

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

COVID-19 COUNTY VARIANCE ATTESTATION FORM



FOR Tehama County

Background

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

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

Local Variance

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

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

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

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

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

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

County Name: Tehama County

County Contact: Richard Wickenheiser, MD

Public Phone Number: 530-727-7474

Readiness for Variance

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

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

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

Readiness Criteria

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

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

Based on 2019 census data, Tehama County has a population of 65,084. We started testing for COVID-19 in late February. Out of those tests we have had one positive case. That case was identified on April 1, 2020.

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

The case identified on April 1, 2020 unfortunately passed away on April 13th.

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

Effective March 24, 2020 Tehama County issued Personnel Rule "Declared Health Emergencies" #8104. This rule provides guidance on how employees are to continue their work during a declared health emergency as well as what they should do if they fall ill. In addition, the Tehama County Health Services Agency put several measures in place to keep employees safe as well as provide them with information about COVID-19. Those measures included developing employee specific frequently asked questions, sharing Covid PSAs with staff directly, implementing daily temperature screenings, eliminating shared office space, identifying which employees could work remotely and providing them with the tools to do so.

St. Elizabeth's Hospital - implementing universal masking of all staff and patients, social distancing, daily physical symptom checks of anyone entering the facility and restricting visitations.

Outpatient clinics - both tribal and corporate owned following similar guidelines as the hospital.

Two skilled nursing facilities-following CDPH AFL regarding infection control in the SNF setting includes universal masking, social distancing, daily symptom checks and limited visitors.

EMS - owned by the hospital and following the same standards. Supporting documentation is attached.

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

Tehama County Health Services Agency Public Health coordinates the MHOAC program for the county. Through this function, we have built and managed a MHOAC inventory. Our healthcare partners, law enforcement and emergency medical services are all familiar with the process of issuing a resource request when medical supplies, including PPE, are needed. If we cannot meet the need within the local operational area we submit the request to the RDMHS. Local resource request form provided.

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current testing criteria (available on CDPH website). The county must attest to:
 - Minimum daily testing volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county's average daily testing volume for the past week. If the county does not believe a testing volume of 1.5 per 1,000 residents is merited, please provide justification for this.

We have been following the CDPH testing guidance and have been testing Priority 1 populations. With the opening of the Optum Serve site we have moved into testing Priority 2 populations. Since the onset of this event (our first test was done the last week of February) and as of May 11 we have received results on a total of 408 tests. Optum Serve started seeing appointments on May 5th. Since then based on our Optum Serve numbers alone, our average daily testing volume for the period of May 5-11 is slightly over 92.

Current testing volume numbers are derived from a few sources; the first is through what is reported in CalRedie, the second is what is being provided by Optum Serve site and finally we have a local health clinic that has started to perform drive thru testing every Thursday and they started on May 7. Both the Optum Serve site and the health clinic have agreed to provide us with their testing numbers directly. This will allow us to better track these numbers over time.

We have also reached out to University of California, San Francisco to obtain testing supplies and swabs. Our first shipment will contain 1000 swabs. This will allow us to have our public health nursing staff go out and test individuals who may be symptomatic and/or just unable to leave their home. This would include congregate living facilities and board and care facilities, as well as the detention centers. With all of this testing underway, we believe we can easily meet the 97.5 daily testing volume benchmark.

In addition to establishing community testing sites we have been working with the incorporated cities of Corning and Red Bluff to do sewage testing. We have been in contact with Biobot Analytics, Inc. and Stanford University for testing in those two cities and possibly expanding out to the town of Mineral. The town of Mineral is of importance because Lassen National Park shares those sewer lines.

A copy of our testing plan and outreach strategy is attached.

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

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

Testing was first established in the county at the end of February through our primary health care providers and the local hospital. On May 4th Optum Serve opened a testing site in Tehama County. Tehama County has 3 incorporated areas Red Bluff, Corning and Tehama. Optum Serve will be alternating every 2 weeks between Red Bluff and Corning. By establishing sites in these two areas Tehama meets the driving rule requirements of being within 60 minutes of a testing site for rural communities. For example the town of Mineral is 45 minutes from Red Bluff. List of sites attached.

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

Tehama County has a history of having to perform contact tracing for a wide variety of communicable diseases especially TB. We have four full time nurses who are seasoned in contact tracing and two full time nurses who are in training. We have health educators on staff who could be trained in contact tracing if needed and we have nurses who have worked for us in the past and have stayed on as Extra Help to work on special projects as needed. We also have reached out to our school nurses to assess their level of interest in participating in contact tracing if needed and have gotten a positive response. We also have signed our nursing staff up to participate in the 20 hour contact tracing curriculum training hosted by University of California, San Francisco and University of California, Los Angeles.

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

Our last Point In Time homeless count conducted in 2019 showed 215 "unsheltered homeless" and 102 who are in temporary living conditions for a total of 317 individuals homeless or at risk of being homeless. Tehama County has been pro actively working on addressing the needs of these individuals and as a result when the Governor's Stay At Home Order took affect, the coalition rallied and opened up a homeless shelter in place at the local fairgrounds. This venue has allowed us to do social distancing between cots, have a separate building for immuno-compromised individuals and we have five separate trailers available to house potential COVID-19 positive patients. This facility is large enough to support over 100 people and to date has averaged about 35 people since its opening on March 30, 2020. With 47.5 being the target to meet the 15% of our homeless population, we can easily meet this requirement. In addition, we are actively in the process of reaching out to local motels to gage their interest in establishing an MOU with the county specifically to be able to isolate and quarantine COVID + patients.

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

Tehama County has one hospital, St. Elizabeth Community Hospital that can meet the 35% surge capacity requirement. Licensed bed capacity is 76 beds/surge capacity=110 The hospital surge plan includes the ability to convert patient rooms, which are all private rooms, into two patients with the exception of their 8 ICU rooms. Our surge plan includes an expansion of five more ICU beds. Existing workforce has received additional COVID-19 specific training. Additional physicians from the community have volunteered to assist if they are needed. Emergency credentialing process in place.

