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

COVID-19 VARIANCE ATTESTATION FORM

FOR <u>Ventura County</u>

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 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 and level of county readiness for COVID-19 has differed across the state. On May 7th, 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.[1] 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 to notify him of your intent to seek a variance and if needed, request a consultation.

County **Name:** Ventura

County **Contact:** Dr. Robert Levin, Health Officer

Public Phone Number: 805-981-5101

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 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.

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[1] 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.

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.

Response:

Ventura County has the following 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%.

Date	# of Hospitalizations	% Change by Day
05/09/20	26	
05/10/20	25	-3.8%
05/11/20	28	12.0%
05/12/20	25	-10.7%
05/13/20	24	-4.0%

05/14/20	24	0.0%	
05/15/20	23	-4.2%	
05/16/20	20	-13.0%	
	7 Day Average	**-3.4%**	

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

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

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

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

Response:

Ventura County current cumulative incidence for the last 14 days is 16.6 per 100,000 population AND testing positivity is 3.5% (99 positives in past 7 days; 2,827 PCR tests per CDPH reporting (May 6-12)

- **Protection of Stage 1 essential workers.** A determination must be made by the county that there is clear guidance and the necessary resources to ensure the safety of Stage 1 essential critical infrastructure workers. The county must attest to:

- o Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide, as a separate attachment, copies of the guidance(s).

Response: Ventura County developed a Social Distancing Protocol that was issued in the Health Officer April 9, 2020 Order. The protocol was required for all essential businesses. The protocol explains how a business will achieve the following, as applicable:

a.   Limiting the number of persons who can enter into the facility and work areas at any one time to ensure that persons in the facility and work areas can easily maintain a minimum six-foot distance from one another at all times, except as required to complete the Essential Business activity;

b.   Where lines may form at a facility, marking increments of six feet, at a minimum, establishing where individuals must stand to maintain adequate social distancing;

c.   Providing hand sanitizer, soap and water, or other effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and employees and in locations where there is high-frequency employee interaction with the public (e.g., cashiers);

d.   Providing for contactless payment systems or, if not feasible to do so, providing for disinfecting all payment portals, pens, and styluses after each use;

e.   Regularly cleaning and disinfecting other high touch surfaces;

f.   Posting a sign at the entrance of the facility and work area informing the public and employees that they should avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into their elbow; and not shake hands or engage in unnecessary physical contact; and

g.   Any additional social distancing measures being implemented.

As of May 8th, all businesses, those already open and those that are reopening must register at www.vcreopen.com.

The requirements for continuing to be open and for reopening are listed below:
Begin by reviewing the guidance published by the State of California here: https://covid19.ca.gov/industry-guidance/

- Upon reviewing the guidance, complete a detailed risk assessment of your business in accordance with the state guidelines
- Complete a written worksite-specific COVID-19 Prevention Plan and post it at your business
- Implement the prevention measures identified in your worksite-specific COVID-19 Prevention Plan
- Designate an on-duty employee responsible for monitoring compliance with your plan
- Complete the attestation form by going to: www.vcreopen.com
- Post a written notice explaining the businesses plan for compliance in a conspicuous place for both employees and patrons to see
- Post in a conspicuous place the phone number for the County COVID-19 compliance hotline where compliance related questions or complaints may be reported by both employees and the public
- Upon completing your attestation, an official from your local jurisdiction may conduct a site visit at any time

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

Response: Ventura County maintains a section for businesses on www.vcemergency.com that includes resources for employers. Ventura County has also launched a Business Compliance and Enforcement Line for our citizens and businesses to ask questions or to report possible violations of the County's Stay Well at Home Orders as they relate to businesses.

The County's Health Officer order issued on May 7th, 2020 requires all essential businesses that were operating prior to the state's issuance of stage 2 industry guidance to register and attest to their preparedness for operations by May 18th, 2020. The attestation includes verification of their workplace plan and assessment of their implementation of COVID-19 mitigation efforts, including PPE.

Questions on business compliance or enforcement can be directed to either CovidCompliance@Ventura.org or by calling (805) 202-1805 between 8:00 am and 5:00 pm Monday through Friday. Spanish speakers will also be available to return calls.

