayan's guidance, we have taken several critical steps in mitigating the impacts and advancing proactive solutions to the coronavirus pandemic. We were early adopters of Project Roomkey, developing and executing a contract with a local hotel to shelter some of those most vulnerable to COVID-19 in our community, with 102 people sheltered today in a non-congregate setting. Prior to statewide action, we added new staff and transferred existing employees to greatly expand contact tracing in support of our public health efforts and appreciate the State's goal to train 10,000 tracers. We were first in the region to stand up an alternate care site on existing County property, adding surge capacity for 110 patients; these beds are on standby and are ready should the need arise throughout the duration of this crisis. We've taken these steps and many more, expending County dollars prior to Federal and State funding guarantees, under the direction of our local Public Health Officer.

The Stanislaus County Board of Supervisors strongly urges you to allow us to proceed through Stage 2 of California's Roadmap to Modify the Stay-at-Home Order under the guidance of our local Public Health Officer, Dr. Julie Vaishampayan.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kristin Olsen", with a long horizontal flourish extending to the right.

Kristin Olsen  
Chairwoman, Stanislaus County Board of Supervisors

# DOCTORS

MEDICAL CENTER

---

A COMMUNITY BUILT ON CARE

May 14, 2020

Julie Vaishampayan, MD, MPH, FIDSA  
Stanislaus County Public Health Officer  
820 Scenic Drive  
Modesto, CA 95350

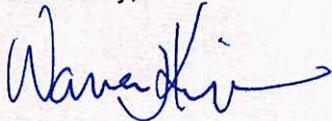
Dear Dr. Vaishampayan:

In response to your request, Doctors Medical Center:

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

Sincerely,



Warren J. Kirk  
Chief Executive Officer

May 14, 2020

Julie Vaishampayan, MD, MPH, FIDSA  
Stanislaus County Public Health Officer  
820 Scenic Drive  
Modesto, CA 95350

Dear Dr. Vaishampayan:

In response to your request, Emanuel Medical Center'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 Stanislaus County will use this letter to support their application for a variance to move through the stages to re-open.

Sincerely,



Lani Dickinson  
Chief Executive Officer

**Sanjay Marwaha, MD**  
Physician-in-Chief**Corwin N. Harper, MHA, FACHE**  
Senior Vice President/Area Manager

May 18, 2020

Julie Vaishampayan, MD, MPH, FIDSA  
Stanislaus County Public Health Officer  
820 Scenic Drive  
Modesto, CA 95350

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

Dear Dr. Vaishampayan,

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

- 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 Stanislaus 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,

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

Ms. Julie Vaishampayan, MD, MPH, FIDSA  
Stanislaus County Public Health Officer  
820 Scenic Drive, Modesto, CA 95350

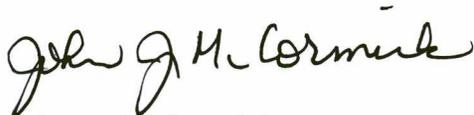
May 14, 2020

Dear Dr. Vaishampayan,

Please be advised that Oak Valley Hospital 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 our surge plan. We also have adequate PPE to protect our employees and clinicians.

Please contact me if you have any questions or comments.

Sincerely,



John J. McCormick

President and Chief Executive Officer



May 14, 2020

Julie Vaishampayan, MD, MPH  
Public Health Officer, Stanislaus County

820 Scenic Drive  
Modesto, CA 95350

Dr. Vaishampayan,

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 Stanislaus 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



RECOMMENDATIONS TO SAFELY REOPEN OUR ECONOMY

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## Stanislaus County's Recommendation for a Safe Opening of the Local Economy

Under the direction of Kristin Olsen, Chairwoman of the Stanislaus County Board of Supervisors, the Stanislaus County CEOs Office, in partnership with Opportunity Stanislaus, organized a group of local business leaders to determine the best safe practices to reopen economic sectors in the wake of the COVID-19 pandemic. The pandemic has been raging throughout the United States since at least early March. In response to the spread of the virus, on March 19, 2020 California Governor Gavin Newsom issued a statewide stay-at-home order for all Californians except for those who work for essential businesses and services. This order necessitated the closure of many businesses and has unfortunately and unavoidably caused economic hardship for many Stanislaus County businesses and citizens.

Now, a month and half later, the COVID-19 curve is flattening. The number of daily deaths is diminishing. There is a desire to safely reopen the economy in a way that does not jeopardize the health and safety of our local citizens. To that end, we have formed a task force, entitled Stanislaus Good2Go, to assemble a series of papers that outline the best practices and safety standards we would recommend for the reopening of the local economy based on the phased rollout recommended by the Governor's office. We have researched CDC and OSHA recommendations, industry association recommendations and have looked at other models from around the country. The sector recommendations for the Stages 2 and 3 reopening of the economy according to the Governor's plan follow this letter of introduction.

In addition, we have funded the creation of an online training tool that companies can use to train their employees on the recommended practices in their sector. After their employees have completed the training, the company will be able to download a marketing tool kit. The tool kit will direct them on how they can communicate that they

are good to go. They can print out a large sticker to place on their business' front door to show they have completed the training and promote through social media.

Finally, we have hired a local marketing team to launch a public awareness campaign about how our local companies are opening safely and responsibly. The training program and marketing campaign would not start until we have county and state approval.

It has been our honor to be part of this unified and important effort. The team is comprised of the following members:

**Kristin Olsen**, Chairwoman, Stanislaus County Board of Supervisors

**Keith Boggs**, Assistant CEO, Stanislaus County

**David White**, CEO, Opportunity Stanislaus

**Ann Endsley**, Greens on Tenth

**Bob Marks**, Rogers Jewelry

**Carol Ann Rangel**, Helping Hands Massage and Aromatherapy

**Chris Peterson**, Availability Professional Staffing

**Claudia Newcorn**, Acorn Marketing

**Evan Porges**, Porges Family Foundation and former Owner and CEO, Prime Shine Car Wash

**Jeff Foster**, OF Logic

**Johnny Garcia**, Central Valley Hispanic Chamber of Commerce

**Jose Sabala**, Oak Valley Community Bank

**Josh Bridegroom**, Downtown Modesto Partnership

**Katy Winders**, Valley Sierra SBDC

**Mike Daniel**, Final Cut Media

**Rob Sauser**, PMZ Real Estate

**Roman Wagner**, Rivets Restaurant

**Surjit Chahal**, American Family Dentistry

**Ted Brandvold**, Modesto City Mayor

**Tim O'Brien**, OF Logic

**Yolanda Meraz**, Stanislaus Community Foundation

Disclaimer – This document does not apply to large manufacturing or other essential businesses that are already in operation. All of them have processes in place and have been operating under these processes for several weeks.

---

## GOOD 2 GO STANISLAUS

On May 8, 2020 California modified its Stay-at-Home order moving into Early Stage 2 allowing additional business sectors to re-open, with modifications. With this transition, the State provided guidance to keep workers and customers safe. This document will provide links to the State guidance and offer County best practices for sectors with no state guidance.

Pursuant to the State, all facilities must do the following prior to reopening:

1. Perform a detailed risk assessment and implement a site-specific protection plan.
2. Train employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay home if they have them.
3. Implement individual control measures and screenings
4. Implement disinfecting protocols
5. Implement physical distancing guidelines

In addition, the California Department of Public Health (CDPH) requires the preparation of a Written Worksite Specific Plan. The Stanislaus County Public Health Order from May 5, 2020 included a document titled, "Business Social Distancing Protocol" that can be found here: <http://schsa.org/corona-virus/ph-order/>. This Business Social Distancing Protocol document can be used as a template to assist in the preparation of the CDPH's required Worksite Specific Plan.

Provided at the end of this document are important links to state information that businesses are encouraged to monitor on a regular basis.

**Stanislaus County is currently in Early Stage 2 of the resilience roadmap that allows for some nonessential businesses to open with modifications. Businesses listed as Expanded Stage 2 and Stage 3 are not permitted to open.**

---

## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening

#### Retail

Retail Businesses are limited to curbside pickup unless they are included on the State's Essential Critical Infrastructure Workers list found <https://covid19.ca.gov/essential-workforce/>

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-retail.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-retail.pdf>

Note: Destination retail including malls and swap meets may open later in Stage 2 as approved by the Governor.

**Note: Curbside pickup guidance and guidance for small retail can be found on page 14 of this document.**

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## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening Car Washes

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-limited-services.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-limited-services.pdf>

---

## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening Dog Groomers

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-limited-services.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-limited-services.pdf>

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## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening Office-Based Businesses/Professional Services

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-office-workspaces.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-office-workspaces.pdf>

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## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening Real Estate

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-real-estate.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-real-estate.pdf>

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## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening Hotels and Lodging

Under the current statewide Stay-at-Home Order, hotels should only open for COVID-19 mitigation measures, treatment measures, providing accommodation for essential workers, or providing housing solutions.

