

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



COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR

Background

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

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

Local Variance

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

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

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

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

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

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

County Name: _____

County Contact: _____

Public Phone Number: _____

Readiness for Variance

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

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

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

Readiness Criteria

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COVID-19 Containment Plan

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

Testing

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

Contact Tracing

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

Protecting the Vulnerable

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

Acute Care Surge

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

Essential Workers

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

Special Considerations

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

Community Engagement

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

Relationship to Surrounding Counties

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

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

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

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

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

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

Printed Name _____

Signature _____

Position/Title _____

Date _____

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



COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR TRINITY 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

CDPH COVID-19 VARIANCE ATTESTATION FORM

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: Trinity
County Contact: Marcie Jo Cudziol RN, PHN, MPA
Public Phone Number: 530-623-8235

Readiness for Variance

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

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

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

Readiness Criteria

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

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

The population in Trinity County is roughly 13,000. The prevalence of COVID-19 cases in Trinity County is low enough to qualify us for safe accelerated reopening within phase 2. The PHB DOC continues to be fully staffed for the duration of this event to ensure adequate response. Between the March 6, 2020 and May 14, 2020 there has been one confirmed lab case on a resident of Trinity County. Contact tracing has been conducted and to date no other exposures have occurred. Any spread has been contained through contact tracing, quarantine and

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

There have been no deaths in Trinity County due to COVID-19.

- **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).

Trinity County has established clear guidance and the necessary resource supply chains to ensure the safety of phase 1 essential workers in consultation with CDPH and the Governor's Office. County Administration including Human Resources and Risk management in collaboration with HHS Public Health Branch (PHB) and in consultation with CDPH and CalOSHA established the following policies for the county essential workforce and workplace safety:
Employee Health Screening Policy and Return to Work Policy

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

Supply chains are well established through our Medical Health Operational Area Coordination (MHOAC) Program and Office of Emergency Services (OES). Grants secured for COVID-19 response through the PHB and OES ensure sufficient funding to support state efforts through a variety of vendors. Adequate supply chains are in place to procure the following:
PPE (Gowns/coveralls)
N95 respirators

- **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:
 - o 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.

Trinity County is actively increasing testing capacity to enable testing of symptomatic and asymptomatic private citizens and essential workers, expanding in the future to targeted surveillance under the CDPH Prioritization Guidance. The goal is to achieve 20 tests per day to monitor disease activity with accelerated modifications and ensure safety of essential workers. Testing growth has begun with the implementation of our strategy over the 11 weeks of testing throughout this event, we have gone from testing 98 individuals in the first 9 weeks

- o 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.

To ensure testing availability for 75% of residents, the PHB has implemented a variety of strategies, these include mapping of testing sites that are 60 minutes away and the populations served by those sites, including any socio-economic barriers to access. This map also serves to identify any testing deserts within Trinity County to mobilize high throughput testing in partnership with CDPH and the Governor's Office. (see attached map of Trinity County testing deserts).

List of testing sites and priority populations:

- **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.

The PHB currently has three trained RNs for case investigation and 2 additional trained non-nurse contact tracers within the PHB. Four additional non-nurse contact tracers will be pulled from other areas within our HHS Department, including three Social Workers that will be trained as contact tracers. We also have additional staff for support of operations such as CalREDIE monitoring, isolation and quarantine orders, etc. (please see attached PH DOC/ICS command structure).

- 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.

Trinity County has the capacity to house and quarantine/isolate at least 15% (n=3) of COVID-19 affected persons experiencing homelessness. Trinity County completed a Point-in-Time count in January of 2020 and documented 18 individuals experiencing homelessness. Trinity County is participating in a soft Project Room Key model and has secured sufficient hotel rooms/trailers/camping arrangements to respond to the need for isolation and quarantine of homeless individuals. As of this date, no person(s) have been housed.

- **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.

Trinity Hospital's normal census is between 10-13 beds. Their current staffing and surge plan would allow for up to 20 beds (8 of these would reside in the "clean" wing). The hospital setup three different wings to accommodate a 35% surge, serving COVID and non-COVID patients; the three wings include the following patient distributions:
1) One staffed Medical Surge wing for sick patients
2) One Staffed Medical Surge wing for quarantine patients
3) SNF wing of well patients (ensure are "clean" through testing and

- 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.

In regards to PPE and the County/Hospital facilities:
Public Health contacts the hospital operations staff at minimum weekly to confirm if there are any resource needs or concerns. Hospital staff and leadership has the Medical Health Operational Coordinator (MHOAC) and MHOAC alternates 24-hour contact information if they need to contact regarding resource challenges or needs. The MHOAC and MHOAC alternate has contact information of the point of contacts for purchasing, as well as leadership 24-hour contact

- **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..

There is one SNF in Trinity County and is located within its own wing of our Critical Access Hospital. The SNF has a 14 day supply of PPE with the following plan to ensure a supply chain:

The hospital will procure PPE through their vendor supply chains; the PHB has funding to support PPE supply needs. In the event that the hospital and/or PHB are unable to procure supplies through vendor streams the following is in place:

Elevate need up through MHOAC Regionally and if all else fails to the

- **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.

All facilities identified by Governor Newsom's roadmap in phase 2 with the exception of Restaurant dine-in and schools will open. Restaurants will continue to operate with take-out and delivery only. After a two week surveillance period (expanded testing and no increase in cases) those entities not included in the initial accelerated opening will then be reviewed for modification and opening under phase 2. Once the attestation is completed and posted for expanded Stage 2 variance, the following sectors would be allowed to open immediately once they

- **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.

Trinity County and the PHB has implemented epidemiological surveillance including monitoring testing and cases/contact tracing as well as mapping of testing clusters within the county and identifying high risk cohorts (those at increased risk for severe illness due to age or chronic conditions). Monitor SNF activity and testing. Continuous monitoring of activity and disease management systems such as CalREDIE and in collaboration with health care and other partners through our MAC group to conduct active surveillance. The primary

- **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](#)

All facilities identified by Governor Newsom's roadmap in phase 2 with the exception of Restaurant dine-in and schools will open. Restaurants will continue to operate with take-out and delivery only. After a two week surveillance period (expanded testing and no increase in cases) those entities not included in the initial accelerated opening will then be reviewed for modification and opening under phase 2. Our Healthcare sector is slowly adding back deferred preventive and elective services and procedures. This will continue throughout Stage 2

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?

Trinity County PHB, OES, and Administration is actively creating a detailed, robust containment plan and will be posted for public view once complete

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?

Trinity County PHB, OES, and Administration is actively creating a detailed, robust containment plan and will be posted for public view once complete

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?

Trinity County PHB, OES, and Administration is actively creating a detailed, robust containment plan and will be posted for public view once complete

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?

Trinity County PHB, OES, and Administration is actively creating a detailed, robust containment plan and will be posted for public view once complete

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?

Trinity County PHB, OES, and Administration is actively creating a detailed, robust containment plan and will be posted for public view once complete

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?

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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?

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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?

Trinity County PHB, OES, and Administration is actively creating a detailed, robust containment plan and will be posted for public view once complete

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

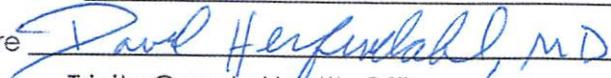
All documents should be emailed to Jake Hanson at Jake.Hanson@cdph.ca.gov

CDPH COVID-19 VARIANCE ATTESTATION FORM

I David, hereby attest that I am duly authorized to sign and act on behalf of Trinit. I certify that Trinit 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 Trinit, 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 David Herfindahl M.D.

Signature 

Position/Title Trinity County Health Officer

Date 5-14-2020



REOPENING TRINITY COUNTY

TRINITY COUNTY HEALTH OFFICER ORDER

Supported by Trinity County Health & Human Services -Public Health Branch, Office of Emergency Services,
Trinity County Sheriff's Office, Environmental Health & County Administration Office

Trinity County has coordinated with the state, local public health officials and County Board of Supervisors to strategically plan a phased reopening of our local economy. Support from our communities, social obligation and personal responsibility are critical for the success of the reopening plan. Moving forward, the safety and health of Trinity County residents remain our number one objective. We ask that each resident make informed decisions to keep yourself and your family healthy throughout the duration of this pandemic.

