

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



COVID-19 VARIANCE ATTESTATION FORM

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FOR County of Yolo

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## Background

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

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

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

Now, 11 days after the first variance opportunity announcement, the state has further built up capacity in testing, contact tracing and the availability of PPE. Hospital surge capacity remains strong overall. California has maintained a position of stability with respect to hospitalizations. These data show that the state is now at a higher level of preparedness, and many counties across the state, including those that did not meet the first variance criteria are expected to be, too. For these reasons, the state is issuing a second variance opportunity for certain counties that did not meet the criteria of the first variance attestation. This next round of variance is for counties that can attest to meeting specific criteria indicating local stability of COVID-19 spread and specific levels of county preparedness. The criteria and procedures that counties will need to meet in order to attest to this second variance opportunity are outlined below. It is recommended that counties consult with cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

## Local Variance

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

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

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

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

**County Name:** County of Yolo

**County Contact:** Ron Chapman, MD MPH, Health Officer/Mary Ann Limbos, MD, MPH Deputy Health Officer

**Public Phone Number:** (530) 666-8614

## Readiness for Variance

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

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

protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

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

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

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

### Readiness Criteria

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

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

Over the past 14 days, 5/5/20-5/18/20, there have been 0-1 hospitalized confirmed COVID-19 patients hospitalized in either of our two hospitals, Sutter and Woodland Memorial (Dignity Health), and 2 patients hospitalized outside of the county. Therefore, Yolo County meets this metric of no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.

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

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

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

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

Over the past 14 days, 5/5/20-5/18/20, there were 12 positive cases in Yolo County. With a population of 220,500, Yolo County has a COVID-19 positive incidence of 5.4 cases per 100,000. Therefore, Yolo County meets the metric of <25 per 100,000.

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

Yolo County has developed a COVID-19 Employee Toolkit to provide guidance on a safe return to work, including structuring of the physical environment to protect workers, social distancing measures, the use of face coverings, and daily symptom screens for all county employees (Appendix A).

Since the beginning of the outbreak, Yolo County HHS Emergency Medical Services (EMS) staff have worked closely with local healthcare providers to provide guidance for structuring the physical environment to protect workers, especially around the area of outbreak mitigation, develop patient surge plans, and track and supply critical resources including personal protective equipment (PPE).

Guidance for essential critical infrastructure workplaces has been distributed through the county Disaster Operations Center (DOC) and Emergency Operations Center (EOC) and is also available on the county website:  
<https://www.yolocounty.org/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/coronavirus-guidance>

On April 24, 2020, Yolo County issued a health order requiring face coverings for members of the public and workers (Appendix B).

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

Regarding essential personnel who are not county employees, such as healthcare personnel and first responders, their respective organizations have ready access to the Medical Health Operational Area Coordinator (MHOAC) for Yolo County to request necessary supplies through the DOC. The MHOAC is in regular contact with health care systems and other organizations employing essential personnel to assess supplies of PPE and disinfectant. Additionally, as part of its regular functions, HHS maintains a cache of medical supplies in the event there is a shortage in the county.

Regarding the County's essential workforce, the County has acquired sufficient PPE for county personnel, including face coverings, and when appropriate, N-95 and surgical masks, gloves, and hand sanitizer.

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

- Minimum daily testing capacity to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Provide the number of tests conducted in the past week. A county must also provide a plan to reach the level of testing that is required to meet the testing capacity levels, if the county has not already reached the required levels.

The County's COVID-19 testing capacity is estimated to be between 555 per day, or 2.5 tests per 1000 residents to 813 per day, or 3.7 tests per 1000 residents. The capacity is achieved via the Napa-Solano-Yolo-Marin (NSYM) Public Health Lab, hospital labs, commercial labs, and the Optum Serve state testing site in Yolo County.

Prior to increased testing capacity, Yolo County has used published CDC and California Department of Public Health (CDPH) guidelines to prioritize testing. Our volume of testing belies our full testing capacity. We anticipate that our volume will steadily increase with our increased lab capacity. Our testing volume for the week 5/10-5/16/20 was 677 tests, or 0.4 tests per 1,000 residents. This total is incomplete as the week's results from the Optum Serve testing site are still coming in.

<b>Daily Testing Capacity (estimated)</b>		
<b>Facility</b>	<b>Low</b>	<b>High</b>
NYSMPHL	90	100
State (VRDL)	100	100
Other (i.e. UCSF)	10	20
WMH (in-house)	14	25
SDH (in-house)	14	25
CDPH Surveillance Program	10	10
FQHC's		
<i>CommuniCare</i>	10	25
<i>Winters</i>	10	10
<i>Elica</i>	20	30
Large Commercial Labs	150	300
Private Labs (e.g. Aegis Sciences)	20	30
OptumServe	107	138
<b>Total</b>	<b>555</b>	<b>813</b>

- o Testing availability for at least 75% of residents, as measured by the presence of a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county and indicate if there are any geographic areas that do not meet the criteria and plans for filling these gaps if they exist. If the county depends on sites in adjacent counties, please list these sites as well.

Yolo County conducted a drive-time analysis that showed that 99% of residents are within 60 minutes of a COVID-19 testing sites (Appendix C).

- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact [covCommunitySurveillance@cdph.ca.gov](mailto:covCommunitySurveillance@cdph.ca.gov) for any guidance in setting up such systems in their county.]
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Yolo County has been approved by the State to be one of 17 counties performing Community Surveillance. This project will be conducted in one ambulatory clinic in Woodland and will add another 50 tests/week to our current capacity. This community surveillance site is planned to begin testing the week of 5/18/20. Additionally, there are plans to expand this surveillance to another outpatient site in a different city in Yolo County. Results from our OptumServe testing site will also be included as part of community surveillance. Optum Serve has been located in one city in Yolo County since 5/4/20 and will move to another city with different demographics on 6/1/20. These different sites of testing will allow us to understand the movement of COVID-19 in our community.

Results from our community surveillance will be reported weekly to the State, and more often if we identify increasing positive case trends or demographic data of concern.

- **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:
  - Enough contact tracing. There should be at least 15 staff per 100,000 county population trained and available for contact tracing. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge. Indicate which data management platform you will be using for contact tracing (reminder that the State has in place a platform that can be used free-of-charge by any county).

Yolo County currently has implemented a full task force to assist in Contact Tracing to ensure swift and immediate response to reports of confirmed positive COVID19 cases, with priority given to High Risk Groups which include Healthcare Workers and First Responders (essential workforce), individuals living in or going to a congregate setting, hospitalized individuals, and other designated as high risk by authority of the Health Officer.

Total staffing to support the contact investigation and contact tracing efforts within Yolo County include 37 Yolo County staff who are trained and available for contact tracing, or approximately 17 staff per 100,000 county population, which exceeds the state metric of 15 staff per 100,000. Furthermore, the County has recruitment efforts underway to onboard additional 15 Extra Help staff, in conjunction with an additional 15 State hired contact investigators and tracers, to be trained through the State contract tracing academy but managed through Yolo County's Infection Control division.

County partnerships have also been established to assist in contact tracing efforts; the District Attorney's office will be assisting in contact investigation and tracing for individuals deemed as unreachable. Local City Jurisdictions are assisting in workplace investigations to ensure prompt notification to Public Health for any confirmed cases to manage risks of outbreaks. In accordance to the State threshold of having at least 15 contact tracing staff for every 100,000 persons, the infection control task force will have a reserve of up to 60 trained staff members who will assist in contact tracing and will be more than sufficient to meet anticipated surge.

In the coming weeks, CDPH will launch their Contact Tracing program that will allow local health jurisdictions to request staffing to support local need based on State set ratios of contacts to staff. Yolo County COVID 19 Infection Control intends to request staffing support to meet these ratios if needed. It is anticipated that CDPH allocated staff will commit to 6 months at a time. Additional staffing requests can be made by the LHJ on an ongoing basis.

- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a separate bathroom, or a process in place that provides the ability to sanitize a shared bathroom between uses), for the duration of the necessary isolation or quarantine period. Rooms acquired as part of Project Roomkey should be utilized.

The last PIT count number for unsheltered individuals was 397 in 2019 for Yolo County. Seventy percent, or 277, of these individuals are housed in motels through Project Room Key. This meets the state metric of availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness.

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:
  - County (or regional) hospital capacity to accommodate COVID-19 positive patients at a volume of at a minimum surge of 35% of their baseline average daily census across all acute care hospitals in a county. This can be accomplished either through adding additional bed capacity or decreasing hospital census by reducing bed demand from non-COVID-19 related hospitalizations (i.e., cancelling elective surgeries). Please describe how this surge would be accomplished,

including surge census by hospital, addressing both physical and workforce capacity.

Since the beginning of the COVID-19 response, Yolo Co HHSA has worked with Sutter and Dignity Hospitals on surge capacity planning. Both Sutter and Dignity Hospitals have created matrices and plans to surge up to 60% capacity by converting and using alternative spaces within the hospital (i.e. labor and delivery section).

Their plans include:

- Partnering within their Health System to leverage critical care beds across the system/region
- Utilizing technology to support increased access to critical care physician resources
- Holding daily surgical triage committees to monitor elective case volumes and impact on utilization of personal protective equipment utilization
- Developing a Space and Equipment monitoring plan to ensure the ability to activate surge plans if need is identified by metrics
- Supporting cross training of teams through education and training to support care needs in alternative care locations
- Holding daily Hospital Incident Command meetings to monitor facility status

Based on this planning, Sutter has the capacity to increase its beds from 48 to 76, and Dignity has the capacity to increase its beds from 108 to 172 in the event of a surge.

Further, there is the option for transfer to an Alternate Care Site. The Sleep Train Arena in Sacramento is a regional alternative care site for adults who are positive for COVID-19. This facility has availability to serve COVID-19 suspected (persons under investigation, or PUI) and COVID-19 confirmed patients in separate wings.

Attached are Letters of Support from Sutter and Dignity Health hospitals (Appendix D & E).

- 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.

The following describes actions being taken by both Sutter and Dignity to enhance healthcare worker protection throughout this crisis:

- Monitoring PPE utilization daily across the health system to ensure adequate supply for current needs and potential surge needs
- Stockpiling PPE greater than 10% of their average use by staff
- Cross training staff from different units to work in COVID Unit

Both hospitals have been cross training staff from units that have low census.

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to ongoing work with Skilled

Nursing Facilities within their jurisdiction and describe their plans to work closely with facilities to prevent and mitigate outbreaks and ensure access to PPE:

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

Yolo County created a COVID-19 Infection Control Assessment for SNFs in consultation with CDPH and in partnership with leadership from each facility. This assessment was first completed by each facility, and then in partnership with Dignity Health, a site visit/audit was conducted to share best practices. During the site visit at each SNF/LTC, the infection control procedures were evaluated, staffing and staffing contingency plans reviewed, assessment of their PPE on site, staff training on infection control procedures and donning and doffing of the PPE was performed. Any gaps were addressed immediately with just in time training and corrective measures while on site.

In addition to the site assessment, we have created a weekly online survey which evaluates the current status of the facility, which includes: staffing, number of residents in isolation and quarantine, PPE quantity and burn rate, and any other addition needs or concerns. This allows us to engage regularly with each facility and address any urgent matters. We have drafted a guidance document for all SNF/LTC which address best practices for infection control measures, intra-facility transfers, clearance from isolation/quarantine and cohorting, and mass testing requirements for staff and residents. Ongoing site assessments/audits will be completed by Yolo County to ensure compliance to all recommended guidance.

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

Given the supplier shortages for PPE and the need to protect vulnerable populations, particularly in long-term care settings, the County has been conducting PPE assessments to document a facility's PPE supplies. SNFs have also been acquiring PPE through pre-established contracts with vendors and these vendors have been releasing designated allotments weekly. The County has a total of seven (7) Skilled Nursing Facilities, with an average of six (6) weeks of PPE stockpile for surge/outbreaks based on Federal Emergency Management Agency (FEMA) Projections. The County also has seven (7) large Long-Term Care facilities, with an average of three (3) weeks of PPE stockpile for surge/outbreaks based on FEMA Projections. These numbers exceed the CDPH requirement for a 14 day supply. Figure 1 lists Yolo County SNFs, contact information, and data on current PPE supply.

Figure 1. Skilled Nursing Facilities in Yolo County and current PPE supply :

Facility	Contact	Face Masks	N95s	Isolation Gowns	Eye Protection	Gloves
Aldersons Convalescent Hospital	Bobbie Watson - Administrator	3,296	2,110	1,634	271	3,554
Courtyard Healthcare	Lizette Easter- Director of Nursing	2,065	1,160	1,270	217	58,567
Cottonwood Post-Acute Rehabilitation	Maria Jordan – Director of Nursing	1,155	2,500	499	137	10,443
Riverbend Nursing Center	Joseph Cunliffe - Administrator	1,496	820	1,559	178	102,939
St .Johns Retirement Village – Stollwood	Theresa Ely – Director of Staff Development	914	620	378	47	31,474
University Retirement Community	Aislyn Owen – Director of Nursing	778	352	795	35	17,239
Woodland Nursing and Rehabilitation	Jonathon Moore – Administrator	1,197	1,720	614	50	80,000

*\*\*PPE totals include Yolo Surge allocations, Federal FEMA allocations, and on-site existing PPE supplies.\*\**

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. These details should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs

from the state's order. Any sector that is reflective of Stage 3 should not be included in this variance because it is not allowed until the State proceeds into Stage 3. For additional details on sectors and spaces included in Stage 2, please see <https://covid19.ca.gov/industry-guidance/> for sectors open statewide and <https://covid19.ca.gov/roadmap-counties/> for sectors available to counties with a variance.

Yolo County has developed a Roadmap to Recovery (<https://www.yolocounty.org/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/roadmap-to-recovery>) to chart a path forward through the various stages of re-opening. The County plans a phased re-opening which is in alignment with the State's Resilience Roadmap and sector guidance. On May 8, 2020, early Stage 2 retail (curbside and delivery only), manufacturing, and logistics were allowed to resume in Yolo County per the State order. The State further modified the State order on 5/12/20 to allow office-based businesses (not only essential businesses), select services such as pet grooming and car washes, and outdoor museums. Following attestation, Yolo County will continue to align its re-opening plan with sectors and activities allowed by the State in Stage 2 and will base local sector-specific guidance on that developed by the State. As such, the next sector that will be considered will be dine-in restaurants that demonstrate a readiness plan. Retail will be considered further in Stage 2. Schools are not being considered for Stage 2 at this time. Yolo County will not move into Stage 3 until allowed by the State.

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

Yolo County will continuously monitor the state's Readiness Criteria for any negative trends. The criteria and examples of metrics to be monitored include:

- Epidemiologic stability of COVID-19
  - Increasing number of daily new cases over a 5-day period.
- Protection of Stage 1 essential workers
  - Increased number of new cases among health care workers and first responders
  - Insufficient amount of PPE for health care workers and first responders
- Testing capacity
  - Insufficient testing capacity to test at least 75% of residents [MNI]
- Containment capacity
  - Insufficient capacity to accomplish contact tracing plan
  - Inability to provide temporary housing to at least 15% of homeless population
- Hospital capacity
  - Inability of hospitals to accommodate 35% or greater surge
- Vulnerable populations
  - <14 day supply of PPE for SNFs

Should any significant negative trends be identified in one or more of the readiness areas, the Health Officer, in collaboration with local stakeholders, will reassess the need to modify the pace of reopening through Stage 2 or tighten restrictions in order to control the spread of COVID-19. The Health Officer will notify the CDPH Duty Officer within 24 hours for emerging concerns. The final decision to return to a previous Stage will be made in consultation with CDPH.

• **COVID-19 Containment Plan**

Please provide your county COVID-19 containment plan or describe your strategy to create a COVID-19 containment plan with a timeline.

Attached is Yolo County's Readiness and Containment Plan (Appendix F).

While not exhaustive, the following areas and questions are important to address in any containment plan and may be used for guidance in the plan's development. This containment plan should be developed by the local health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors. Under each of the areas below, please indicate how your plan addresses the relevant area. If your plan has not yet been developed or does not include details on the areas below, please describe how you will develop that plan and your timeline for completing it.

Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <8% and stable or declining?
- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

The attached Yolo County Readiness and Containment Plan describes the County's current testing capacity (>2 per 1000 residents), the accessibility of specimen collection locations, and the range of specimen processing labs. Our community surveillance site has been approved as one of the state's 17 sites and will plan to begin testing the week of 5/18/20. The average percentage of positive tests for the week ending 5/16/20 was 0.6% (4/677).