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-hotels.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-hotels.pdf>

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## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening Logistics and Warehousing

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-logistics-warehousing.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-logistics-warehousing.pdf>

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## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening Manufacturing

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-manufacturing.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-manufacturing.pdf>

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## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening

#### Small (Curbside) Retail

Retail Businesses are limited to curbside pickup unless they are included on the State's Essential Critical Infrastructure Workers list found <https://covid19.ca.gov/essential-workforce/>

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-retail.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-retail.pdf>

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# GOOD 2 GO STANISLAUS

## Stage 2 Recommendations

### Car Dealerships

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-auto-dealerships.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-auto-dealerships.pdf>

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## GOOD 2 GO STANISLAUS

### Stage 2 Sector – Recommendations for Reopening Call Centers Supporting Critical Infrastructure

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-office-workspaces.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-office-workspaces.pdf>

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## GOOD 2 GO STANISLAUS

Stage 2 Sector – Recommendations for Reopening

### Child Care Facilities

Please refer to the following State guidance and checklist.

**State Guidance:** [https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN\\_20-06-CCP.pdf](https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/CCP/PIN_20-06-CCP.pdf)

**State Checklist:** N/A

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## GOOD 2 GO STANISLAUS

### Expanded Stage 2 Sector – Recommendations for Reopening Dine-In Restaurants and Breweries

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-dine-in-restaurants.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-dine-in-restaurants.pdf>

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## GOOD 2 GO STANISLAUS

Expanded Stage 2 Sector – Recommendations for Reopening

### Shopping Centers

Please refer to the following State guidance and checklist.

**State Guidance:** <https://covid19.ca.gov/pdf/guidance-shopping-centers.pdf>

**State Checklist:** <https://covid19.ca.gov/pdf/checklist-shopping-centers.pdf>

## GOOD 2 GO STANISLAUS

### Expanded Stage 2 Sector – Recommendations for Reopening Employment Agencies

As of May 8, 2020, the State has not prepared guidance for Employment Agencies. In the absence of specific State guidance, Employment Agencies are encouraged to implement the following best practices in addition to following general State and County Public Health Orders and guidelines.

**These best practices are not approved by the state and are for general guidance and preparation only. Only those state approved sectors, businesses, establishments, or activities may operate and only in accordance with state approved guidelines.**

#### Best Practices to Prepare Employment Agencies for Reopening

- The use of signage and electronic messages should be used to identify appropriate staff for customer contact(s) including phone numbers and/or office numbers.
- The physical layout in all aspects of the employment agency operations must allow for 6-foot social distancing between customers and employees.
- Create barriers on the office floor to promote social distancing for employees and clients.
- Use signage and/or floor markings to help clients comply with social distancing guidelines.
- Place dividers in the entryways of an employment agency to direct incoming traffic to walk on only one side of entry and exit to encourage social distancing.
- Place hand sanitizer stations throughout the store for employee and guests use and at all entrances.
- Frequently sanitize high-touch areas like restrooms, doors, and common areas.
- Develop a deep cleaning response plan in place of the event an associate or consumer tests positive for COVID-19.
- Increase the number of trash receptacles throughout the office.
- Add payroll hours to support more rigorous cleaning routines.

#### Best Practices for Employees' Health

- Employees have been educated about the basics of proper personal care during the pandemic:
  - Wash hands frequently with water and soap for at least 20 seconds.
  - Avoid touching mouth, nose and eyes.
  - Cover mouth and nose with elbow or a tissue when coughing or sneezing.
  - Refrain from handshakes or any other unnecessary physical contact with others.

- Ensure that everyone who can carry out their work duties from home has been instructed to do so.
- Prepare a written COVID-19 policy that is provided to each member of your staff to ensure consistent practices. Preferred method of delivery is electronically.
- Employees should not come to work if experiencing symptoms consistent with COVID-19 (i.e. fever, headache, shortness of breath). For more information on symptoms visit <https://covid19.ca.gov/>
- Employees have been instructed to not to come to work if they believe that they have been exposed to anyone with COVID-19.
- Employees have been told not to come to work if they feel uncomfortable with being in the workplace. Absolutely no retaliation will come as a result of not being comfortable with working at this time.
- Display posters of hand hygiene, infection control and other preventive strategies at different and important locations around all offices.
- Do not use personal mobile devices during work and must use appropriate hygiene standards before returning to work after breaks.
- Ensure proper social distancing of at least 6 feet between people in your business/place of work. This includes:
  - Employees must always maintain a strict 6-foot distance from each other.
  - Employees must always maintain a strict 6-foot distance from all customers.
  - Employees should be advised not to carpool or share rides during this time. If a need to carpool arises employees should follow the attached carpool guidelines.
  - Only one employee can be in the breakroom at a given time.
- Ensure that employees wash their hands frequently during work hours AND provide hand sanitizer in multiple office locations to encourage use.
- Hand sanitizer effective against COVID-19 is available to all employees at the front counter, in breakrooms, in offices and in bathrooms.
- Soap and water are available in breakrooms and in bathrooms.
- Invite employees to wear face coverings while they are serving customers.
- Bring back employees incrementally to your place of work, not all at once.
- Those employees who can work effectively at home should do so.
- Employees and clients should have their temperatures checked and asked to go home if sick.

### **Best practices for Clients' Health:**

- Offer the incoming visitor hand sanitizer and put on a disposable face coverings for the time they are in the office.
- The incoming visitor should be asked to refrain from touching areas of the office, and to avoid touching their face.
- Ask for only one person to come at a time to provide for adequate spacing.
- Accept no walk-ins. Only operate by appointment to maintain adequate spacing.

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- If there is computer use, the surface areas should be cleaned in front of each person, so they know they have been disinfected.
  - Wipe down commonly-touched surfaces hourly with sanitary wipes.

**Best practices related to remote services:**

The staffing agency should take on and gain a very thorough understanding of each employer's workplace and the standards that they will be using for best practices being used to follow the federal/state/county guidelines. They should openly share, back and forth, their best practice expectations to enable all to work together.

## GOOD 2 GO STANISLAUS

### Expanded Stage 2 Sector – Recommendations for Reopening Trade Schools and Learning Centers

As of May 8, 2020, the State has not prepared guidance for Trade Schools and Learning Centers. In the absence of specific State guidance, Trade Schools and Learning Centers are encouraged to implement the following best practices in addition to following general State and County Public Health Orders and guidelines.

**These best practices are not approved by the state and are for general guidance and preparation only. Only those state approved sectors, businesses, establishments, or activities may operate and only in accordance with state approved guidelines.**

#### Best Practices in All Circumstances

- Employees should be educated about the basics of proper personal care during the pandemic:
  - Wash hands frequently with water and soap for at least 20 seconds.
  - Avoid touching mouth, nose and eyes.
  - Cover mouth and nose with elbow or a tissue when coughing or sneezing.
  - Refrain from handshakes or any other unnecessary physical contact with others.
  - Ensure that everyone who can carry out their work duties from home has been instructed to do so.
- Prepare a written COVID-19 policy that is provided to each member of your staff to ensure consistent practices. Preferred method of delivery is electronically.
- Employees should not come to work if experiencing symptoms consistent with COVID-19 (i.e. fever, headache, shortness of breath). For more information on symptoms visit <https://covid19.ca.gov/>.
- Employees have been instructed not to come to work if they feel uncomfortable with being in the workplace. Absolutely no retaliation will come as a result of not being comfortable with working at this time.
- Display posters of hand hygiene, infection control and other preventive strategies at different and important locations around all offices.
- Do not use personal mobile device during work and must use appropriate hygiene standards before returning to work after breaks.
- All employees and students should wear gloves and face coverings during training.
- Hand sanitizer will be made available to all students in classrooms and bathrooms.
- Maintain strict social distancing of 6 feet between instructors and students.
- Maintain strict social distancing of 6 feet between students.

- Only allow a set number of students in the training center or lab at any given time to maintain proper distancing.
- Create flexible schedules to allow students to come in the training center and maintain proper distancing.
- For instructors to monitor specific lab work, provide webcam and/or closed loop camera equipment and video feeds for instructors, so they can monitor but also maintain proper distance.
- Instructors and students will launder face coverings daily if they are made of material.
- Each instructor and student will wash hands once per hour for 20 seconds with warm soap and water.
- Each student and instructor will wash hands for 20 seconds with warm soap and water before and after using any training simulator or machine.
- Students should wipe down equipment after each use and full lab should be cleaned twice per day.

### **Best Practices for Employees/Instructors**

- The use of signage and electronic messages should be used to identify appropriate staff for customer contact(s) including phone numbers and/or office numbers.
- Create single area entrance point. Allow for only one entrance if possible.
- Instructors will undergo a health check via thermometer upon arriving at work. Those who show signs of illness will be asked to go home.
- Provide brief wellness checks/thermometer checks at entry and exit.
- Ensure hand sanitizers are made available. Provide disposable face coverings and gloves as needed. Provide CDC-recommended educational information.
- If an employee is sick, they should stay home - embrace that as the new normal vs. come to work at all costs.
- Ensure instructors are working in a safe manner, practicing social distancing where possible.
- If instructors go into the office, they should wear face coverings, wash hands, and use hand sanitizer at entry and exit.
- Limit touching of surfaces and face by everyone. Clean surfaces after each class.
- Create learning schedules by which instruction is done more one on one (with proper distancing and use of technology) rather than group instruction.
- Reduce student class size (to comply with social distancing standards).
- Increase schedules to allow more flexibility and smaller class sizes.