- 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.

We have one single general acute care facility, St. Elizabeth Community Hospital, which is part of a larger corporate structure (Dignity Health) with guidance in place for universal masking of all staff and patients, social distancing guidance being followed, daily physical symptom checks of anyone entering the facility (patients and staff), and restriction on visitation. In addition they are following the Tehama County Public Health Officer's guidance documents, they have a representative participating in the Public Health Department Operation Center (DOC) meetings and they submit resource requests when PPE is needed for hospital employees.

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

Tehama county has two skilled nursing facilities Red Bluff Health Care and Brentwood Post-Acute. CDPH has required skilled nursing facilities to answer daily PPE survey questions which they have been actively participating in. To date:
 Red Bluff Health Care has a bed capacity of 58, more than a 14 day supply of PPE and contracts in place with two staffing agencies should additional staffing requirements be necessary.
 Brentwood has a bed capacity of 54, has more than a 14 day supply of PPE and contracts in place with two staffing agencies.

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

For the past two weeks we have been receiving re-opening plans from local businesses. So far, a total of 91 plans have been received. These have included restaurants, healthcare facilities and community based organizations. These plan have been reviewed by the health officer. A lot of the plans submitted were well thought out and only a few needed suggestions for modifications. Attached you will find Tehama county's re-opening plan. This plan is in alliance with state guidance and sector openings will be dependent on sector guidance posted by the state.

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

We are currently in the process of developing an in-depth surveillance plan and the metrics that would be necessary to trigger us to slow our pace of Phase 2 re-opening or make additional modifications in a particular business sector.

While the specifics are still being worked on, in general these metrics will include the following: epidemiological criteria, hospitalization data, availability of PPE, availability of staffing resources, ability to conduct tracing, community surveillance results from Standford and Biobot Analytics, Inc. sewage testing and PCR testing results.

Should we start to see an increase in cases we would immediately

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

Duplicate section

COVID-19 Containment Plan

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

Testing

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

As noted above we are currently increasing our testing capacity. It is our intent to increase our daily testing volume to 146 a day and this would be done by testing both symptomatic and asymptomatic individuals in priority populations 2 and 3.

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?

6 PHNS

To meet the cultural needs in our community we have bilingual staff who can assist our nurses in translation.

We created a list that represents a pool of people we could reach out to if we need to go beyond our 6 full time staff nurses to do contact tracing.

As mentioned above we currently have a homeless shelter in place at the fairgrounds, with five separate trailers on site and we are working on contracting with motels for isolation/quarantine room use.

Protecting the Vulnerable

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

We are in the process of determining the number of congregate care facilities within the county.

We have one jail and one juvenile hall in the county, the jail can house 192 and the juvenile hall can house 60.

The shelter at the fairgrounds that was established for the homeless specifically to prevent COVID infection can house over 100 people.

There are no COVID-19 infections currently at these facilities.

We are gathering information on each facilities ability to quarantine and isolate.

We are receiving testing supplies from UCSF which we will be using to test both patients and staff at congregate facilities.

Our HPP partnership is part of our MHOAC program and is made up of long term care facilities, skilled nursing facilities, and local health clinics. They all have their own private vendors for PPE, in addition they submit resource requests up through the MHOAC program.

Yes both our SNFs have contracts in place with staffing agencies.

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?

A state report is sent to the Health Officer daily from CDPH from Miren Klein it includes hospital census, ICU census and ventilator availability. Staffing and surge capacity we get directly through our HPP Coordinator who is also an employee of the hospital. She responds daily to CDPH/CHA survey. The hospital procures PPE through a private vendor. Currently their PPE supply chain is improving but not yet back to pre-COVID levels. All patients are not tested prior to admission, but all scheduled surgical patients are tested within four days prior to their admission. Yes, the hospital has a corporate plan for tracking staff exposures.

Essential Workers

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

We have been providing the health alerts that have been coming from CDPH to our healthcare sector. We have been communicating with our business sector and our schools, local government departments and the general public regarding social distancing, hand washing, face covering, etc. Essential workplaces that would be part of the MHOAC program have been submitting requests for PPE. Yes the testing plan is attached. Isolation/Quarantine orders are attached.

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?

We are in the process of discussions with the business community regarding this.

Community Engagement

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

Since March 20, 2020, we have been having twice weekly calls with County Administration and the City Managers of Red Bluff, Corning and Tehama Job Training Center, Tehama County Economic Development Center, Chambers of Commerce for the cities of Red Bluff and Corning, City Managers from Red Bluff and Corning.

Discussion of the variance plan has taken in place in the public forum through a special meeting of the Board of Supervisors..

Relationship to Surrounding Counties

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

Surrounding counties currently have stable case rates and they are planning to increase their pace through Phase 2. That timeline is still to be determined. We coordinate with these counties through our Regional Disaster Medical Health System which has been meeting weekly since the onset of COVID-19. This allows us to stay informed on surrounding county case rates and network on mitigation measures. Regional Health Officers have established regular evening phone conferences at least once per week.

Shasta County Health Services Agency provides regional epidemiological services to us and the surrounding counties and we have a working relationship established. Over the past couple of years we have had multi-jurisdictional CD cases so we have the experience to handle potential increases in contact tracing that would result from travel related exposure.

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


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

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

I Rich, hereby attest that I am duly authorized to sign and act on behalf of Teha. I certify that Teha 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 Teha, 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 Richard A. Wickenheiser, MD

Signature Richard A Wickenheiser  Digitally signed by Richard A Wickenheiser
Date: 2020.05.11 20:16:59 -07'00'

Position/Title Health Officer, Tehama County

Date 5/11/2020



PERSONNEL RULES

SAFETY & SECURITY DECLARED HEALTH EMERGENCIES §8104

Overview: This rule provides guidance for employee use of leave and the continuation of work in the event of a local declared health emergency. When emergency operations result in a disruption of work, this rule will be superseded by the County disaster plan as integrated by the Office of Emergency Services.