### 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?

The attached Yolo County Readiness and Containment Plan describes the County's contact tracing plan, including number of currently trained staff and plans to expand this number to accommodate a potential surge in cases. The attached plan also describes the plan for supportive isolation for individuals who may be unable to isolate safely, including the plan for assessment and provision of wrap-around services. The recruitment efforts of contact investigators and contact tracers will ensure that staff hired to conduct the work shall be reflective of the community racial, ethnic, and linguistic diversity, to include, but not limited to, assurance to hire bilingual staff in our County threshold languages, English, Spanish, and Russian.

### Living and Working in Congregate Settings

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

The attached Yolo County Readiness and Containment Plan describes the County's plan to ensure the preparedness of long-term care facilities, skilled nursing facilities, adult day care, residential care facilities for the elderly, and other community care licensed facilities in Yolo County.

The Yolo County Juvenile Hall and Jail are responsible for their COVID 19 risk reduction and COVID 19 mitigation plans. These facilities can collaborate with the Yolo County EMS team or the EOC to receive PPE for staff, depending upon the type of PPE (see above) to protect staff.

Suspected COVID 19 cases in the Juvenile Hall or Jail are tested through the YSNM PHL, and HHSIA Infection Control Unit staff facilitate the testing process.

### Protecting the Vulnerable

- Do resources and interventions intentionally address inequities within these populations being prioritized (i.e. deployment of PPE, testing, etc.)?
- Are older Californians, people with disabilities, and people with underlying health conditions at greater risk of serious illness, who are living in their own homes, supported so they can continue appropriate physical distancing and maintain wellbeing (i.e. food supports, telehealth, social connections, in home services, etc.)?

The attached Yolo County Readiness and Containment Plan describes the County's plan to protect vulnerable populations, specifically as regards to PPE, and to address needs of vulnerable populations residing at home. Residents aged 65 or older are at a higher risk for contracting COVID 19, and have been advised to stay at home in the Governor's Shelter in Place order. Many seniors face issues related to food security and the stress induced by physical isolation.

The Yolo County Food Bank implemented a doorstep food delivery system whereby older adults who are sheltering in place but have few food resources can receive regular deliveries of food at their doorstep. This supports the physical health of older adults while sheltering as well as reduces the need for these individuals to go to grocery stores where social distancing can be difficult. The County has developed guidance for High Risk Populations to continue to shelter in place as much as possible as re-opening progresses.

### 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?

The attached Yolo County Readiness and Containment Plan describes the County's plan to monitor hospital capacity to accommodate a surge of COVID-19 patients, including strategies for optimization of space and staff, plans for PPE, and workforce protection. Both hospitals have developed and implemented extensive protocols to address all occupational exposures to COVID-19 in collaboration with Yolo County Public Health and Emergency Medical Services. As the County's Readiness Plan continues to be developed, hospital testing protocols for admissions will be included.

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?

The attached Yolo County Readiness and Containment Plan describes the County's plan to protect health care and non-health care essential workers, including providing guidance and necessary supplies of protective equipment. Testing plans and procedures for supportive quarantine and isolation are included in Employee Toolkits and Workplace Safety communications provided to the essential workforce.

HHSA also established a COVID 19 Provider phone line for health care providers to report a potential COVID 19 exposure of themselves or another healthcare worker in their facility. If criteria are met, COVID 19 testing of exposed healthcare workers is facilitated through HHSA and performed at the Napa-Solano-Yolo-Marin (NSYM PHL) Public Health Lab in Fairfield, CA. COVID 19 testing at the NSYM PHL is reserved for healthcare workers, EMS workers, as well as individuals or staff in congregate settings, to ensure testing capacity is available for these 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?

Agriculture is a prominent industry in Yolo County. Yolo County provides guidance on our website, including guidance on social distancing measures and face coverings, for agricultural workers, and has provided infographics and other information for migrant communities.

Yolo County is also home to UC Davis. The County has participated in developing modifications for dining and residential facilities and protocols for isolation/quarantine for students for UC Davis. The County continues to be engaged with the university in planning for the coming school year.

## Community Engagement

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

Yolo County has developed its Roadmap to Recovery and Readiness and Containment Plan in partnership with county stakeholders, soliciting input from diverse sectors. The Multi-Agency Coordination (MAC) team was established with representatives from the County, the cities, the Yocha Dehe Wintun nation, and UC Davis to develop recommendations and effectively communicate regarding the re-opening of Yolo County. In addition to using members of the MAC, Yolo County has used social media, the website form submission process, and the Health Council to ensure strong community engagement that is reflective of the racial, ethnic, and linguistic make-up of Yolo County residents.

## Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- What systems or plans are in place to coordinate with surrounding counties (e.g. health care coalitions, shared EOCs, other communication, etc.) to share situational awareness and other emergent issues.
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

Yolo County communicates regularly with the surrounding counties which comprise the Sierra-Sacramento Valley Region. The majority of the counties in this region have been approved to accelerate through Stage 2. Three times a week, the regional Health Officers meet remotely to report out case counts, deaths, and hospitalizations related to COVID-19 and share any notable developments. Guidelines about opening businesses and sectors and emerging concerns are also shared. This process will remain an integral part of timely communication in the Sierra-Sacramento Valley region and ensure an integrated, regional public health approach.

Yolo County has sufficient testing capacity and trained staff to isolate and perform contact tracing for the expected increase in number of cases from increased travel.

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

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

All documents should be emailed to Jake Hanson at [Jake.Hanson@cdph.ca.gov](mailto:Jake.Hanson@cdph.ca.gov).

I Mary Ann Limbos, MD, MPH, hereby attest that I am duly authorized to sign and act on behalf of the County of Yolo. I certify that the County of Yolo 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 the County of Yolo, 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 Mary Ann Limbos, MD, MPH

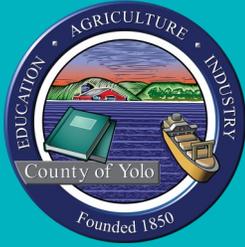
Signature  \_\_\_\_\_

Position/Title Deputy Health Officer

Date May 19, 2020

Attachments:

- Appendix A: COVID-19 Employee Toolkit
- Appendix B: Face Covering Health Order
- Appendix C: Drive Time Map to Testing Sites
- Appendix D: Letter of Support from Sutter Davis Hospital
- Appendix E: Letter of Support from Dignity Health fka Woodland Memorial Hospital
- Appendix F: Yolo County Readiness and Containment Plan
- Appendix G: Letter of Support from Yolo County Board of Supervisors



# Yolo County: Return To Work COVID-19

## PREVENTATIVE HEALTH MEASURES TO KEEP EMPLOYEES SAFE

### FACE COVERINGS MUST:



- Be worn when in contact with other employees, customers or the public and in common spaces like hallways, break rooms, etc.
- Fit snugly but comfortably against the side of the face
- Be secured with ties or ear loops
- Include multiple layers of fabric
- Allow for breathing without restriction
- Be launderable and machine dried as needed without damage or change to its shape

### PRACTICE SOCIAL DISTANCING AND PREVENTATIVE MEASURES, LIKE:



- Maintaining 6 feet of distance from others
- Washing hands frequently or using hand sanitizer when handwashing is not practical
- Sneezing or coughing into their elbow or a tissue, and disposing of the tissue properly
- Wiping down surfaces with disinfecting wipes
- Not coming to work sick

### EMPLOYEES WHO INTERACT WITH THE PUBLIC SHOULD:



- Wear a covering and ask the public to wear a face covering in accordance with the County Public Health Officer's Order.
- Wash hands immediately following the interaction. Use hand sanitizer with at least 60% alcohol if soap and water are not available.
- Sanitize any items that were used during the interaction.
- Closely self-monitor for symptoms.

#### KEEP YOUR DISTANCE.

Employees should wear face coverings in accordance with the Health Order AND adhere to the 6 ft of social distancing until further notice. Conference rooms should have only the proper number of seats to allow for social distancing, Consider floor markings and signs to create physical distance in areas where people tend to congregate or queue. Encourage web meetings whenever possible.

#### PRACTICE GOOD HYGIENE.

When possible and supplies are available, consider reinforcing good hygiene practices with well-stocked restrooms that have touchless soap and anti-viral cleaning supplies. No touch paper towel dispensers are also ideal. No-touch garbage and recycling receptacles are preferable. Door pulls, badge readers, and common areas should be disinfected throughout the day. Consider signs to remind staff to use sanitizer after contact with high-touch surfaces.

#### MORE CLEANING PROTOCOLS.

Employee health depends on a safe and clean work environment. Departments should consider implementing additional cleaning protocols for workstations, break rooms, meeting rooms, common areas, reception desks, and other common areas at regular intervals throughout the day, beyond what is provided by janitorial. Hand sanitizers and disinfectant wipes should be available throughout the office – especially in shared areas.

**ORDER OF THE YOLO COUNTY PUBLIC HEALTH OFFICER GENERALLY  
REQUIRING MEMBERS OF THE PUBLIC AND WORKERS TO WEAR FACE  
COVERINGS, WITH EXCEPTIONS AND EXEMPTIONS AS SPECIFIED**

**DATE OF ORDER: APRIL 24, 2020**

**Please read this Order carefully. Violation of, or failure to comply with, this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120295 *et seq.*; California Penal Code § 69, 148(a)(1)).**

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, 120175, AND 120220, THE HEALTH OFFICER OF THE COUNTY OF YOLO (“HEALTH OFFICER”) HEREBY ORDERS AS FOLLOWS:

1. This Order will take effect upon issuance and will continue to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer. But this Order will not be enforced until 8:00 a.m. on April 27, 2020. Capitalized terms in this Order are defined in the March 18 Yolo County Shelter in Place Order (the “Local Shelter Order”), available on the Yolo County website (see link below<sup>1</sup>) and incorporated herein by this reference. Nothing in this Order modifies the Local Shelter Order, currently in effect through May 1, 2020, which remains in full force and effect.

2. The purpose of this Order is to require a **Face Covering**, as defined in Section 4, below, in a variety of different settings that present a transmission risk for the COVID-19 virus. By way of example only, this Order is intended to promote safety in the following settings:

- For individuals engaging in Essential Activities;
- For individuals visiting and working at Essential Businesses;
- For individuals seeking care at Healthcare Operations or while engaging in certain types of public transit or transportation; and
- For those working at or seeking services from entities engaged in Essential Infrastructure work, Minimum Basic Operations, or Essential Government Functions.

Altogether, the intent of the requirements set forth in this Order is to reduce the spread of COVID-19 and mitigate the public health impact of the virus. All provisions of this Order must be interpreted to effectuate this intent.

The success of this Order depends upon voluntary compliance by individuals and community acceptance of its requirements. Individual violators are unlikely to be cited, with enforcement directed instead at non-complying Essential Businesses and other enterprises. Despite this, through voluntary compliance, all individuals have an opportunity to contribute to public health and the welfare of our community. Individuals that choose not to wear Face Coverings when required by this Order may encounter difficulties such as being refused access to public transit and Essential Businesses. Accordingly, individual compliance with this Order is

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<sup>1</sup> <https://www.yolocounty.org/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/shelter-in-place>

essential to successfully performing many basic activities—such as shopping for groceries and other necessary supplies—and is expected of all community members.

3. This Order is issued based on evidence of continued occurrence of COVID-19 within the County, the Sacramento region, and the United States of America, and considers scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically. With the virus that causes COVID-19, people can be infected and contagious and not have any symptoms, meaning they are asymptomatic. People can also be infected and contagious 48 hours before developing symptoms (presymptomatic). Further many people with the COVID-19 virus have mild symptoms and do not recognize they are infected and contagious, and they can unintentionally infect others.

For these and other reasons, the CDC, CDPH, and the Yolo County Health and Human Services Agency now believe that wearing a face covering, when combined with physical distancing of at least 6 feet and frequent hand washing, may reduce the risk of transmitting coronavirus when in public and engaged in Essential Activities. And because it is not always possible to maintain at least 6 feet of distance, face coverings are important in many situations, including when in public, at work, while engaging in Essential Activities, and all other times when others are nearby. For clarity, although wearing a face covering is one tool for reducing the spread of the virus, doing so is not a substitute for sheltering in place, physical distancing of at least 6 feet, and frequent hand washing.

4. As used in this Order, a “**Face Covering**” means a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers only the nose and mouth and surrounding areas of the lower face. A covering that hides or obscures the wearer’s eyes or forehead is not a Face Covering. Examples of Face Coverings include a scarf or bandana; a neck gaiter; a homemade covering made from a t-shirt, sweatshirt, or towel, held on with rubber bands or otherwise; or a mask, which need not be medical-grade. A Face Covering may be factory-made or may be handmade and improvised from ordinary household materials. The Face Covering should be comfortable, enabling the wearer to breathe comfortably through the nose and avoid adjustments that require touching the face.

For as long as medical-grade masks such as N95 masks and surgical masks are in short supply, members of the public should not purchase those masks as Face Coverings under this Order. Medical grade masks should be reserved for health care providers and first responders. In general, even when not required by this Order, people are strongly encouraged to wear Face Coverings when in public. Also, for Face Coverings that are not disposed of after each use, people should clean them frequently and have extra ones available so that they have a clean one available for use.

Note that any mask that incorporates a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that is designed to facilitate easy exhaling is not a Face Covering under this Order and is not to be used to comply with this Order’s requirements. Valves of that type permit droplet release from the mask, putting others nearby at risk.

A video showing how to make a face covering and additional information about how to wear and clean Face Coverings may be found at the website of Centers for Disease Control and Prevention (see link below<sup>2</sup>).

5. Except as specifically exempted below, all persons shall wear Face Coverings while in any indoor facility other than their residence and outdoors when the person is unable to maintain a six-foot distance from another person at all times. By way of example only, the Face Covering requirement applies in the following situations:

- a. When inside of, or in line to enter, any Essential Business, including but not limited to grocery stores, convenience stores, supermarkets, laundromats, and restaurants;
- b. While at any location or facility engaging in Minimum Basic Operations or while seeking or receiving Essential Government Functions;
- c. While engaged in Essential Infrastructure work;
- d. While at any facility providing Healthcare Operations—including hospitals, clinics, COVID-19 testing locations, dentists, pharmacies, blood banks and blood drives, other healthcare facilities, mental health providers, or facilities providing veterinary care and similar healthcare services for animals—unless directed otherwise by an employee or worker at the Healthcare Operation; or
- e. When waiting for or riding on public transportation (including without limitation any bus or shuttle) or paratransit or while in a taxi, private car service, or ride-sharing vehicle.

6. Each driver or operator of any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle must wear a Face Covering while driving or operating such vehicle, regardless of whether a member of the public is in the vehicle, due to the need to reduce the spread of respiratory droplets in the vehicle at all times.

7. All Essential Businesses, as well as entities and organizations with workers engaged in Essential Infrastructure work, Minimum Basic Operations, or Essential Government Functions (except for Healthcare Operations, which are subject to their own regulations and policies regarding specified face coverings, and law enforcement agencies and fire departments, which shall develop agency-specific protocols in consultation with the Health Officer), must:

- a. Require their employees, contractors, owners, and volunteers to wear a Face Covering at the workplace and when performing work off-site any time the employee, contractor, owner, or volunteer is:
  - i. Interacting in person with any member of the public;
  - ii. Working in any space visited by members of the public, such as by way of example and without limitation, reception areas, grocery store or pharmacy

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<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

aisles, service counters, public restrooms, cashier and checkout areas, waiting rooms, service areas, and other spaces used to interact with the public, regardless of whether anyone from the public is present at the time;

- iii. Working in any space where food is prepared or packaged for sale or distribution to others;
- iv. Working in or walking through common areas such as hallways, stairways, elevators, and parking facilities; or
- v. In any room or enclosed area when other people (except for members of the person's own household or residence) are present.

For clarity, a Face Covering is not required when a person is in a personal office (a single room) or other space in the workplace at times when coworkers and others outside of that person's household are not present and as long as the public does not regularly visit the space in the workplace. By way of example and without limitation, a construction worker, plumber, bank manager, accountant, or bike repair person is not required to wear a Face Covering if that individual is alone and in a space not regularly visited by coworkers or the public, but that individual must put on a Face Covering at all times when essential work prevents social distancing, such as when coworkers are nearby (i.e., within six feet), when being visited by a client/customer, and anywhere members of the public or other coworkers are frequently present.