All County guidance will follow orders directed at the state and federal level at all times. A local order may be more restrictive than the state order, but may not be less restrictive.

Trinity County will implement guidelines to safely phase reopening. If you have questions about preventative measures or how to implement and follow this guidance within your business, organization or office, please call (530) 623-1116.

CALIFORNIA'S SIX INDICATORS FOR MODIFYING THE STAY-AT-HOME ORDER

1. Ability to test, contact trace, isolate and support the exposed;
2. Ability to protect those at high risk for COVID-19;
3. Surge capacity for hospital and health systems;
4. Therapeutic development to meet the demand;
5. Ability of businesses, schools, and childcare facilities to support physical distancing; and
6. Determination of when to reinstitute measures like Stay-At-Home.

In Trinity County, the Public Health Branch will monitor conditions and disease activity and take immediate steps to mitigate and contain COVID-19 spread and reverting to the appropriate stage, depending on severity.

- The triggers for this may include:
 - Two (2) or more confirmed cases of COVID-19 in the county, based on findings of contact investigation and the degree of exposure risk to residents.
 - Medical surge that overloads either the Public Health system or county medical facilities and resources;



- Substantially increased death rate within County.

CALIFORNIA REDEFINING ESSENTIAL vs NON-ESSENTIAL

Instead of classifying businesses and industries as essential vs. non-essential, the state is moving towards the terminology of “lower risk” vs. “higher risk” operations. This will allow all businesses to begin working on plans that focus on safety and are designed to lower the risk of COVID-19 transmission to their workers and customers. At times you may continue to see the language ‘essential workforce’ and that is referring to those industries found [here](#).

LOCAL EVALUATION & MONITORING

The Public Health Branch will assess the following metrics on an ongoing basis to monitor the safety of reopening:

- Monitor Regional Medical/Health activity and Emergency Medical System (EMS) data
- Review local healthcare facilities weekly situation reports
- Monitor local and regional testing
- Case investigation and contact tracing
- Review Coroner reports

Should an increase in illness occur, targeted containment and mitigation measures will be employed and may include any of the following:

- Increased monitoring of exposed contacts
- Strict quarantine of contacts
- Expanded use of PPE
- Recommended reduction in worksite staff
- Sanitation of a specific facility
- Closure or partial closure of a specific facility
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- Additional health orders by the County Public Health Officer



GUIDELINES IN ALL PHASES

INDIVIDUALS

- Anyone who is feeling ill should stay home.
- Continue proper social distancing with six (6) feet of space between one another in public.
- Maintain good hygiene practices - Washing hands frequently and thoroughly, use hand sanitizer, cleaning frequently touched surfaces, and covering coughs & sneezes.
- Social settings – should be limited to ensure proper social distancing standards in each phase.
- The Centers for Disease Control and Prevention (CDC) is recommending that individuals wear cloth or paper (surgical) face masks in public in an effort to prevent transmission of COVID-19. Generally speaking, these masks prevent the wearer from transmitting coronavirus, but it is important to note that disease spread is best controlled when everyone is wearing masks when out in public.

EMPLOYERS

- Develop and implement appropriate policies, in accordance with Federal, State, and local regulation and guidance, and informed by industry best practice, regarding:
 - Social distancing and protective equipment
 - Temperature checks
 - Sanitation
 - Use and disinfection of common and high traffic areas
 - Business travel
- Monitor workforce for symptoms. Do not allow symptomatic people to physically return to work. Standards for employees returning to work is found here: [CDC guidance](#).

PHASE ONE (1) SAFETY & PREPAREDNESS

California is focused on increasing testing, contact tracing, personal protective equipment (PPE), and maintaining hospital surge capacity. Phase 1 activities also include continuing to make essential workplaces as safe as possible and proposing sector-by-sector safety guidelines to expanded workforce.



PHASE TWO (2) LOWER RISK WORKPLACES

The Governor (not localities) will make the decision to move from Phase 1 to Phase 2 by modifying the stay-at-home order. They will be making the determination of when to transition between stages by monitoring the metrics laid out by the Governor's office.

INDIVIDUALS

- All vulnerable individuals should continue to shelter in place, this includes: Those 65 years of age and older and/or residents of any age with underlying health conditions that puts them at risk for severe illness.
- Non-essential travel is strongly discouraged.
- Residents may participate in outdoor recreation activities if they are able to follow the social distancing guidelines.

EMPLOYERS

- Business classified as 'low risk business' will need to visit www.trinitycounty.org to assess how they will establish their plans to safely reopen and receive a certificate from Environmental Health.
- Businesses such as manufacturers, retail stores, and offices (where telework is not available) may reopen.
- Businesses that are currently able to operate with limited and/or closed lobbies will continue to do so.
- Business should encourage telework whenever possible and feasible for business operations.
- Return to work and business should be phased, provide for appropriate physical distancing measures, and ensure sick employees do not come to work.
 - Meeting rooms, break rooms and other common areas should remain closed or be limited in capacity to provide physical distancing between employees.
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 - Protection and accommodations should be provided to employees who are high risk for COVID-19.
 - Owners and operators are encouraged to limit the number of staff and clients in the building at a given time.
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- Provide as many services as feasible with limited contact for example:
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- Outdoor recreation may open.
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SPECIFIC TYPES OF EMPLOYERS

The following sectors would be allowed to open immediately once they have their risk assessment, and site-specific plan implementation:

- Retail, including but not limited to: Bookstores, jewelry stores, toy stores, clothing stores, shoe stores, home and furnishing stores, sporting goods stores, antique stores, music stores, florists.
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- Office-based businesses (telework remains strongly encouraged)
- Outdoor museums and open gallery spaces
- Childcare
- Schools with adaptations (upon further direction of the Governor's office)
- Restaurants will continue to operate with take-out and delivery only. After a two-week surveillance period (expanded testing and no increase in cases) will then be reviewed for modification and opening.

<p>PHASE THREE (3) HIGHER RISK WORKPLACES</p>

Phase 3 will involve opening higher-risk environments with adaptations and limits on the size of gatherings. Examples include: personal care (hair and nail salons, gyms); entertainment venues (movie theaters, sports without live audiences); and in-person religious services (churches, weddings).

INDIVIDUALS

- All vulnerable individuals should continue to shelter in place. Members of households with vulnerable residents should remain aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.
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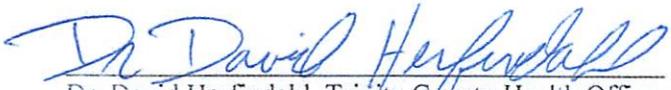
- Organized youth activities may reopen.

PHASE FOUR (4)

In Phase 4, the state will re-open highest risk workplaces when all indicators have been met and once therapeutics have been developed; activities and venues in this category include concerts, convention centers, and live audience sports.

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Approved as to Form:


Dr. David Herfindahl, Trinity County Health Officer



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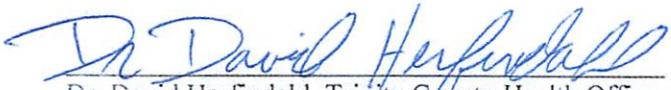
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Approved as to Form:


Dr. David Herfindahl, Trinity County Health Officer



TRINITY COUNTY

Board of Supervisors

P.O. BOX 1613, WEAVERVILLE, CALIFORNIA 96093-1613
PHONE (530) 623-1217 FAX (530) 623-8365

May 15, 2020

The Honorable Gavin Newsom
Governor of California
1303 10th Street, Suite 1173
Sacramento, CA 95814

RE: Trinity County's Board of Supervisors Support for a Variance to Accelerate Pace of Advancing Through Stage 2 of the State's Pandemic Roadmap

Dear Governor Newsom:

Trinity County Board of Supervisors met with county Staff and the Public Health Officer to discuss Trinity County proceeding with Stage 2 of the "State of California's Pandemic Roadmap." Upon review of the Public Health Officer's Attestation of Readiness, as well as the Re-Opening Plan prepared by the Health Officer, Public Health, Administration and the Sheriff's Department, the Board supports allowing Stage 2 businesses to proceed as identified in the County Plan and Attestation, in compliance with the State's guidelines for their respective industries.

We have also solicited and received input from the community. All of the evidence presented supports our determination that Trinity County is ready and prepared to safely undertake the attested to modifications for the businesses and activities set forth in Stage 2, and is prepared to address any potential increased infection rates or hospitalizations in a timely, effective manner. This includes reinstating restrictions as recommended by the Health Officer and described in the Attestation.

