

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

COVID-19 COUNTY VARIANCE ATTESTATION FORM FOR EL DORADO COUNTY

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

Given the size and diversity of California, it is not surprising that the impact of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to

demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

Local Variance

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

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

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

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

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

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

County Name:

County Contact:

Public Phone Number:

Readiness for Variance

The county's documentation of its readiness to increase the pace through Stage 2 must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including for example the elderly and those residing in long-term care

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

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

Readiness Criteria

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

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by an epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational

parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:

- oNo more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.

El Dorado County's estimated population is 192,843 (2019). During the most recent 14 days (4/24 through 5/7), a total of 12 cases have been reported (6.2/100,000).

- oNo COVID-19 death in the past 14 days prior to attestation submission date.

There have been no COVID-19 deaths to date in El Dorado County.

There have also been no ICU cases of COVID-19 in the County

- 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:

- oGuidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide copies of the guidance(s).

El Dorado County issued reopening guidelines to all businesses and employers, which are readily accessible on

the County's website. These guidelines are in accordance with CDPH and best safety practices.

<https://www.edcgov.us> > COVID-19 > Guidance > Reopening Guidelines for Businesses, Employers; Physical Distancing Guidelines for Restaurants & Bars

FULL LINK:

<https://www.edcgov.us/Government/hhsa/PublishingImages/pages/EDCCOVID-19-Guidance/COVID19%20Reopening%20Guidance%20Businesses%20and%20Employers.pdf>

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

In an effort to support the whole community and ensure it has had ongoing access to the most current guidance, safe practices, and knowledge of how to acquire and maintain proper PPE supplies, in March 2020, the county established six working groups to identify issues: Emergency Preparedness, Homelessness, Workforce Protection, Communications, Business Protection, and Government Finance Protection. The Workforce and Business Protection work groups are comprised of multidisciplinary groups from city, county, community service districts, the private sector, nongovernmental organizations, and faith-based groups. This represented a community-based approach and established a communication pathway for all essential workplaces for information exchange communicating workforce needs related to COVID-19.

Emergency Operations Center (EOC) staff worked to ensure adequate communication between them and each working group, through single points of contact and regular updates. This has maintained critical communication and allowed EOC staff to monitor and assess the needs of the community partners.

EOC staff has had many requests for guidance and assistance from essential-services workplaces over the past two months regarding how to obtain and maintain supplies of necessary items like hand-sanitizer and personal protective gear. EOC staff have coached these workplaces accordingly.

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

With an estimated El Dorado County population of 192,843 (2019), the 1.5/1000 residents requirement would be fulfilled by a minimum capacity of 289 tests/day.

The two OptumServe test sites alone will provide more than 90% of the required capacity. The remaining 25 tests/day

needed is well exceeded by the capacities of two hospitals and the El Dorado Community Health Centers.

Current testing capacity in El Dorado County, by facility:

2 OptumServe sites (132/day each) = 264/day

Marshall Medical Center = estimate up to 50/day (through in-house rapid testing as well as commercial laboratories)
[placeholder]

Barton Health = 50/day (through Nevada State Public Health Laboratory and commercial laboratories)

El Dorado Community Health Center = estimated up to 50/day

TOTAL: 414/day (143% of required)

[note: the exact number from Marshall is being verified now, but the total will well exceed the minimum required for testing regardless of that number]

Additionally, Public Health has hundreds of swabs along with the ability to acquire many more through our Medical and Health Operational Area Coordinator. Specimens collected by Public Health could be submitted to the Sacramento County Public Health laboratory, with whom we are contracted to do testing. As a back-up to the Sacramento County public health laboratory, we have begun the process of arranging testing by the University of California, San Francisco, which has offered to test specimens submitted by any county's Public Health department.

Finally, to add one more option, El Dorado County Public Health purchased 100 test kits/testing from Avellino Labs of Menlo Park (which has operated several drive-through test

clinics in other counties). These supplies could be replenished if depleted.

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

Essentially all residents of El Dorado County could reach a test site in under 60 minutes and the vast majority could reach one within 30 minutes.