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

  o Minimum daily testing 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.

Response: Ventura County would have to test approximately 1,280 people per day to meet the testing volume of 1.5 per 1,000 residents. Testing capacity in Ventura County exceeds the required 1,280 tests per day. Testing volume has not matched testing capacity because the stay well at home order has kept the numbers of symptomatic persons needing testing low. As CDPH's testing criteria have expanded to include mildly symptomatic and asymptomatic persons, Ventura County has encouraged providers to test more widely, encouraged residents to seek testing, and is implementing surveillance testing for vulnerable populations. Providers in the County have received the County Public Health communication tool Hot Tips which urges them to test anyone they think could have COVID-19 and any close contacts of known cases. Residents have been encouraged and are encouraged on a daily basis through a robust public information campaign to seek testing. These messages are in English, Spanish and sign language. Three additional drive-through sites open May 20 with no appointment necessary and no need for a provider referral. The County of Ventura has used social media (facebook, twitter, Instagram and nextdoor), daily e-updates, resource information on www.vcemergency.com, video, print ads, news spots, daily radio messaging, weekly press conferences and targeted outreach to specific industries to promote testing. Printed materials have also been distributed with farmworker paychecks and at school sites for distribution with school lunches. This has been provided in both

English and Spanish. The information has also been provided via WhatsApp in Mixteco. The County has also worked with City public information officers to promote the information on all City platforms throughout the County of Ventura.
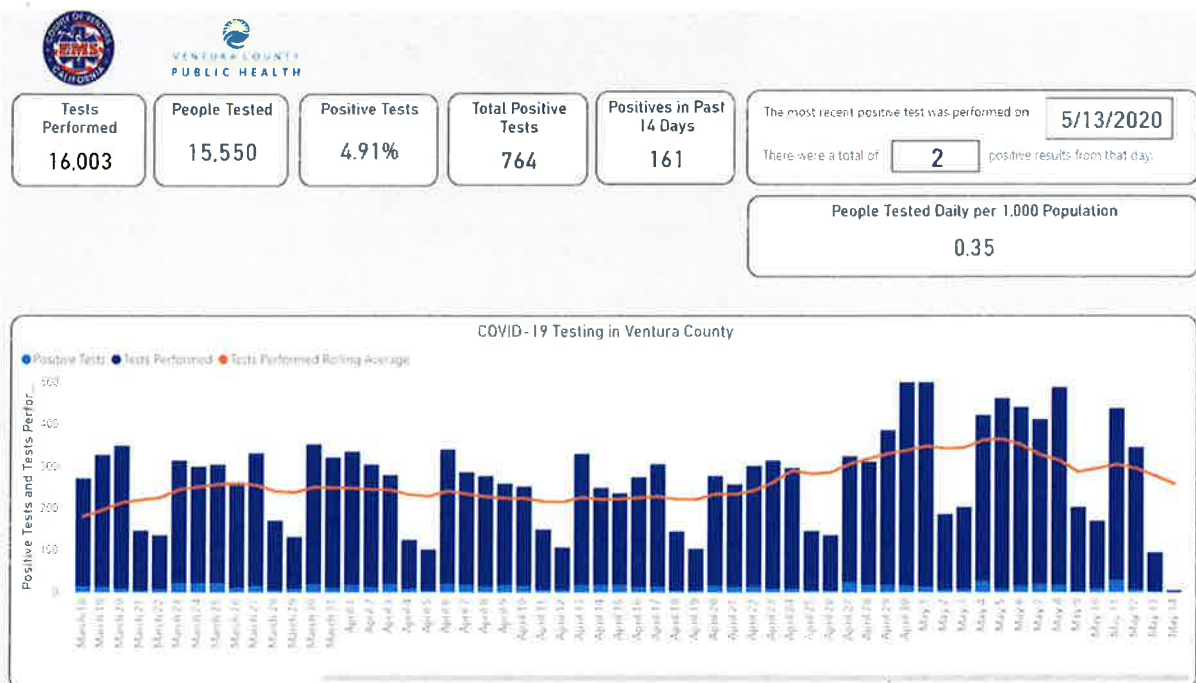
As demonstrated by testing capacity and its plans to increase testing volume, Ventura County will be able to meet our community's needs during Stage 2 of reopening.