In conclusion, our Board has determined that Trinity County has indeed met the minimum readiness standards and is well positioned to maintain those standards for the long run and we fully support the Health Officer's Variance Attestation.

Sincerely,

A handwritten signature in blue ink, reading "Bobbi Chadwick".

Bobbi Chadwick, Chairman
Trinity County Board of Supervisors



TRINITY COUNTY
PERSONNEL POLICY

SUBJECT:	Interim Telecommuting Policy
POLICY NO.:	2020-02
INITIAL DATE PREPARED:	March 27, 2020
LAST DATE REVISED:	
RESOLUTION NO.:	

TRINITY COUNTY
TEMPORARY TELECOMMUTING POLICY

I. POLICY STATEMENT

Due to the current COVID-19 (coronavirus) outbreak, Trinity County is implementing a temporary telecommuting arrangement for employees whose job duties are conducive to working from home but who do not regularly telecommute. Telecommuting is defined for the purpose of this policy as an employee working from a remote site other than their primary work location, typically the employee's home. This policy is applicable only during declared emergencies, the employee must receive approval from their Department Head.

- A. Not all jobs are appropriate for telecommuting. Employees will be selected based on the suitability of their jobs and functional assignments.
- B. An employee approved for Emergency Telecommuting must sign and acknowledge the Temporary Telecommuting Policy which sets forth the terms of approval of telecommuting.
- C. While telecommuting, Employee will:
 - ✓ remain accessible during their established telecommute schedule;
 - ✓ check in with the supervisor to discuss status and open issues;
 - ✓ be available for video/teleconferences, phone calls, conference calls, scheduled on an as-needed basis;
 - ✓ request supervisor approval in advance of working any overtime hours (if employee is non-exempt);
 - ✓ take rest and meal breaks while telecommuting in full compliance with all applicable regulations and
 - ✓ request supervisor approval to use vacation, sick, or other leave in the same manner as when working at Employee's regular work location.

II. EQUIPMENT, TOOLS AND SUPPLIES

- A. The tools, equipment and supplies needed to telecommute will be provided either by the employee, the county or a combination. The specific tools and equipment necessary for each employee shall be within the discretion of the department Head, with the approval of the County Administrative Officer.
- B. The use of equipment, software, data, supplies when provided by the County for use at the home work location is limited to authorize persons for purposes related to county business.

III. WORKSPACE AND ENVIRONMENT

- A. The employee shall designate a workspace within the home for placement and installation of equipment to be used while telecommuting. The employee shall maintain this workspace in a safe condition, free from hazards and other dangers to the employee and equipment. Any County materials taken home must be kept in the designated work area at home and not used except for activities that support telecommuting. Employees will ensure the confidentiality of all information they use at the designated location in accordance with County policies. The attached HIPAA & Security Agreement (Exhibit A) must also be signed by the employee, if they have access to confidential and protected health information (PHI).
- B. Any activity or interruption that takes place during the telecommuter's work schedule and interferes with her/his work must be immediately reported to the supervisor or manager and covered by the use of leave accruals.

IV. EMERGENCY TELECOMMUTING

- A. When a local emergency has been declared pursuant to Government Code Section 8630 or a local public health emergency has been declared pursuant to Health and Safety Code Section 101080, all of the provisions of this policy apply. However, the following provisions shall take effect, and shall supersede any contradictory provision of this policy.
- B. All technology used by the employee will be provided by the County, except as approved by IT, the Department Head and County Administrative Officer.
- C. The emergency telecommuting will last no longer than is necessary to perform the necessary work during an emergency. At the first opportunity, the employee must return to work at the main office.
- D. Employee acknowledges that if management deems the temporary telecommute arrangement described in this policy is not working effectively or as envisioned, management may at any time adjust or revoke telecommuting privileges.

E. Having successfully engaged in temporary telecommuting pursuant to this policy does not commit management to any future remote work.

I hereby affirm by my signature that I have read this Temporary Telecommute Policy and understand and agree to all of its provisions.

Employee Signature

Date

Department Head Signature

Date

By 
Richard Kuhns, Psy.D
County Administrative Officer

Date: 3.25.20

RATIFIED this 7th day of April, 2020 by the Board of Supervisors of the County of Trinity by motion, second (Morris/Fenley), and the following vote:

AYES: Supervisors Fenley, Morris, Groves, Brown and Chadwick
NOES: None
ABSENT: None
ABSTAIN: None
RECUSE: None



BOBBI CHADWICK, CHAIRMAN
Board of Supervisors
County of Trinity
State of California

ATTEST:

RICHARD KUHNS, Psy.D,
Clerk of the Board of Supervisors

By: 
Deputy

EXHIBIT A

In light of COVID-19, it is anticipated that employees will have to provide essential services at home. HIPAA privacy and security rules do not prohibit remote access, but they do require that organizations implement appropriate safeguards to ensure the privacy and security of protected health information (PHI).

As an employee, you are required to meet the following requirements:

- Make sure that all devices accessing your network are properly configured by IT. Devices must be encrypted and password protected with software firewalls and anti-virus software installed.
- Do not allow any friends, family, etc. to use devices that contain PHI.
- Do not allow any friends, family, etc. in the room when you are accessing records that contain PHI.
- Do not use your own equipment without approval of your IT department, and ensuring that the device is encrypted, password protected, and installed with software firewalls and anti-virus software.
- Do not store hard (paper) copies of PHI.
- Disconnect from the company network when you are done working.
- Do not copy any PHI to external media not approved by the company. This includes flash drives and hard drives. All PHI is to stay on the network.
- Any employees in violation of these procedures will be subject to Discipline.

If you intend to work remotely, please sign below and return to the Human Resource Department. You will not be eligible to work from home until the signed notice is received.

Employee Name:

Date



TRINITY COUNTY PERSONNEL POLICY

SUBJECT:	RESPIRATORY PROTECTION PLAN FOR TRINITY COUNTY EMPLOYEES AND EMPLOYEES WORKING AS DISASTER SERVICE WORKERS
POLICY NO.:	2020-01
INITIAL DATE PREPARED:	March 25, 2020
LAST DATE REVISED:	
RESOLUTION NO.:	N/A

I. PURPOSE

It is Trinity County's policy to institute and enforce a Respiratory Protection Plan as set forth in this Policy Statement. This Policy does not supersede any department policies which may be stricter than said forth below.

IMPACTED EMPLOYEES: Specific positions have been designated to respond as Disaster Service Workers to non-routine or emergency operations such as working outside in hazardous wildfire smoke conditions or a spill of a hazardous substance. The impacted departments include; Behavioral Health, Building and Development Services, Cannabis, Department of Transportation, Environmental Health, General Services, Health & Human Services, Probation, The Office of Emergency Services, Risk Management, Sheriff's Office, Solid Waste, Transit and the Veterans Service Office. Please see Appendix D for specific positions within the listed departments that will be impacted.

SUBSEQUENT EMPLOYEES: Any and all employees sworn in as Disaster Service Workers.

II. DEFINITIONS

Cal/OSHA – California Occupational Safety and Health Administration

CDC – Centers for Disease Control

PPE – Personal Protective Equipment

NIOSH – National Institute for Occupational Safety and Health

OESM – Office of Emergency Services Manager

RPP – Respiratory Protection Plan

III. APPLICATION

1. This program applies to all employees who are required to wear respirators during normal work operations. It also applies to employees who have been designated to respond to non-routine or emergency operations such as a spill of a hazardous substance or work outside in hazardous wildfire smoke conditions.
2. The department shall conduct a survey of the work and work processes to determine if the atmospheric conditions exist or may reasonably be expected to exist that would create "harmful exposure" to employees.
3. This program does not apply if the survey results indicate that no conditions exist or may reasonably be expected to exist that create "harmful exposure" to employees.
4. This program does apply if the survey results indicate that conditions do exist or may reasonably be expected to exist that create "harmful exposure" to employees.

IV. TYPES OF RESPIRATORS

The atmosphere and the air contaminant level that a person may encounter dictate the type of respirator that must be worn. Respirator Types are listed below:

- Air-purifying respirator (APR)
- Filter Facepiece (dust mask)
- Half Mask or Full Filtering Facepieces

If the hazard is mild you may be given a particulate filter. Particulate filters are listed below:

- HEPA Filter
- N-100
- P-100
- N-95

Please refer to Appendix C for more details on the Respirators and Filters listed above.