Applicable to: All employees

Definitions: Essential services – Services that, if not provided, would endanger the life, health, or personal safety of the whole or part of the population; or services which are not essential in the strict sense of the term, but where the extent and duration of a disruption might be such as to result in an acute local crisis endangering normal living conditions of the population; and in public services of fundamental importance.

Isolation – Keeping people who are infected with a contagious illness away from those who are not infected

Self-isolation – A person ill with a virus may be isolated at home instead of being hospitalized, as directed by a healthcare provider

Self-quarantine – A person who has been exposed and is at risk for contracting a virus may practice self-quarantine as recommended by a healthcare expert

Shelter-in-Place – Stay at home as much as possible, only going out for essentials like food and supplies, or for medical reasons

Social distancing – Deliberately increasing the physical space between people to avoid spreading illness. Examples of social distancing are standing at least six feet away from others, working from home instead of at the workplace, or holding meetings via conference call or by other electronic device.

Guidelines: Whether it is caused by a natural disaster, man-made error, or unforeseen events, County business may be disrupted by a health emergency. It is an employee's responsibility to follow official guidance related to the containment of the disease or health emergency.

Continuation of Work Plan

In the case of a declared health emergency, it is the County's goal to keep employees working, although tasks and locations may be temporarily changed. Departments should plan in advance to establish the following at a minimum:

- A plan to provide essential services
- Tasks that can be completed remotely at another County facility or from the employee's home
- Tasks that may keep employees productive, including assisting other departments
- Tasks related to obligations as a disaster service worker

Staff will be instructed as to when and where to report based upon the circumstances created by the event. A Department Head may order some or all employees to perform work during their regularly scheduled hours at an alternate work location.

Disaster Service Worker

All Tehama County employees are disaster service workers. Should the work

disruption be caused by a declared health emergency, employees who are unable to perform their regular duties may be assigned to other areas of need.

Facility Closure During a Declared Health Emergency

During a declared health emergency, the employee should plan on reporting to work at their usual workplace unless they are contacted by the Department Head or their designee. The Department Head may initiate contact procedures once the impact of the declared health emergency has been determined. A Department Head or their designee may make the decision to release employees, depending on the severity of the circumstances.

If an employee is required to report to work, but is not put to work or furnished with less than half of his/her usual or scheduled day's work, he/she must be paid for half the usual or scheduled day's work, but in no event less than three hours at his/her regular rate of pay.

Employees With Health Symptoms Related to the Emergency

An employee who comes to work exhibiting communicable illness symptoms may be directed to go home and not come to work until they are free of fever and other symptoms for a minimum of 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees will be allowed to use any available leave balances to cover the period of the absence or be in unpaid status. The County cannot require the employee to use sick leave in this circumstance.

Employees who have recently traveled to an identified high-risk area will be directed to stay home for the minimum period as identified by the Center for Disease Control, unless a health care provider indicates that the employee may return earlier.

Medical certification will be required to substantiate illness related to the health emergency. Departments are asked to suspend the accumulation of any sick leave occurrences for employees during the emergency, including those with excessive leave usage or for employees suspected of abuse of leave.

Employees identified as part of the high-risk population (ex. age 65 or over, chronic medical conditions) may choose to stay at home using any available leave balances. If an employee chooses to work, the department shall ensure the employee is provided with a workspace which allows for social distancing.

Departments will follow the County's procedures for Work-Related Injury or Illness Reporting in the event an employee requests to file a worker's compensation claim.

Flexing Hours

At the Department Head's discretion, he/she may allow flexible hours in order to keep employees at work as much as possible. An example of when this may be appropriate is when an employee's childcare situation has changed due to a school closure.

A Department Head may choose to reduce the hours that they are open to the public in order to reduce employees' exposure to the public.

Working Off-Site

Employees will be approved for work from home arrangements on a case-by-case basis at the discretion of the Department Head. If doing so is deemed feasible and

approved, employees may temporarily work doing predetermined assignments or training. The following are examples of possible circumstances when telework may become an option. This is not an exhaustive list, as it is not possible to conceive every scenario. Other circumstances may be approved by the Personnel Director and Chief Administrator.

- County facility closures
- School closures (employee must stay home to care for children)
- Quarantine or exposure to illness
- Caring for a qualified family member

Employees working off-site must complete an Off-Site Work Plan and Agreement form to be signed by the employee, his/her supervisor, and the Department Head.

Compensation and Leave During Declared Health Emergencies

Compensation: Employees will be paid for actual hours worked, whether at the worksite or off-site.

Exempt Employees: In recognition of the requirement that exempt employees occasionally work beyond a normal workday, some flexibility is allowed for authorized time off with pay during the normal workday or workweek. An absence of less than half of the employee's regularly scheduled workday will not be deducted from leave accruals. Also, if an employee has worked a total of 40 or more hours in a workweek, he/she is not required to use leave accruals for partial day absences. However, an absence equal to or greater than half of the employee's regularly scheduled workday shall be deducted from an exempt employee's appropriate leave accruals when the employee has not worked 40 or more hours in a workweek.

Benefit Programs: Employees may be eligible for unemployment insurance benefits or State Disability.

Use of Leave: An employee may request to use sick leave, management leave, vacation, or compensatory time off to receive compensation during a declared health emergency, including while in quarantine or shelter-in-place. The County cannot require an employee to use paid time off; the employee may choose to be in unpaid status.