We estimate Ventura County's testing capacity as follows:
- OptumServe test sites in Oxnard and Newbury Park: 260 tests/day
- Public Health Laboratory: 200 tests/day
- Hospitals Testing Capacity: 80 tests/day
- Ambulatory care sites using commercial laboratories: 100 tests/day
- Drive thru self-testing sites: 720 tests/day
  (Three locations: Ventura College, Moorpark College, and Santa Paula opening on Wednesday May 20th)

Total Testing Capacity: 1,360 tests/day

The highest volume of tests run per day in the 2 weeks prior to attestation submission has been 679 on May 1st (with an average of 314 tests per day over 14 days). We are currently tracking testing volume at www.vcemergency.com (screenshot below).

Tests Performed	People Tested	Positive Tests	Total Positive Tests	Positives in Past 14 Days	The most recent positive test was performed on	5/13/2020
16,003	15,550	4.91%	764	161	There were a total of 2 positive results from that day.	

| People Tested Daily per 1,000 Population |
|---|
| 0.35 |

COVID-19 Testing in Ventura County

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.

Response: Ventura County maintains a list of area health systems that are providing COVID testing on www.vcemergency.com. The direct link to these screening locations can be found at https://vcportal.ventura.org/covid19/docs/Consolidated_List_of_Health_Systems_for_COVID_FInal_v04.pdf.

Ventura County also mapped all county and state sponsored testing locations and found that 85% of residents are within 5 miles (or 10 to 20 minutes) of a testing location (see screenshot below)

Testing Sites, 5-Mile Buffer
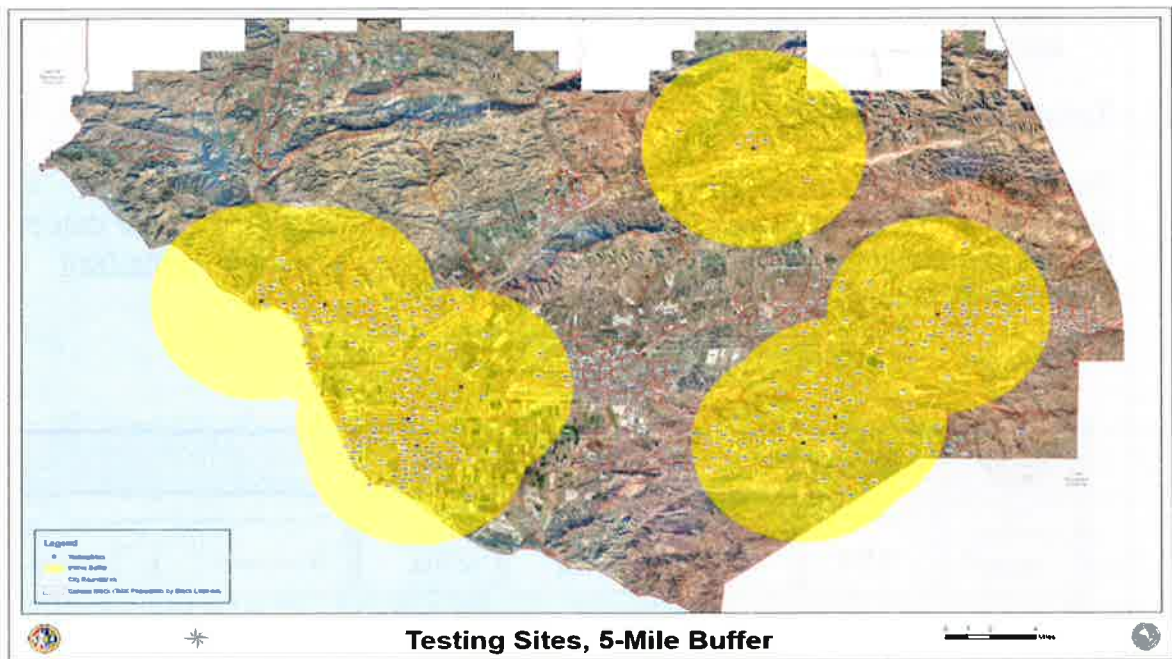
o Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. (CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact covCommunitySurveillance@cdph.ca.gov for any guidance in setting up such systems in their county.)