V. GENERAL POLICY

1. This program applies to work operations in which there are "harmful exposure" of employees to dust, fog, fumes, mists, gases, smokes, sprays and vapors. For purposes of this program, "harmful exposure" is defined as exposure in excess of any permissible limit prescribed by General Industry Safety Order 5155 (chemical airborne contaminants) or of such a nature by inhalation as to result in, or have a probability to result in, injury, illness, disease, impairment or loss of function.
2. Respirators shall be provided to employees when such equipment is necessary to protect the health of the employee. However, in the control of those occupational diseases caused by breathing contaminated air, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by

accepted engineering controls (e.g. enclosure or confinement, general or local ventilation, substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to this program.

3. Respirators shall only be used when required to protect an employee from "harmful exposure." Voluntary use of respirators by employees is prohibited, with the exception of voluntary use of filtering facepieces (dust masks), unless approval has been obtained from Risk Management, the Department Head or Designee, and/or the Health Officer.

VI. RESPONSIBILITIES

Human Resources/ Risk Management

- Shall be responsible for oversight and enforcement of this policy
- Facilitating and/or coordinating all training associated with this policy
- Ensuring maintenance of records are being maintained as required by Title 8, California Code of Regulations (CCR)
- Reviewing and updating training as needed, ensuring compliance with occupational safety requirements and recommendations
- Coordinating initial and annual fit-testing for County personnel

Department Heads/Designees/Managers/Supervisors

All department heads their designees, managers and supervisors shall be responsible for overseeing the Respiratory Protection Plan (RPP) and protecting the health of their employees.

Managers/Supervisors shall:

- Participate in the selection of appropriate respiratory protective equipment for each task or potential exposure
- Request assistance when evaluating new operations that may present hazards
- Identify employees who may need respirators
- Ensure employees are cleared, properly fit-tested and equipped with respirators
- Participate in providing updates to the RPP
- Conducting hazard assessments, and ensuring that the designated County Personnel listed on Appendix D, complete initial medical clearance to wear a respirator
- Designate mandatory respirator usage areas and/or field assignments
- Ensure their employees are properly trained initially before an event occurs and annually thereafter.
- Selecting respirators for purchase
- Purchasing necessary equipment
- Ensuring the repair or replacement of equipment
- Ensuring respirator maintenance

- In consultation with the OES Manager, recommending the type and level of respiratory protection for each task or work location

Office of Emergency Services Manager (OESM)

The OESM will be responsible for:

- Providing annual fit-testing for all designated employees listed in Appendix D.

Employees

Employees have the responsibility to comply with all respiratory protection policies, and also to be fit-tested and equipped with appropriate respirators before entering any work location that involves hazardous situations requiring respiratory protection.

Employees shall:

- Use respirators when required
- Attend annual respirator protection training as required
- Ensure that facial hair (to include sideburns) does not cross the respirator sealing surface
- Promptly notify their immediate supervisor for any of the following:
 - Suspicion that respirator no longer fits properly
 - Suspicion that a respiratory hazard is not adequately addressed in the workplace
 - Changes in personal medical status that may impact ability to safely wear a respirator
 - Any other concerns regarding this program
- Obtain medical clearance as required. If medical clearance is not obtained from the Medical Provider an employee shall not work in any hazardous condition.

VII. RESPIRATOR SELECTION

The Supervisor, in consultation with the OES Manager, will select respirators to be used by staff based on the hazards to which employees may be exposed and in accordance with all Cal/OSHA regulations. The hazard evaluation will include the following:

- Identifying the hazardous substances or pathogens
- Reviewing work processes to determine where potential exposures may occur
- Quantifying potential exposure levels, if possible
- Selecting the appropriate respirator based on degree of exposure and the assigned protection factors found in the Cal/OSHA Respiratory Standard. The NIOSH Respirator Decision Logic and other guidelines issued by CDC will also be considered.
- Identifying and communicating the limitations of the selected respirator to the employee(s)

The hazard assessment will be updated any time a new exposure is anticipated.

Respirators shall be NIOSH-approved. A label or statement of certification should appear on the respirator or packaging. It will list what the respirator is designed for and how much protection it will provide. N95 respirators with exhalation should be considered for non-sterile environments to reduce heat and moisture buildup during long wearing periods.

VIII. MEDICAL EVALUATIONS

Respirator use may place a physiological burden on employees based on type of respirator worn, the conditions under which the respirator is used, and the medical status of the employee. Employees whose work activities require the use of respiratory PPE shall receive medical clearance prior to initial fit-testing and use, and annually thereafter. Medical evaluations will be performed at no cost to the employee by a physician or licensed health care professional.

The employee shall complete the Respiratory Protection Medical Evaluation Questionnaire (Appendix A) and bring this to the medical appointment. This form is confidential and shall be shared only with health care professionals.

The health care professional will determine whether the employee can wear a respirator based on a review of the questionnaire, medical tests and/or pulmonary function tests. They will provide a copy of the Respirator Medical Clearance Form (Appendix A) to the employee, who will submit it to their supervisor.

Additional or subsequent medical evaluations will be performed under any of the following circumstances:

- An employee reports medical signs or symptoms related to the ability to use a respirator
- A physician or other licensed health care professional informs the employee that they need to be re-evaluated
- Observations made during fit-testing indicate a need for re-evaluation
- A change occurs in workplace conditions (e.g. physical exertion required or temperature change) that may result in a substantial increase in the physiological burden placed on an employee

IX. FIT TESTING

Before an employee is required to use any respirator with a negative or positive pressure tight fitting facepiece (e.g. an N95), the employee must be fit-tested with the same make, model and style to determine which size is to be used.

Fit testing procedures shall be in accordance with Title 8, CCR, Section 5144.

Fit-testing shall be provided at the time of initial assignment or anticipation of field deployment, annually, and whenever there are changes in the employee's physical condition (e.g. facial scarring, dental changes, cosmetic surgery, and obvious change in body weight) that could affect respirator fit.

Employees who wear corrective glasses or other PPE must ensure that such equipment is worn in a manner that does not interfere with the facepiece seal. The glasses or PPE should be worn during fit-testing.

Respirators used in fit-testing and training shall be cleaned and disinfected before being used by another person.

X. USE OF RESPIRATORS

Respiratory protection should be used when other measures are not able to reduce exposures to acceptable levels. Employees shall use their respirators under conditions specified by this program, in accordance with the training they have received, and when working in field conditions that dictate respiratory protection. Respirators will be selected that are approved for the contaminants that are believed to be present and employees shall not work in atmospheres in which concentrations exceed the maximum use concentration of the respirator. Employees will not remove respirators in hazardous environments, and the respirator shall be used according to NIOSH and the manufacturer's guidelines. Employees must stop working and exit the environment if a change in breathing resistance is noticed or a leak around the facepiece is detected. Employees will leave the work area to wash their face if respirator is causing discomfort or rash, to change filters, cartridges or other parts, or to inspect and replace respirator if it stops functioning properly.

Employees will wear an N95 respirator and follow manufacturer's instructions during any of the following situations:

- When wild smoke conditions are deemed hazardous.
- When responding to a spill of a hazardous substance.

XI. MAINTENANCE AND CARE OF RESPIRATORS

Employees are responsible for cleaning, disinfecting, storing, inspecting and repairing all reusable respirators wherever possible. Employees will request assistance with these tasks as needed.

Reusable respirators maintained for emergency use and issued to more than one employee shall be cleaned and disinfected after each use.

Respirator cleaning procedures recommended by NIOSH are available at <http://www.ccc.gov/niosh/npptl/cleaning/html> or in the Cal/OSHA Respirator Standard.

N95s shall be maintained in their original wrapping and boxes until used. After a single use, N95 respirators will be disposed of in an appropriate manner. N95s are maintenance-free. No repairs shall be attempted. If damaged, soiled, or wet the N95 will be discarded and replaced.

All respirators shall be stored according to the manufacturer's recommendations to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture and damaging chemicals. They shall be packed or stored to prevent deformation of the facepiece and exhalation valve. Respirators should be stored in the plastic bag provided by the manufacturer.