### **Best Practices for Students**

- Ask students to use hand sanitizer and put on disposable face coverings during the time they are in the training center. Advise students of this new policy before reopening.

- Students should be asked to refrain from touching areas of the training center that are not necessary to the instruction.
- Students should be asked to refrain from touching their faces.
- Ensure proper social distancing of at least 6 feet between students as well as between students with instructors.
- Surface areas of computers should be cleaned in front of each person, so they know they have been disinfected.
- Wipe down commonly-touched surfaces hourly with sanitary wipes after each class.
- Remind students not to shake hands.
- Encourage as much learning and studying from home as possible.

**Best practices related to entering an establishment:**

- Only allow a certain number of students to maintain proper social distancing. Advise instructors on the maximum allowable number of students in their classroom/center.
- Require students to make appointments, so that the training center can maintain proper distancing.
- When entering the training center ask instructors/students/guests to wear face coverings. If someone entering the building does not have a face covering, provide one or ask the person to obtain one before entering.
- Make hand sanitizer available to everyone in all common areas.
- Do temperature checks of students/guests upon entering the building. If someone has a temperature or shows any other signs of sickness, ask them immediately to go home and set another appointment for when they are healthy.

## GOOD 2 GO STANISLAUS

### Stage 3 Sector – Recommendations for Reopening

#### Tasting Rooms and Bars

As of May 8, 2020, the State has not prepared guidance for tasting rooms and bars. In the absence of specific State guidance, tasting rooms and bars are encouraged to implement the following best practices in addition to following general State and County Public Health Orders and guidelines.

**These best practices are not approved by the state and are for general guidance and preparation only. Only those state approved sectors, businesses, establishments, or activities may operate and only in accordance with state approved guidelines.**

#### Best Practices in All Circumstances – Staff Responsibilities

- Employees have been educated about the basics of proper personal care during the pandemic:
  - Wash hands frequently with water and soap for at least 20 seconds
  - Avoid touching mouth, nose and eyes
  - Cover mouth and nose with elbow or a tissue when coughing or sneezing
  - Refrain from handshakes or any other unnecessary physical contact with others
  - Ensure that everyone who can carry out their work duties from home has been instructed to do so.
- Prepare a written COVID-19 policy that is provided to each member of your staff to ensure consistent practices. Preferred method of delivery is electronically.
- Employees should not come to work if experiencing symptoms consistent with COVID-19 (i.e. fever, headache, shortness of breath). For more information on symptoms visit <https://covid19.ca.gov/>.
- Employees have been told not to come to work if they feel uncomfortable with being in the workplace. Absolutely no retaliation will come as a result of not being comfortable with working at this time.
- Display posters of hand hygiene, infection control and other preventive strategies at different and important locations around all offices.
- Do not use personal mobile device during work and must use appropriate hygiene standards before returning to work after breaks.
- All staff will have freshly laundered uniforms for every 8-hour shift.
- Staff will thoroughly wash hands upon arrival and upon completing every shift.
- Staff will wash hands and change gloves a minimum of every 30 minutes during shift and minimize the employee bare-hand contact with food.

- Staff will be required to wear clean service gloves and face protection until further notice when serving guests.
- Businesses will be checking staff temperatures when they arrive for work.

## **Best Practices in All Circumstances – Guest Responsibilities**

- Guests are expected to be in groups they have had prior contact with during the pandemic.
- Guests are expected to be aware if they are of a population at high risk and not travel in public if they feel ill, have a fever or have come into contact with anyone who is ill.
- All guests are requested to sanitize hands prior to entry or use supplied sanitizer or restroom wash stations.
- Reservations are requested.
- No more than 6 persons per party.
- If credit card is used, customer is encouraged to swipe card themselves. If card is handled by employee, card is to be sanitized before being handed back to customer.
- Maintain 6-foot social distancing when waiting in line at entrance, restrooms and bars.
- Adhere to any floor or bar markers denoting social distancing spaces.
- Walk-ins will be required to wait 6 feet from door and entrance areas.
- Guests will be required to box their own leftovers when requesting a to-go package or box.
- Guests should not make nor encourage physical contact with service staff.

## **Front of House Standards**

### **Minimum of Every 30 Minutes**

- One designated staff member on each shift will maintain a record-keeping sheet which details the most recent cleaning indicating time and initials.
- One designated staff member will clean all door handles, phones, computer displays, check presenters, rails and countertops.
- Restock hand washing stations, towels, hand soap, sanitizer and gloves.
- Staff will clean restroom surfaces.
- Set seating areas at a minimum of 6 feet apart with a maximum restaurant occupancy of 50%.

### **Standard Service Responsibilities**

- Provide guests with sanitized disposable menus at every seating (and place refuse in recyclable trash).
- Sanitize tables, bars, countertops, and other surfaces after every guest interaction and between guest visits.

- No pre-set tables with tableware (napkins, utensils, glassware)
- Sanitize condiment bottles, salt and pepper shakers and anything else on the table that would be touched by a guest after every guest interaction.
- Guests will be responsible for filling 'take home' packages. Staff will wear gloves and provide containers for guests.
- Prohibit customer self-service operations, including buffets, salad bars, soda machines and growler refilling stations.
- Frequently disinfect all common areas, touch points, including payment devices.
- Prohibit use of karaoke machines, pool tables, and bowling at this time.
- To the extent possible:
  - Assign a designated greeter or host to manage customer flow and monitor distancing while waiting in line, ordering and during the entering and exiting process. Do not block egress for fire exits.
  - Limit the number of staff who serve individual parties.
  - Assign an employee to monitor customer access to common areas such as the restroom to prevent congregation.
  - Strongly encourage all employees to wear face covering

#### **Opening/Closing**

- Set seating areas at a minimum, of 6 feet apart.
- Sanitize all tables, chairs, door handles, rails and countertops.
- Secure new menus for use during service, unless they are laminated. If laminated, menus should be wiped down with sanitizer after each use.
- Prepare sanitation cleaning supplies for service staff.

#### **Table & Patio Service/Guest Contact Areas**

- No more than 6 persons per party will be allowed.
- Clean and sanitize area after each guest visit.

#### **Bar Service**

- Cover all glassware after each shift and upon closing.
- Clean all exposed bottles, cans, utensils, dispensing machinery.
- Clean all surfaces and counter tops every 30 minutes.
- Use freshly-cleaned glassware for every refill.

### **Back of House Standards**

#### **Minimum of every 30 Minutes**

- One designated staff member on each shift will maintain a record keeping sheet which details the most recent cleaning indicating time and initials.

- One designated staff member will clean all door handles, phones, displays, rails and countertops.
- Restock hand washing stations, towels, hand soap, sanitizer and gloves.
- Clean and sanitize all food service surfaces; sneeze guards, plate warmer areas, prep areas, dish area, etc.
- Clean and sanitize restroom surfaces.

### **Standard Responsibilities**

- Cover all prepped food items not in use.
- Always follow ServSafe Standards.

### **Opening/Closing**

- Sanitize all cooktops, refrigerator surfaces and handles, door handles, prep areas, dish areas, and floors.
- Prepare and regularly restock sanitation cleaning supplies for staff.
- Cover clean dishes and utensils after every shift and upon closing.

### **Curbside Service Standards**

- Staff will maintain all procedures based upon front of house responsibilities.
- Business will designate an official pick-up location, table or stand for boxed/package food items.
- Disposable and pre-wrapped packaged incidentals will be provided adjacent to table or stand.
- All guests are required to adhere to 6-foot social distancing guidelines when waiting.
- Curbside guests may be required to prepay for items to reduce contact and waiting times.
- Curbside areas will be cleaned before and after every shift.

## GOOD 2 GO STANISLAUS

### Stage 3 Sector – Recommendations for Reopening

#### Event Venues/Theatres

As of May 8, 2020, the State has not prepared guidance for event venues and theatres. In the absence of specific State guidance, event venues and theatres are encouraged to implement the following best practices in addition to following general State and County Public Health Orders and guidelines.

**These best practices are not approved by the state and are for general guidance and preparation only. Only those state approved sectors, businesses, establishments, or activities may operate and only in accordance with state approved guidelines.**

#### Best Practices to Prepare Event Venues/Theatres for Reopening

- The use of signage and electronic messages should be used to identify appropriate staff for customer contact(s) including phone numbers and/or office numbers.
- The physical layout in all aspects of the event venues/theatres operations must allow for 6-foot social distancing between customers and employees.
- Create barriers on the floor to promote social distancing for employees and visitors.
- Use signage and/or floor markings to help visitors comply with social distancing guidelines.
- Place dividers in the entryways to direct incoming traffic to walk on only one side of entry and exit on the other side to encourage social distancing.
- Promote the daily practice of everyday preventive actions with staff and guests.
- Do not allow sick staff or guests into the facility.
- Check temperature of all staff and guests before entering facility if feasible.
- Post culturally-appropriate messages, materials and resources throughout facility.
- Make available prevention supplies to all staff and guests including hand sanitizer that contains at least 60% alcohol, tissues, trash baskets, disposable face coverings, cleaners and disinfectants.
- Develop and implement an emergency operations plan.
- Plan for staff absences and implement sick-leave policies.
- Direct staff who get sick or show symptoms to avoid contact with others and seek medical advice.
- Identify a space in the facility that can be used to isolate staff or guests who become ill at the event.
- Stay updated and distribute or post timely accurate information to staff, guests, suppliers, vendors and community partners and stakeholders.
- Implement platforms such as a hotline, automated text messaging and website to help disseminate information.