Response: Ventura County Public Health plans to implement the community sentinel surveillance system and has already reached out to CDPH for guidance on implementing the protocol. In addition, VCPH plans to increase the number of sentinel providers in our jurisdiction that will report ILI and COVID-like illness in five age categories (0-4 years, 5-24 years, 25-49 years, 50-64 years, >64 years) and the total number of patients seen for any reason. These providers will submit specimens for both influenza and COVID-19 testing to our public health laboratory throughout the year to provide VCPH with more information on transmission within the community. Providers will be recruited throughout the county so that all geographic areas are being monitored.

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:
  o Enough contact tracing. There should be at least 15 staff per 100,000 county population trained and available for contact tracing. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge. Indicate which data management platform you will be using for contact tracing (reminder that the State has in place a platform that can be used free-of-charge by any county).

Response: Ventura County Public Health (VCPH) has implemented a COVID-19 Contact Tracing program utilizing a team approach and following CDPH and CDC guidelines for contact tracing for supporting individuals with suspected or confirmed infection and their contacts. Some on our current tracing team are currently enrolled in the virtual training academy and the rest will enroll the week of May 25.

What follows is our plan to have sufficient contact tracing workforce as at least 15 staff per 100,000 population already trained and available: Based on current Ventura County population of approximately 850,000, we plan to have 130 contact tracers trained and available by May 31, 2020. Currently, we have 6 contact tracing teams led by a Public Health Nurse (PHN) which includes 10 contact tracers for each team, thus 60 tracers. This is sufficient for our current need. We will have an additional 70 contact tracers trained and CDPH certified ready for deployment and added to the existing workforce. As these reserves begin to exhaust, we will train additional numbers. Social worker consultation and support staff is also available to the teams. Each contact tracer will have approximately 10-15 contacts to monitor. The roles of the PHN and tracers are outlined below.

VCPH contact tracing is divided into these 4 components:
Case investigation
Contact made with every new COVID-19 positive case by a Public Health Nurse for clinical assessment, elicitation of contacts, provide guidance on isolation, follow up during isolation, and release from isolation.

Contact tracing
Finding and notifying contacts, screening for symptoms, informing about quarantine, assessing for other needs, following-up during isolation for symptoms and adherence

will be provided by contact tracers.

Data management
COVID-19 positive lab values are reported into the California Reportable Disease Information Exchange (CalREDIE). CalREDIE is a compliant public health information national network that the CDPH has implemented for electronic disease reporting and surveillance. In addition to utilizing CalREDIE, all contact tracing team staff will use the state-purchased data management and communications platform, which allows monitoring of contacts during the isolation period. A Power BI dashboard will also be created to analyze the information collected through the contact tracing process. Power BI is Microsoft business intelligence platform that provides users with tools for aggregating, analyzing, visualizing and sharing data.

Isolation and Quarantine
Cases and contacts will be isolated as instructed by county health officer's orders to stay home. The Communicable Disease team will work with cases and contacts to isolate or quarantine safely in their own home. If a case or contact cannot or does not feel they can isolate or quarantine safely at home, they will be offered a motel room and three meals a day. If there is a high-risk person in the home due to co-morbidities, that person may be chosen by the family to stay in a motel. All residents of Long-Term Care Facilities that become COVID positive will be transferred to a hospital holding unit.

Ventura County has the capacity to perform effective contact tracing, has readily available and sufficient testing, and an ability to investigate all positive COVID-19 individuals. The contact tracing workforce will be staffed to allow for notification of all contacts, provision of isolation instructions, monitoring, and provision of clinical and social supports when needed.