Bulk storage locations shall be inspected annually for moisture, mold, rodent infestation, or any other situation that puts the integrity of the respirators at risk. All respirators shall be inspected prior to each use. Inspection should include the following:

- Respirator function, tightness of connections, condition of the various parts including, but not limited to, the facepiece, head straps, valves, and cartridges, canisters or filters.
- All rubber or plastic parts for pliability and signs of deterioration. N95 respirator inspection shall include a check of the facepiece and headbands for pliability and signs of deterioration.
- Inspection of N95 respirators that have exhalation valves shall include the exhalation valve. The septum covering the valve inside the respirator shall be inspected to ensure that it covers the valve opening during exhalation. If the septum is self-contained within the valve and unable to be accessed, no attempt should be made to access the septum and no inspection is needed – the face seal positive check will identify any damage with the septum if self-contained.

Each inspection shall include donning the respirator and performing positive and negative pressure seal checks. An inspection log shall be kept with each reusable respirator.

Any defective respirators shall be removed from service, and shall be adjusted, repaired or discarded as appropriate. Only persons who have been trained to perform such operations shall make repairs or adjustments to respirators. All repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed, using only the manufacturer's NIOSH-approved parts.

When cartridges are used, the Office of Emergency Services Manager shall determine a cartridge change schedule based on information provided by the employee.

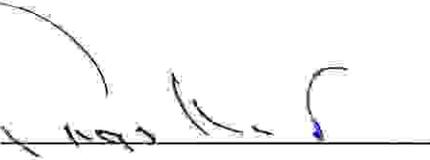
Respirators used in a non-contaminated environment can be disposed of with regular trash. Respirators used in a contaminated environment shall be disposed of in a pre-designated red biohazard container.

XII. TRAINING

A Certified Trainer with oversight from Human Resources or Risk Management shall provide annual training in the content of the Cal/OSHA respiratory protection standard and in the proper use of respirators and their limitations. Training is provided to all affected employees and will include information in the Respirator Training Checklist in [Appendix A](#). Group Training

Records will be maintained on the Form included in Appendix A. Individual Training Records will be maintained using the Respirator Fit Testing Individual Training Record Form.

Remedial training will be provided to any employee when problems with respirator use occur.

By 

Richard Kuhns, Psy.D

County Administrative Officer

Date: 3.25.20

RATIFIED this _____ day of _____, 2020 by the Board of Supervisors of the County of Trinity by the following vote:

AYES:	Supervisors
NOES:	None
ABSENT:	None
ABSTAIN:	None
RECUSE:	None

BOBBI CHADWICK, CHAIRMAN
Board of Supervisors
County of Trinity
State of California

ATTEST:

RICHARD KUHNS, Psy.D,
Clerk of the Board of Supervisors

By: _____

Deputy

Appendix A: Forms

Respiratory Protection Medical Evaluation Form
Respirator Medical Clearance Form
Respirator Fit Testing and Individual Training Record
Respirator Training Checklist
Respiratory Protection Training Record (Group)

Respiratory Protection Medical Evaluation Form

OSHA Respirator Medical Evaluation Questionnaire (Mandatory)			
To the employee: Answers to questions in Section 1 and to question 9 in section 2 of part A, do not require a medical examination.			
To the employee: Can you read (circle one):		YES	NO
Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.			
Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print)			
1. Today's Date:		2. Your Name:	
3. Your age:		4. Sex (circle one):	Male Female
5. Your height:	Ft.	In.	6. Your weight: Lbs.
7. Your job title:			
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include Area Code):			
9. The best time to phone you at this number:			
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one):		YES	NO
11. Check the type of respirator you will use (you can check more than one category):			
a. ____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).			
b. ____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).			
12. Have you worn a respirator (circle one):		YES	NO
If "yes," what type(s):			
Part A Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respiratory (please circle "yes" or "no").			
1. Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month?		YES	NO
2. Have you <i>ever had</i> any of the following conditions:			
a. Seizures		YES	NO
b. Diabetes (sugar disease)		YES	NO
c. Allergic reactions that interfere with your breathing		YES	NO
d. Claustrophobia (fear of closed-in places)		YES	NO
e. Trouble smelling odors		YES	NO
3. Have you <i>ever had</i> any of the following pulmonary or lung problems?			

a. Asbestosis	YES	NO
b. Asthma	YES	NO
c. Chronic bronchitis	YES	NO
d. Emphysema	YES	NO
e. Pneumonia	YES	NO
f. Tuberculosis	YES	NO
g. Silicosis	YES	NO
h. Pneumothorax (collapsed lung)	YES	NO
i. Lung cancer	YES	NO
j. Broken ribs	YES	NO
k. Any chest injuries or surgeries	YES	NO
l. Any other lung problem that you've been told about	YES	NO
4. Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness?		
a. Shortness of breath	YES	NO
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	YES	NO
c. Shortness of breath when walking with other people at an ordinary pace on level ground	YES	NO
d. Have to stop for breath when walking at your own pace on level ground	YES	NO
e. Shortness of breath when washing or dressing yourself	YES	NO
f. Shortness of breath that interferes with your job	YES	NO
g. Coughing that produces phlegm (thick sputum)	YES	NO
h. Coughing that wakes you early in the morning	YES	NO
i. Coughing that occurs mostly when you are lying down	YES	NO
j. Coughing up blood in the last month	YES	NO
k. Wheezing	YES	NO
l. Wheezing that interferes with your job	YES	NO
m. Chest pain when you breathe deeply	YES	NO
n. Any other symptoms that you think may be related to lung problems	YES	NO
5. Have you <i>ever had</i> any of the following cardiovascular or heart problems?		
a. Heart attack	YES	NO
b. Stroke	YES	NO

c. Angina	YES	NO
d. Heart failure	YES	NO
e. Swelling in your legs or feet (not caused by walking)	YES	NO
f. Heart arrhythmia (heart beating irregularly)	YES	NO
g. High blood pressure	YES	NO
h. Any other heart problem that you've been told about	YES	NO
6. Have you <i>ever had</i> any of the following cardiovascular or heart symptoms?		
a. Frequent pain or tightness in your chest	YES	NO
b. Pain or tightness in your chest during physical activity	YES	NO
c. Pain or tightness in your chest that interferes with your job	YES	NO
d. In the past two years, have you noticed your heart skipping or missing a beat	YES	NO
e. Heartburn or indigestion that is not related to eating	YES	NO
f. Any other symptoms that you think may be related to heart or circulation problems	YES	NO
7. Do you <i>currently</i> take medication for any of the following problems?		
a. Breathing or lung problems	YES	NO
b. Heart trouble	YES	NO
c. Blood pressure	YES	NO
d. Seizures	YES	NO
8. If you've used a respirator, have you <i>ever had</i> any of the following problems? (If you've never used a respirator, check the following space and go to question 9)		
a. Eye irritation	YES	NO
b. Skin allergies or rashes	YES	NO
c. Anxiety	YES	NO
d. General weakness or fatigue	YES	NO
e. Any other problem that interferes with your use of a respirator	YES	NO
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?	YES	NO
Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.		
10. Have you <i>ever lost</i> vision in either eye (temporarily or permanently)?	YES	NO
11. Do you currently have any of the following vision problems?		

a. Wear contact lenses	YES	NO
b. Wear glasses	YES	NO
c. Color blind	YES	NO
d. Any other eye or vision problem	YES	NO
12. Have you <i>ever had</i> an injury to your ears, including a broken ear drum?	YES	NO
13. Do you <i>currently</i> have any of the following hearing problems?		
a. Difficulty hearing	YES	NO
b. Wear a hearing aid	YES	NO
c. Any other hearing or ear problem	YES	NO
14. Have you <i>ever had</i> a back injury?	YES	NO
15. Do you currently have any of the following musculoskeletal problems?		
a. Weakness in any of your arms, hands, legs, or feet	YES	NO
b. Back pain	YES	NO
c. Difficulty fully moving your arms and legs	YES	NO
d. Pain or stiffness when you lean forward or backward at the waist	YES	NO
e. Difficulty fully moving your head up or down	YES	NO
f. Difficulty fully moving your head side to side	YES	NO
g. Difficulty bending at your knees	YES	NO
h. Difficulty squatting to the ground	YES	NO
i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs.	YES	NO
j. Any other muscle or skeletal problem that interferes with using a respirator	YES	NO

Part B. Respirator Use Additional Information

1. How often are you expected to use the respirator(s)? Respirator use will be during disasters when hazardous materials and/or infectious agents are present. During such incidents, the respirator may be worn on a daily basis for over 4 hours per day.