- b. In addition, an Essential Business must also take reasonable measures, such as posting signs, to remind their customers and the public of the requirement that they wear a Face Covering while inside of or waiting in line to enter the business, facility, or location. Essential Businesses and entities engaged in Essential Infrastructure work or Minimum Basic Operations must take all reasonable steps to prohibit any member of the public who is not wearing a Face Covering from entering and must not serve that person if those efforts are unsuccessful and seek to remove that person. Nothing in this Order, however, requires or encourages the use of physical force, threats, or intimidation.

Sample signs for notifying customers can be found on the County website at:

<https://www.yolocounty.org/home/showdocument?id=64106>

<https://www.yolocounty.org/home/showdocument?id=64110>

8. Children over two years of age should be encouraged to wear a face covering in places where they are likely to encounter other people at closer than a six-foot range, such as when going to a medical appointment. Children younger than two years of age must not wear a Face Covering because of the risk of suffocation. This Order does not require any child under 13 years of age to wear a Face Covering. Parents and caregivers must supervise the use of Face Coverings by children to avoid misuse.

9. Wearing a Face Covering is not required while engaging in outdoor recreation such as walking, hiking, bicycling, or running. But each person engaged in such activity must comply with social distancing requirements including maintaining at least six feet of separation from all other people not part of the same household to the greatest extent possible. Additionally, each person engaged in such activity should bring a Face Covering and wear it at times when it is difficult to maintain compliance with Social Distancing Requirements (as defined in Section 10.j of the Local Shelter Order), and should carry the Face Covering in a readily accessible location, such as around the person's neck or in a pocket, for such use. Because running or bicycling causes people to more forcefully expel airborne particles, making the usual minimum 6 feet distance less adequate, runners and cyclists must take steps to avoid exposing others to those particles, which include the following measures: crossing the street when running to avoid sidewalks with pedestrians; slowing down and moving to the side when unable to leave the sidewalk and nearing other people; never spitting; and avoiding running or cycling directly in front of or behind another runner or cyclist who is not in the same household.

10. This Order does not require any person to wear a Face Covering while driving alone, or exclusively with other members of the same household, in a motor vehicle.

11. A Face Covering is also not required by this Order if an individual can show either: (1) a medical professional has advised that wearing a Face Covering may pose a risk to the individual for health-related reasons; or (2) wearing a Face Covering would create a risk to the individual related to their work as determined by local, state, or federal regulators or workplace safety policies or guidelines. A Face Covering should also not be used by anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the Face Covering without assistance.

12. In addition to reasons set forth above, this Order is also issued in light of the existence, as of April 23, 2020, of 155 confirmed cases of infection by the COVID-19 virus in the County, including a significant number of suspected cases of community transmission. This Order is necessary to reduce the rate of community spread and promoting safer interactions in the event the Local Shelter Order is revised to allow additional activities. The Health Officer will continue to assess the public health situation as it evolves and may modify this Order, or issue additional Orders, related to COVID-19, as changing circumstances dictate.

13. This Order is also issued in accordance with, and incorporates by reference, the following authorities:

- The March 4, 2020 Proclamation of a State of Emergency issued by Governor Newsom
- The March 6, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County
- the March 6, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer,
- The March 9, 2020 Resolution of the Yolo County Board of Supervisors Ratifying the Declaration of a Local Health Emergency and Proclamation of Local Emergency Regarding Novel Coronavirus

- The March 12, 2020 Executive Order (Executive Order N-25-20) issued by Governor Newsom
- The March 18, 2020 Shelter in Place Order issued by the County Health Officer (referred to herein as the Local Shelter Order)
- The March 19, 2020 State Public Health Officer Order (the “State Shelter Order”) setting baseline statewide restrictions on non-residential business activities, and Executive Order N-33-20, directing California residents to follow the State Shelter Order
- Guidance issued by the CDPH and CDC, as each of them have been and may be supplemented

14. The State Shelter Order is complementary to the Local Shelter Order and all other orders, including this Face Covering Order, issued by the local Health Officer. Where a conflict exists between a local order and any state public health order related to the COVID-19 pandemic, the most restrictive provision controls pursuant to, and consistent with, California Health and Safety Code § 131080 and the Health Officer Practice Guide for Communicable Disease Control in California, unless the State Health Officer issues an order that expressly determines a provision of a local public health order is a menace to public health.

15. Pursuant to Government Code §§ 26602 and 41601 and Health and Safety Code § 101029, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both.

16. This Order shall become effective immediately upon issuance, but enforcement shall not commence until April 27, 2020, at 8:00 a.m. It will continue to be in effect until rescinded, superseded, or amended in writing by the Health Officer.

17. Copies of this Order shall promptly be: (1) made available at the County Administration Building at 625 Court Street, Woodland, CA 95695; (2) posted on the County website ([www.yolocounty.org](http://www.yolocounty.org)); and (3) provided to any member of the public requesting a copy of this Order.

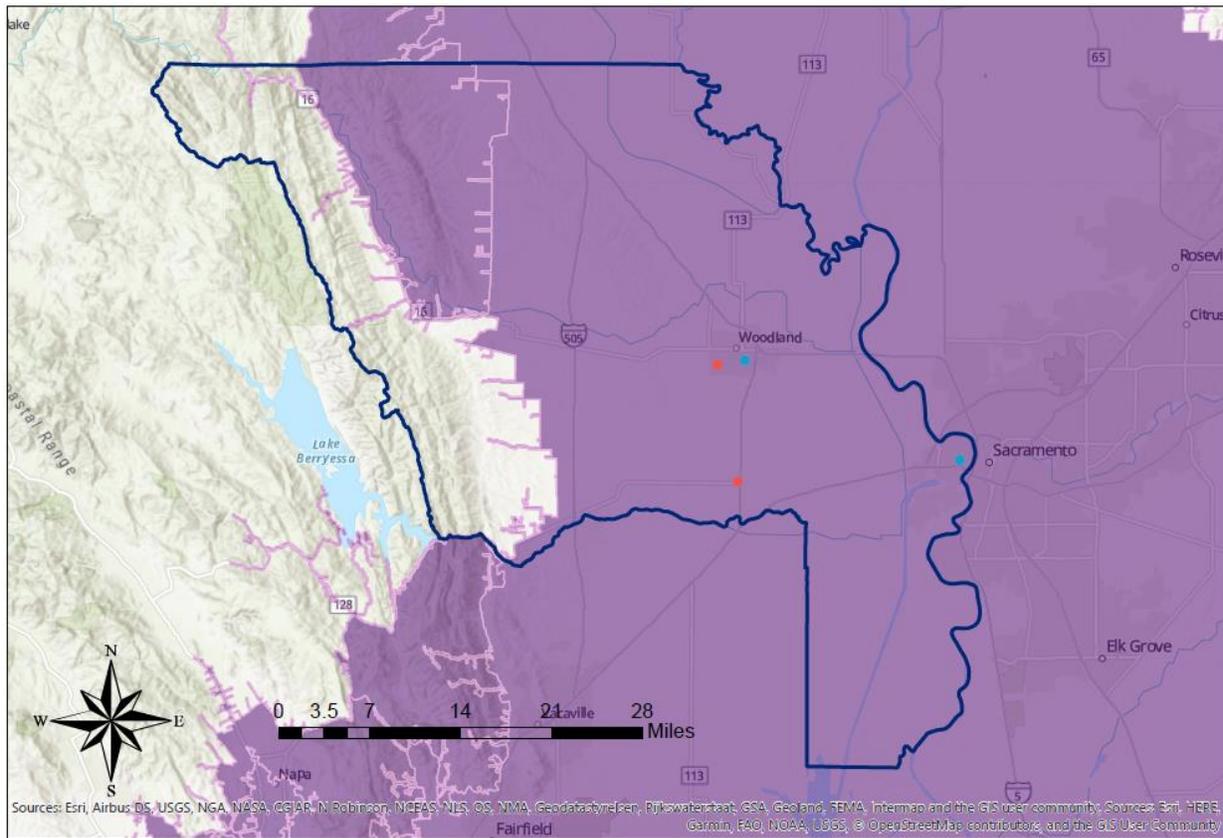
18. If any provision of this Order or its application to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

  
 Ron Chapman, MD, MPH  
 Health Officer of the County of Yolo

Dated: April 24, 2020

# Yolo County COVID Testing Sites - Drive Time Analysis (all facilities)





May 11, 2020

Ron Chapman, MD, MPH  
Public Health Officer, Yolo County

137 N. Cottonwood Street, Suite 2200  
Woodland, CA 95695

Dr. Chapman,

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

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

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

Sincerely,

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

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



California Department of Public Health  
May 14, 2020

To Whom it may Concern:

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

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

Sincerely,

**Gena Bravo MSN, RN, HACP**

COO/CNEO

Woodland Memorial Hospital

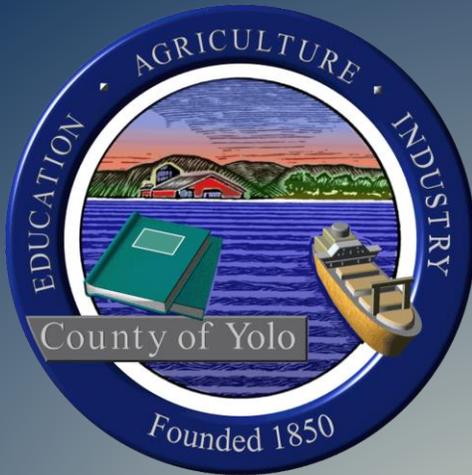
1325 Cottonwood Street

Woodland, CA 95695

(530)669-5373 - office

(916)912-6363 - cell

[Gena.Bravo@dignityhealth.org](mailto:Gena.Bravo@dignityhealth.org)



This document outlines the COVID  
Readiness & Containment of the Yolo  
Operational Area

# Yolo County Operational Area COVID-19 Readiness & Containment Plan

Support Annex to local  
Emergency Operations Plans

Version 1.0

Revised: May 2020



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## SECTION 1.0: INTRODUCTION

On April 14<sup>th</sup>, the State presented California’s Roadmap to Modify the Stay at Home Order including six indicators and on May 4<sup>th</sup> announced that entry into Stage 2 would be imminent. Given the diversity and differing impact of COVID-19 across the state, as directed by the Governor in Executive Order N-60-20, each county is required to demonstrate the ability to protect the public and essential workers if they are to adopt aspects of Stage 2 of California’s roadmap. The Yolo County Operational Area COVID-19 Readiness and Containment Plan (Yolo County Readiness Plan) was created to highlight the procedures and plans that Yolo County has implemented to prepare the County to move into Stage 2 per the guidance from the California Department of Public Health (CDPH). The Yolo County Readiness Plan is meant to compliment and inform Yolo County’s existing Roadmap to Recovery document and provides an opportunity to build upon existing County efforts toward reopening businesses and activities safely throughout the County.

### 1.1 PURPOSE

The purpose of the Yolo County Readiness Plan is to provide an assessment of the County’s current public health efforts toward addressing COVID-19 in the community. This plan will incorporate the County’s Roadmap to Recovery by providing an assessment of the County’s readiness to meet CDPH’s Stage 2 readiness criteria for local variance to the State’s shelter-in-place order. Meeting the State’s readiness criteria would allow the County to advance more quickly through the State’s Stage 2 reopening plan.

### 1.2 GOALS

The Yolo County Readiness Plan illustrates the County’s ability to meet the State’s readiness criteria in the following areas:

- Epidemiologic stability of COVID-19
  - Demonstrated stable/decreasing number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients of <+5% -OR- no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.
  - 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.
- Protection of Stage 1 essential workers
  - Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers.
  - Availability of supplies (disinfectant, essential protective gear) to protect essential workers.
- Testing capacity
  - 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.

- 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.
  - Testing Capacity Expansion
    - Yolo County has developed a plan to expand testing capacity to meet the recommended daily capacity of >2 per 1000 residents. With approximately 220,500 residents, the testing expansion must meet a minimum daily testing capacity of 440 tests. Current testing volume for the week of 5/10/16/20 was 667 tests, or 0.4 tests per 1,000 residents.
  - Containment capacity
    - Sufficient contact tracing capacity.
    - 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.
  - Hospital capacity
    - 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.
    - County (or regional) hospital facilities have a robust plan to protect the hospital workforce, both clinical and nonclinical, with Personal Protective Equipment (PPE).
  - Protection of vulnerable populations
    - 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.
  - Triggers for adjusting modifications
    - Establishment of indicators that will be tracked by the County that could lead to modifying or reversing reopening efforts.

Meeting each of these goals illustrates the County’s ability to adequately contain COVID-19 according to CDPH requirements.

### 1.3 CURRENT STATUS OF YOLO COUNTY READINESS CRITERIA (AS OF MAY 18)

Indicator	Current Level	State Threshold	Meet Criteria (Yes/No)
<b>A. Epidemiologic Stability in Community</b>			
Stable/decreasing number of patients hospitalized	3 confirmed COVID-19 patients Hospitalized	Total number of hospitalized confirmed COVID-19 patients of <+5% <b>OR</b> no more than 20 total confirmed COVID-19 hospitalized patients on any single day over the past 14 days.	Yes
COVID-19 positive incidence	5.4 cases per 100,000	<25 per 100,000	Yes
<b>B. Testing Capacity</b>			
Daily testing capacity	>330 tests per day	Min 1.5 tests/1000 residents/day	Yes
% of population within 60 min of specimen collection site	99%	≥75% of residents within 60 min of specimen collection site	Yes
<b>C. Containment Capacity</b>			
Contact tracing staff	37 Current 60 planned	At least 15 per 100,000 population	Yes
Homeless housing capacity	70% of local 2019 PIT unsheltered currently in motels	Availability of units to house ≥15% of homeless	Yes
<b>D. Hospital Capacity</b>			
Available hospital surge beds	49	Ability of local hospitals to accommodate 35% surge	Yes
Hospitals with plans to protect workforce	Woodland Memorial Sutter Davis	Existence of hospital plans to protect workforce	Yes
<b>E. Vulnerable Populations</b>			
% of local SNFs with at least 14-day supply of PPE	100%	All SNF's	Yes

## SECTION 2.0: COVID PREVALENCE IN YOLO COUNTY

Between May 5th and May 18th, twelve (12) new cases of COVID-19 were reported in Yolo County. With an estimated population of 220,500, Yolo County’s COVID-19 incidence rate is 0.54 new cases per 100,000 people, which achieves the State criteria of < 25 per 100,000 people in the last 14 days. The following sections provide information on testing protocols, construction of the Yolo County COVID dashboard, and the process used to monitor COVID-19 hospitalizations.

### 2.1 TESTING PROTOCOLS

All positive COVID-19 tests for Yolo County residents are reported directly to the Yolo County Health and Human Services Agency (HHS) – Public Health department by providers, CDPH, public health labs and commercial labs via electronic lab reporting (ELR) in the State’s California Reportable Disease Information Exchange (CalREDIE) system.

### 2.2 YOLO COUNTY COVID DASHBOARD

The Yolo County dashboard serves to provide the public with current data and statistics on the status of COVID-19 in Yolo County and to provide transparency and accountability during this time of crisis. The dashboard was created through a collaboration between the Yolo County Public Health Department, the Yolo County Innovation and Technology Services Department, and the Joint Information Center at the Yolo County Emergency Operations Center. The initial County dashboard went live on April 1<sup>st</sup> and a long-term care dashboard went live on April 28<sup>th</sup>. Please click [here](#) to view the dashboards on the Yolo County website.

The data for the dashboard is pulled directly from the State CalREDIE, database, which tracks all individuals who test positive for COVID-19.

### 2.3 HOSPITALIZATIONS

Since late March, the County has required Acute Care Hospitals to report specific daily bed counts related to our COVID response through ReddiNet, a web-based emergency medical communications system that is used to report hospital, patient, and emergency event status. ReddiNet is used by hospitals, EMS, first responders, and other health care providers.