Leave Advances: Employees impacted by the health emergency who have exhausted all leave balances may request an advance of up to 40 hours of sick leave. Employees receiving advanced leave must sign an Agreement for Repayment of Advanced Leave form. The number of sick leave hours advanced is required to be repaid within six (6) months of the date of the advance being granted. Advanced sick leave will be repaid by the forfeiture of any sick leave, vacation, management leave, compensatory time, or any other paid leave as it is accrued. If, for any reason, the employee leaves County employment prior to the full repayment of the sick leave advance, the employee consents to the withholding of the amount necessary to repay the County for the sick leave advance from their last payroll warrant. If any amount remains due after these deductions, they must agree to pay the remaining balance back to the County within ten (10) business days of the date of separation from County employment. Any failure to repay the County will result in the County proceeding with legal action to recover the advancement.

Family Medical Leave: Employees who take time off due to their own serious illness or to care for an ill family member may be eligible for Family Medical Leave or Paid Family Leave under the existing statute.

Public Health Emergency Leave (PHEL-FMLA): Effective April 2, 2020 and ending December 31, 2020, the Public Health Emergency Leave Act will temporarily expand coverage and eligibility under FMLA for reasons related to the COVID-19 pandemic. In addition to reasons allowed under current FMLA guidelines, PHEL may be used when an employee is unable to work or telework to take care of a son or daughter under the age of 18 because their school is closed or the childcare provider is unavailable.

- Eligible employees are those who have been employed for 30 calendar days. The County may exclude health care providers and emergency responders.
- The total length of leave for FMLA per rolling calendar year remains at 12 weeks. If an employee has already used 12 weeks of FMLA, they are not eligible for more. If the employee has used less than 12 weeks, they are eligible for the remaining weeks of unused leave.
- The initial 10 days may be unpaid under this leave. Employees may choose to use any accrued paid leaves for this period.
- From the eleventh day forward, the employer must provide paid leave of at least 2/3 of the employee's regular rate of pay for the number of hours the employee would have regularly been scheduled to work. Employees may choose to use any accrued paid leaves for this period to receive full pay (the other 1/3).
- Pay is capped at \$200/day and \$10,000 total.

Emergency Paid Sick Leave (EPSL): Effective April 2, 2020 and ending December 31, 2020, Emergency Paid Sick Leave may be used for the following:

- 1) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- 2) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- 3) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis
- 4) The employee is caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- 5) The employee is caring for a son/daughter of such employee is the school or place of care of the son/daughter has been closed, or the childcare provider is unavailable
- 6) The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services

Emergency Paid Sick Leave entitlements are described below.

- Full time employees will receive up to 80 hours. Part time employees receive the number of hours equal to the average number of hours they would work over a two week period.
- If employees take EPSL for purposes listed under 1, 2, or 3 above, they receive their regular rate of pay. However, EPSL may not exceed \$511/day and \$5,111 total.
- For purposes 4, 5, or 6 above, an employee receives 2/3 of his/her regular rate of pay. However, EPSL may not exceed \$200/day and \$2,000 total.
- Employees may use other accrued paid leaves to receive full pay, but they are not required to.

Exhaustion of Leave: If an employee requests time off and is approved when there is leave available, and then exhausts available leave or has leave advanced, the original time off request may be retroactively denied. Or if the employee no longer has sufficient leave accrued to cover the full period of the request for leave, the leave granted may be restricted to the actual amount of accruals available.

Procedure: Responsibilities for implementation, application, and enforcement of this rule are listed below.

Employee The employee is responsible for keeping up-to-date contact information available to their supervisor and/or Department Head.

Supervisor The supervisors should work with the Department Head and staff to create a continuation of work plan. If directed to do so by the Department Head, the supervisors will initiate contact procedures in the event there is a declared health emergency.

Department Head The Department Head or their designee will determine whether employees should be released during a declared health emergency, following the guidelines in this rule. They are also responsible for initiating contact procedures in the event there is a declared health emergency prior to the workday. The Department Head will determine the employee's work plan for off-site work and sign the employee agreement. The Department Head will approve/deny an employee's advanced leave request and route as indicated on the form.

Administration Keep the Department Heads informed of any declared health emergency.

Required Forms: Agreement for Repayment of Advanced Leave; Temporary Off-Site Work Plan and Agreement; Off-Site Work Daily Report

References: Labor Code §230.8; TCPR §1404: Disaster Service Workers; TCPR §6105: Leave Without Pay; TCPR §4104: Exempt Employees; www.cdph.ca.gov; www.cdc.gov

Effective Date: March 24, 2020

The provisions of this Code shall not supersede any state law, federal Law or current collective bargaining agreement between an employee organization and Tehama County. The provisions of these Codes shall not preclude specific County departments from developing operational policies and procedures.

Stages to Reopen Tehama County

The plan to Reopen Tehama County includes four stages to align with the [State's Resilience Roadmap](#), and stages 3 and 4 are still in development. Workplaces and activities are placed in reopening stages based on risk assessments, which are drawn from the *Public Health Principles for Phased Reopening During COVID-19: Guidance for Governors* published by Johns Hopkins Bloomberg School of Public Health.

The guidance from Johns Hopkins assesses businesses, organizations, and activities as low, medium, or high risk based on the following matrix:

"Nonessential" Businesses

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Restaurants	Medium	Medium	Medium	National Restaurant Association , FDA
Bars	High	High	Medium	FDA
Salon, spas, and other personal care industries	Medium/high	Low	Medium	TN Cosmetology & Barber Guidelines
Retailers	Low	Medium	Medium	NY state guidance , OSHA
Shopping malls	Low	Medium	Medium	NC state guidance , OSHA
Gyms/fitness studios	Medium	Medium	Medium	CDC Small Business guidance
Theaters, museums, and other indoor leisure spaces	Medium	High	Medium	CA entertainment venue guidance , Americans for the Arts , American Alliance of Museums
Outdoor large venues (concerts, sports)	High	High	Medium	CDC Mass Gathering guidance
Indoor large venues (concerts, sports)	High	High	Low	CDC Mass Gathering guidance

Individuals and workplaces should implement measures that mitigate the risk and limit the spread of COVID-19. Each stage of the plan to Reopen Tehama County includes mitigation measures for individuals, businesses and organizations.