2. During the period you are using the respirator(s), what is your work effort? The work effort will be light to moderate. This includes standing, walking on primarily level surfaces, and patient/equipment movement using assistive devices.

3. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator? Depending on the incident and the hazardous material/infectious agent, the employee could possibly wear lightweight protective clothing (gown, shoe covers, gloves, etc.) up to and including a full-facepiece respirator with chemical resistant protective clothing (coveralls, boots, gloves, etc.) of a heavier, encapsulated material.

4. Will you be working under hot conditions (temperature exceeding 77 deg. F)? The employee will typically be working in a temperature-controlled building, but there may be instances where the employee will work outside or the A/C is not working properly. Under these circumstances, employees will be encouraged to take frequent breaks in contaminant free zones.

5. Will you be working under humid conditions? Work will be performed inside or outside.

6. Describe the work you'll be doing while you're using your respirator(s):

7. Describe any special conditions you might encounter when you're using your respirator(s):

Medical Provider Contact Information:

Employee Signature

Date

Supervisor Signature

Date

RESPIRATOR MEDICAL CLEARANCE FORM

Part C: Respirator Medical Evaluation Authorization and Approval	
Employee Authorization	
I authorize the Medical Provider to review my respirator medical evaluation questionnaire for approval to wear respirators in the performance of my work duties.	
Employee Name (print):	
Employee Signature:	Date:
Medical Provider Approval	
I have reviewed the respirator medical evaluation questionnaire for the above employee and approve the following types of respirators:	
<input type="checkbox"/> Disposable respirator N,R, or P (filter-mask, non-cartridge type only)	
<input type="checkbox"/> Half-facepiece type powered-air purifying respirator (PAPR)	
<input type="checkbox"/> Full-facepiece type powered-air purifying respirator (PAPR)	
Medical Provider Name:	
Medical Provider Signature:	Date:
Instructions:	
<p>Employee: Complete the respirator medical evaluation questionnaire. Sign and date the questionnaire. Provide the questionnaire to the Medical Provider at the designated Medical Facility.</p> <p>Medical Provider: Review the respirator medical evaluation questionnaire and determine whether or not the employee is able to wear the identified respirators. If the employee is not medically able to wear a respirator, draw a line through the type(s) of respirators the employee cannot wear. Return Part C to Human Resources for the employee's record. Either maintain Part A and B in your office or return to the employee.</p> <p>Human Resources/Risk Management: Provide the Office of Emergency Services with Part C: Medical Clearance form for official clearance for the employee to obtain proper fit testing from the Office of Emergency Services Manager and/or Emergency Preparedness Coordinator.</p>	

EXAMPLE

Respirator Fit Testing and Individual Training Record

Date	Employee Name	Employee Number
Make, Model and Style of respirator tested	Disposable	Reusable
	N95 P100	Half face Full face
	Size:	
Type of Fit-testing		
Saccharin	Bitrex	Quantitative*
Taste of Threshold (if qualitative test): 10 20 30 >30 (cannot taste)		
Results of Fit-testing:		

* If Quantitative test performed, attach strip chart or printout of results.

Certified Fit Tester Signature

Date

EXAMPLE

Respirator Training Checklist

Circumstances under which respirators are to be used	<input type="checkbox"/>
Why respirators are necessary	<input type="checkbox"/>
Medical and physical conditions that limit or prevent effective use of respirators (dizziness, difficulty breathing, dental work, facial scars, missing dentures, etc.)	<input type="checkbox"/>
Proper fit checks	<input type="checkbox"/>
Demonstration of how a respirator is to be worn, how to adjust it, and how to determine if it fits properly.	
Respirator limitations and capabilities in protecting against chemical and/or biological agents	<input type="checkbox"/>
How to inspect, put on and take off respirators	<input type="checkbox"/>
How to maintain, clean and store respirators	<input type="checkbox"/>
Inspection of respirator seals	<input type="checkbox"/>
What to do when there is a change in type of respiratory protection used or a new hazard or task requiring respirator use is identified	<input type="checkbox"/>
Decontamination or safe disposal of a contaminated respirator	<input type="checkbox"/>
Self-decontamination when breakthroughs occur	<input type="checkbox"/>
How and when to arrange for fit-testing	<input type="checkbox"/>
Field Deployment considerations with regards to respirators	<input type="checkbox"/>
Training on specific respirators	<input type="checkbox"/>

Appendix B: Contacts

Name	Position	Work phone	Cell phone
Shelly Nelson	HR Director/ Risk Manager		
Rebecca Cooper	Loss Prevention Specialist II		
Ed Prestley	Office of Emergency Services Manager		

Appendix C: Types of Respirators and Filters

The atmosphere and the air contaminant level that a person may encounter dictate the type of respirator that must be worn. Respirator types are listed below:

Air-purifying respirator (APR)

The air-purifying respirator passes ambient air through filters, cartridges, or canister to remove gas, vapor, particulate, or combinations of gas, vapors and /or particulate from the air. These devices do not provide oxygen or protect against oxygen-deficient atmospheres.

For protection against chemical gases and vapors, the respirator must be equipped with an ESLI (End of Service Life Indicator) certified by NIOSH for containment.

Filter Facepiece (dust mask)

These negative pressure disposable particulate filtering facepieces, type of N, R, or P series have an entire facepiece composed of the filtering medium. These units have no replaceable parts.



N-95



N-95



P-100

Half Mask or Full Filtering Facepieces

These tight-fitting respirators are non-powered, negative pressure respirators. Ambient air is inhaled through purifying medium replaceable cartridges (filters) and exhaled through an exhaust valve.



Half Mask



Full Facepiece



Full Facepiece

FILTERS FOR AIR PURIFYING RESPIRATORS

To help laboratory employees identify which cartridge is designed for which specific chemical all filters, cartridges, and canisters must be labeled and color-coded with an approval label provided by NIOSH.

Canister or Cartridge

A canister or cartridge is a container with a filter, sorbent, or catalyst, or combination of these items which removes specific chemical contaminants from the air when passed through the container.



Cartridge



Cartridge



Canister

Types of Filter

The filter is the component used in respirators to remove solid or liquid aerosols (particles) from inspired air and can also be called an air-purifying element.



There are nine possible classes of filters (three levels of filter efficiency and three levels of resistance to filter efficiency degradation):

Filter Efficiency

Under NIOSH criteria, filter materials are tested at a flow rate of 85 lpm for penetration by particles with a medial aerodynamic diameter of 0.3 μm and if certified are placed in one of three categories:

- Type 100 (99.7%) efficient (considered a high efficiency particulate air (HEPA) filter)
- Type 99 (99%) efficient
- Type 95 (95 %) efficient

Filter Resistance Levels

The categories of resistance to filter efficiency degradation:

N (Not resistant to oil)

R (Resistant to oil)

P (Oil proof)

Type 100, 99, and 95 Particulate Filter

N-100, 99 and 95 are effective against particulate aerosols free of oil; time use restrictions may apply. (a single shift time limitation may be appropriate) N-series filters should be restricted to use in those workplaces free of oil or other severely degrading aerosols.

P-100, 99, and 95 are effective against all particulate aerosols and P-100 is the only filter that is color coded magenta (P series filters have neither aerosol-use nor time-use limitations).

R-100, 99 and 95 are effective against all particulate aerosols, time use restrictions may apply (R series filters do not have similar aerosol-use restrictions).

As for any filter, service time will be limited by considerations of hygiene and increased breathing resistance due to filter loading.

Examples of Particulate Filters



HEPA Filter



HEPA Filter



N-100



P-100



N-95



N-95

Use of Filter

Filter use and limitations should be clearly marked on the filter, filter package, or respirator box.

Dispose all filters according to manufacturer's guidelines.