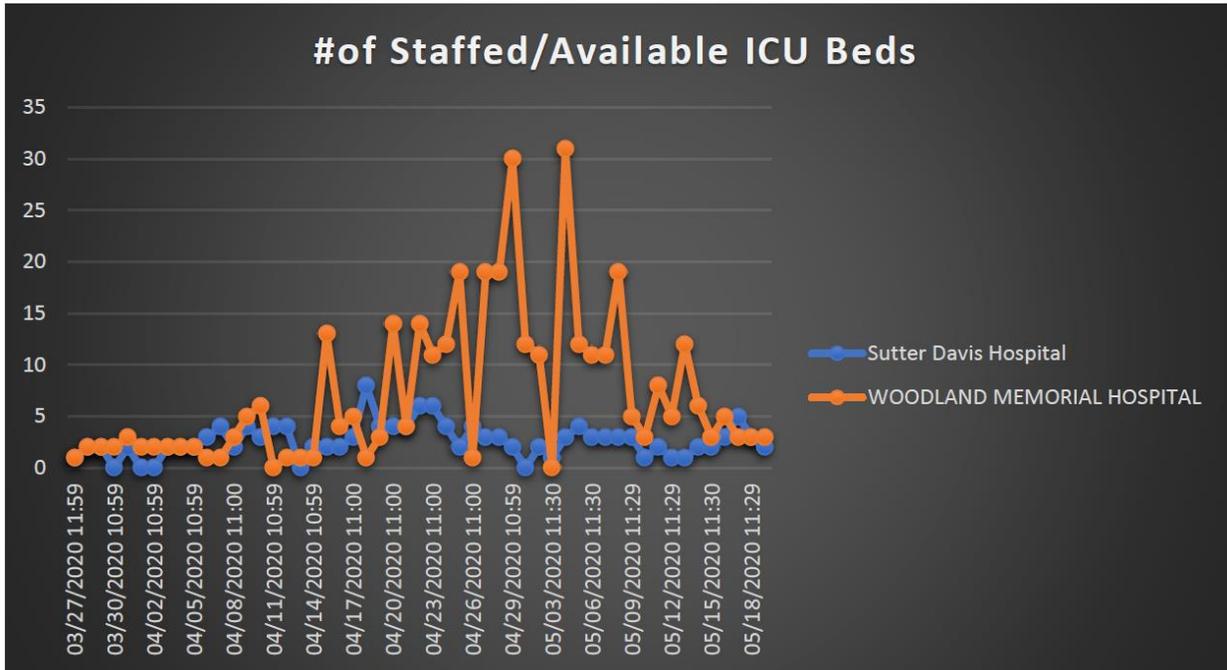
These daily reports include:

- Number of staffed and available Intensive Care Unit (ICU) beds (Figure 1)
- Number of staffed and available medical-surgical beds (Figure 2)
- Number of ventilated patients (Figure 3)
- Remaining number of ventilators available (Figure 4a)
- Number of COVID positive patients in the hospital (Figure 5)
- Number of COVID positive patients in the ICU (Figure 6)
- Number of COVID suspected patients in the hospital (Figure 7)
- Number of COVID suspected patients in the ICU (Figure 8)

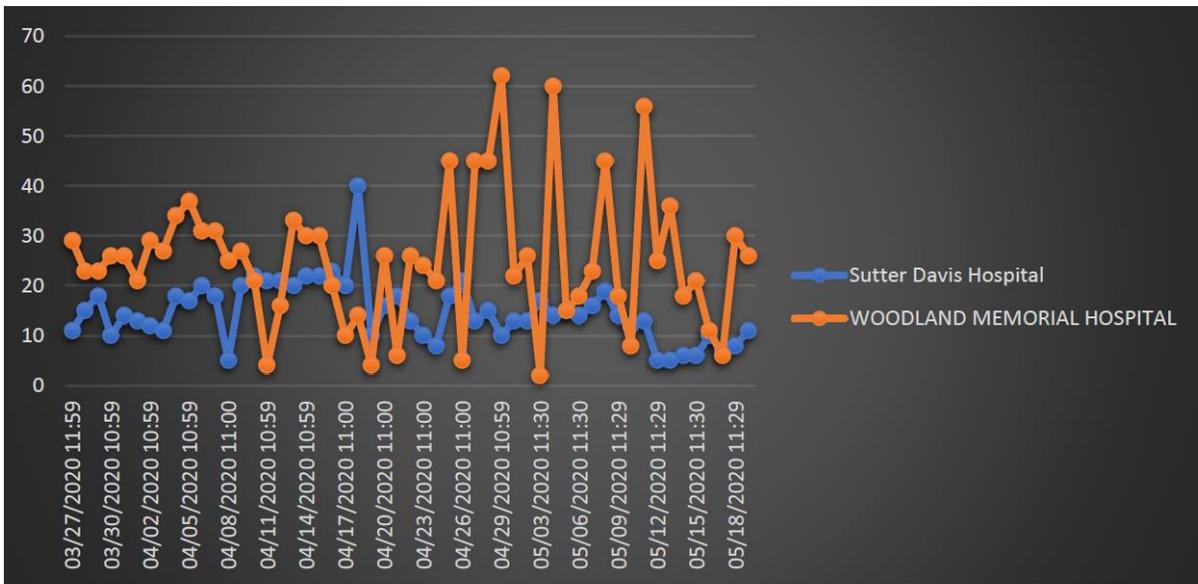
County staff use this data to monitor and assess the impact of COVID-19 on our local healthcare system. To date, the healthcare system in Yolo County has not seen a significant increase in patients due to COVID-19. Below is data for the indicators listed above that illustrates this point.

## Yolo County Medical Health - Acute Care Trends March 27 – May 20, 2020

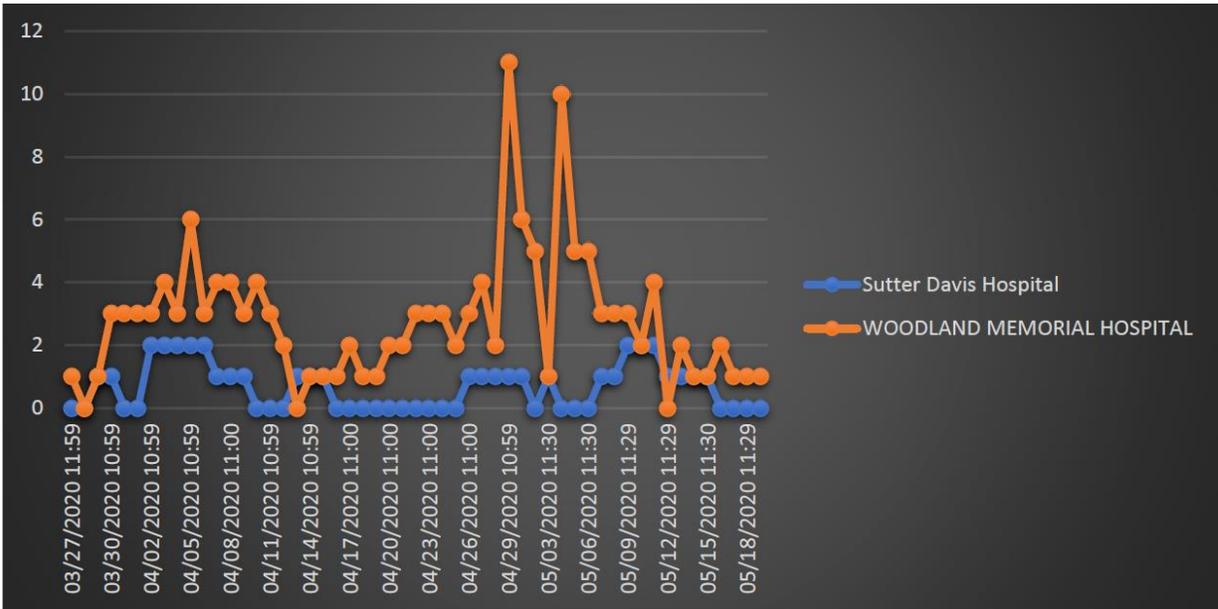
**Figure 1 - Number of Staffed/Available ICU Beds**



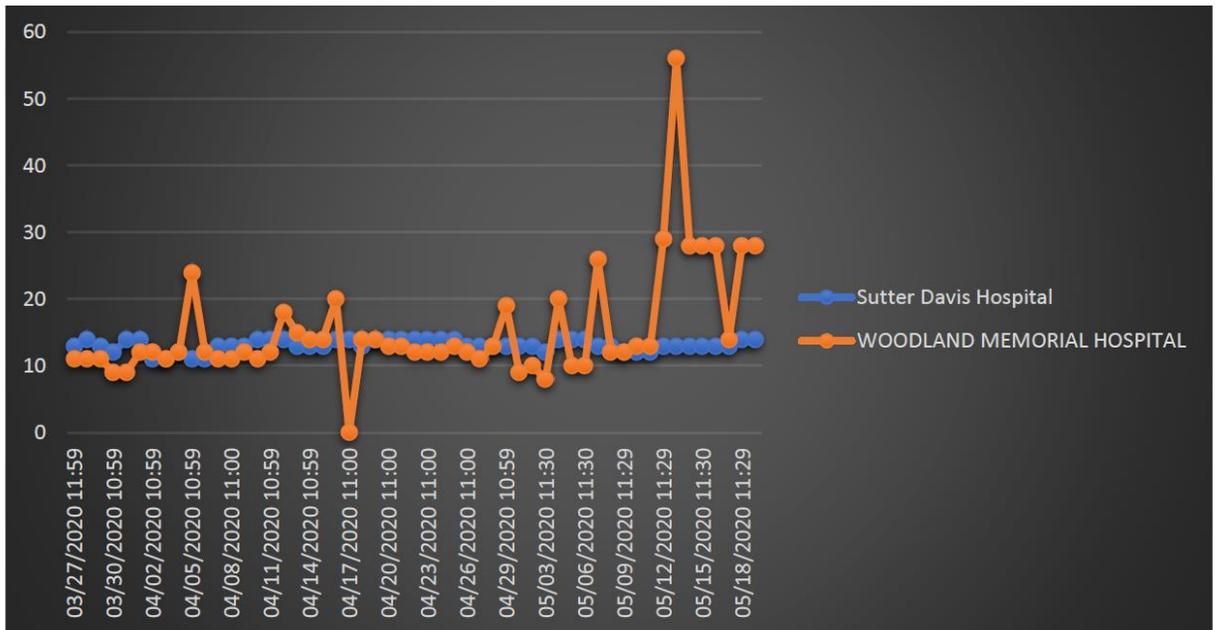
**Figure 2 - Number of staffed and available medical-surgical beds**



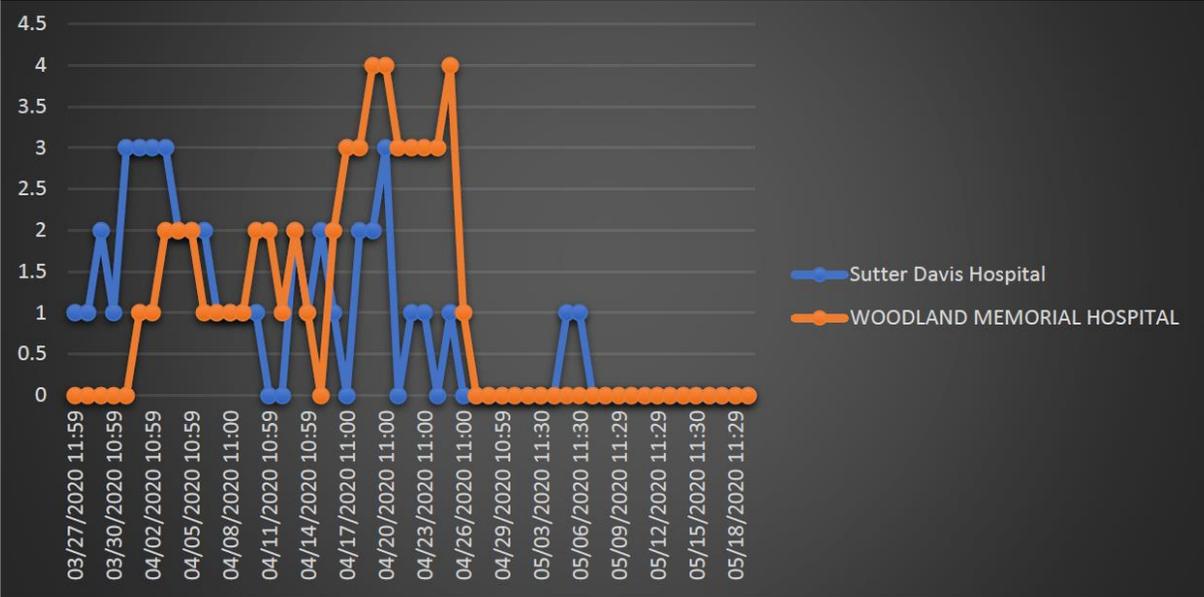
**Figure 3 - Number of Ventilated Patients**



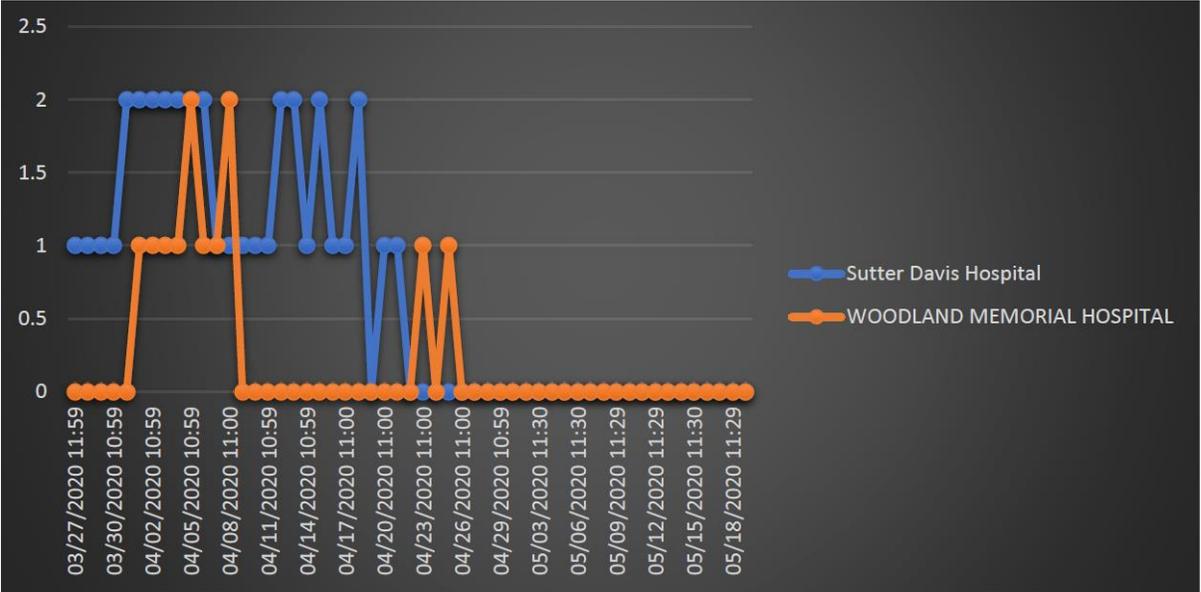
**Figure 4 - Remaining Number of Ventilators Available**



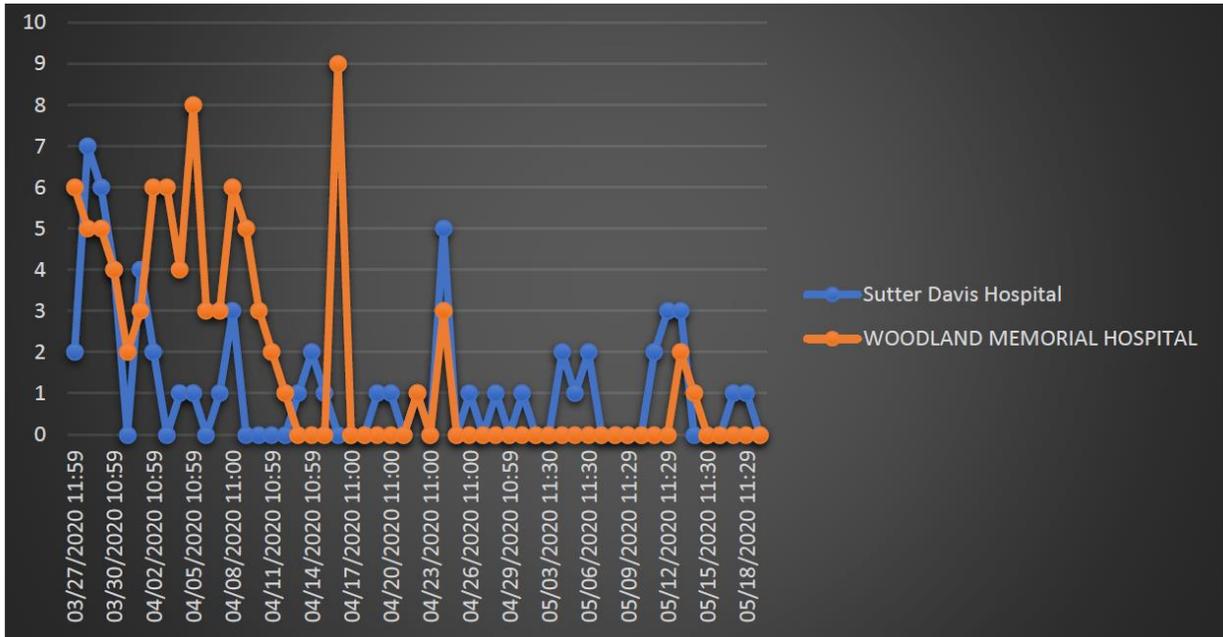
**Figure 5 - Number of COVID Positive Patients Hospitalized**