COVID-19 Contact Tracing Team key roles:

Sr. PHN Contact Tracing Supervisors (Case Resource Supervisor)
Provides supervision for contact tracers, case investigators, and/or clinical consultants on the case investigation team. Supports team with difficult cases/contact situations.

PHN Team Lead (Case Investigator and Clinical Consultant)
Conducts interviews of confirmed or suspected COVID-19 cases to determine period of infectiousness, evaluate risk exposure, and identify clinical and other resource needs, and ensure isolation measure are in place. Provides clinical support to case investigators or contact tracers on symptomatic cases/contacts and consults on complex cases. Collaborates with healthcare providers, hospitals, and other facilities regarding clinical recommendations.

Contact Tracer
Locates and notifies contacts of COVID-19 exposure. Performs symptoms screen, informs about isolation, and assesses for other needs. Follows up with contacts during isolation for ongoing assessment of symptoms and adherence. Provide education, information, and support to understand how to isolate from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if asymptomatic. Educate on signs and symptoms of illness.

> **Support Staff (Surveillance Triage)**
> Processes incoming case and provider reports from the CalREDIE data transmissions. Acts as a resource for interjurisdictional communication and ascertains pertinent demographic, locating (e.g., "people-searches") and medical information for cases and contacts.
>
> **Social Worker**
> Arranges, coordinates, and assists cases/contacts in obtaining supportive services required for isolation or quarantine (e.g., housing, food).

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

> **Response:** Ventura County, with guidance from the California Department of Public Health, has been taking steps to slow the spread of COVID-19 among vulnerable populations in the community. The County has secured housing options at local motels in the cities of Ventura, Oxnard, and Newbury Park. County agencies are coordinating to provide transportation, medical and mental health care, nutritional needs, and on-site security. Referrals are made by community homeless service providers including nonprofit organizations, county service providers, city partners and homeless liaison officers. Persons are medically evaluated before they are cleared for intake.
>
> Ventura County has sufficient temporary housing units to shelter more than 15% of its residents experiencing homelessness and requiring isolation and quarantine. Our last homeless count in January 2020 counted 1,743 individuals; fifteen percent of this total would be 261 persons. We have this capacity now and are currently housing 351 individuals. Individuals housed at these locations have access to a private bathroom during their quarantine period. Additionally, the County has established hotel capacity supporting isolation of other vulnerable populations who are unable to safely isolate in their residences and need assistance.

- **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:
  - o 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

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elective surgeries). Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Response: Ventura County's eight hospitals have substantial capacity, including ICU beds, ventilators, and adequate PPE available to handle standard health care capacity, current COVID-19 cases, and potential surge due to COVID-19.