Appendix D: Designated Positions by Department

<u>DEPARTMENTS</u>	<u>ENVIRONMENTAL HEALTH</u>	<u>SHERIFF</u>
<u>ADMINISTRATION</u>	Environmental Health Director	All Sworn Staff
N/A	Environmental Health Specialist I/II	Animal Control Officer
<u>AG COMMISSIONER</u>	<u>GENERAL SERVICES</u>	<u>SOLID WASTE</u>
N/A	Facility Operations Superintendent	Gate Attendant I/II
<u>ASSESSOR/CLERK RECORDER/ELECTIONS</u>	Maintenance Mechanic I/II	Equipment Operator Driver I/II/III
N/A	<u>HEALTH & HUMAN SERVICES</u>	Technician I/II/III
<u>AUDITOR</u>	Social Worker I/II/III	<u>TREASURER/TAX COLLECTOR</u>
N/A	Social Worker Supervisors	N/A
<u>BEHAVIORAL HEALTH SERVICES</u>	Custodian/ Maintenance Worker	<u>TRINITY TRANSIT</u>
Case Managers	Work Crew Leader	Transit Drivers
Clinicians	Public Health Nurse I/II	<u>VETERANS SERVICES</u>
<u>BOARD OF SUPERVISORS</u>	Public Health Nurse Supervisor	Veterans Service Officer
N/A	Public Health Nurse Director	
<u>BUILDING & DEVELOPMENT SERVICES</u>	<u>HUMAN RESOURCES</u>	
Building Inspector, I/II/III Chief Building Inspector	N/A	
<u>CANNABIS</u>	<u>INFORMATION TECHNOLOGY</u>	
Code Compliance Lead Worker Code Compliance Specialist I/II	N/A	
<u>CHILD SUPPORT SERVICES</u>	<u>LIBRARY</u>	
N/A	N/A	
<u>DEPARTMENT OF TRANSPORTATION</u>	<u>PLANNING</u>	
Mechanic I, II, III	N/A	
Road Maintenance Worker I, II, III	<u>PROBATION</u>	
Road Superintendent Director of Transportation	Assistant Chief Probation Officer Chief Probation Officer Deputy Probation Officers	
Equipment Shop Supervisor	<u>RISK MANAGEMENT</u>	
Surveyor	Risk Manager	
<u>DISTRICT ATTORNEY</u>	Loss Prevention Specialist I/II	
N/A		



May 14, 2020

Sonia Y. Angell, MD, MPH
State Public Health Officer & Director
State of California
Center for Health Care Quality,
P.O. Box 997377
MS 0512
Sacramento, CA 95899-7377

Dear Ms. Angell:

Mountain Communities Healthcare District supports the Trinity County Variance to Stage 2 of the California Roadmap to Modify the Stay-at-Home Order from the State Public Health Officer and strongly urge the California Department of Public Health and the Governor's Office to allow for an accelerated process of Stage 2 to reopen Trinity County, California.

Sincerely,

Aaron Rogers
Chief Executive Officer

 <p>Trinity County Health and Human Services Agency</p>		Reviewed by: Marcie Cudziol, PHN Director Dr. David Herfindahl Shelly Nelson, Human Resources Margaret Long, County Counsel
		Policy number: HHS-ALL-2020-COVID
	Approved by/Date: 04/16/2020 Marcie Cudziol, PHN Director Liz Hamilton, Director-Interim	Category: Employee Health & Exposure Prevention and Screening
Title: Interim Employee Guidance & Screening During COVID-19 Pandemic		Distribution: All Staff

POLICY

PROCEDURE

GUIDELINE

This policy is subject to updates as new guidance become available

PURPOSE:

Health and Human Services of Trinity County (HHS) is committed to ensuring that the activities of staff reflect our mission, values, and the highest ethical standards. To maintain a professional, secure and safe environment, HHS hereby adopts the following policy and procedure regarding employee health screening, and reporting to work during the COVID-19 pandemic event and guidelines for protecting staff from potential exposure.

DEFINITION:

- COVID-19:

COVID-19 (SARS-CoV-2) is a new coronavirus that was initially discovered in the Wuhan region of China in December 2019.

CDC states that the virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.
- Maintaining good social distance (about 6 feet) is very important in preventing the spread of COVID-19.

Essential Worker. As of March 19, 2020, California Governor, Gavin Newsom ordered a “shelter-in-place” for all residents in the State of California. The order is for all persons to remain at their residence except for essential needs workers. A complete list of essential workers can be found [here](#).

POLICY:

It is the policy of HHS to ensure the safety and wellness of each employee at all times. During the COVID-19 pandemic event, it is necessary to implement procedures to ensure staff safety while ensuring essential staff do not spread the illness to others. These procedures include provision for training staff, work process reviews, and daily wellness reporting by employees. HHS will work with Public Health in the event that employee quarantine may become necessary.

PROCEDURE:**BEST PRACTICES**

All Employees are expected to follow these procedures to protect themselves and others:

Symptoms and/or Exposure:

1. If you are ill and/or have symptoms that are not a part of your normal health status, STAY HOME and notify your supervisor.
2. If you have any symptoms consistent with COVID-19 (fever over 100, cough, shortness of breath/difficulty breathing, or sudden and complete loss of smell) – STAY HOME – and contact your health care provider.
3. If you suspect that you have been exposed to COVID-19, STAY HOME, contact your health care provider and inform your supervisor.

General Guidelines:

- Wash your hands often per the CDC guidelines for 20 seconds, especially after coughing, sneezing or blowing your nose. If soap and water are not available use hand sanitizer with at least 60% alcohol.
- Cover your mouth/nose with your elbow or a tissue when coughing or sneezing. If a tissue is used throw the tissue immediately into the garbage receptacle and wash your hands.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Practice “Social Distancing” at all times - Maintain at least 6’ of separation between yourself and others.
- Do not shake hands or hug people when greeting.
- Eliminate gatherings and meetings unless a 6’ distance can be maintained at all times between individuals in a space large enough to accommodate this.
- As much as possible, conduct meetings via Video Conferencing or Conference Calls (Go To Meeting, etc.)
- All work-related travel is limited to essential travel and shall be discussed and approved by your Manager.
- Disinfect high touch services frequently, such as desks, chair arms, keyboards, computer mice, light switches and tables.
- Paper masks or cloth face coverings are beneficial to prevent the wearer from spreading to others. This should not take the place of social distancing.
- Wear a medical grade appropriate face mask (i.e. N-95) when the situation requires it
 - Refer to the county’s [Respiratory Protection Plan](#) and our [PPE guidance](#).

Supervisors:

- Every morning ensures that employees coming into the office are asking themselves the questions on the Daily Screening Form prior to arriving.

WORKING FROM HOME

In an effort to accommodate physical distancing in our office environment, we have developed strategies to increase staff's ability to work with safety in the office and/or from home during this pandemic. Staff will receive information directly from their manager specific to their unit.

In coordination with the county, HHS has implemented working from home strategies on a case-by-case basis in situations where:

- The employee is unable to come to work due to:
 - Being at high-risk for complications if infected with COVID-19
 - Exposure or potential exposure to the COVID-19 virus (these determinations will be made in consultation with Public Health)
 - This may include caring for an ill family member whose COVID-19 status is unknown
 - Lack of childcare due to impacted closures

**Updated information, guidance, and resources for employees will be provided by Trinity County Human Resources.*

SICK EMPLOYEES AND/OR EXHIBITING SYMPTOMS CONSISTENT WITH COVID-19

If you are ill, contact your health care provider.

In order for you to return to work:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath);

AND

- At least 7 days have passed since symptoms first began.

In all cases, follow the guidelines of your healthcare provider and local health department. Any scenarios not covered in this policy, please reach out to your supervisor.



HHS EMPLOYEE DAILY SCREENING FORM – COVID-19

Employee Name: _____

Date: _____

Each employee must answer the following questions each morning prior to coming into the office:

1. Have you been in close contact or staying in the same household as someone with a known or suspected case of coronavirus (COVID-19) (YES/NO)?
2. Are you ill today (YES/NO)?
3. Do you have any of the following symptoms (YES/NO)?
 - Fever
 - Cough
 - Difficulty Breathing
 - Subjective feeling of fever (body aches, chills, etc.)
4. Is your current temperature more than 100°F (YES/NO)?
5. Have you been in prolonged close contact or staying in the same household as someone with any of the above symptoms (YES/NO)?

Any YES answer to questions 1-5 requires the employee to immediately self-separate and to not enter the work area. These employees are restricted from working until they are cleared either through isolation, quarantine and/or testing of COVID-19.