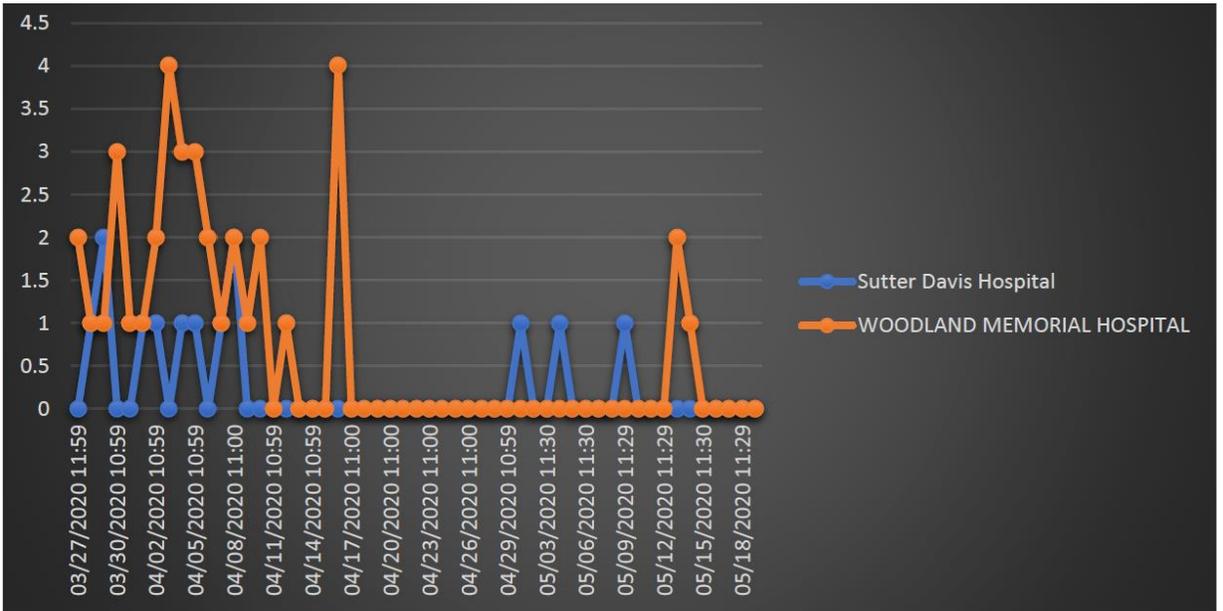
**Figure 6 - Number of COVID Positive Patients ICU**



**Figure 7 - Number of COVID Suspects Hospitalized**



**Figure 8 - Number of COVID Suspects in ICU**



## **SECTION 3.0: PROTECTION OF STAGE 1 WORKERS**

This section describes the efforts of County staff to work closely with both healthcare and non-healthcare businesses to develop clear guidance and the necessary resources to ensure the safety of Stage 1 essential critical infrastructure workers.

### **3.1 HEALTHCARE WORKERS**

Since the beginning of the outbreak, Yolo HHS Emergency Medical Services (EMS) staff have worked closely with local healthcare providers to provide guidance on outbreak mitigation, develop patient surge plans, and track and supply critical medical resources including personal protective equipment (PPE). Currently, the hospitals resource requests for PPE remain fulfilled and self-sufficient. Normal supply chain vendors are currently utilized for additional PPE needs, however, the County is prepared with a PPE cache to meet critical PPE resource requests in the event of surge. Additionally, both hospital facilities have extensive plans on tracking and addressing all occupational COVID exposures, developed under the guidance of the Public Health department and Emergency Services Coordinator. Lastly, 1 out of 2 hospitals currently implementing standard protocols to test all patients for COVID prior to admissions. The County shall monitor the status of all hospitals as well as state/federal guidelines to determine if the Public Health department will need to require such testing prior to admission for all facilities within Yolo County.

As part of its regular functions, HHS maintains a cache of medical supplies in the event there is a shortage in the county. Since the outbreak began in February, staff have fulfilled 45 local resource requests, distributing 185,000 items of PPE to local providers.

HHS also established a COVID 19 Provider phone line for health care providers to report a potential COVID 19 exposure of themselves or another healthcare worker in their facility. If criteria are met, COVID 19 testing of exposed healthcare workers is facilitated through HHS and performed at the Yolo-Solano-Napa-Marin (YSNM PHL) Public Health Lab in Fairfield, CA. COVID 19 testing at the YSNM PHL is reserved for healthcare workers, EMS workers, as well as individuals or staff in congregate settings, to ensure testing capacity is available for these essential workers.

### **3.2 NON-HEALTHCARE ESSENTIAL WORKERS**

The County EOC, through the Planning & Intelligence and Logistics Sections have developed myriad guidance documents for Non-Healthcare Essential Workers. Specifically, a Return to Work Framework, Return to Work Plan document, and Question and Answer documentation. Furthermore, additional resources have been developed to educate the essential workforce of available resources. The Return to Work Framework was shared with partner agencies through the Multi Agency Collaborative – MAC. Yolo County Human Resources have provided additional resources for staff and leadership.

A collaboration has also been developed between the cities, UC Davis, and Yocha Dehe Wintun Nation, EOC Planning & Intelligence, and Infection Control for Contact Tracing. The collaborative will expedite access to local employers for contact investigations.

Yolo County includes guidance on our website, including guidance on social distancing measures and face coverings, for agricultural workers, and has provided infographics and other information for migrant communities.

In early May the County released a Toolkit and an Infographic outlining the steps for reporting a Workplace Exposure, and requires all business in Yolo County to follow the reporting protocol in the event of an exposure. Once a workplace exposure is reported, a workplace investigation team affiliated with the Infection Control unit is deployed to assess risk and identify staff who may need to be tested and/or placed on isolation and quarantine. These resources are available for all businesses, including those with Stage 1 essential workers in Yolo County.

Lastly, a task force team has been created to educate department heads of non-essential workers for the county.

## SECTION 4.0: TESTING CAPACITY

This section describes the testing capacity of Yolo County to meet the CDPH testing criteria for accelerating through Stage 2. The County meets the State minimum testing criteria via public health lab testing capacity, hospital lab testing capacity, commercial laboratory capacity, and state testing sites in Yolo County. Currently, the Yolo County testing capacity is estimated to be over 1.5 tests per 1000 residents per day (equivalent to 330 tests per day) as required by CDPH.

### 4.1 TESTING PROTOCOLS

As noted previously, all positive COVID-19 tests for Yolo County residents are reported directly to the Yolo County Health and Human Services Agency (HHS) via electronic lab reporting (ELR) in the State's California Reportable Disease Information Exchange (CalREDIE) system. Team members within the Yolo County HHS – Infection Control branch of the Department Operations Center (DOC) immediately process all positives by verifying lab results and logging them into a Confirmed Master List which is a restricted list of all cases and their status.

Occasionally Yolo County residents are tested by other labs or providers outside of the County. These results are reported to the DOC by the respective county's health department and a "jurisdiction transfer" occurs. This transfer officially brings these cases back to Yolo County to allow for follow up and isolation and/or quarantine as needed. Finally, through solid partnerships with Public Health lab, hospital labs, and continued engagement with private labs, Yolo County is prepared to conduct testing and identify positive cases. These positive cases are directly reported to the health department by facility and workplace administrators and the same process described above including lab result verification, contact tracing and isolation/quarantine occurs.

### 4.2 PUBLIC HEALTH LAB

Yolo County's contracted public health lab is the Napa-Solano-Yolo-Marin Public Health Laboratory (NSYMPHL). The NSYMPHL provides the following:

#### Testing Capacity

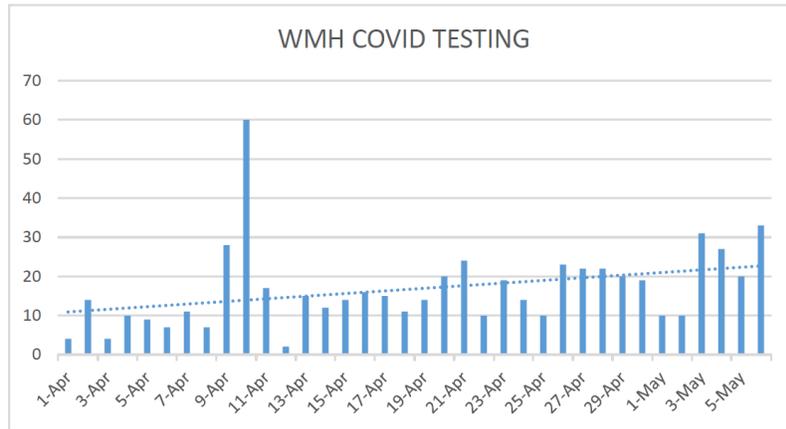
- At least 100 tests/day; with overflow capacity through the State Viral and Rickettsial Disease Laboratory (VRDL)
  - All testing materials are supplied by the NSYMPHL and additional testing kits are available through the State VRDL within 24 hours. Results from NSYMPHL are received in less than 24 hours and samples are approved for testing through the Yolo County Public Health – COVID-19 Infection Control Team using Center for Disease Control (CDC) and CDPH criteria for providers, health care facilities, and agencies.

### 4.3 HOSPITAL LABS

Woodland Memorial Hospital

- COVID-19 In-house testing capacity
- Woodland Memorial Hospital can also send tests to other partners and commercial laboratories
- Has done as many as 60 tests in a single day

**Figure 9 – Woodland Memorial COVID Testing**



**Sutter Davis Hospital**

- COVID-19 testing in-house
- Capacity to send tests out to other laboratories when needed
- Weekly average testing volume is between 77 to 144 tests.

**4.4 STATE TESTING EFFORT**

The State of California has entered into a contract with OptumServe to provide testing for 80 locations throughout the State with an emphasis on rural communities. Two locations were selected for Yolo County. The first four weeks of testing will occur at the Yolo County Fairgrounds in Woodland immediately followed by three weeks of testing at City Hall in West Sacramento. These locations were selected for Yolo County per the CDPH and California Governor’s Office of Emergency Services (CalOES) requirement for brick and mortar buildings. The County previously requested a mobile model that would provide more flexibility within the County’s diverse geographic areas, but that request was not approved. Testing at the Yolo County Fairgrounds began on Tuesday, May 5<sup>th</sup>. The following describes the first week of testing and resources allocated to the testing site.

- Week 1: Yolo County Fairgrounds: Testing volume/week (anticipated and actual for the past week)
  - Daily testing from 7am-7pm, Tuesday through Saturday.
  - In the first two weeks, total testing volume was 1050 tests, with 533 tests in week one, and 517 in week two. Given testing capacity of up to 135 test/day at the site, Yolo County anticipates between 500-900 residents to be tested/week.
- The following resources are allocated to the testing site:
  - 5 State assigned contractor OptumServe staff
  - State facility: Yolo County Fairgrounds
  - City of Woodland Police Department: Security and extra patrolling

- City of West Sacramento: Facility and Police Department (when location moves to City Hall)
- Yolo County OES Staff and Disaster Service Workers
- Public Messaging surrounding the state testing location has been a major component of the test site success. Yolo County has maintained the State branding, in all social media, press releases and website posts. Daily briefings directing individuals to the website to register has been very successful as well as media pieces being provided to local news stations and newspapers.

#### **4.5 SITE DRIVE TIMES**

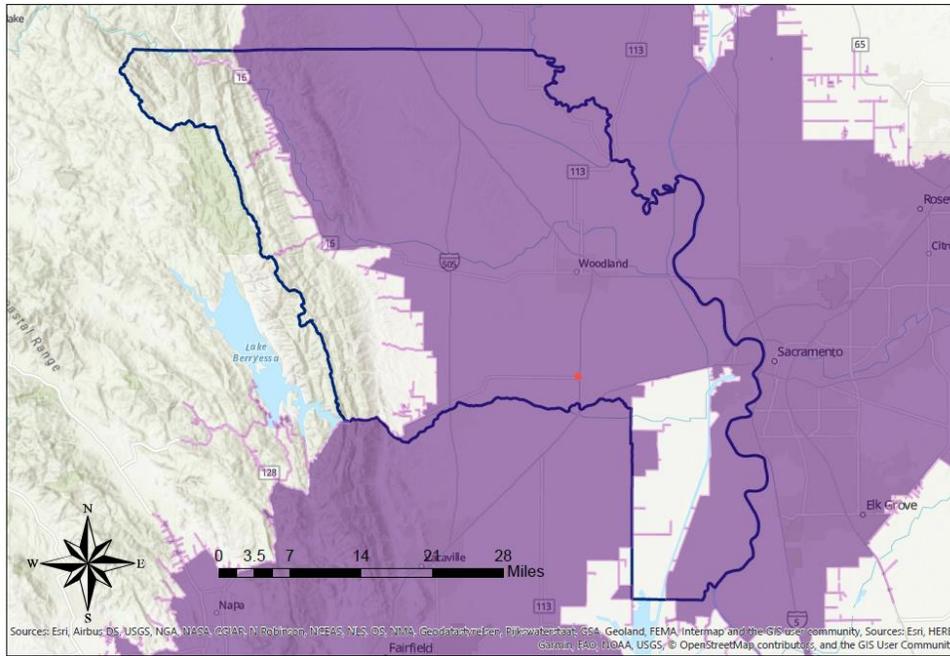
The Drive time analysis completed for the COVID-19 testing sites was accomplished performing a Geographic Information System (GIS) “Drive Time Analysis” spatial analysis function. The Drive Time Analysis shows (Figures 10 – 14 in purple) all locations that are within 60 minutes’ drive time of one of the four identified testing locations within Yolo County. Drive Time is based on peak traffic conditions at 3:30 pm on a Friday afternoon. The analysis has been zoomed in on printed copies to highlight the Yolo County border even though drive times do extend into multiple adjacent counties within the digital data set (available upon request).

The drive time analysis indicates a “testing desert” on the west side of the County beyond a mountain ridgeline commonly referred to as “Blue Ridge”. The main reason for this is the fact that no publicly maintained roads traverse Blue Ridge, so all address points within the testing desert would have to drive through Napa and Lake Counties to access Yolo County. This is a common occurrence that Yolo County is aware of and typically adds at least 1 hour to drive times from the West of Blue Ridge. The possibility exists that residents in this testing desert would be closer to any testing facility in Lake or Napa counties than they are to the Yolo County testing locations.

A secondary analysis of the address points within the testing desert indicates that of the County’s 90,533 documented address points, 228 of them fall within the testing desert. This equates to one quarter of one percent (0.25%) of addresses within the testing desert.