Stage 1:

Current stage with State Stay-at-Home Order in place.

Stage 2 – Lower Risk Workplaces and Activities

The State issued guidance to counties for opening businesses in Stage 2 sooner than the State. The guidance allows counties to attest to local readiness and move through Stage 2 and reopen more businesses before the State as a whole.

This plan describes Stage 2 to include workplaces and activities rated as low and medium for contact intensity and number of contacts by the Johns Hopkins guidance. Workplaces that reopen and activities that resume in Stage 2 must do so in accordance with the required mitigation measures. Stage 2 has two subsets of industry sectors: 2a and 2b (see tables below). The industry sectors in Stage 2a are rated as low and medium by the Johns Hopkins guidance and appear to be considered in Stage 2 by the State. The industry sectors in Stage 2b are rated as low and medium by the Johns Hopkins guidance but appear to be considered in Stage 3 by the State.

During Stage 2, individuals should also continue taking steps to reduce exposure and limit the spread of COVID-19 as shown in the list below.

Individuals Actions:

- **Anyone who is feeling ill should stay home.**
- **Vulnerable (high risk) individuals** – should continue to follow the State’s Stay-at-Home Order.
- **Wear face coverings** – individuals are strongly encouraged to wear a face covering when in public. See Appendix C for face covering guidance.
- **Continue physical distancing** – When in public, maximize physical distance from others (at least six feet).
- **Maintain good hygiene practices** – Washing hands, use hand sanitizer, cleaning frequently touched surfaces, covering coughs and sneezes.
- **Social Settings** – Gatherings should be limited to 10 people or less. In addition to social settings, this applies to organized activities, groups, meetings, religious groups etc.
- **Non-essential travel is discouraged.**

Workplaces and Facilities

Stage 2a

- The industry sectors in Stage 2a are rated as low and medium by the Johns Hopkins guidance, and appear to be considered in [Stage 2 by the State](#). Businesses in the sectors listed in Stage 2a must implement required mitigations measures before reopening.
- Tehama County worked with local businesses and is receiving business re-open plans on a daily basis. Mitigation measures being provided to those businesses are based on CDPH guidelines. These representatives continue to work with the County in partnership to Reopen Tehama County and limit the spread of COVID-19.
- **Timeline for Reopening:** Businesses in Stage 2a sectors may reopen immediately once the County provides and receives approval for required attestations to the State and as long as the local measures continue to be met for loosening restrictions. All mitigation measures must be in place and a self-certification placard or an approved business plan certification from public health placed on site at the workplace before reopening.

Stage 2a - Lower Risk Workplaces and Activities*	
General business/office	May 15, 2020
Retail (Curbside allowed 5/8)	May 15, 2020
Restaurants	May 15, 2020
Manufacturing	May 15, 2020
Parks/walking paths/trails/dog parks	May 15, 2020

Stage 2b

The industry sectors in Stage 2b are rated as low and medium by the Johns Hopkins guidance, but appear to be considered in [Stage 3 by the State](#). Mitigation measures are listed for businesses in Stage 2b, but the County does not have local authority to provide guidance for businesses in these sectors to reopen. Licensed providers such as cosmetology, dental, medical etc. should refer to State Licensing Boards for guidelines, provisions, requirements, and timelines for reopening.

Tehama County worked with local businesses and is receiving business re-open plans daily. Mitigation measures being provided to those businesses are based on CDPH guidelines. These representatives continue to work with the County in partnership to Reopen Tehama County and limit the spread of COVID-19.

Timeline for Reopening: Businesses in Stage 2b sectors may reopen once the State provides counties the local authority to reopen businesses and activities in these sectors. All mitigation

REOPEN TEHAMA COUNTY

measure must be in place and a self-certification placard placed onsite at the workplace before reopening. The Tehama County Board of Supervisors has put in a request to the governor and the state health officer asking the State to allow these sectors to be opened in Stage 2.

Stage 2b - Lower Risk Workplaces and Activities (currently listed in Stage 3 by the State of California*)

Hair Salons, Barbers, and Nail Salons*

Gyms and fitness studios*

Libraries

**Playgrounds, skate parks, and other
outdoor recreation spaces**

Note: Licensed providers such as cosmetology, dental, medical etc. should refer to State Licensing Board and National Associations for guidelines, provisions, requirements, and timelines for reopening related to their particular profession.

Stage 3 – Higher Risk Workplaces and Activities

Please refer to the State Resilience Roadmap.

Local plans for Stage 3 will be developed in partnership with local jurisdictions and public and private sector representatives.

Stage 4 – Broader Reopening for Tehama County

Please refer to the State Resilience Roadmap.

Local plans for Stage 3 will be developed in partnership with local jurisdictions and public and private sector representatives.

TEHAMA COUNTY HEALTH SERVICES AGENCY

VALERIE S. LUCERO, PHN
EXECUTIVE DIRECTOR

DEANNA GEE
ASSISTANT EXECUTIVE
DIRECTOR, ADMINISTRATION

JAYME BOTTKE
ASSISTANT EXECUTIVE
DIRECTOR, PROGRAM

RICHARD WICKENHEISER, MD
PUBLIC HEALTH OFFICER



PUBLIC HEALTH
1860 WALNUT ST.
MAILING ADDRESS: PO BOX 400, RED BLUFF, CA 96080

(530) 527-6824
FAX (530) 527-0362

Essential Personnel Temperature Checks & Screening Instructions

In accordance with Tehama County Health Officer's, Memorandum issued April 1, 2020, Tehama County Health Services Agency will conduct daily and when applicable twice daily temperature checks on all Essential Workers.

Process:

Each Center will designate a qualified staff member (COVID-19 Screener) to take the temperature of all staff that will be working in the center that day.