Residents within El Dorado County's two densest population areas (western portion, Sacramento suburban areas of El Dorado Hills and Cameron Park, and South Lake Tahoe in the east) are within 30 minutes of the one or the other of the two OptumServe sites. South Lake Tahoe residents would be within easy reach of Barton Hospital as well. In the center portion of the county, which includes rural communities in the northernmost and southernmost parts, many residents would still be within 60 if not 30 minutes of the western OptumServe site as well as one or more of the other sources of testing noted above, Marshall Medical Center, El Dorado Community Health Centers, or El Dorado County Public Health.

• **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:

- Sufficient contact tracing. For counties that have no cases, there should be at least 15 staff per 100,000 county population trained and available for contact tracing; for counties with small populations, there must be at least one staff person trained and available. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge.

With an estimated El Dorado County population of 192,843 (2019), the 15 staff/100,000 residents requirement would be fulfilled by having 28.5 trained staff members.

El Dorado County Public Health has more than 30 staff members, including Public Health Nurses (PHNs) and non-licensed staff, already trained or scheduled for training on COVID-19 case investigation and contact tracing using a case management approach. The PHNs will work as case managers for all positive COVID-19 residents. Once contacts are elicited, our nonlicensed staff will conduct contact tracing on those identified by the PHNs. Together, the PHN-nonlicensed staff partners will manage their cases and their contacts from start to finish.

- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation

and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a private bathroom), for the duration of the necessary isolation or quarantine period.

Conservatively, we refer to the official Point in Time (PIT) count, although we believe that a significant proportion of people counted were not unsheltered although they lacked permanent housing. In the last PIT count, El Dorado County (EDC) was identified to have 613 homeless individuals. 15% of this count indicates a need for 92 rooms.

El Dorado County has established, received approval from its Board of Supervisors, and implemented a three-phase plan to support residents experiencing homelessness in the face of Covid-19.

First Phase - active outreach, education and support to keep people in place in existing camps scattered around the county

Second Phase - placing high risk, vulnerable and those sick with symptoms in motels.

Third Phase - planning for a surge in COVID-19 cases that affect the homeless population.

The second and third phases address the needs of individuals not able to properly isolate themselves in home settings.

For the second phase, the county has established or arranged contracts with motels in three separate

communities across the county. At this time, these contracts provide access to 86 beds, with provision for the contracts to allow expansion to 106 beds to meet additional capacity requirements. The capacity provided by these arrangements is being continually monitored to allow adjustment to best match the identified needs for isolation or quarantine in the homeless population.

Services have also been established to support individuals who have been placed in motels, such as providing health screenings, medical services, food, laundry, case management and social support. The County has a team dedicated to the management of this program and partners closely with public health staff, law enforcement in the county and city jurisdictions, local healthcare providers, and a range of volunteer organizations whose input is actively managed and coordinated. Individuals can, when necessary, be isolated or quarantined, and the program's ability to do this effectively has already been tested a number of times.

For the third phase, the County has been advised to make use of the capacity at the Sleep Train Arena, and instructions on how agencies would access this facility in the face of a surge are being developed by the Advanced Planning Group in the County's Emergency Operations Center and confirmed with State agencies.

Of note, El Dorado County lacks a homeless shelter, meaning that the homeless population does not reside in high-capacity congregate settings, which, we believe, will make this population less likely to experience a large outbreak of COVID-19 (although its members are likely to be

at higher risk for COVID-19, as individuals, than average due to higher prevalence of comorbidities, substance use, and rough living conditions).

• **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:

- County (or regional) hospital capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Both El Dorado County hospitals have established significant surge capacity. In South Lake Tahoe, Barton Memorial Hospital has plans to expand its acute-care bed capacity from 63 to 150 and its ICU and ventilator capacity from 9 to 16. It also has established a medical corps of 132 clinical and nonclinical staff to augment its regular staff if necessary in times of surge.

In Placerville, Marshall Medical Center has plans to expand its regular acute-care bed capacity from 124 to 198 and its

ICU capacity from 12 to at least 20 with similar increase in ventilator capacity.

oCounty (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.

Both of our hospitals attest to having a robust plan for protecting its respective workforces, both clinical and nonclinical, with PPE, as described in their individual letters of support.

[This paragraph will be updated to align exactly with the wording in their letters.]

•**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:

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

County staff have periodically polled each of the facilities with greater than 40 beds, as well as smaller facilities. They were most recently polled between 5/4 and 5/7/2020.