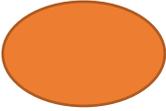
COMMUNITIES of TRINITY COUNTY



Open Door Community Health Center (Willow Creek, Humboldt Co.)

Mon-Fri
8am-5pm

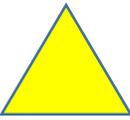
Communities that are approximately 60 min distance to clinic:
Salyer, Hawkins Bar, Burnt Ranch



Humboldt County OptumServe Testing Site

Mon-Fri
8am-5pm

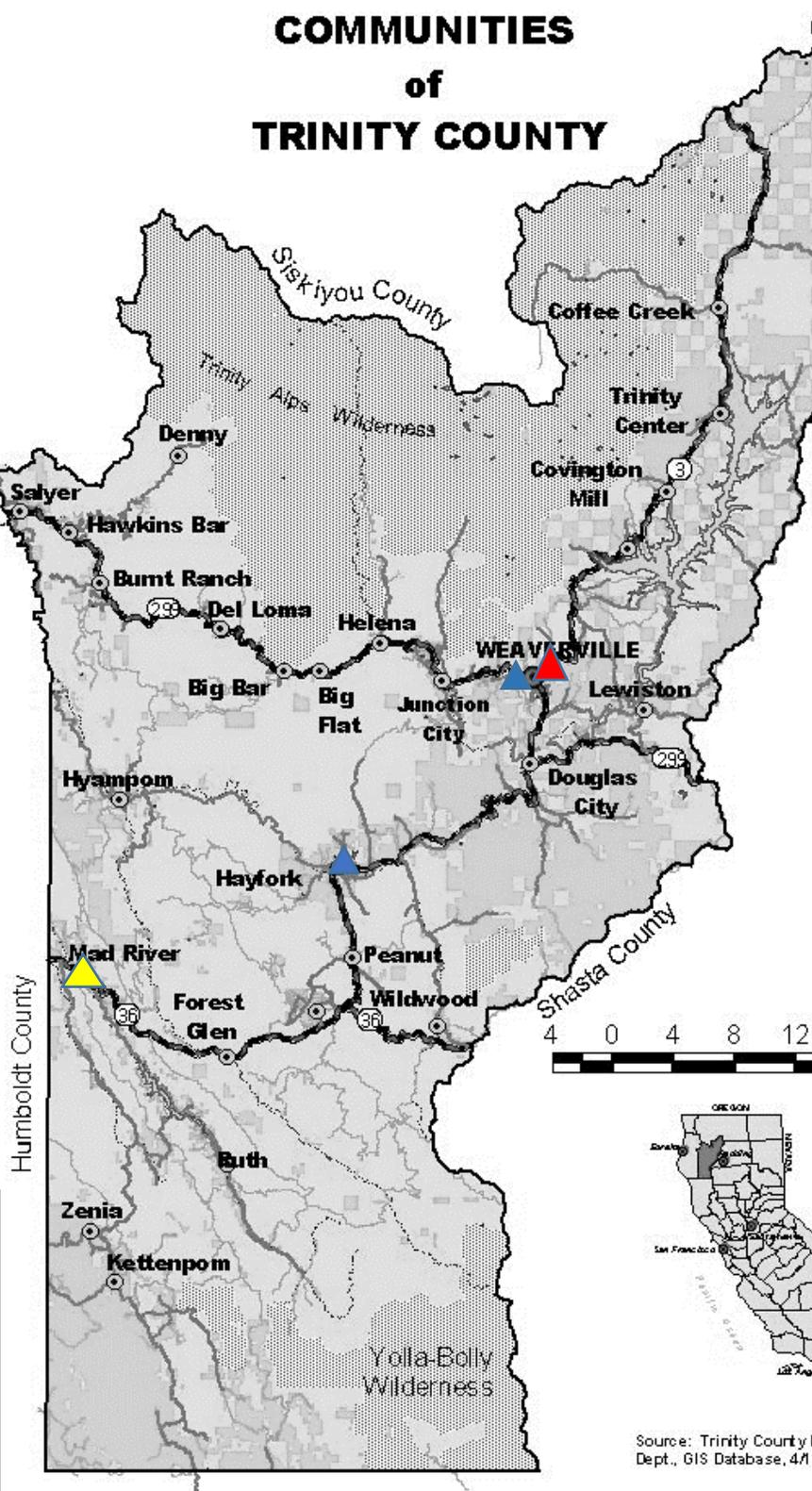
Communities that are approximately 60 min distance (drive time) to OptumServe test sites:
Salyer, Ca



Southern Trinity Health Services

Mon-Fri
8:30am-5pm

Communities that are approximately 60 min distance to clinic:
Forest Glen, Ruth, Zenia, Kettenpom, Mad River



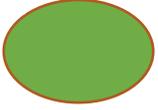
 MCHD Trinity Community Clinics (Hayfork & Weaverville)
Mon-Fri
8am-5pm

 Redding Rancheria
Mon-Fri
8am-5pm

Communities that are approximately 60 min distance to clinic

MCHD Weaverville Clinic & Redding Rancheria:
Weaverville, Del Loma, Big Bar, Big Flat, Helena, Junction City, Douglas City, Lewiston, Covington Mill, Trinity Center, Coffee Creek

MCHD Hayfork Clinic:
Hyampom, Peanut, Wildwood, Forest Glen



Shasta County OptumServe Testing Site

Mon-Fri
7am-7pm

Communities that are approximately 60 min distance to OptumServe test sites:
Weaverville, Lewiston, Douglas City

Communities outside of 60 minute threshold to OptumServe site or Community Clinics:

Denny, California
Population = <100



Source: Trinity County Planning Dept., GIS Database, 4/14/2004, page 530 623-1351



TRINITY COUNTY HEALTH AND HUMAN SERVICES

Elizabeth Hamilton, Interim Director
51 INDUSTRIAL PARK WAY
P.O. BOX 1470, WEAVERVILLE, CALIFORNIA 96093
PHONE (530) 623-1265 (800) 851-5658 FAX (530) 623-6628

Personal Protective Equipment (PPE) Use Protocol

All essential HHS employees that must go into homes will wear appropriate Personal Protective Equipment (PPE) for the situation:

When entering client homes, gloves and a fit-tested N95 respirator will be worn at all times while in the client's home.

When it is required that essential APS/CWS staff be in close physical contact with persons of known or unknown COVID-19 status (touching those persons) by nature of their mandated duties (for example detaining a child or an elder person) those staff persons will don full PPE:

- Coveralls or gown
- N95 fit tested respirator
- Gloves
- Face shield

Staff subject to this protocol will view the Donning and Doffing of PPE video at <https://www.youtube.com/watch?v=t1lxq2OUy-U> and sign this form attesting to this prior to donning PPE. This form will be submitted to staff supervisor with a copy cc'd to the PHN Director. All PPE worn in the field will be donned (to put on) and doffed (to take off) according to the guidance provided at <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>.

There will be a garbage bag located in the vehicles designated with PPE to dispose of doffed PPE. These can be disposed of in the trash. There will also be a reference card for donning and doffing PPE with each set to assist those in the field with donning and doffing procedure.

I acknowledge that I have reviewed this PPE Use Protocol, the Donning and Doffing of PPE video, and the Centers for Disease Control and Prevention (CDC) Sequence for Putting On and Removing PPE. I understand my responsibilities under the PPE Use Protocol and Donning and Doffing guidelines provided.

Printed Name

Signature

Date

PPE Use Protocol 04.10.20

Adult Services/IHSS
Public Guardian
PO Box 1470
Weaverville,
CA96093
(530) 623-1265
Fax: (530) 623-6628

CalWORKs
Eligibility/Employment
PO Box 1470
Weaverville, CA96093
(530) 623-1265
Fax: (530) 623-1250

Child Welfare
Services
PO Box 1378
Weaverville,
CA96093
(530) 623-1314
Fax: (530) 623-1488

OES
PO Box 399
61 Airport Road
Weaverville,
CA96093
(530) 623-1116
Fax: (530) 623-5094

Public Health
PO Box 1470
Weaverville,
CA96093
(530) 623-8209 or
1-800-766-6147
Fax: (530) 623-1297

VSO
PO Box 31
51 Memorial Drive
Weaverville,
CA96093
(530) 623-3975

WIC
PO Box 1470
Weaverville,
CA96093
(530) 623-3238
Fax: (530) 623-4072