COVID patients make up a small percentage of local hospital census in Ventura County. We are tracking this information on www.vcemergency.com (see screenshot below).
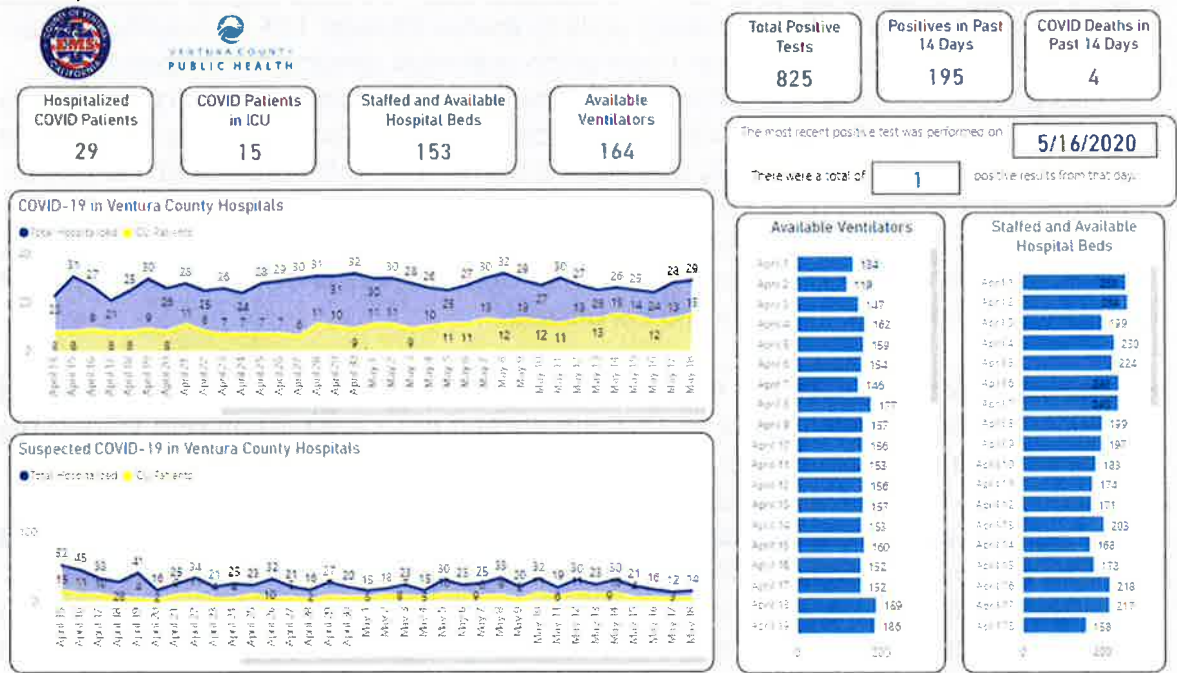
There are currently 153 staffed and available hospital beds in the 8 Ventura County hospitals. In coordination with each hospital system administration, we have identified up to an additional 742 surge capacity beds that can be made available, well above the required 35%. This additional capacity is accomplished through a combination of traditional and non-traditional hospital beds, including repurposing existing hospital rooms, activating unstaffed beds, utilizing surge tents and unconventional areas of the hospital such as conference rooms to house patients. Additionally, three local hospitals recently replaced large sections of their older hospitals and these retired facilities have been prepared and relicensed to once again house patients. Staffing is addressed through a number of typical and atypical methods including cross-training existing staff, reallocating staff from closed departments, modifying staffing ratios, relocating staff from less impacted facilities, temporary professional staffing and reactivation of retired employees. Three of our eight hospitals are smaller facilities, supported by a larger core hospital. The below chart shows an estimate of the surge capacity identified by the hospital systems in Ventura County.

Hospital System	Additional Beds
Community Memorial Hospital and Ojai Valley Community Hospital	144
Los Robles Hospital	96
Simi Valley Hospital	92

St. John's Regional Medical Center and Pleasant Valley Hospital	294
Ventura County Medical Center and Santa Paula Hospital	116
Total	**742**

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

Response: All Ventura County hospitals have occupational/employee health programs that work in coordination with the infection prevention department to identify and monitor staff who are exposed to a known or suspected COVID patient. All employees are monitored daily for temperature and symptoms consistent with COVID and exposed staff have expanded monitoring criteria following the CDC healthcare worker guidelines.

The hospitals have established relationships with well-recognized medical supply vendors. Hospitals have been working with these vendors since the onset of the pandemic to ensure adequate PPE supply for healthcare providers and ancillary staff. For the five hospitals systems representing the eight acute care hospitals in the county, Medline, Cardinal Health, 3M Corporation and Kimberly Clark comprise the primary vendors for sourcing personal protective equipment. Ventura County hospitals also have PPE conservation plans in place and report PPE status or needs to Ventura County Emergency Medical Services (VCEMS) daily. When the hospitals are unable to source necessary equipment through the normal vendors, facilities submit a resource request with the Ventura County MHOAC to request additional supplies. VCEMS has also developed an Allocation of Scarce Resources appendix of our MHOAC guide to provide a standardized approach to PPE distribution and prioritization of resources to our healthcare stakeholders. Current PPE distributed to each of the hospitals as of May 15th can be found below.