Five skilled nursing facilities (SNFs) are located in El Dorado County and each reported having supplies of at least 14 days' worth of PPE for staff and confidence in their supply chains.

For the remaining six facilities with 40+ beds that are not SNFs, all five reported at least a 14-day supply of PPE. Two expressed confidence in their supply chain and one did not return our phone call.

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

Due to the high degree to which I, in conjunction with my Public Health team, County leadership, the EOC, and community partners, including our two hospitals/healthcare systems feels that El Dorado County is ready for Phase 2, we are opting to allow entry into all Phase 2 activities concurrently within the higher-level restrictions remaining in place at the state level along with my own order disallowing nonessential travel to the El Dorado County portion of Lake Tahoe Basin. Criteria placed on businesses and activities allowed under Phase 2 are that they must develop and implement plans for safe opening that are based on the industry-specific guidelines that have been issued by CDPH. As additional industry-specific Phase 2 plans are issued by CDPH, those industries may finalize and implement their plans as quickly as they can as long as they are done well.

One Phase 2 activity for which no guidance has been issued yet that we do not anticipate moving forward on yet is schools. Although this is subject to change if the COVID-19 situation changes substantially, the El Dorado County Office of Education, at this time, has decided to continue distance learning through the summer for all public schools in the County to focus its efforts on planning for reopening school for some form of in-person attendance in the fall.

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

In collaboration with other Sierra-Sacramento area county health officers, I am adopting a framework for my public health team to monitor a number of metrics with the goal of quickly identifying any potentially dangerous COVID-19 trends. The triggering of any of these metrics will prompt the review by a team of public health and medical experts consisting of Public Health Officer, Epidemiologist, and one representative from each hospital (health expert panel). In a relatively small county with relatively small numbers of cases, small changes to the numbers of cases occurring may lead to incorrect conclusions if other factors are not also taken into consideration, so the health panel consultation will be required prior to taking action. It would make recommendations accordingly (including, possibly,

just continuing to monitor). Metrics for consulting the health panel fall into 3 categories. When one or more metric is met in at least two categories below defines a trigger.

CATEGORY 1 - Epidemiology

- Significant* increase in new cases over 3 consecutive calendar or work days in the context of no substantial increase in testing
- Doubling time of cases less than 5 days (from most recent nadir)
- More than 3 unlinked chains of transmission in a 14-day period
- High likelihood of exposure at mass gathering or congregation of people or delayed detection of a case (>5 days) from a mass gathering or long-term care facility)
- Concerning, persistent increase in influenza-like illnesses in syndromic surveillance**
- Increasing number of new health care worker infections for 5 consecutive days

CATEGORY 2 - Health Care

- Inability to scale up to 2x the number of ICU patients from current census (including staffing)
- Can no longer screen significant* numbers of symptomatic patients safely (including staffing)
- Inadequate availability of PPE for healthcare workers
- Insufficient face masks to provide to all patients seeking care
- Unacceptable ratio* of admissions to discharges for COVID-19

- Health care facilities can no longer be structured to reduce possibility of exposure at triage and all other locations

CATEGORY 3 - Public Health Response

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

These metrics and trigger points are subject to change should the COVID-19 situation dictate.

*Epidemiologist to be relied upon to identify findings of possible significance and bring them to full local Health Expert Panel for review

**if syndromic surveillance data are available

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Tentatively, we have prioritized the Stage 2 activities to roll back.

In proposed order that activities would be required to be more tightly restricted...

require the following to close:

1. Dine-In Restaurants would return to take-out or delivery only

2. Retail would return to curbside pick up or delivery only
3. Personal Services
 - a. Car Washes
 - b. Pet Grooming
 - c. Tanning
 - d. Landscape Gardening

These priorities could change based on whether case and contact investigations reveal that any particular Stage 2 activities are significantly associated with recent COVID-19 infections, in which case those activities would likely be restricted first.

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

As noted above, our plan is to allow all Phase 2 business activities to operate under Phase 2 guidance as soon as it is available and the businesses have completed and implemented their formal plans accordingly.

COVID-19 Containment Plan

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

Testing

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

With an estimated El Dorado County population of 192,843 (2019), a 2.0/1000 residents requirement would be fulfilled by a minimum capacity of 386 tests per day.