Designated COVID-19 Screener will use the COVID-19 Weekly Temperature Log to document compliance with the daily requirement to have essential workers temperatures taken. Located at <F:\COVID 19\Forms\COVID 19 WEEKLYTEMPERATURE LOG>

When completing the daily temperature process, if it is identified that a staff member has an elevated temperature, higher than 100.4°, the COVID-19 Screener will conduct a follow up screening of the staff member using the "Screening for Essential Personnel with Elevated Temperature" form. Located at <F:\tchsa\COVID-19\Forms\COVID19 Screening for Essential Personnel with Elevated Temperature>

- The Screening for Essential Personnel with Elevated Temperature has specific instructions provided by the Health Officer on how to proceed if a staff member has an elevated temperature.
 - These instructions are to be followed and Center Director/Designee must be contacted by phone immediately.

Center Director or designee will ensure that the Health Officer instructions are followed and immediately notify Admin Staff (Jayme Bottke or Deanna Gee) of the elevated temperature and what steps are currently being taken.

- All documentation related to the screening must be kept confidential and under no circumstances shall anyone share this information with other staff members in the agency or people in the community.

Disclosure of this information is a violation of personnel rules and HIPAA and may be subject to disciplinary action.

Tehama Testing Phase Plan

CDPH Priority Populations

Priority 1:

- Hospitalized patients
- Symptomatic healthcare workers
- Persons identified for testing by public health contact investigations and disease control activities in high risk settings, including both residents and staff
 - E.g., congregate living facilities, correctional facilities

Priority 2:

- Screening of asymptomatic residents of congregate living facilities prior to admission or re-admission to congregate living facility
 - E.g., a hospitalized patient will be screened for COVID-19 prior to discharge to a congregate living facility
- Screening of asymptomatic healthcare workers
 - E.g., skilled nursing facility workers, hospital workers
- Symptomatic persons in essential health and public safety occupations
 - E.g., first responders, law enforcement, congregate living facility workers
- Symptomatic persons >65 years of age or with chronic medical conditions

Priority 3:

- Symptomatic persons in essential infrastructure occupations
 - E.g., utility workers, food supply workers, other public employees

Priority 4:

- Community-based testing of all low-risk symptomatic persons
- Surveillance testing of asymptomatic persons

DRAFT

Testing Schedule

Date	Time	Location
Monday-May 4 & 11	7-7	RBCC
Tuesday-May 5 & 12	7-7	RBCC
Wednesday- May 6 & 13	7-7	RBCC
Thursday-May7 &14	7-7	RBCC
Friday – May 8 &15	7-7	RBCC
Monday- May 18 &25	7-7	Corning-TBD
Tuesday – May 19 & 26	7-7	Corning-TBD
Wednesday-May 20 & 27	7-7	Corning-TBD
Thursday-May 21 & 28	7-7	Corning-TBD
Friday-May 22 &29	7-7	Corning-TBD

DRAFT

PHASE 1 Testing: Healthcare workforce

Population	Methodology	Outreach methods
St E's staff	Cal OES Testing Taskforce or UCSF	Send instructions and link to app through provider alert
Pharmacies	Cal OES Testing Taskforce	Directly-Rite Aid- Walgreens- CVS- Walmart --Elmers
Rural Health Clinics (10): Lassen TCHSA-medical clinic Rolling Hills (corning and RB) Greenville Rancheria Solano Street Corning Health Ampla-Los Molinos Frontier Village Dignity Health Medical - Women's Center Sutcliffe Mist OB provider-Dignity health medical group	Cal OEs testing or UCSF	
Dialysis Centers (1)	Cal Oes	HPP partner
Assisted Living staff	Cal OES supplies/UCSF-but locum goes out to do it	Provider alert to assisted living directly

DRAFT

IHSS workers	Cal OES	Send to Diane Casey to distribute to IHSS workers and include guidance
TCHSA-CCRU/SURS/PH/BH	Cal OES/UCSF supplies-we test	Email flyer through VAL
Brentwood and Red Bluff Health Care clients 3 rd snf?	Locum or PH nurse	HPP
Dept: Calfire, Corning Fire, Red Bluff Fire	Cal OES	Andy/TC OES
Assisted Living clients	Locum/PH	HPP
Ambulance Companies: AMR-Dignity health	Cal OES	Ruth Ann
Law enforcement: CHP TCSO Red Bluff PD Corning PD	Cal OES	Andy/TC OES
jail	Mindy Johnson	Mindy
Symptomatic people 65 years or older	Personal Provider	Reach out to APS and IHSS to call their clients and identify if they are symptomatic if home bound we could go out and test
Restpadd	Locum/PH nurse	Directly
Board and Care: Light house pucket-Sail house	Locum/PH nurse	Directly
Dentists	Cal OES site	Directly-oral health program
optometrists	Cal OES site	Medi-cal list of eye care providers

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Chiropractors	Cal OES site	Will get a list
Podiatrists	Cal OES	Dr. Swain -Dignity

Tier 3 Testing priority populations-PCR

Population	Methodology	Outreach
PGE substation	Cal OES	Directly
Grocery stores: Raleys, Walmart, Food Max, Dollar General save more nu way market	Cal OES	Directly-LVL (?)
Walmart Distribution	Cal OES	Directly
Gas station/food marts	Cal OES	PSA
Child care providers	Cal OES	LCCPC
School food service workers	Cal OES	Superintendents
Restaurant/fast food and delivery staff	Cal OES	PSA
Waste Mngt	Cal OES	County Admin
Public Works	Cal OES	County Admin
Env health staff	Cal OES	County Admin