- Identify and address potential language, cultural and disability barriers associated with communicating to staff and guests.
- Establish regular communication protocol with public health officials.

## **Front of House Standards**

### **Minimum of Every 30 Minutes**

- Designated staff members will clean all door handles, phones, computer displays, check presenters, POS systems, rails and countertops.
- Hand washing stations, towels, hand soap, sanitizer and gloves will be restocked.
- Designated staff members will clean all restroom surfaces.
- Staff will ensure that all seating areas allow for a minimum of 6 feet between guests.

### **Opening and Closing Procedures**

- Set all seats or seating areas a minimum of 6 feet apart, with no more than 6 persons per party.
- Sanitize all tables, chairs, door handles, rails, countertops and service ware.
- Prepare sanitation and cleaning supplies for all service staff.

### **Bar Service**

- Sanitize all glassware prior to service.
- Cover all glassware after each shift and upon closing.
- Clean all surfaces and counter tops every 30 minutes.
- Use freshly-cleaned and sanitized glassware for every refill.

## **Back of House Standards**

### **Minimum of every 30 Minutes**

- Designated staff members will clean all door handles, phones, displays, POS systems, rails and countertops.
- Handwashing stations, towels, hand soap dispensers, sanitizer and gloves will be restocked.
- Clean all food service surfaces, sneeze guards, plate and food warmer areas, prep areas, dish area, etc.
- Clean all restroom surfaces.

## Best Practices for Employee Health

- Employees have been educated about the basics of proper personal care during the pandemic:
  - Wash hands frequently with water and soap for at least 20 seconds.
  - Avoid touching mouth, nose and eyes.
  - Cover mouth and nose with elbow or a tissue when coughing or sneezing.
  - Refrain from handshakes or any other unnecessary physical contact with others.
  - Ensure that everyone who can carry out their work duties from home has been instructed to do so.
- Prepare a written COVID-19 policy that is provided to each member of your staff to ensure consistent practices. Preferred delivery method is electronically.
- Employees should not come to work if experiencing symptoms consistent with COVID-19 (i.e. fever, headache, shortness of breath). For more information on symptoms visit <https://covid19.ca.gov/>
- Employees have been told not to come to work if they feel uncomfortable with being in the workplace. Absolutely no retaliation will come as a result of not being comfortable with working at this time.
- Display posters of hand hygiene, infection control and other preventive strategies at different and important locations around all offices.
- Do not use personal mobile device during work and must use appropriate hygiene standards before returning to work after breaks.
- Conduct temperature checks for employees before starting work.
- Employees will wash hands upon arrival and at end of every break and shift.
- Employees will thoroughly wash hands and change gloves a minimum of every 30 minutes during shift.
- Thoroughly wash hands before, during and after preparing any food or handling service ware.
- Change gloves and thoroughly wash hands after wiping counters or cleaning other surfaces with chemicals.
- Change gloves and thoroughly wash hands after coughing, sneezing or blowing nose.
- Wear clean service gloves and face protection until further notice when serving guests.
- Wear freshly laundered uniforms or clothing for each shift.

## Best Practices in for Guest Health

- Guests are expected to be in groups they have had prior contact with during pandemic.
- Guests are expected to be aware if they are of a population at high risk and not travel in public if they feel ill, have a fever or have come into contact with anyone who is ill.
- All guests are requested to sanitize hands prior to entry or use supplied sanitizer or restroom wash stations.

- Reservations or pre-purchased tickets are requested.
- Guests are expected to maintain social distancing when waiting in line at entrance, restrooms and bars.
- Guest are expected to adhere to any floor markers denoting social distancing spaces.
- Walk-ins will be required to wait 6 feet from door and entrance areas.
- Guests will be required to box their own food at events where food is served.
- Guests should not make nor encourage physical contact with service staff.
- If credit card is used, customer is encouraged to swipe card themselves. If card is handled by employee, card is to be sanitized before being handed back to customer.

## GOOD 2 GO STANISLAUS

### Stage 3 Sector – Recommendations for Reopening Gyms, Spin/Yoga/Pilates Studios

As of May 8, 2020 the State has not prepared guidance for gyms, spin/yoga/pilates studios. In the absence of specific State guidance, gyms, spin/yoga/pilates studios are encouraged to implement the following best practices in addition to following general State and County Public Health Orders and guidelines.

**These best practices are not approved by the state and are for general guidance and preparation only. Only those state approved sectors, businesses, establishments, or activities may operate and only in accordance with state approved guidelines.**

#### Best Practices to Prepare Gyms and Studios for Reopening

- The use of signage and electronic messages should be used to identify appropriate staff for customer contact(s) including phone numbers and/or office numbers.
- The physical layout in all aspects of the gym/studio operations must allow for 6-foot social distancing between members, guests and employees.
- Create barriers on the floor to promote social distancing for employees and clients.
- Use of signage, whether physical or digital, floor markings to help members/guests comply with social distancing guidelines.
- Place dividers in the entryways of a gym or studio to direct incoming traffic to walk on only one side of entry and exit on the other side to encourage social distancing.
- Prepare a written COVID-19 policy that is provided to each member of your staff to ensure consistent practices. Preferred delivery method is electronically.
- Display posters of hand hygiene, infection control and other preventive strategies at different and important locations around all offices.

#### Best Practices for Employee Health

- Employees have been educated about the basics of proper personal care during the pandemic:
  - Wash hands frequently with water and soap for at least 20 seconds.
  - Avoid touching mouth, nose and eyes.
  - Cover mouth and nose with elbow or a tissue when coughing or sneezing.
  - Refrain from handshakes or any other unnecessary physical contact with others.
  - Refrain from personal contact including correction of form during exercises.
  - Everyone who can carry out their work duties from home has been instructed to do so.

- Employees should not come to work if experiencing symptoms consistent with COVID-19 (i.e. fever, headache, shortness of breath). For more information on symptoms visit <https://covid19.ca.gov/>.
- Employees have been told not to come to work if they believe that they have been exposed to anyone with COVID-19.
- Employees have been told not to come to work if they feel uncomfortable with being in the workplace. Absolutely no retaliation will come as a result of not being comfortable with working at this time.
- Do not use personal mobile devices during work and must use appropriate hygiene standards before returning to work after breaks.
- Symptom checks to be conducted before employees enter the workplace.
- All employee workstations are separated by at least six feet.
- Employees are not to come early for shifts and must leave after shift is complete.
- Break rooms, bathrooms, and other common areas to be disinfected frequently, every 30 minutes.
- Disinfectant and related supplies are available to all employees at the front counter, in breakrooms, in exercise rooms, in offices and in bathrooms.
- Hand sanitizer effective against COVID-19 is available to all employees at the front counter, in breakrooms, in exercise rooms, in offices and in bathrooms.
- Soap and water are available in breakrooms and in bathrooms.
- Social distancing is always practiced. This includes:
  - Employees must always maintain a strict 6-foot distance from each other.
  - Employees must always maintain a strict 6-foot distance from all customers.
  - Employees should be advised not to carpool or share rides during this time. If a need to carpool arises employees should follow the attached carpool guidelines.
  - Only one employee can be in the office or breakroom at a given time.
- All employees are required to wear face coverings that over the nose and mouth while working. The coverings will be provided if employee does not have a personal face covering. Personal face coverings are to be cleaned nightly.
- All employees are required to wear gloves during shift. Gloves will be provided. Hands are to be washed with gloves on for at least 20 seconds every hour.
- Always wash hands thoroughly with soap and water for at least 20 seconds after removing gloves and face covering.
- Employees are not to share gloves or face coverings with each other. If employees share equipment such as microphones or headsets it must be sanitized between shifts or anytime it is passed from one employee to another.

### **Best Practices Member and Guest Health**

- Promote the daily practice of everyday preventive actions with staff and guests.
- Hand sanitizer must be available at the entrance of the facility and used by each member upon entry.