As noted above, our capacity already exceeds this number based on the two OptumServe sites and our primary healthcare systems (two hospitals and primary clinic health centers), at 414 (107%). Although on a long-term basis, daily testing capacities for these have not been determined, the additional options noted below could also be tapped if necessary.

Public Health has hundreds of swabs along with the ability to acquire many more through our Medical and Health Operational Area Coordinator. Specimens collected by

Public Health could be submitted to the Sacramento County Public Health laboratory, with whom we are contracted to do testing. As a back-up to the Sacramento County public health laboratory, we have begun the process of arranging testing by the University of California, San Francisco, which has offered to test specimens submitted by any county's Public Health department.

To date, the average positivity of tests performed has consistently around 2% or less. This number may increase since the OptumServe sites launched earlier this week and many more asymptomatic people are tested.

We are confident that all our residents have more than adequate access both in test capacity and geographic location to testing now and indefinitely.

In addition to the standard testing locations including the two OptumServe sites, the two hospitals in our county, and the community health and tribal health centers, Public Health has arranged for back-up options for testing, including having purchased 100 molecular test kits from Avellino labs with the option to purchase more and having obtained hundreds of test swabs and viral transfer medium (with more available through our MHOAC) to collect specimens that we could send to the UCSF's lab.

While no formal surveillance plan has been established yet, after the first round of priority-group (critical infrastructure workers) and the general public have been tested and the OptumServe sites become less busy, we will consider designing and implementing a plan to periodically invite samples of critical infrastructure workers to be tested for

surveillance purposes. The details of this plan have not yet been finalized and it may be prudent to collaborate with other counties to design this sort of surveillance system so it can be applied consistently across the region.

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 hasten 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?

El Dorado County Public Health currently has five staff members trained and working on case investigation and contact tracing. Our staff reflects the county's racial, ethnic and linguistic diversity. (County residents are approximately 86% white-nonhispanic and 12% hispanic, with 2% in other racial/ethnic categories.) We have fluent Spanish-speaking staff members and access to a language line for other non-English speaking residents.

Our plan is to train another 25 staff members on case investigation and contact tracing beginning May 8, 2020. The increase in available staff time will be approximately 4-fold the time being spent currently on case investigations and contact tracings.

Should we find our case loads increasing to where we project an even greater need for trained staff we plan to reach out to other departments for staff who are being underutilized during this pandemic, such as senior day-care staff or from other programs where client numbers have dropped. We understand that CDPH is also training many thousands of state employees to perform this work. Although we do not anticipate requiring more staff than we can provide on our own, this could be used to augment our staff if necessary.

Our Health & Human Services Agency continues to serve In-Home Support Services and Multipurpose Senior Services Program clients, encouraging them and their families, as we do in preparation for Public Safety Power Shut-offs, to make advanced plans for alternate caregivers or alternate temporary home settings. When those are not options or for other economically challenged people, we plan to rely first on local hotel/motel rooms under contract by the County or if those are otherwise in use, the Sleep Train Arena.

Protecting the Vulnerable

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Do facilities have the ability to safely isolate COVID-19 positive individuals?

- Do facilities have the ability to safely quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

El Dorado County is home to approximately 40 long-term care congregate care facilities, including skilled nursing facilities (SNFs), assisted living facilities, and residential care facilities. Other congregate care facilities in the county include residential facilities for developmentally disabled, behavioral health transitional houses, foster care facilities, residential treatment centers, etc.

El Dorado County has two adult correctional facilities and one juvenile correctional facility in El Dorado County. Together, the adult facilities can house 461 inmates and is typically relatively full. The juvenile hall has capacity for 40 juvenile offenders and is typically about half full.

There are no homeless shelters in El Dorado County.

There are no COVID-19 cases within any of the three correctional facilities.

The two adult correctional facilities and one juvenile correctional facility have plans in place to safely isolate or to quarantine any COVID-19 positive inmates.

One OptumServe testing site is less than one mile from the South Lake Tahoe correctional facilities and the other is nine miles from the Placerville correctional facility. Public Health staff have been given permission to receive test swabs from the testing sites, go to locations to reach people (such as inmates) who cannot travel to the test sites, collect specimens, then return them to OptumServe which will send them for testing.

Less than a week ago, we polled all long-term care facilities in the County. All of the skilled nursing facilities reported that they have at least a 14 day supply of PPE and have confidence in their ability to obtain additional PPE when needed.