DRAFT

Trax bus drivers	Cal OES	County Admin
DSS staff	Cal OES	County Admin
Dept of Ag	Cal OES	County Admin
Farmworkers association	Cal OES	Directly
Feed stores: Reynolds, Tractor Supply,	Cal OES	PSA
Child support	Cal OES	County Admin
Animal Shelter	Cal OES	County Admin
Veterinarians	Cal OES	PSA
Sierra pacific	Cal OES	PSA
Bell Carter	Cal OES	PSA
Tehama environmental	Cal OES	PSA
Propane ?	Cal OES	PSA
Water districts- LC,RB, Corning?	Cal OES	PSA
Airports local- RB	Cal OES	PSA
Postal carriers	Cal OES	PSA
Red Bluff Daily News/Corning observer	Cal OES	PSA-Direct
Staff for probation juvenile hall jail	Cal OES	County Admin
courts	Cal OES	Direct
Homeless shelter staff and residents	UCSF-LVN	Direct

DRAFT

banks	Cal OES	PSA
Fish-game-wildlife	Cal OES	Andy TCSO

Priority 4 community low risk asymptotic and surveillance asymptotic-drive thru method-PCR or serology-TBD based on viability of serology testing

Notes/Considerations/Questions:

At this point the health officer only wants to focus on PCR testing as the efficacy of the serology test is still not reliable. We will get a better idea from PCR and sewer testing on the prevalence of disease in the community.

We can use either OES or UCSF supplies for our symptomatic home based, jail, juvenile hall, etc. populations where our staff or locums would be deployed to test.

For healthcare workers only: would use either Optim(OES testing) or UCSF based on individual insurance considerations and organizations ability to send staff to testing site or if they want in house testing

When we go to assisted living or SNF we test clients and staff at the same time

We would ask DSS to call and screen their APS/IHSS clients to determine if they are symptomatic and/or homebound

Non-homebound 65 and older symptomatic should go to their primary care doc to ensure their isn't a different health issue

Contract tracing considerations-use PHN and have LVNs go out and do the testing

Feedback on who gets tested will come to Michelle Schmidt as poc and calredie

Evaluate analyze both sewer and testing result weekly with health officer at DOC meeting

UCSF supplied tests will have to be couriered to UCSF and then PH is responsible for putting those results into Calredie

Optim serve staff enter directly into Calredie

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IMMEDIATE NEXT STEPS:

Develop materials for public outreach: PSA, Flyer for Testing, press conference talking points: include following key concepts;

Why it's important to get tested

Overview of phase plan

Encourage people to get tested

Provide instructions on how to get testing appts.

Tehama County Covid-19
Testing Sites Effective May 4, 2020

1. Red Bluff Community Center
1500 S. Jackson Street
Red Bluff, Ca 96080
2. Corning High School
643 Blackburn Ave
Corning, CA 96021
3. Dignity Health Solano Street Medical Clinic
2126 Corning, CA 96021



HEALTHCARE FACILITY & HPP PARTNER SITUATION STATUS REPORT

1. Date: _____ 2. Time: _____ 3. Report: ☐ Initial ☐ Revised

4. Prognosis: ☐ Worsening ☐ No Change ☐ Improving

HEALTHCARE FACILITY INFORMATION										
5. NAME OF FACILITY: _____										
6. STREET ADDRESS: _____										
7. CITY: _____					8. STATE: CA			9. ZIP: _____		
10. CONTACT PERSON: _____					11. HICS/ICS POSITION: _____					
12. TELEPHONE NUMBER: _____					13. FAX NUMBER: _____					
14. CELL/PAGER NUMBER: _____					15. RADIO FREQUENCY: _____					
16. EMAIL ADDRESS: _____					17. COMMAND CENTER ACTIVATED (HCC/ICP): <input type="checkbox"/> Yes <input type="checkbox"/> No					
18. ESTIMATED CASUALTIES (HICS-259)										
A. PTS SEEN		B. WAITING		C. ADMITTED		D. DISCHARGED		E. TRANSFERRED		F. EXPIRED
19. PATIENTS AWAITING ADMISSION (EMERGENCY DEPARTMENTS ONLY)										
A. ICU	B. BURN	C. M/S	D. ISO	E. NICU	F. NEURO	G. OB/GYN	H. PEDS	I. PICU	J. PSYCH	K. TELE
20. OVERALL FACILITY STATUS										
<input type="checkbox"/> Fully Functional: Minor reductions in patient services; able to carry out majority of normal operating functions <input type="checkbox"/> Partially Functional: Moderate to significant reductions in patient services* <input type="checkbox"/> Non- Functional: Not suitable for continued occupancy; critically damaged or affected; unable to continue any services*										
21. Briefly describe the impact on services, treatment capacity, standard operating procedures and facility: 										
22. MORGUE CAPACITY: A. Used _____, B. Available _____ C. N/A <input type="checkbox"/>										
EVACUATION										
23. Is your facility planning Evacuation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already Completed								24. Patients evacuated/ to be evacuated:		
<input type="checkbox"/> Partial Evacuation to: _____ <input type="checkbox"/> Full Evacuation to: _____								A. # Ambulatory _____ B. # Non-ambulatory _____		
HAZARD MITIGATION (HICS-261)										
Briefly describe the Potential/Actual hazards: (biohazards, structural, utility, traffic, etc)				List the resources needed to mitigate the Potential/Actual hazard:						
				Personnel		Supplies			Transportation	
25. _____				26. _____		27. _____			28. _____	
DAMAGED INFRASTRUCTURE (HICS-251)										
Briefly describe the damage (electricity, gas, water, sewer, HVAC, communications systems, etc)				List the resources needed to mitigate the Damaged Infrastructure:						
				Personnel		Supplies			Transportation	
29. _____				30. _____		31. _____			32. _____	
AVAILABLE RESOURCES										
33. List critical resources available at your facility and deployable to other health facilities (e.g. Personnel, meds, equipment) 										



INSTRUCTIONS

The Healthcare Facility Status Report Form is a tool to efficiently communicate your facility's status, during disasters, to the Medical Health Operation Area Coordinator (MHOAC). Please complete and fax or email this form to the MHOAC once the decision has been made to activate your Emergency Operations Plan or Command Center (HCC/ICP). During extended incidents (lasting 12 hours or more) please submit this form as directed by the MHOAC. If you have any questions, or need assistance completing this form please contact the Tehama County Public Health Department at 527-6824.