- All gyms are to limit the number of members that may be inside the facility at one time. This amount is determined by the square footage of the building and/or rooms in which classes are being conducted.
- If classes are held in succession of each other, members are to wait in their vehicles until earlier classes have been completed, members have left the facility, and the facility has been sanitized and prepared for the next class. Members for classes should not arrive for check in prior to 5 minutes before scheduled class time. A waiting area must be established that complies with social distancing and guest per square ft. guidelines.
- Bathrooms may be used for standard bathroom purposes only and will not be allowed to be used to change clothes. It is strongly recommended members should come to the facility already dressed in workout attire.
- Communal showers will not be allowed to be used at this time, and only shower areas that conform to minimum distancing will be allowed to operate.
- If mats, shoes, or other special items are required for exercise, members must provide for their own gear.
- Towels will not be provided; members must bring their own towels if desired.
- All training is to be “touch free” and instructors must stay a minimum of 6 feet in distance.
- Members must bring their own water. Facilities must shut down drinking fountains, water machines, etc.
- All instructors are to wear a face cover and gloves. Gloves are to be washed in between each class/training session for a minimum of 20 seconds with warm water and soap.
- All hard surfaces and equipment are to be cleaned/sanitized regularly including before opening location, every hour during operation, and after each class, after each use and before closing the facility. Items to be sanitized include all equipment, weights, machines, time clocks, breakroom chairs/appliances, countertops, doorknobs/handles (interior and exterior), etc.
- Transactions can be conducted only by credit/debit card, other methods of digital payment, membership club programs and/or house accounts.
- If credit card is used, customer is encouraged to swipe card themselves. If card is handled by employee, card is to be sanitized before being handed back to customer.
- All cashiers will be wearing both face coverings and gloves.
- Members must not gather before or after class. Waiting areas are not to be used.
- Members must leave immediately after a session is over.
- Offer clientele a “sickness cancellation policy” during this time that does not penalize any client for cancelling their appointment due to illness
- If facility has childcare, these childcare services may not be used during this time.
- If facility has lap pool, swim lanes can only be used, if there is always 6 feet distance between swimmers. The facility may have to provide open distancing lanes to ensure proper distance between swimmers.
- Hot tubs and saunas cannot be used at this time.

- If facility has tennis courts, only family members living in the same household can use a court and they must provide their own equipment. Social distancing must always be adhered to.

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### Stage 3 Sector – Recommendations for Reopening

#### Hairdresser/Nail Salons/Lash Bars

As of May 8, 2020 the State has not prepared guidance for hairdresser/nail salons/lash bars. In the absence of specific State guidance, hairdresser/nail salons/lash bars are encouraged to implement the following best practices in addition to following general State and County Public Health Orders and guidelines.

**These best practices are not approved by the state and are for general guidance and preparation only. Only those state approved sectors, businesses, establishments, or activities may operate and only in accordance with state approved guidelines.**

#### Best Practices to Prepare Hairdressers/Nail Salons/Lash Bars for Reopening

- Prepare a written COVID-19 policy that is provided to each member of your staff to ensure consistent practices. Preferred delivery method is electronically.
- Display posters of hand hygiene, infection control and other preventive strategies at different and important locations around all offices
- Signage and communication: Post signage at the front desk, as well as in the salon break room reminding guests and employees about the importance of hygiene standards such as hand washing, sanitizer, wiping down stations after use, covering coughs, hands-off policies and proper social distancing. Also, it is important to share with clientele the precautions the salon is taking to do its part in helping to prevent the spread of the COVID-19 virus -- during online bookings, on the phone, via text, and in person.
- CDC: Follow the CDC for facts about the COVID-19 virus as they become available – this continues to be the best source for information: [www.cdc.gov](http://www.cdc.gov).

#### Best Practices for Customer Health

- The use of signage and electronic messages should be used to identify appropriate staff for customer contact(s) including phone numbers and/or office numbers.
- Take a temperature check of customers upon entering. If customer has a temperature or shows any other signs of sickness, ask them to go home and set another appointment for when they are healthy.
- Only allow certain number of customers in to maintain proper social distancing. Or maintain 6 feet spacing between customers in line outside store.
- Require customers to make appointments, so that business can maintain proper distancing.
- When entering the business ask customers to wear a face cover. If the customer does not have a face cover, provide one or ask the customer to obtain one before entering.

- Always make hand sanitizer available to customers.

## Best practices for Employee Health

- Employees have been educated about the basics of proper personal care during the pandemic:
  - Wash hands frequently with water and soap for at least 20 seconds.
  - Avoid touching mouth, nose and eyes.
  - Cover mouth and nose with elbow or a tissue when coughing or sneezing.
  - Refrain from handshakes or any other unnecessary physical contact with others.
  - Ensure that everyone who can carry out their work duties from home has been instructed to do so.
- Employees should not come to work if experiencing symptoms consistent with COVID-19 (i.e. fever, headache, shortness of breath). For more information on symptoms visit <https://covid19.ca.gov/>
- Employees have been told not to come to work if they feel uncomfortable with being in the workplace. Absolutely no retaliation will come as a result of not being comfortable with working at this time.
- Do not use personal mobile device during work and must use appropriate hygiene standards before returning to work after breaks.
- It is recommended that employees wear face coverings and gloves and ask clients to also wear face covers. Change gloves after each customer. Launder face coverings each day.
- It is recommended that employees and clients have their temperature checked before being admitted into the salon. Anyone with a temperature will be asked to come back when they are well.
- Employees who are sick will be expected to stay home.
- Wash hands before and after every client, after eating, using the restroom, and after blowing nose, coughing or sneezing. Keep a 60% alcohol-based hand sanitizer at workstation as well.
- Wear gloves at all times and be sure to clean them thoroughly after each use.
- Salon/shop owners/managers should provide training, educational materials, and reinforcement on proper sanitation, hand washing, cough and sneeze etiquette, use of PPE, and other protective behaviors.
- Ensure break rooms are thoroughly cleaned and sanitized and not used for congregating by employees.
- Be flexible with work schedules/salon hours to reduce the number of people (employees and clients) in salons/shops at all times in order to maintain social distancing.

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### **Best practices related to remote/mobile service:**

- Hairdressers/stylists/service providers to wear face covers, gloves and goggles when entering a residence.
- Maintain proper distance (6 feet) from anyone in the house other than the customer. Ask the customer to request others to remain at least 6 feet away.
- Visually disinfect tools in open view of customer before grooming.
- Follow other procedures as indicated in general practices

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## Stage 3 Sector – Recommendations for Reopening Massage Therapist/Chiropractic

As of May 8, 2020, the State has not prepared guidance for massage therapist/chiropractic. In the absence of specific State guidance, massage therapist/chiropractic are encouraged to implement the following best practices in addition to following general State and County Public Health Orders and guidelines.

**These best practices are not approved by the state and are for general guidance and preparation only. Only those state approved sectors, businesses, establishments, or activities may operate and only in accordance with state approved guidelines.**

*Note- Because massage therapy and chiropractic offices can involve both employees and independent contractors, this document is broken into two sections to address the needs of both. In all cases, it is essential that you incorporate safe practices in protecting yourself, your clients, and your colleagues against catching and/or spreading the Covid-19 virus.*

### **Office-Based Providers**

#### **Best Practices in All Circumstances – Staff Responsibilities**

- Read and understand the recommendations from the Centers for Disease Control and Prevention (CDC) on how to protect yourself. This is critically important! It can be found online at <https://covid19.ca.gov/>.
- Prepare a written Covid-19 policy that is provided to each member of your staff to ensure consistent practices. Preferred delivery method is electronically.
- Educate yourself and your staff about the basics of proper personal care during the pandemic:
  - Wash hands frequently with water and soap for at least 20 seconds.
  - Avoid touching mouth, nose and eyes.
  - Cover mouth and nose with elbow or a tissue when coughing or sneezing.
  - Refrain from handshakes or any other unnecessary physical contact with others.
  - Ensure that everyone who can carry out their work duties from home has been instructed to do so.
- Prepare a written COVID-19 policy that is provided to each member of your staff to ensure consistent practices.

- Employees should not come to work if experiencing symptoms consistent with COVID-19 (i.e. fever, headache, shortness of breath). For more information on symptoms visit <https://covid19.ca.gov/>.
- Therapists have been told not to come to work if they believe that they have been exposed to anyone with COVID-19.
- Therapists have been told not to come to work if they feel uncomfortable being in the workplace. Absolutely no retaliation will come as a result of being uncomfortable with working at this time.
- Display posters of hand hygiene, infection control and other preventive strategies at different and important locations around all offices
- Employees may not use personal mobile device during work and must use appropriate hygiene standards before returning to work after breaks.
- Therapists are not to come early for shifts and must leave after shift is complete.
- Symptom checks are to be conducted before employees enter the workplace.
- All employee workstations must be separated by at least 6 feet.
- Breakrooms, bathrooms, and other common areas to be disinfected frequently, depending on how heavily used, but at least once an hour.
- Disinfectant and related supplies are available to all employees at the front counter, in breakrooms, in offices and in bathrooms.
- Hand sanitizer effective against COVID-19 is available to all employees at the front counter, in breakrooms, in exercise rooms, and in offices.
- Soap and water are available in breakrooms and in bathrooms.
- Social distancing is always practiced. This includes:
  - Employees must always maintain a strict 6-foot distance from all customers.
  - Employees should be advised not to carpool or share rides during this time. If a need to carpool arises employees should follow the attached carpool guidelines.
  - Only one employee can be in the office or breakroom at a given time.
- All employees are required to wear face coverings that cover the nose and mouth while working. The coverings will be provided if employee does not have a personal face cover. Personal face covers are to be cleaned nightly.
- All employees are required to wear gloves during shift. Gloves will be provided.
- Hands are to be washed with gloves on for at least 20 seconds every hour.
- Employees are not to share gloves or face covers with each other.
- Always wash hands thoroughly with soap and water for at least 20 seconds after removing gloves and face cover.