Name	Goggles	Face Shields	Disposable Gowns	N95 - Regular	N95 - Small	Procedure Mask	Exam Gloves - Sm	Exam Gloves - Med	Exam Gloves - Lg	Exam Gloves - XL
HOSPITALS										
Community Memorial Hospital	20	1,000	1,000	45,080	5,040	35,000	0	0	0	0
Los Robles Hospital	800	644	900	90,040	25,080	55,000	0	0	0	0
Ojai Valley Hospital	0	0	0	3,000	1,080	1,000	0	0	0	0
Pleasant Valley Hospital	0	0	100	7,320	3,240	3,300	0	0	0	0
Santa Paula Hospital	0	0	0	7,080	3,000	3,000	0	0	0	0
Simi Valley Hospital	0	1,000	600	25,600	17,680	21,000	10,000	10,000	10,000	0
St. John's Hospital	330	0	3,100	61,040	720	40,300	5,000	10,000	4,500	10,000
Ventura County Medical Center	1,000	500	2,300	22,040	9,960	21,700	7,000	8,000	9,500	7,000
TOTAL HOSPITALS:	**2,150**	**3,144**	**8,000**	**261,200**	**65,800**	**180,300**	**22,000**	**28,000**	**24,000**	**17,000**

- **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.

Response: Through our health care coalition, the Ventura County Public Health department has conducted routine communication with the CDPH L&C and CDSS CCL District Offices. Information regarding current guidance, latest LTC requirements, and status of facilities is communicated with the Regional Managers, Remely Beloy and Jill Nakata (contact information included, below). Remely is copied on daily emails to the Skilled Nursing Facilities and both have joined our COVID-19 conference calls for LTCs. VCPH works with both regional managers closely whenever concerns are raised regarding LTCs.

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Jill Nakata, Regional Manager
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Woodland Hills North Adult & Senior Care Regional Office
(818) 596-4377 Phone

In collaboration with the Hospital to Home Alliance of Ventura County, the Ventura County Public Health Department Emergency Medical Services Agency is conducting weekly teleconferences with SNFs to track PPE availability, facility status, provide COVID-19 updates and technical assistance and to conduct long-term COVID-19 planning. A representative from Health Services Advisory Group (HSAG) and California Association of Long-Term Care Medicine (CALTCM) participate in these calls to provide regulatory and clinical expertise. An infection prevention subject matter expert from the California Department of Public Health's (CDPH) Healthcare-Associated Infections Program has been invited to participate in these calls. Ventura County Public Health, through the county's healthcare coalition, along with CDPH, conduct daily surveys of SNFs to assess current status and personal protective equipment availability. Results are shared with local health department leadership and the county's Medical Health Operational Area Coordinator (MHOAC). For any reported PPE shortages, healthcare coalition staff contacts the SNF to ensure they are addressing the shortage and will be able to maintain adequate supply on hand moving forward. The SNFs, like all healthcare facilities and first responder agencies, may submit resource requests for PPE to the MHOAC. Such a request is an indication that a SNF may have a disruption in the PPE procurement supply chain, and results in

additional outreach from VCPH. Finally, when a SNF has a positive or suspected COVID-19 case, they report to the Ventura County Public Health Communicable Disease (CD) Office. The CD nurses work closely with the SNF to provide guidance on infection control, to assess and ensure proper isolation of the suspect or confirmed case(s), to assist with prompt testing as needed, and to assess PPE availability and appropriate use, in order to keep its staff and patients safe. Ventura County has a unique plan where all COVID positive residents of Long Term Care Facilities, including SNFs, are transferred to a local hospital either as a patient, if they require acute care hospitalization or to one of these same local hospitals as a "holding unit" resident where they are supported in their needs of daily living and are held until their period of contagion has passed.

There are 400 licensed long-term care facilities in Ventura County, as outlined in the below chart.

CDPH Facility Type	Total Number of Sites in VC
Skilled Nursing Facility (SNF)	19
Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N)	11
Intermediate Care Facility for the Developmentally Disabled – Home (ICF/DD-H)	21
Congregate Living Health Facility (CLHF)	20
Total	71

CDSS Facility Type	Total Number of Sites in VC
Residential Care Facilities for the Elderly (RCFE) – licensed	216
Residential Care Facilities for the Elderly (RCFE) – pending	22
Residential Care Facilities for the Elderly (RCFE) – on probation	1
RCFE Continuing Care Retirement Community (CCRC) – licensed	2
Adult Residential Facility (ARF) – licensed	80
Adult Residential Facility (ARF) – pending	3

Adult Residential Facility (ARF) – on probation	0
Social Rehabilitation Facility (SRF) – licensed	5
Total	**329**

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.