Question or Data Element	Instructions
1.	Enter the date the report was completed
2.	Enter the time the report was completed
3.	Check if this is an Initial Report or a Revised Report
4.	Check if your situation is: Worsening, No Change (stable), or Improving
Facility Information	Enter general information about your facility
#5 to #9	Enter your physical address and location
#10 to #16	Enter the name, the ICS/HICS position, and contact information for the person who can answer questions regarding the information on this form.
#17	Check Yes or No, if the HCC or ICP has been activated
Estimated Casualties	Enter information about the numbers and type of casualties you have received during the current reporting period (in the past 12 hours). Refer to the HICS-259 Form
#18 A.	Enter the number of casualties treated and still under care
#18 B.	Enter the number of casualties waiting to be seen
#18 C.	Enter the number of casualties treated and admitted
#18 D.	Enter the number of casualties treated and discharged
#18 E.	Enter the number of casualties treated and transferred to another facility
#18 F.	Enter the number of casualties deceased
ED Admits Waiting	Total admissions currently being held in the Emergency Department.
#19 A - K	Enter the number of patients currently awaiting admission in each category.
Overall Facility Status	Enter your facility's functional status
#20	Check the applicable facility functional status: Fully, Partially, or Not Functional
#21	Enter a brief description if you are Partially or Not Functional
#22 A	Enter the total number of morgue spaces currently being used at your facility
#22 B	Enter the total number of morgue spaces currently available at your facility
Evacuation	Describe the impacts of this incident on: Health & Safety, Resources, and Infrastructure
#23	Check Yes or No, if you are evacuating your facility. If Yes, enter destination facility (if any).
#24	Enter the numbers of ambulatory and non-ambulatory patients being evacuated.
Hazard Mitigation	Describe potential/actual hazards and resources needed
#25	Enter a description of the potential or actual hazards. Refer to the HICS-261 Form.
#26-28	List the numbers of Personnel, Supplies, and Transport resources needed to mitigate the hazard
Damaged Infrastructure	Describe damage to the hospital infrastructure and resources needed
#29	Enter a brief description of the damage to the facility infrastructure. Refer to the HICS-251 Form
#30-32	List the numbers of Personnel, Supplies, and Transport resources needed to mitigate the damage
Available Resources	Describe damage to the hospital infrastructure and resources needed
#33	Enter a description of any resources that you can deploy to other healthcare facilities or Alternate Care Sites.

**Complete form and fax/transmit the data to the Medical/Health
 Operational Area Coordinator (MHOAC) at
 Tehama County Public Health:
 FAX# 530-527-0362
 EMAIL: EPcoordinator@tchsa.net**

May 8, 2020

California Department of Public Health
P.O. Box 997377, MS 0500
Sacramento, CA 95899-7377

St. Elizabeth Community Hospital is the only acute care facility in Tehama County. It is our understanding that our Public Health Officer, Dr. Richard Wickenheiser and the Tehama County Health Services Agency-Public Health is submitting documentation affirming the readiness of our county to advance through Stage 2 of the Governor's Pandemic Roadmap as outlined in the Variance Attestation document issued by CDPH.

Our facility works closely with our local health department as we coordinate our response to the COVID-19 pandemic. We have collaborated each step of the way to mitigate the spread of COVID-19 in our local jurisdiction. As a member of the local healthcare coalition, we have been actively engaged in collaboration with our healthcare partners.

We affirm that our bed availability meets the 35% surge expectation set by CDPH for this event. We have worked diligently to acquire the additional PPE required to care for any COVID-19 patients that may present to our facility. Our lab capacity meets the need for testing and our surge and infectious disease plans are in place.

We strongly support the efforts of our local health department to mitigate the effects of this pandemic by reopening our county for business as soon as it is safe to do so.

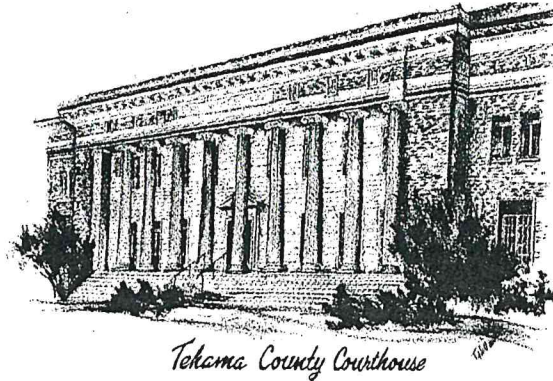
Sincerely,



Rodger Page
President
St. Elizabeth Community Hospital
Rodger.page@dignityhealth.org
(530) 529-8012

Board of Supervisors
COUNTY OF TEHAMA

District 1 – Steve Chamblin
District 2 – Candy Carlson
District 3 – Dennis Garton
District 4 – Bob Williams
District 5 – Burt Bundy



Williams J. Goodwin
Chief Administrator

May 11, 2020

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

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

Dear Doctor Angell:

On behalf of the Tehama County Board of Supervisors, I am writing to advise you that the County of Tehama meets the readiness criteria designed to mitigate the spread of COVID-19. Additionally, the Tehama County Board of Supervisors supports the Tehama County Public Health Officer's written attestation to CDPH.

Sincerely,



Robert A. Williams
Chairperson, Tehama County Board of Supervisors

cc: Governor Gavin Newsom
Assemblymember James Gallagher
Senator Jim Nielsen

COVID-19 WORK OPTIONS FLOW CHART

This chart does not eliminate the Department Head option of continuing full time work at the workplace. This chart is meant to be used as a management tool only and does not imply that the options listed are available to all employees. Decisions regarding the continuation of operations, with the goal of protecting the health and safety of Tehama County Employees, will be made at the discretion of the Department Head or their designee.