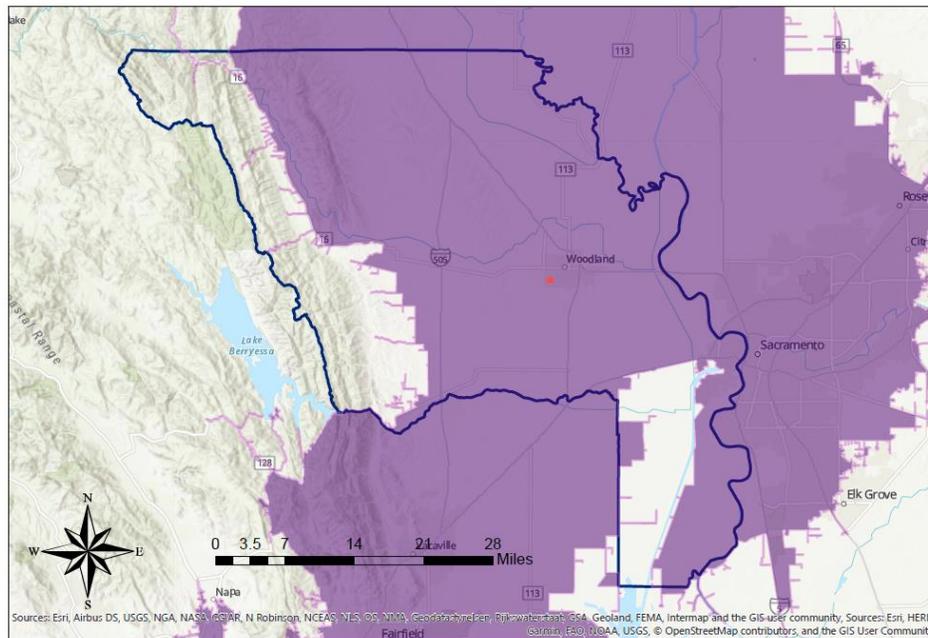
**Figure 10 – 60-minute Drive Time Analysis COVID Testing - Sutter Davis Hospital**

Yolo County COVID Testing Sites - Drive Time Analysis  
(Sutter Davis Hospital)



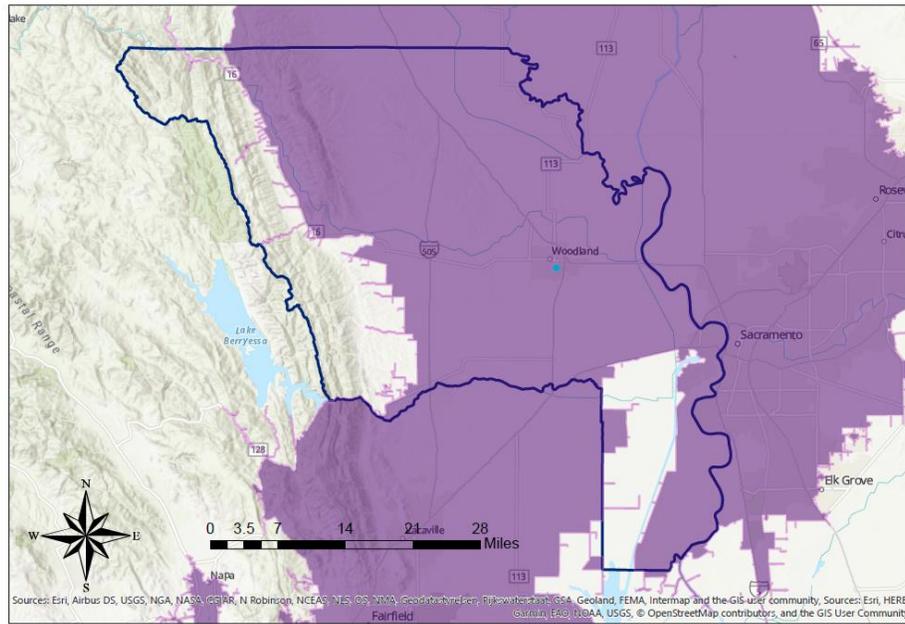
**Figure 11 – 60-minute Drive Time Analysis COVID Testing – Woodland Memorial Hospital**

Yolo County COVID Testing Sites - Drive Time Analysis  
(Woodland Memorial Hospital)



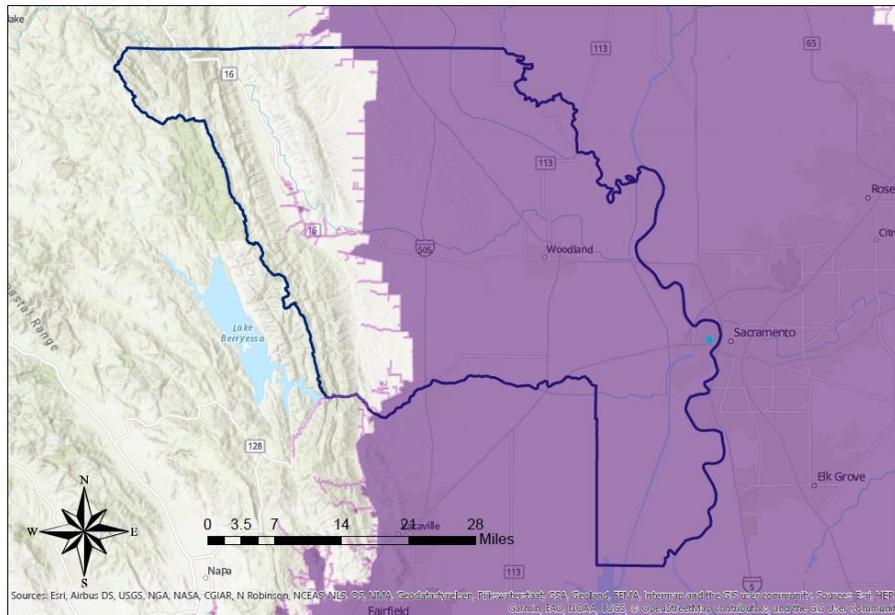
**Figure 12 – 60-minute Drive Time Analysis COVID Testing – OptumServe – Yolo County Fairgrounds**

Yolo County COVID Testing Sites - Drive Time Analysis  
(OptumServe - Yolo County Fairgrounds)



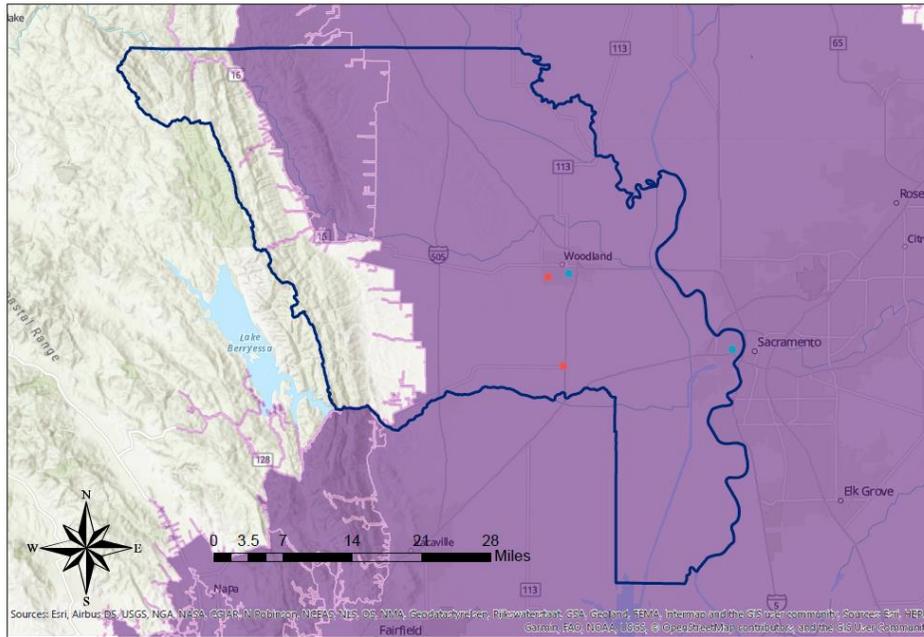
**Figure 13 – 60-minute Drive Time Analysis COVID Testing - OptumServe – West Sacramento City Hall**

Yolo County COVID Testing Sites - Drive Time Analysis  
(OptumServe - West Sacramento City Hall)



**Figure 14 – 60-minute Drive Time Analysis COVID Testing – All Facilities**

Yolo County COVID Testing Sites - Drive Time Analysis  
(all facilities)



#### 4.6 MOBILE TESTING CONCEPT

Short-term, the County is drafting a conceptual partnership with American Medical Response (AMR) and University of California Davis Medical Center (UCDMC) Fast Lab

- Mobile testing (Ambulance or SUV) will be staffed with Yolo Emergency Medical Services (EMS) personnel to perform swab testing
- Capacity of approximately 100-150 tests per day.

#### 4.7 EXPANSION OF TESTING CAPACITY

The State recommended daily capacity for testing expansion requires 2 per 1000 residents. With approximately 220,500 residents, the testing expansion must meet a minimum daily testing capacity of 660 tests.

- Increased daily testing capacity for current testing provider within Yolo County is 813, which exceeds the minimum daily testing requirement of 660:

Daily Testing Capacity (estimated)		
Facility	Low	High
NYSMPHL	90	100
State (VRDL)	100	100
Other (i.e. UCSF Biohub)	10	20
WMH (in-house)	14	25

SDH (in-house)	14	25
CDPH Surveillance Program	10	10
FQHC's		
<i>CommuniCare</i>	10	25
<i>Winters</i>	10	10
<i>Elica</i>	20	30
Large Commercial Labs	150	300
Private Labs (e.g. Aegis Sciences)	20	30
OptumServe	107	138
<b>Total</b>	<b>555</b>	<b>813</b>

- The average percentage of positive tests over the past 7 days must be <8% and remain stable or declining. The County's current percentage of positive tests is 2% and has consistently remained under 8%. Testing outcomes are reviewed on a daily basis and will trigger the County's response to modifications of reopening to ensure swift containment of the spread of COVID-19.
- The County has been awarded and approved by the State as one of the 17 sites, in partnership with Heluna Health, to operate a Community Surveillance program. In an effort to establish a robust sentinel surveillance system to identify early signals of novel coronavirus spread in the general community, Yolo County Public Health will partner with the Napa Solano Yolo Marin Public Health Lab, and Dignity Health – Woodland Healthcare Clinic. Yolo County Public Health will lead on the coordination between agencies, project management, procedural development, grant requirements, and data collection. NSYMPHL will complete all COVID 19 testing, and send the original sample on to the State Viral and Rickettsial Disease (VRDL) lab in Richmond for the analysis of the other Respiratory Viral Panel Diseases. WHC was selected as the pilot site to roll out the Community Surveillance project, as they have demonstrated the ability to test high volumes of community members, are representative of a diverse cross-section of the County, and have been a long time established partner of the Public Health Department. With these strong partnerships, Yolo County hopes to effectively and quickly launch a sentinel community surveillance program that may become part of a long-term statewide community surveillance program.

## **SECTION 5.0: CONTAINMENT CAPACITY**

Yolo County currently has implemented a full task force to assist in Contact Tracing to ensure swift and immediate response to reports of confirmed positive COVID-19 cases, with priority given to High Risk Groups which include Healthcare Workers and First Responders (essential workforce), individuals living in or going to a congregate setting, hospitalized individuals, and others designated as high risk by authority of the Health Officer.

### **5.1 CONTACT TRACING SURGE**

Contact tracing is a core activity of communicable disease control that seeks to identify potentially exposed individuals for the purposes of limiting the spread of disease. Based on the mechanism of spread, the individual will be isolated (if they have symptoms) or quarantined (no symptoms) for a duration of time that assures they can no longer spread disease.

For COVID-19 response in Yolo County the contact tracing process is outlined below:

1. Verify a case is lab confirmed COVID-19 = index case.
2. Interview index case for onset of symptoms (to determine exposure window) and potential individuals exposed (using CDC guidelines).
3. Contact all potentially exposed individuals to assess for presence of COVID-19 symptoms, workplaces and places visited within 48 hours of symptom onset, if symptomatic. Place on isolation contract with a timeline following CDC guidelines.
4. If contacts are asymptomatic, but meet exposure criteria to the index case, place on 14 day quarantine contract using CDC guidelines.
5. Isolation and quarantined individuals are each assigned an infection control staff member who will call, text or email using a frequency based monitoring schedule (i.e. hospitalized patients will be assigned to a hospital liaison who checks in weekly; asymptomatic individuals get a call at day 7 and day 14).

#### **5.1.1 CONTACT TRACING PERSONNEL**

Total staffing to support the contact investigation and contact tracing efforts within Yolo County include 37 Yolo County staff who remain available and trained to provide surge support when needed. Furthermore, the County has recruitment efforts underway to onboard additional 15 Extra Help staff, in conjunction with an additional 15 to 30 State hired contact investigators and tracers, to be trained through the State contact tracing academy but managed through Yolo County's Infection Control division.

County partnerships have also been established to assist in contact tracing efforts; the District Attorney's office will be assisting in contact investigation and tracing for individuals deemed as unreachable. Local city jurisdictions are assisting in workplace investigations to ensure prompt notification to Public Health for any confirmed cases to manage risks of outbreaks. In accordance with the State threshold of having at least 15 contact tracing staff for every 100,000 persons, the infection control task force will have a reserve of up to 60 trained staff members who will assist in

contact tracing. However, as the County moves into Phase 2 of reopening, staffing for contact investigation and contact tracing shall be able to surge to expand to accommodate a three-fold increase in COVID cases.

The recruitment efforts of contact investigators and contact tracers will ensure that staff hired to conduct the work shall be reflective of the community racial, ethnic, and linguistic diversity, to include, but not limited to, assurance to hire bilingual staff in our County threshold languages, English, Spanish, and Russian.

### 5.1.2 CONTACT TRACING TRAINING

#### Current Training Process

- New staff assigned to contact tracing are provided two core orientations via video conferencing:
- Orientation to HHS platforms needed to conduct isolation & quarantine interviews and documentation.
- Orientation to the isolation and quarantine interviews, documentation, clinical guidelines and end of day summaries written for continuity of monitoring.

#### Future Training:

- Beginning May 15, 2020, all ongoing and newly assigned staff will begin accessing the UCSF developed contact tracing modules.

In the coming weeks, CDPH will launch their Contact Tracing program that will allow local health jurisdictions to request staffing to support local need based on State set ratios of contacts to staff. Yolo County Infection Control intends to request staffing support to meet these ratios. It is anticipated that CDPH allocated staff will commit to 6 months at a time. Additional staffing requests can be made by the local health jurisdiction on an ongoing basis.

### 5.1.3 DIGITAL SYSTEMS

**CalREDIE:** Current Isolation and Quarantine staff interview and document all required information for positive cases and contacts into the CalREDIE system, a CDPH run statewide communicable disease database that is web based. The CalREDIE system allows for individuals to be linked to the index case (source of exposure) and to create outbreaks if identified. CalREDIE serves as our primary documentation system for contact tracing at the moment.

**Local Information System:** The Yolo County COVID-19 Infection Control team currently uses an excel data base to track incoming positive cases and their contacts for isolation and quarantine. The spreadsheet allows for ease of tracking numbers, monitoring status, and staffing assignments. This data base is used as a Quality Assurance tool to ensure that critical fields such as hospitalizations, case status (i.e. suspect, confirmed, deceased, contact, part of an outbreak) are populated in the CalREDIE data base.

## 5.2 ISOLATION AND QUARANTINE

Once the Yolo County COVID-19 Infection Control team is notified of a Yolo County resident with a suspected or lab confirmed COVID-19 case, the Isolation & Quarantine leads assign the

case to a staff member (same day) who immediately begins calling to conduct an interview. This assessment will identify additional contacts and their contact info and those individuals are called within 24 hours to be interviewed and put on isolation or contact contracts if they meet exposure criteria.

### **5.2.1 QUARANTINE LOCATION IDENTIFICATION**

Individuals identified as requiring isolation or quarantine are assessed for their ability to isolate or quarantine at their place of residence. The requirements for isolation and the timeframes are reviewed carefully to evaluate the ability for individuals to meet the standards. This evaluation includes their ability to meet basic needs, care for themselves and other dependents, pets, medication refills, and other necessary activities for a duration of up to 2 weeks or more. If an individual is unable to adequately quarantine or isolate at home, our Isolation & Quarantine team will consult with the infection control branch lead to identify resource needs which are then pushed up to the DOC or even EOC for assistance.

When an individual needs temporary housing because they do not have a safe or adequate residence to return to after a hospitalization or is unsheltered at time of diagnosis or contact, the infection control lead will also escalate this to the DOC or EOC for assistance. Nearly all individuals contacted to date have been able to isolate or quarantine safely at home and those who need support have been able to access hotels.

### **5.2.2 IDENTIFICATION OF QUARANTINE WRAP-AROUND SERVICES NEED**

Isolation and Quarantine staff assess the needs of individuals contracted to isolate or quarantine outside of their residences. A protocol has been developed to support staff arranging housing in hotels/motels to guide assessment of needs. The items to assess include medications, food, linens, clothing, pet care, toiletries, technology access/communication needs, office supplies and other needs related to maintaining communication, schooling or employment. The county is able to help them access laundry pick up and food delivery services. Pet care can be arranged through volunteers and animal services if the animals cannot stay with their owners. There is a designated point of contact from the county that works with the hotel/motel or rental to work on payment for housing, supplies needed and linking them to infection control for any cleaning guidance.