All of the SNFs in the county have the ability to obtain staffing from a pool of corporate employees.

Acute Care Surge

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

Hospital capacity is being tracked daily by the hospitals and reported to our EOC. These data include numbers of COVID-19 cases, overall hospital census, ICU census, ventilator availability, staffing, and surge capacity.

Neither of the hospitals in our County is relying on county MHOAC for PPE. The report that their supply chains are currently sufficient.

Marshall Medical Center is testing all patients and masking them while tests are pending unless contraindicated.

Barton Memorial Hospital is only testing patients who exhibit respiratory or other symptoms compatible with COVID-19 or if there is indication that the patient may have been exposed to COVID-19 (e.g., through travel or contact with known cases)

Both hospitals have plans for tracking and addressing occupational exposure to COVID-19.

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 county conservatively has approximately 2000 essential workplaces based on NAICS Industry Group Classifications listed with the California Employment Development Department. The county provided guidance to all

businesses and employers, to include public and private entities. Part of that guidance includes the necessity for employers to have PPE available and have an established supply chain.

The El Dorado County EOC has established communication with industry groups and representatives to ensure supplies of PPE and other necessary supplies are available. We have messaged out to essential work sectors how to obtain supplies from vendors and how to obtain assistance from the EOC when necessary. The county has established relationships with vendors that will give priority to essential sectors and some that will provide supplies exclusively to essential sectors.

El Dorado County has opened two mass testing sites and have made them available to all essential workers, including asymptomatic workers, as long as testing capacity allows. Workers may go to their usual places for healthcare within our outside the County or to an OptumServe site.

Public Health, as a routine part of our communicable disease staff's COVID-19 case investigation and contact tracing process, provides guidance to case-patients, including essential workers, and their contacts on the procedure for quarantine/isolation through and the circumstances when these measures are appropriate.

Should an essential worker need extra support during isolation and quarantine, Public Health staff would contact one of the County's Health & Human Services Agency to help arrange for supporting isolated or quarantined individuals who do not already have in-home support or

access the health care system. Programs for non-congregate sheltering are in place to serve ill workers that lack the ability to shelter at home.

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?

The more rural central core of El Dorado County has experienced notably lower rates of COVID-19 than the eastern and western county or state border regions of El Dorado Hills (bordering Sacramento County and a bedroom community to the City of Sacramento) and South Lake Tahoe (a tourist community that borders the State of Nevada with its highly visited casino area). The central portion of the county comprises 61% of the county's population but represents a low proportion of COVID-19 infection in the county (28% at present). This leads me to believe that while we may experience relative hot spots at our eastern and western extremes, the relative spaciousness of the bulk of the county is protective and we are likely to experience a relatively slow and steady transmission of illness there.

El Dorado County prides itself on recreation and agriculture. El Dorado County has already seen increases in recreation despite the state's nonessential travel ban. Therefore, we have already been and continue working on plans to

mitigate the impacts on parks or recreational visits. We will be working closely with our recreation and tourism industries to mitigate the impacts on our county's tourist destinations by educating, instructing, and modeling the proper guidance such as physical distancing, good sanitizing, and, when appropriate, the wearing of face-coverings in public places. Specifically, we plan to work with State and Federal Cooperators in opening up campgrounds and facilities to support visitation.

With regard to agriculture, this industry gets started later in our county than elsewhere. Therefore, our plans include learning from other regions what has worked to keep their migrant workers safe in their jobs, in their accommodations, and adopting or adapting the best plans for our county.

One unique business activity in El Dorado County centers on Apple Hill, an area prized for its fall apple season, apple products and baked goods, and other products. Apple Hill draws many tourists starting in the fall, often in large groups. While the gatherings associated with Apple Hill would not be allowed until Phase 3 of the California Road Map, we will soon begin to develop plans for the retail aspects of these that are likely to draw customers from around the Sacramento metropolitan area and that could produce crowds even if visitors only travel in household-member groups. We intend to continue to educate about protective actions that should be taken by individuals as well as those that should be taken by businesses.

CDPH COVID-19 VARIANCE ATTESTATION FORM

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Community Engagement

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

Relationship to Surrounding Counties

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

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

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

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

CDPH COVID-19 VARIANCE ATTESTATION FORM

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

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

Printed Name

Signature

Position/Title

Date