### **Best Practices in All Circumstances – Protecting Patient/Employee Health**

- The use of signage and electronic messages should be used to identify appropriate staff for customer contact(s) including phone numbers and/or office numbers.

- All staff and practitioners, whether employees or independent contractors/ specialists, are to wear a face cover and gloves.
- Gloves are to be washed in between each patient session for a minimum of 20 seconds with warm water and soap
  - If a treatment requires "bare hands" physical touch, e.g. massage, acupressure, hands must be washed for at least 20 seconds with soap and water after every client.
- Hand sanitizer effective against COVID-19 must be available to all patients/employees at the front counter, in breakrooms, in exercise rooms, in offices and in must be available at the entrance of the facility and used by each client upon entry.
- All offices should limit the number of patients/clients that may be inside the facility at one time based on waiting room's ability to comply with 6-foot social distancing requirements.
- If the waiting room is at risk of becoming too crowded, patients are to wait in their vehicles or outside (and continue practicing social distancing) until other patients have completed their visit and left the facility.
- Appointment scheduling should be based on ability to maintain social distancing within the waiting area. Office should require clients to not arrive until 5 minutes before their schedule time.
- Bathrooms may be used for standard bathroom purposes only and will not be allowed to be used to change clothes.
- Showers will not be allowed to be used at this time.
- Lockers should not be used at this time.
- Towels will not be provided; patients must bring their own towels if desired.
- Facilities must shut down coffee machines, eating areas, drinking fountains, water machines, etc. There must be no opportunity for such areas to be used by patients.
- Staff should bring their own bottled water.
- All hard surfaces, mats, treatment tables, chairs, counters, shelving and equipment are to be cleaned/sanitized regularly including before opening location, after each use and before closing the facility.
- Additional items to be sanitized include:
  - time clocks
  - break room chairs/appliances
  - countertops
  - doorknobs/handles (interior and exterior), etc.
- Transactions should be conducted only by credit/debit card or other digital forms of payment, and/or house accounts.
- If credit card is used, customer is encouraged to swipe card themselves. If card is handled by employee, card is to be sanitized before being handed back to customer.
- Clients should be asked to leave as quickly as possible after making a payment and scheduling the next meeting/appointment.

- Eliminate “walk-in” customers and require customers to schedule an appointment in advance.
- Offer clientele a “sickness cancellation policy” during this time that does not penalize any client for cancelling their appointment due to illness.

## **Independents: Contractor, Practitioner, Specialist, Mobile Service Provider, Solopreneurs**

### **Best Practices in All Circumstances – Personal Responsibilities**

- Read and understand the recommendations from the Centers for Disease Control and Prevention (CDC) on how to protect yourself. This is critically important! Find them online at <https://covid19.ca.gov/>.
- Educate yourself about the basics of proper personal care during the pandemic:
  - Wash hands frequently with water and soap for at least 20 seconds.
  - Avoid touching mouth, nose and eyes.
  - Cover mouth and nose with elbow or a tissue when coughing or sneezing.
  - Refrain from handshakes or any other unnecessary physical contact with others.
- Employees should not come to work if experiencing symptoms consistent with COVID-19 (i.e. fever, headache, shortness of breath). For more information on symptoms visit <https://covid19.ca.gov/>.
- If you believe you have been exposed to anyone with COVID-19, do not go to the place of business where you provide service. Notify your client/customer/ employer immediately.
- Employees have been told not to come to work if they feel uncomfortable with being in the workplace. Absolutely no retaliation will come as a result of not being comfortable with working at this time.

### **Best Practices when in a Workplace**

- If possible, carry out your work duties from home.
- Unless necessary, communications with clients should be done via electronic means or by telephone.
- In-person conversations should be minimized unless necessary
- If you are providing your services in a practice-specific workspace, e.g. dentist’s office, medical office, chiropractor’s office, etc. comply with the office regulations regarding PPE and request a copy of their specific COVID-19 policies.
- Whether going to a specific office environment or to client/customer places of work, it is recommended you maintain social distancing as much as feasible in context of your services.
- Ideally, maintain a strict 6-foot distance from co-workers, clients and colleagues.

- Wear a face covering over the nose and mouth while working. Bring a personal face cover. Clean your personal face covers nightly.
- Never share a face cover or gloves with another person.
- In those situations where you must meet with an individual, ask them in advance to wear a face cover.
- If you are working at workplace, e.g. doctor's office, ask for that office/employer to provide face covers to you and to clients/customers.
- Wear gloves and use a hand sanitizer effective against COVID-19 each time you meet with/work with a client/customer.
- Always wash hands thoroughly with soap and water for at least 20 seconds after removing gloves and face cover.
- As appropriate, all hard surfaces and equipment are to be cleaned/sanitized regularly including before opening, and after each client/customer interaction in compliance with the facility where you are working COVID-19 policies.
- Additional items to be sanitized include:
  - time clocks
  - break room chairs/appliances
  - countertops
  - doorknobs/handles (interior and exterior), etc.
- Transactions should be conducted only by credit/debit card or other digital payment options.
- If a credit card is used, customer is encouraged to swipe card themselves. If card is handled by employee, card should be sanitized before being handed back to customer.
- Clients should be asked to leave as quickly as possible after making a payment and scheduling the next meeting/appointment.
- Eliminate "walk-in" customers and require customers to schedule an appointment in advance.
- Offer clientele a "sickness cancellation policy" during this time that does not penalize any client for cancelling their appointment due to illness.

Note – The Stanislaus County Health Department offers regular guidance on COVID-19 business reopening policies. The latest order can be found at <http://schsa.org/publichealth/pages/corona-virus/pdf/health-order-faq.pdf>. Updates to this policy will happen on a regular basis.

The document is offered as a guideline when a business is developing its reopening strategy and plan. It is not intended or to be interpreted to be legally binding. Following the guidelines does not guarantee a COVID 19 free environment. All orders issued by Federal, State, County and City Government or relevant agencies supersede the above guidance document.

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## Important Links

Important Information	Link
<b>Industry Guidance</b>	<a href="https://covid19.ca.gov/industry-guidance">https://covid19.ca.gov/industry-guidance</a>
<b>Resilience Roadmap</b>	<a href="https://covid19.ca.gov/roadmap/">https://covid19.ca.gov/roadmap/</a>
<b>Essential Business Index</b>	<a href="https://covid19.ca.gov/essential-workforce/">https://covid19.ca.gov/essential-workforce/</a>
<b>Local Variance Attestations</b>	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Local-Variance-Attestations.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Local-Variance-Attestations.aspx</a>
<b>Additional COVID-19 Guidance</b>	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx</a>

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## Carpool Guidelines

- Limit the number of people per vehicle as much as possible. This may mean using more vehicles.
- Encourage employees to maintain social distancing as much as possible.
- Encourage employees to use hand hygiene before entering the vehicle and when arriving at the destination.
- Encourage employees in a shared van or car space to wear cloth masks. Please review the Centers for Disease Control and Prevention's website on face coverings found [here](#)<sup>1</sup>.
- Clean and disinfect commonly touched surfaces after each carpool or shuttle trip (e.g., door handles, handrails, seatbelt buckles).
- Encourage employees to follow coughing and sneezing etiquette when in the vehicle. Please review the Center for Disease Control and Prevention's information on stopping the spread of germs found [here](#).<sup>2</sup>

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<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>



# **GOOD TO GO STANISLAUS**

PERSONAL PROTECTIVE EQUIPMENT (PPE ADDENDUM)

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## Stanislaus County Guidance on Personal Protective Equipment (PPE)

This guidance is based on what is currently known about the transmission of coronavirus disease 2019 (COVID-19) and is based on the most recent guidelines provided by the California Department of Public Health (CDPH).

This document is intended to provide guidance to businesses in regard to the use of personal protective equipment (PPE). Based on the current shortages of PPE, we all need to do our part to conserve and use PPE appropriately so that it is available for healthcare and other workers who are performing direct patient care.

### Background

COVID-19 is a respiratory illness caused by a novel virus that has been declared a worldwide pandemic.

### What is Personal Protective Equipment

Personal protective equipment (PPE) is specialized clothing or equipment worn by workers for their protection and to help prevent the spread of germs between patients and/or customers. PPE includes but is not limited to gloves, gowns/aprons, goggles or face shields, facemasks and respirators.

### Who Needs Personal Protective Equipment

In order to safely revamp Stanislaus County businesses, some level of PPE will be required for all business types in Stanislaus County. The need for PPE will vary by industry type, customer interaction levels and other important points that each business will need to take into consideration for themselves. This document, in addition to the Good to Go Phased Plan, is meant to provide the information needed for businesses to make those decisions and to plan accordingly.

### Employees of Businesses/ Some General Public Members

The level of PPE use for employees will vary by industry type. For example, an office worker may only need limited PPE supplies while a Pet Groomer would require much stricter levels.

Some General Public members will be asked to use PPE such as gloves and/or face coverings when entering a business establishment.