### **5.2.3 SELF QUARANTINE CONTRACT**

Once Isolation and Quarantine staff contact and confirm exposure for an individual needing isolation or quarantine, the staff review the expectations of the contract which outline duration of time, activities that are not allowable, and symptoms of COVID-19 that might develop, when to access health services if illness develops and how to contact our infection control team. During these interviews our team also reviews the individual's access to healthcare and will give info on how to access insurance and make referrals to the DOC for additional resources if an individual has greater needs than information. During this time period, staff also review that isolation and quarantine is a public health directive and can be escalated to legal actions if they do not comply. We also review that release from isolation and quarantine does not automatically release them to return to work or school since such a release must be determined by their physician and/or employer/educational institution. Release from isolation and quarantine only means that they are no longer able to spread disease and does not guarantee they are physically well enough to return to work or school.

#### **5.2.4 QUARANTINE NURSING CHECK-UP**

Individuals placed on isolation and quarantine are assessed for frequency of monitoring (text, call or email). At the present moment, individuals are called either every day or every 2-3 days depending on the severity of their symptoms. Individuals who are hospitalized are not called regularly, but instead contacted by a public health nurse or isolation/quarantine lead every week to assess their hospitalization status. Frequency of monitoring will change upon the launch of the State's contact tracing program due to the ability of text-based monitoring capacity. It is anticipated that contact tracing frequency will be partly dictated by the State's program, but local staff will continue to monitor high risk patients who symptoms require more frequent check ins. At minimum, Yolo County COVID-19 Infection Control will have a nurse or a social worker with medical training do a full assessment to determine the frequency of contact at the opening of a contact and halfway through the projected quarantine period. Any monitoring done by staff for individuals on quarantine will be expected to report to the nursing team any new symptom onset.

## SECTION 6.0: HOSPITAL CAPACITY

This section provides information to support Yolo County’s ability to accommodate a surge of COVID-19 patients in our local hospitals. Information provided includes an overview of each of the local hospital’s surge plans. These plans outline strategies for optimization of space and staff, detail plans for Personal Protective Equipment (PPE) and workforce protection, and describe procedures pertaining to the use of alternate care sites.

### 6.1 LOCAL HOSPITALS

Both Sutter and Dignity Hospitals have created matrices and plans to surge up to 60% capacity by converting and using alternative spaces within the hospital (i.e. labor and delivery section).

Their plans include:

- Partnering within their Health System to leverage critical care beds across the system/region
- Utilizing technology to support increased access to critical care physician resources
- Holding daily surgical triage committees to monitor elective case volumes and impact on utilization of personal protective equipment utilization
- Developing a Space and Equipment monitoring plan to ensure the ability to activate surge plans if need is identified by metrics
- Supporting cross training of teams through education and training to support care needs in alternative care locations
- Holding daily Hospital Incident Command meetings to monitor facility status

#### 6.1.1 HEALTHCARE WORKER PROTECTION

The following describes actions being taken by both Sutter and Dignity to enhance healthcare worker protection throughout this crisis:

- Monitoring PPE utilization daily across the health system to ensure adequate supply for current needs and potential surge needs
- Stockpiling PPE greater than 10% of their average use by staff
- Cross training staff from different units to work in COVID-19 Unit

Both hospitals have been cross training staff from units that have low census.

### 6.2 ALTERNATE CARE SITE

The Sleep Train Arena in Sacramento is a regional alternative care site for adults who are positive for COVID-19. This facility has availability to serve COVID-19 suspected (persons under investigation, or PUI) and COVID-19 confirmed patients in separate wings.

#### Transfers to Alternate Care Sites

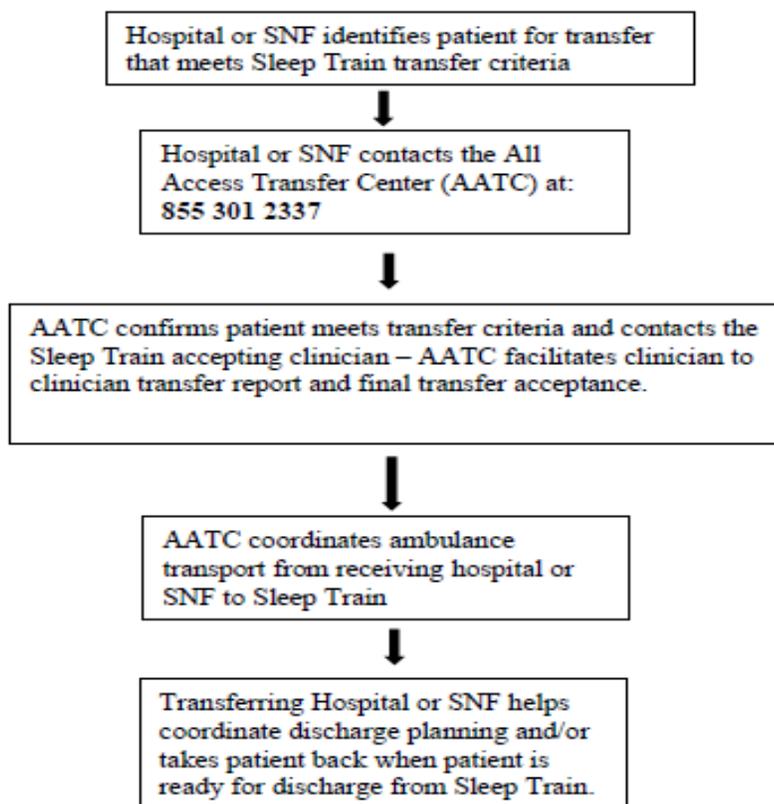
Triage centers and emergency departments may request transfer to an alternate care site for patients who require medical monitoring, as a substitute for low-acuity hospitalization. Hospitals will also transfer hospitalized patients who have stabilized and have lower-acuity needs, but who still require medical monitoring, to make room for those with more acute needs related to COVID-19 or other illnesses (e.g. strokes, Congestive Heart Failure (CHF) exacerbations, and emergent surgeries). Congregate living sites

such as assisted living, residential care for the elderly, and skilled nursing facilities (SNFs) may also transfer individuals who meet the admission criteria for alternate care sites as long as agreements are made to take these patients back when they are back to their baseline. Hospitals that transfer patients to alternative care sites must agree to assist with the discharge planning on those patients when they are ready to for discharge from the alternate care sites. Figure 13 provides a step-by-step process for transfer of patients through the coordination of the All Access Transfer Center (AATC).

**Figure 15 –All Access Transfer Center (AATC) – Patient Transfer Process**

**Patient Transfer Algorithm**

**All transfers to Sleep Train will be coordinated by the All Access Transfer Center**



## SECTION 7.0: VULNERABLE POPULATIONS

This section contains information regarding preparedness steps to ensure our most vulnerable population are prepared for a COVID-19 surge situation and have protective measures, PPE supplies, and the proper procedures should an outbreak occur in the future. This section highlights preventative measures taken to ensure facilities can handle COVID-19 surge situations.

### 7.1 PROTECTIVE PROCEDURES

In early March, the County reached out to all our large Long-Term Care (LTC), Skilled Nursing Facilities (SNF), Adult Day Care, Residential Care Facilities for the Elderly (RCFE), and other Community Care Licensed facilities in Yolo County regarding assessing their infection control policies and procedures. The County conducted site visits at all RCFEs and SNFs in Yolo County to ensure the facilities were implementing the Infection Control procedures listed below. The County has also reviewed infection control plans of all the Community Care Licensed facilities in Yolo County.

The following illustrates measures which were immediately implemented at LTC and SNFs throughout the County:

- Messaging to all visitors and staff, if you are sick stay home
- Limiting visitors to the facility, **and no visitors under the age of 14.**
  - Temperature monitoring **ALL VISITORS** into the facility.
    - Consider if a trigger for implementing temperature monitoring for all staff before and after a shift should occur
- Posting signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Consider suspending congregate feeding or transitioning to staggered feeding times
- Cancel all non-essential gathering of residents
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.
- Monitor residents and employees for fever or respiratory symptoms:
  - Monitor the temperature of employees in the facility.
  - Restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures have them wear a surgical face mask.
  - In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis required Airborne Precautions (e.g., tuberculosis).
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
  - Ensure employees clean their hands by washing with soap and water for at least 20 seconds before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
  - Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
  - Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Provide the right supplies to ensure easy and correct use of PPE.

- Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
- Make PPE available outside resident’s room if needed.
- Position a trash can near the exit to make it easy for employees to discard any PPE.

At the beginning of April, CDPH Licensing and Certification as well as Community Care Licensing conducted site visits at all the LTC and SNF’s to ensure they were practicing infection control procedures/guidelines as well. Toward the end of April, the County conducted another series of site visits to standardize PPE Training, Fit testing facility staff for N95s, and conducting COVID-19 Facility assessments at these facilities. For more information on COVID-19 Facility Assessments see Appendix A.

## 7.2 PPE SUPPLIES

Given the supplier shortages for PPE and the need to protect vulnerable populations, particularly in long-term care settings, the County has been conducting PPE assessments to document a facility’s PPE supplies. SNFs have also been acquiring PPE through pre-established contracts with vendors and these vendors have been releasing designated allotments weekly. The County has a total of seven (7) SNFs, with an average of six (6) weeks of PPE stockpile for surge/outbreaks based on FEMA Projections. The County also has seven (7) large LTC facilities, with an average of three (3) weeks of PPE stockpile for surge/outbreaks based on FEMA Projections. These numbers exceed the CDPH requirement for a 14 day supply. See Figure 14 for data on current PPE supply in SNFs in Yolo County.

**Figure 16 - Skilled Nursing Facilities in Yolo County and current PPE supply:**

Facility	Contact	Face Masks	N95s	Isolation Gowns	Eye Protection	Gloves
Aldersons Convalescent Hospital	Bobbie Watson - Administrator	3,296	2,110	1,634	271	3,554
Courtyard Healthcare	Lizette Easter- Director of Nursing	2,065	1,160	1,270	217	58,567
Cottonwood Post-Acute Rehabilitation	Maria Jordan – Director of Nursing	1,155	2,500	499	137	10,443
Riverbend Nursing Center	Joseph Cunliffe - Administrator	1,496	820	1,559	178	102,939
St .Johns Retirement Village – Stollwood	Theresa Ely – Director of Staff Development	914	620	378	47	31,474
University Retirement Community	Aislyn Owen – Director of Nursing	778	352	795	35	17,239
Woodland Nursing and Rehabilitation	Jonathon Moore – Administrator	1,197	1,720	614	50	80,000

*\*\*PPE totals include Yolo Surge allocations, Federal FEMA allocations, and on-site existing PPE supplies.\*\**

Facility’s PPE supplies are assessed on a weekly basis through ReddiNet assessments and surveys. All SNFs understand the process of acquiring PPE supplies through the Medical Health Operational Area Coordinator (MHOAC) program and were trained to alert the MHOAC when PPE supplies drop below a week’s burn rate and if they are unable to acquire supplies due to supplier shortage or other foreseeable situations. Additionally, the PPE calculations are based on FEMA standards which was created to address PPE Surge Capacity. The calculation is as followed:

- Masks: Average # of All Daily Employees \* 1.1
- Gloves: Average # of All Daily Employees \* 5
- Gowns: Average Daily Count of Nurse Staff \* 1.5
- Eye protection: Average Daily Count of Nurse Staff \* 1

Lastly, the MAC (or Multi-Agency Coordination) group referenced in the form below is a collaborative of California Office of Emergency Services (Cal OES), the Emergency Medical Services Authority (EMSA), the California National Guard (CNG), and the California Department of Public Health (CDPH). The MAC Group’s mission is to allocate scarce medical health resources across the State.

Information facilities are required to provide to the MHOAC to request supplies:

<b>Date:</b>	<b>Facility/Agency:</b>	<b>Completed by:</b>
<b>Type of PPE being requested (N95s, procedure masks, isolation gowns, etc.):</b>		
<b>Question from MAC Guidance</b>	<b>Directions to Respondent</b>	<b>Answer:</b>
Will alternate style, or expired PPE (in accordance with Cal-OSHA guidance) be accepted:	Yes/No	
Current stock on-hand	Total # (individual count, not boxes or cases)	
Estimated 2-week burn rate	Total # per 2-weeks	
<b>What use is the PPE needed for:</b>		
Screening of respiratory patients	Yes/No	
Routine Healthcare Isolation Procedures (non-COVID-19)	Yes/No	
Contact with quarantined, high-risk individuals	# of individuals at this time	
Contact with PUIs (patients awaiting test results)	# of individuals at this time	
Contact with COVID-19 positive cases	# of individuals at this time	
Other	Describe use	

### **7.3 FACILITY OUTBREAK PROCEDURES**

For surveillance of infections and early outbreaks, facilities are trained to start documenting and reporting any symptomatic residents and staff using surveillance line lists. Facilities must complete a separate line list for their staff and each unit at their facility, such as skilled nursing, memory care, independent living, transitional care, etc. These surveillance line lists are then faxed to the Confidential Morbidity Report (CMR) Fax line and updated daily until no new symptomatic individuals have been identified in a 14-day period. Facilities are aware of the requirement to report to the MHOAC or County Health Department when they have a suspected COVID-19 resident or staff. Facilities shall also provide the infection control measures they have in place. SNFs have been educated to include the following in their infection control/outbreak plans:

- When COVID-19 is identified in their facility, facilities will practice resident cohorting (i.e. placing positive and negative cases in separate areas). Including:
  - Pre-determined locations for COVID-19 positive residents that are separate from other rooms or units
  - Designated healthcare workers to care for COVID-19 residents
    - This includes any ancillary personnel and environmental services staff
  - Signage to designate COVID-19 units
  - Training for healthcare workers on infection prevention measures and Donning/Doffing PPE
- New Admissions or readmissions to the facility:
  - If they have not met criteria for discontinuation of transmission-based precautions, they are designated to a COVID-19 care area
  - Designated monitoring location for new admissions/readmissions for 14 days to monitor for symptoms
    - New admissions or readmissions are tested for COVID-19 and are placed in monitoring areas until test results are available.
  - New residents are moved out of observation/monitoring area after they remain without a fever and without symptoms for 14 days after their last exposure (e.g., date of admission).

### **7.4 OTHER CONGREGATE SETTINGS**

#### **PROTECTING UNSHELTERED INDIVIDUALS**

Yolo County was one of the first counties in California to work with the State to implement “Project Room Key” - a state funded program to provide unsheltered individuals with hotel rooms and wrap-around services, such as food, transportation, and mental/physical health support. This reduces the number of unsheltered individuals living in congregate settings, such as homeless shelters or unsanctioned homeless encampments, where risks of COVID 19 exposure may be high, especially for older adults and those with high risk medical conditions. Currently 277 individuals,

which accounts for seventy percent of the county's unsheltered individuals, are being housed by Project Room Key.

In April 2020, HHSA established a protocol for placing homeless individuals into quarantine if they meet isolation criteria. This protocol has been shared with homeless coordinators at each of cities in Yolo County. Isolation protocols for unsheltered individuals are a collaboration between Project Room Key staff, city Homeless Coordinators, and the HHSA Infection Control team who monitors the individuals while they are in isolation.

### **PROTECTING INCARCERATED INDIVIDUALS AND STAFF**

The Yolo County Juvenile Hall and Jail are responsible for their COVID 19 risk reduction and COVID 19 mitigation plans.

These facilities can collaborate with the Yolo County EMS team or the EOC to receive PPE for staff, depending upon the type of PPE (see above) to protect staff.

Suspected COVID 19 cases in the Juvenile Hall or Jail are tested through the YSNM PHL, and HHSA Infection Control Unit staff facilitate the testing process.

## **7.5 PROTECTING OTHER VULNERABLE POPULATIONS**

Residents aged 65 or older are at a higher risk for contacting COVID 19, and have been advised to stay at home in the Governor's Shelter in Place order. Many seniors face issues related to food security and the stress induced by physical isolation.

The Yolo County Food Bank implemented a doorstep food delivery system whereby older adults who are sheltering in place but have few food resources can receive regular deliveries of food at their doorstep. This supports the physical health of older adults while sheltering as well as reduces the need for these individuals to go to grocery stores where social distancing can be difficult.