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### Health Care and Social Service Workers

The use of PPE is crucial for healthcare workers, social services workers and other first responders that perform direct patient care and routinely have prolonged, close direct contact with patients with possible or confirmed COVID-19 infection or their bodily fluids.

### Individuals with Confirmed or Suspect COVID-19

CDC recommends that a facemask should be used by people who have COVID-19 and are showing symptoms such as cough. This is to protect others from the risk of getting infected.

### Healthy Individuals

Stanislaus County Department Public Health (SCDPH) does not recommend that the general public routinely use PPE to prevent respiratory illness, including COVID-19. Instead, SCDPH recommends that we take precautionary measures such as:

- Washing hands with soap and water.
- Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection.
- Avoiding touching eyes, nose or mouth with unwashed hands.
- Cover your cough or sneeze with a tissue or your elbow.
- Avoiding close contact with people who are sick.
- Staying away from work, school or other people if you become sick with respiratory symptoms like fever and cough.
- Following guidance from public health officials such as staying home if you are over the age of 65 or have underlying health conditions.

In **addition** to the precautionary measure listed above, the general public may consider wearing face coverings when and where appropriate. For more information on the use of cloth face coverings, please review the [CDPH Face Coverings Guidance](#).

### Improper Use of PPE

PPE does not guarantee total protection and must be used in combination with precautionary measures such as hand hygiene to be most effective. PPE used improperly (such as when taking off PPE) can provide a false sense of protection and potentially lead to self-contamination, particularly when not combined with other hygiene measures.

During this time of PPE shortages, all Stanislaus County businesses and residents need to do our part and use PPE appropriately. Appropriate uses will help to ensure that if a need arises for the frontline workers to have PPE, that they will be able to access it quickly and confidently in order to ensure the continued safety for all of Stanislaus County – businesses, residents and visitors alike.

The following pages of the document will share the identified CDPH recommendations and guidelines of PPE specifications as well as a listing of local vendors who have been identified to provide these essential resources.

Respectfully,

**Stanislaus County Good to Go Committee**

## Identified PPE Resources

### Ventilators

Language: English

Mode Capabilities:

- Assist Control Ventilation
- Synchronized Intermittent Mandatory Ventilation
- Pressure Control Ventilation
- Volume Control Ventilation
- Positive End Expiratory Pressure
- Pressure Support
- Blending of Oxygen and Air
- CPAP mode – continuous positive airway pressure

Lead Time: Total order must be available within 4 weeks with at least 25% of the order delivered each week.

### N95 Respirators (Disposable)

Must have NIOSH Certification TC-xxx-xxxx.

Verify that the brand of respirator is listed either in NIOSH's list of manufacturers or as a private label company. [https://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/default.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html).

Check that the approval number matches the respirator considered.

See information about counterfeits. NIOSH publication 2013-138 "Respirator Awareness: Your Health May Depend on It" provides additional information to look for when verifying a respirator is truly NIOSH-approved.

*[CDC Crisis Capacity \(if NIOSH-certified respirators are not available\):](#)*

Consider respirators certified in other countries. See “Use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators” at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html>.

NIOSH has confidence that devices supplied by current NIOSH-approval holders producing respirators under the various standards authorized in other countries are expected to provide the protection indicated, given that a proper fit is achieved.

### Identified Resource Specifications

Non-NIOSH-approved products developed by manufacturers who are not NIOSH approval holders, those approved by and received from China, should only be used in crisis situations when no other NIOSH-approved N95 respirator or a listed device from one of the other recognized countries is available. Furthermore, these respirators should not be used during aerosol-generating medical procedures unless the alternative is a facemask or improvised device.

To support this effort and relieve concerns about filtration performance of respirators received from other countries, NIOSH will offer testing to assess whether a small sample of the product meets NIOSH’s filtration performance requirements. NIOSH will begin sampling respirators received from other countries, from stockpiles, and respirators that have gone through decontamination cycles (without the respirator being contaminated) to provide users a preliminary assessment of whether the products meet similar filtration performance requirements as those for NIOSH-approved N95 respirators. Please contact [PPEConcerns@cdc.gov](mailto:PPEConcerns@cdc.gov) if you are interested in participating in this effort. The preliminary testing will not result in a NIOSH approval, rather it will provide an initial assessment to provide a preliminary level of assurance that the products will provide the intended protection to support workers during the COVID-19 response.

FDA issued an Emergency Use Authorization (EUA) that permits imported respiratory protective devices from other countries to be used in healthcare settings but does not authorize respirators from China: <https://www.fda.gov/media/136403/download>

Respirators meeting the criteria in the following two categories are eligible for authorization under this EUA as described in this section (Scope of Authorization (section II)). Respirators that satisfy the eligibility criteria in numerals 1 and/or 2, and that meet the terms and conditions (Conditions of Authorization (section IV)) of this EUA will be listed in Exhibit 1 pursuant to the procedure outlined below. The categories of eligibility are as follows:

- A. Disposable FFRs that have been designed, evaluated, and validated to meet a given performance standard and have corresponding acceptable product classifications, as

follows (Table 1):

Jurisdiction	Performance Standard	Acceptable Product Classifications	Standards/ Guidance Documents	Protection Factor $\geq 10$
Australia	AS/NZS 1716:2012	P3, P2	AS/NZS 1715:2009	YES
Brazil	ABNT/NBR 13698:2011	PFF3, PFF2	Fundacentro CDU 614.894	YES
Europe	EN 149-2001	FFP3, FFP2	EN 529:2005	YES
Japan	JMHLW-2000	DS/DL3 DS/DL2	JIS T8150: 2006	YES
Korea	KMOEL-2017-64	Special 1 <sup>st</sup>	KOSHA GUIDE H-82-2015	YES
Mexico	NOM-116-2009	N100, P100, R100, N99, P99, R99, N95, P95, R95	NOM-116	YES

## Identified Resource Specifications

- B. Disposable FFRs which have a marketing authorization in one of the following regulatory jurisdictions:
- European CE Mark
  - Australian Register of Therapeutic Goods (ARTG) Certificate of Inclusion
  - Health Canada License
  - Japan Pharmaceuticals and Medical Device (PMDA)/Ministry of Health Labour and Welfare (MHLW)

## Surgical Masks

Must have evidence of U.S. Food and Drug Administration (FDA) clearance. Should have device name "surgical mask" and product code "FXX" or device name "Face Mask" and Product Code "QKR" or have an Emergency Use Authorization.

- Establishment Registration & Device Listing: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRL/rl.cfm>
- List of FDA Emergency Use Authorizations: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov>

Provide information on ASTM certification that surgical masks are classified in, depending on the level of protection they provide to the person wearing them:

- Minimum protection face masks are meant for short procedures or exams that won't involve fluid, spray, or aerosol.

- Level 1 face masks often feature ear loops and are the general standard for both surgical and procedural applications, with a fluid resistance of 80 mmHg. They're meant for low-risk situations where there will be no fluid, spray, or aerosol.
- Level 2 masks, with 120 mmHg fluid resistance, provide a barrier against light or moderate aerosol, fluid, and spray.
- Level 3 face masks are for heavy possible exposure to aerosol, fluid and spray, with 160 mmHg fluid resistance.

## Coveralls (Hospitals and EMS)

Coveralls for EMS providers must meet [NFPA 1999](#) which is primarily intended for emergency medical first responders, but its scope also covers medical first receivers.

Coveralls for hospitals: Coveralls may be used if there is a gown shortage. For anticipated exposure to blood and body fluids, to prevent penetration of blood or other potentially infectious materials, the PPE must meet or exceed the following testing standards published by the American Society for Testing and Materials (ASTM):

Identified Resource Specifications

- F1670 (blood or bloody fluid penetration)
- F1671 (bloodborne pathogens penetration)

## Surgical or Examination Gowns

Most of the time, nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for use by healthcare personnel when caring for patients with suspected or confirmed COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html>

ANSI/AAMI PB70 classifies the garments used in the healthcare industry, such as surgical and isolation gowns as meeting ANSI/AAMI PB70 Level 1, 2, 3, or 4 standards: [ANSI/AAMI PB70External](#)

### Isolation gowns

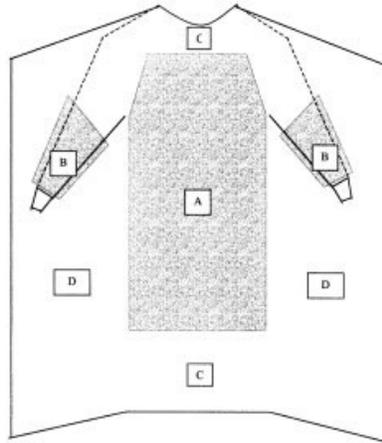
Isolation gowns should demonstrate they meet the performance standards established by the American National Standards Institute (ANSI)/Association for the Advancement of Medical Instrumentation (AAMI), ANSI/AAMI PB70.

- If the risk of bodily fluid exposure is low or minimal, gowns that claim minimal or low levels of barrier protection (ANSI/AAMI PB70 Level 1 or 2) can be used. These

gowns should not be worn during surgical or invasive procedures, or for medium to high risk contamination patient care activities.

- If there is a medium to high risk of contamination and need for a large critical zone, isolation gowns that claim moderate to high barrier protection (ANSI/AAMI PB70 Level 3 or 4) can be used. For fluid resistance of the whole gown (except cuffs) only level 4 isolation gowns are required to be fluid resistant.

NOTE: The entire isolation gown (areas A, B, and C), including seams but excluding cuffs, hems, and bindings, is required to have a barrier performance of at least Level 1.



Identified Resource Specifications

Activities with medium to high risk contamination that can result in exposure to bodily fluids include suctioning, nebulizer treatments, and other respiratory treatments or procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers. Examples of high-contact patient care activities requiring gown use include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, or wound care.

**Contingency Capacity Strategies:**

Shift gown use towards cloth isolation gowns. Use reusable (i.e. washable gowns).

FDA: Surgical Mask and Gown Conservation Strategies - Letter to Healthcare Providers

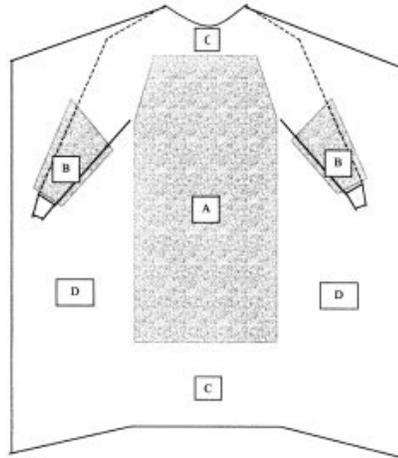
<https://www.fda.gov/medical-devices/letters-health-care-providers/surgical-mask-and-gown-conservation-strategies-letter-healthcare-providers>

**Surgical gowns**

For healthcare activities with low, medium, or high risk of contamination, surgical gowns can be used. These gowns are intended to be worn by healthcare personnel during

surgical procedures. Surgical gowns are only required to be protective in the front and on the sleeves, not on upper arm or back.

NOTE: The back of the surgical gown (area D) may be non-protective.



Surgical gowns meet ASTM F2407 Standard Specification for Surgical Gowns intended for Use in Healthcare Facilities

FDA: <https://www.fda.gov/medical-devices/letters-health-care-providers/surgical-mask-and-gown-conservation-strategies-letter-healthcare-providers>

CDC: Frequently Asked Questions about Personal Protective Equipment:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

Identified Resource Specifications

## Face Shields (Disposable)

- Visors manufactured from acetate, propionate, and polycarbonate.
- Visors treated for anti-glare, anti-static, and anti-fogging properties are best. Face shields must be, at a minimum, full-face length with outer edges of the face shield reaching at least to the point of the ear, include chin and forehead protectors, and cover the forehead.
- Brow caps or forehead cushions should be of enough dimensions to ensure that there is adequate space between the wearer's face and the inner surface of the visor to allow for the use of N95 respirator and eyewear.
- Face shields with single Velcro or elastic straps.

## Goggles

- Indirectly vented

- Have manufacturer’s anti-fog coating
- Have marking “D3” for splash or droplet protection

## Examination Gloves

Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19 (CDC).

Specifications include:

- Prioritize medical grade gloves Latex-free
- Powder-free
- Available in sizes: S-XXL
- Length requirements for patient exam gloves must be a minimum of 220mm-230mm depending on glove size and material type.
- The American Society for Testing and Materials (ASTM) has developed standards for patient examination gloves.
  - ASTM D6319-19 Standard Specification for Nitrile Examination Gloves for Medical Application
  - ASTM D3578-19 Standard Specification for Rubber Examination Gloves
  - ASTM D5250-19 Standard Specification for Poly(vinyl chloride) Gloves for Medical Application
  - ASTM D6977-19 Standard Specification for Polychloroprene Examination Gloves for Medical Application

Identified Resource Specifications

FDA Guidance: “Medical Glove Conservation Strategies: Letter to Health Care Providers

<https://www.fda.gov/medical-devices/letters-health-care-providers/medical-glove-conservation-strategies-letter-health-care-providers>

## Hand Sanitizers

CDC recommends the use of alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/hcp-hand-sanitizer.html>

Manufacturing requirements see FDA: Coronavirus (COVID-19) Update: FDA provides guidance on production of alcohol-based hand sanitizer to help boost supply, protect public health.

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-provides-guidance-production-alcohol-based-hand-sanitizer-help-boost>

American Society for Testing and Materials (ASTM) standards:

- ASTM E2755-15 Standard Test Method for Determining the Bacteria-Eliminating Effectiveness of Healthcare Personnel Hand Rub Formulations Using Hands of Adults
- ASTM E1174-13 Standard Test Method for Evaluation of the Effectiveness of Health Care Personnel Handwash Formulations
- ASTM E3058-16 Standard Test Method for Determining the Residual Kill Activity of Hand Antiseptic Formulations

## Wipes

Suppliers with these resources will be followed up with individually to identify specifications.

## Test Kits

Suppliers with these resources will be followed up with individually to identify specifications.

Identified Resource Specifications

## Swabs

FDA approved swabs:

- Puritan Nasopharyngeal swabs: 25-3317-H, 25-1406 1PF 50f, 25-800 1PD 50\*\*, 25-3320-U, 25-3320-H EMB 80, 25-3320-U EMB 80, 25-3320-H EMB 100 and 25-3320-U EMB 100
- Copan Nasopharyngeal swabs: 503CS01, 518CS01, and 501CS01, 502CS01 BD Nasopharyngeal swabs: 220252 and 220251
- DHI/Quidel Nasopharyngeal swabs: 503CS01.DHI
- Fisher Healthcare Nasopharyngeal swabs: 23600952, 23600956 and 23600950
- Puritan Oropharyngeal swabs: 25-1506 1PF SOLIDf, 25-1506 1PF 100f, 25-3206-H, 25-3206-U, 25-3706-H, 25-806 1PD\*\* and 25-806 1PD BT\*\*
- Copan Oropharyngeal swabs: 502CS01, 519CS01, 164KS01\*\*, 167KS01\*\*, 170KS01\*\* and 175KS01\*\*
- BD Oropharyngeal swabs: 220250

- Fisher Healthcare Oropharyngeal swabs: 23600950, 23600957, 1490641\*\*, 1490640\*\* and 1490650\*\*
- Additional sterile flocked swabs from Puritan that may be used: 25-3316-U,
- 25-3316-H, 25-3317-U, 25-3318-U, 25-3318-H, 25-3320-U, 25-3320-H and 25-3319-H

## Viral Testing Media

Viral Transport Media (VTM) / Universal Transport Media Kits (Complete Sample Collection Kits with both swab & media):

- FYI: nasopharyngeal (NP) preferred, other types acceptable; should be shelf-stable (i.e., no refrigeration requirements); volume of media could be in the 1-3 mL range depending on product.
- Examples of product SKUs:
  - BD Brand: 220222, 220526, 220527, 220529, 220531 (all are described as UVT kits)
  - Puritan: UT-367; UT-316; UT-317

VTM / Universal Transport only

- Examples of product SKUs:
  - BD Brand: 220220
  - Puritan: UT-300;
  - Remel: R12506, R12505

## STANISLAUS COUNTY POTENTIAL PPE BUSINESS RESOURCE GUIDE

### Masks

- Apparel Graphics – (209) 847-5130
- Fastenal – (209) 524-6749
- Jatco - (209) 497-4290, Steven Ames
- Modesto Medical Market – (209) 318-0819, Kenny Docktor
- Office Depot – (209) 480-6324, Melinda Pallotta
- Teamleader – 1-877-365-7555, Haley Deaton
- Ward Promotional Products – (209) 549-2765, Laura Ward

### Disposable Gloves

- Fastenal – (209) 524-6749
- Jatco - (209) 497-4290, Steven Ames
- Modesto Medical Market – (209) 318-0819, Kenny Docktor
- Ward Promotional Products – (209) 549-2765, Laura Ward

- Central Sanitary Supply- (209) 523-3002

### Gowns

- Fastenal – (209) 524-6749
- Jatco - (209) 497-4290, Steven Ames

### Plastic Face Shields

- Fastenal – (209) 524-6749
- Jatco - (209) 497-4290, Steven Ames

### Hand Sanitizer

- Warden's Office Products – (209) 529-6321, Joe Cunningham

### Sanitary Wipes

- Hotsy Pacific - (800) 640-1227, Michael Coleman
- Warden's Office Products – (209) 529-6321, Joe Cunningham
- Central Sanitary Supply- (209) 523-3002

### Disinfecting Supplies

- Hotsy Pacific - (800) 640-1227, Michael Coleman
- Warden's Office Products – (209) 529-6321, Joe Cunningham
- Central Sanitary Supply- (209) 523-3002

### Thermometers

- Modesto Medical Market – (209) 318-0819, Kenny Docktor

### Health Checks

- Availability Professional Staffing - (209) 527-7878, Chris Peterson

### Signage

- Ward Promotional Products – (209) 549-2765, Laura Ward

***NOTE- This list is not exhaustive and is ever-changing when a new potential vendor is identified***