## **SECTION 8.0: COMMUNITY ENGAGEMENT**

This section contains information regarding continued Community Engagement to strengthen partnerships with cities and other key stakeholders to ensure input on making informed decisions for formulating and implementing of this Readiness and Containment Plan.

- Yolo County has developed its Roadmap to Recovery and Readiness and Containment Plan in partnership with county stakeholders, soliciting input from diverse sectors.
- The Multi-Agency Coordination (MAC) team was established with representatives from the County, the cities, the Yocha Dehe Wintun nation, and UC Davis to develop recommendations and effectively communicate regarding the re-opening of Yolo County.
- In addition to using members of the MAC, Yolo County has used social media, the website form submission process, and the Health Council through a virtual community forum open to the public, to ensure strong community engagement that is reflective of the racial, ethnic, and linguistic make-up of Yolo County residents. Increasing number of daily new cases over a 5-day period.

## **SECTION 9.0: COLLABORATION WITH LOCAL HEALTH JURISDICTIONS**

Through established relationships with surrounding counties, Local Health Jurisdictions have continued to regularly communicate on the experiences, decisions, impacts, and response of COVID-19.

- Yolo County communicates regularly with the surrounding counties which comprise the Sierra-Sacramento Valley Region. The majority of the counties in this region have been approved to accelerate through Stage 2. Three times a week, the regional Health Officers meet remotely to report out case counts, deaths, and hospitalizations related to COVID-19 and share any notable developments. Guidelines about opening businesses and sectors and emerging concerns are also shared. This process will remain an integral part of timely communication in the Sierra-Sacramento Valley region and ensure an integrated, regional public health approach.

## **SECTION 10.0: REINSTITUTION TRIGGERS**

This section contains information regarding the necessity for reinstatement triggers based upon the criteria included in the Yolo Readiness Plan. The Health Officer and local public health staff will continuously monitor the state's Readiness Criteria for any negative trends. The criteria and examples of metrics to be monitored include:

- Epidemiologic stability of COVID-19
  - Increasing number of daily new cases over a 5-day period.
- Protection of Stage 1 essential workers

- Increased number of new cases among health care workers and first responders
  - Insufficient amount of PPE for health care workers and first responders
- Testing capacity
  - Insufficient testing capacity to test at least 1.5/1000 residents/day.
- Containment capacity
  - Insufficient capacity to accomplish contact tracing plan
  - Inability to provide temporary housing to at least 15% of homeless population
- Hospital capacity
  - Inability of hospitals to accommodate 35% or greater surge
- Vulnerable populations
  - <14-day supply of PPE for SNFs

Should any significant negative trends be identified in one or more of the readiness areas, the Health Officer, in collaboration with local stakeholders, will reassess the need to modify the pace of reopening through Stage 2 or tighten restrictions in order to control the spread of COVID-19.

# APPENDIX A: COVID FACILITY ASSESSMENT



## COVID-19 Facility Assessment Tool

### Facility Information

Facility Name: \_\_\_\_\_

Facility Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

On site visit       Tele Visit      Liaison IP Initials \_\_\_\_\_

### Facility Assessment

The following infection prevention and control assessment tool should be used to assist facilities with preparing to care for residents with COVID-19. Elements should be assessed through a combination of interviews with staff and direct observation of practices in the facility.

# of Licensed Beds Available	<input type="text"/>	# of Beds Currently Occupied	<input type="text"/>
# of COVID + Staff	<input type="text"/>	# of COVID + Residents	<input type="text"/>
# of Suspected COVID + Staff	<input type="text"/>	# of Suspected COVID + Residents	<input type="text"/>
# of Residents on Dialysis	<input type="text"/>	# of Residents needing Wound Care	<input type="text"/>
# of Residents needing Memory Care	<input type="text"/>	# of Residents needing other Behavior Health Services	<input type="text"/>



## COVID-19 Facility Assessment Tool

# of Ambulatory Residents

# of Wheelchair bound Residents

# of Bedbound Residents

# of Hospice Patients

Please identify the level of hospice care and the agency(-ies) managing care:

---

### Staffing (Average Number of Staff per shift)

7:00 am – 3:00 pm

3:00 pm – 11:00 pm

11:00 pm – 7:00 am

Is there adequate staffing for the facility?

Yes

No

Do you expect staff shortages in the next week?

Yes

No

If yes, please provide the number of staff needed to backfill the shortage.

### Primary Language Spoken by Owner/Staff (check all that apply):

English

Spanish

Chinese (Mandarin)

Chinese (Cantonese)

Tagalog

Russian

Other (please specify)

---



## COVID-19 Facility Assessment Tool

### PPE Supply and Usage

PPE	Amount Available On-Site	Number of days supplies will last
Facemasks		
N-95		
Isolation gowns		
Eye protection		
Gloves		
Alcohol Based Hand Sanitizer (ABHS)		

**Attention: Please review the proper way to put on (donning) and take off (doffing) PPE and also maximize use of PPE.**

<https://www.youtube.com/watch?v=t1lxq2OUy-U>

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)

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

Recommendations			Notes
Emergent	Non - Emergent	Type	
<input type="checkbox"/>	<input type="checkbox"/>	PPE	
<input type="checkbox"/>	<input type="checkbox"/>	Personnel/Staffing	
<input type="checkbox"/>	<input type="checkbox"/>	Janitorial Services	
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Support	

### General Facility Assessment

The assessment focuses on the following priorities, which should be implemented by all Care Sites. Check all boxes below that are currently in place:

**Keep COVID-19 from entering your facility:**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you restrict all visitors except for compassionate care situations (e.g., end-of-life)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber)?



## COVID-19 Facility Assessment Tool

<input type="checkbox"/>	<input type="checkbox"/>	Do you actively screen all HCP for fever and respiratory symptoms before starting each shift, send them home if they are ill?
<input type="checkbox"/>	<input type="checkbox"/>	Have you canceled all field trips outside of the facility?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a face covering whenever they leave their room, including for procedures outside the facility.?

### Identify infections early:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<p>Do you actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic.</p> <ul style="list-style-type: none"> <li>Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.</li> <li>Notify the health department if severe respiratory infection clusters (<math>\geq 3</math> residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	When admitting a COVID-19 resident from an acute care hospital, has the hospital notified Yolo County Health Department prior to contacting your care site?

### Prevent spread of COVID-19

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you cancelled all group activities and communal dining?
<input type="checkbox"/>	<input type="checkbox"/>	Do you enforce social distancing among residents?
<input type="checkbox"/>	<input type="checkbox"/>	<p>When COVID-19 is reported in the community, did you implement universal facemask use by all HCP (source control) when they enter the facility;</p> <ul style="list-style-type: none"> <li>If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<p>If COVID-19 is identified in the facility, do you restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.</p> <ul style="list-style-type: none"> <li>This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.</li> <li>When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit and in the facility.</li> </ul>



## COVID-19 Facility Assessment Tool

### Identify and manage severe illness:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are COVID-19+ residents living in the same area of the facility?

### Facility Observations

Visitor Restrictions		
Elements to be assessed	Assessment Yes/ No/ In progress	Notes/ Areas for Improvement
Facility restricts all visitation except certain compassionate care situations, such as end-of-life situations. Decisions about visitation during an end-of-life situations are made on a case-by-case basis: <ul style="list-style-type: none"> <li>Potential visitors are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility.</li> <li>Visitors that are permitted inside, must wear a face covering while in the building and restrict their visit to the resident's room or other location designated by the facility. They are also reminded to frequently perform hand hygiene.</li> </ul>		
Facility has sent a communication (e.g., letter, email) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end-of-life situations, and that alternative methods for visitation (e.g., video conferencing) will be facilitated by the facility.		
Education, monitoring, and screening of healthcare personnel (HCP)		
Elements to be assessed	Assessment Yes/ No/ In progress	Notes/ Areas for Improvement
Facility has provided education and refresher training to HCP (including consultant personnel) about the following: <ul style="list-style-type: none"> <li>COVID-19 (e.g., symptoms, how it is transmitted)</li> <li>Sick leave policies and importance of not reporting or remaining at work when ill</li> <li>Adherence to recommended IPC practices, including:               <ul style="list-style-type: none"> <li>Hand hygiene</li> <li>Selection and use including donning and doffing PPE</li> </ul> </li> </ul>		



## COVID-19 Facility Assessment Tool

<ul style="list-style-type: none"> <li>o Cleaning and disinfecting environmental surfaces and resident care equipment</li> <li>• Any changes to usual policies/ procedures in response to PPE or staffing shortages</li> </ul>		
Facility keeps a list of symptomatic HCP.		
Facility screens all HCP (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms (actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat). <ul style="list-style-type: none"> <li>• If they are ill, they are instructed to put on a facemask and return home.</li> </ul>		
Non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) are restricted from entering the building.		
<b>Education, monitoring, and screening of residents</b>		
Elements to be assessed	Assessment Yes/ No/ In progress	Notes/ Areas for Improvement
Facility has provided education to residents about the following: <ul style="list-style-type: none"> <li>• COVID-19 (e.g., symptoms, how it is transmitted)</li> <li>• Importance of immediately informing HCP if they feel feverish or ill</li> <li>• Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing)</li> <li>• Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining)</li> </ul>		
Facility assess residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility. <ul style="list-style-type: none"> <li>• Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions.</li> <li>• Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community.</li> </ul>		
Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.		
Facility keeps a list of symptomatic residents.		



## COVID-19 Facility Assessment Tool

Facility has acted to stop group activities inside the facility and field trips outside of the facility.		
Facility has acted to stop communal dining.		
<p>Facility has residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) wear a face covering whenever they leave their room, including for procedures outside of the facility.</p> <ul style="list-style-type: none"> <li>Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of these residents, regardless of presence of symptoms (if PPE supply allows). Refer to strategies for optimizing PPE when shortage exist.</li> </ul>		
<p>Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)</p> <ul style="list-style-type: none"> <li>Residents are encouraged to remain in their room. If there are cases in the facility, residents are restricted (to the extent possible) to their rooms except for medically necessary purposes. If residents leave their room, they wear a face covering, perform hand hygiene, limit movement in the facility and perform social distancing.</li> <li>Consider implementing protocols for cohorting ill residents with dedicated HCP.</li> </ul>		
<b>Availability of PPE and Other Supplies</b>		
Elements to be assessed	Assessment Yes/ No/ In progress	Notes/ Areas for Improvement
Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand sanitizer, EPA-registered disinfectants, tissues).		
If PPE shortages are identified or anticipated, facility has engaged their healthcare coalition for assistance.		
<p>Facility has implemented measures to optimize current PPE supplies, which include options for extended use, reuse, and alternatives to PPE.</p> <p>For example, under extended use, the same facemask and eye protection may be worn during the care of more than one resident. Gowns could be prioritized for select activities such as activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP.</p>		



## COVID-19 Facility Assessment Tool

Additional options and details are available: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/</a>		
Hand hygiene supplies are available in all resident care areas. <ul style="list-style-type: none"> <li>Alcohol-based hand sanitizer (ABHS) with a minimum of 60% alcohol available in every resident room and other resident care and common areas. (If there are shortages of ABHS, hand hygiene using soap and water is still expected.</li> <li>Sinks are stocked with soap and paper towels.</li> </ul>		
PPE is available in resident care areas (e.g., outside resident rooms). PPE includes: gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).		
EPA-registered, hospital-grade disinfectants with an emerging viral pathogen claim against SARS-CoV-2 are available to allow for frequent cleaning of high touch surfaces and shared resident care equipment. <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a>		
Tissues are available in common areas and resident rooms for respiratory hygiene and cough etiquette and source control.		
Infection Prevention and Control Practices		
Elements to be assessed	Assessment Yes/ No/ In progress	Notes/ Areas for Improvement
HCP perform hand hygiene in the following situations: <ul style="list-style-type: none"> <li>Before resident contact, even if PPE is worn</li> <li>After contact with the resident</li> <li>After contact with blood, body fluids or contaminated surfaces or equipment</li> <li>Before performing sterile procedure</li> <li>After removing PPE</li> </ul>		
HCP wear the following PPE when caring for residents with undiagnosed respiratory illness unless the suspected diagnosis required Airborne Precautions (e.g., tuberculosis): <ul style="list-style-type: none"> <li>Gloves</li> <li>Isolation gown</li> <li>Facemask</li> <li>Eye protection (e.g., goggles or face shield)</li> </ul> <p>If COVID-19 is suspected, an N-95 or higher-level respirator is preferred, if available and the facility has a respiratory protection program with fit-tested HCP; facemasks are an acceptable alternative</p>		

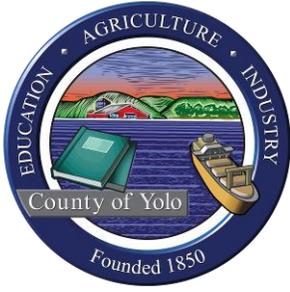


## COVID-19 Facility Assessment Tool

PPE are removed in a manner to prevent self-contamination, hand hygiene is performed, and new PPE are put on after each resident except as noted below.		
<p>Additional actions when COVID-19 is identified in the community (some facilities may choose to implement these earlier)</p> <ul style="list-style-type: none"> <li>Facility has implemented universal use of facemasks for HCP (for source control) while in the facility. If facemasks are in short supply, they are prioritized for direct care personnel. All HCP are reminded to practice social distancing when in break rooms or common areas.</li> </ul>		
<p>Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community (some facilities may choose to implement these earlier)</p> <ul style="list-style-type: none"> <li>Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of all residents, regardless of presence of symptoms. This is done (if PPE supply allows) when COVID-19 is identified in the facility. Refer to strategies for optimizing PPE when shortages exist. This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.</li> </ul>		
Non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use.		
EPA-registered disinfectants are prepared and used in accordance with label instructions.		
<b>Communication</b>		
Elements to be assessed	Assessment Yes/ No/ In progress	Notes/ Areas for Improvement
Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.		
<p>Facility notifies the Yolo County Health Department about any of the following:</p> <ul style="list-style-type: none"> <li>COVID-19 is suspected or confirmed in a resident or healthcare provider</li> <li>A resident has severe respiratory infection</li> <li>A cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified</li> </ul>		

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# COUNTY OF YOLO

## Board of Supervisors

District 1, **Oscar Villegas**  
District 2, **Don Saylor**  
District 3, **Gary Sandy, Chair**  
District 4, **Jim Provenza, Vice-Chair**  
District 5, **Duane Chamberlain**

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May 20, 2020

California Department of Public Health Director State Health Officer  
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Sacramento, CA 95899-7377

Yolo County residents and staff have worked diligently to lower the spread of COVID-19 in our communities, including following local orders to wear face coverings and staying at home while practicing social distancing. As we all navigate through the pandemic and the recovery response, Yolo County continues to be informed by the Centers for Disease Control (CDC), the California Department of Public Health (CDPH), scientific evidence and best practices. In doing so, we have made great strides in protecting the health of residents and meeting the criteria set forth in the Readiness Plan.

With great resolve, the Yolo County Board of Supervisors collectively supports the recommendation of Dr. Mary Ann Limbos, Yolo County Public Health Officer, to accelerate the County through Stage 2 of the State of California's Resilience Roadmap.

If approved Yolo County will approach Stage 2 and reopening with a gradual facilitation, taking measured and fluid steps to allow various businesses and organizations to reopen. We will utilize caution and thoughtfulness while observing healthcare data, providing guidance, and protecting public health. This also includes enacting swift and detailed implementation if there is a surge within any community and being readily prepared. Yolo County will also utilize guiding principles, key indicators, and continuous evaluation to help guide decision-making in the foreseeable future. Yolo County remains committed to transparent and thorough public service while maintaining the trust of our residents and peers.

Yolo County has also created a Multi-Agency Coordination team (MAC) comprised of city, County, UC Davis and Yoche Dehe tribal representatives that are all committed to reopening safely and are helping to develop guidelines and provide a network with businesses, organizations, schools and others so that any updates or changes are promptly shared and disseminated.

Though Yolo County covers over 1,000 square miles with a population in excess of 220,000 residents, we have deep roots to each other and the many communities that live here, from farmers and immigrant communities to urban families and bilingual workforces. Our connection and collaboration with each other allows us to communicate easily and provide slow and steady guidance.

Therefore, the Yolo County Board of Supervisors expresses their support of Dr. Mary Ann Limbos in this transition into the next phase of safely reopening Yolo County.

Sincerely,

Gary Sandy  
Chairman,  
Yolo County Board of Supervisors