Response: Each of Ventura County's skilled nursing facilities (SNF) maintain at least a 14-day supply of PPE on hand for staff and have established processes for ongoing procurement from non-state supply chains. Out of the 19 SNFs in Ventura County, four recently reported minor shortages of PPE. Those SNFs are working with their existing vendors to ensure they have a 14-day supply of the required PPE on hand. A list of SNFs, including contact information for PPE inquiries, can be found below:

FACILITY NAME	ADMINISTRATOR	CONTACT EMAIL	CONTACT NUMBER
Brookdale Camarillo	Gonzaga, Vincent	vincent.gonzaga@brookdale.com	(805) 388-8086
Camarillo Healthcare Center	Willits, Bradley	bwillits@ensignservices.net	(805) 482-9805
Coastal View Healthcare Center	Jones, Renee A	rjones@venturapa.com	(805) 642-4101
Glenwood Care Center	Cooley, Timothy	tcooley@ensignservices.net	(805) 983-0305
Greenfield Care Center of Fillmore, LLC	Rodriguez, Catherine	admin@gccfillmore.com	(805) 524-5250
Mary Health of The Sick Convalescent & Nursing Hospital	Afshar, Shideh	nha@maryhealth.com	(805) 498-3644
Maywood Acres Healthcare	Oleta, Carlo	coleta@milwoodhealthcare.com	(805) 487-7840

Oakview Skilled Nursing	Ruggiero, Jeannette	ruggieroj@visitoakview.com	(805) 241-2000
Ojai Health & Rehabilitation	Foy, Frances	frances.foy@ojaihealthandrehab.com	(805) 646-8124
Ojai Valley Community Skilled Nursing Facility	Lashkari, Haady	hlashkari@cmhshealth.org	(805) 640-2304
Oxnard Manor Healthcare Center	Lawry, Brennan	administrator@oxnardhc.com	(805) 983-0324
Santa Paula Post-Acute Center	Mejia, Rosie	administrator@stphealth.com	(805) 525-7134
Shoreline Care Center	McCall, Glen	GMcCall@covenantcare.com	(805) 488-3696
Simi Valley Care Center	Kunz, Scott	administrator@simirehab.com	(805) 522-9155
St Johns Pleasant Valley Hospital D/P SNF	Padernal, Agnes;	agnes.padernal@dignityhealth.org	(805) 389-5183
Thousand Oaks Post-Acute, LLC	Gorospe, Charlene	charlene.gorospe@thousandoakspostacute.com	(805) 241-3005
Ventura Post-Acute	Jones, Renee A	reneej@venturapa.com	(805) 642-4196
Victoria Care Center	Goldbarg, Ryan	rygoldbarg@ensignservices.net	(805) 642-1736
Windsor Terrace of Westlake Village	Catama, Jerry	wlkadmin@windsorcares.com	(805) 494-1233

- **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.

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Response: On May 8, early Stage 2 retail (curbside and delivery only), manufacturing, and related logistics were allowed to resume in Ventura County per the statewide stay-at-home order. On May 13th later Stage 2 businesses were allowed to open in accordance with state guidelines and included:

- o Curbside retail
- o Personal services, limited to car washes, pet grooming, tanning facilities, and landscape gardening.
- o Office-based businesses (telework remains strongly encouraged)
- o Childcare facilities
- o Outdoor museums and open gallery spaces

All workspaces that reopen and activities that resume in Stage 2 and subsequent stages must do so in accordance with state guidance that can be found online, https://covid19.ca.gov/roadmap. Every individual business that opens will be required to complete a written Prevention Plan customizing their strategy to address:

- • Required contents of the written plan
- • Employee training
- • Individual control measures and screening
- • Cleaning and disinfecting protocols
- • Physical distancing guidelines

The County of Ventura Public Health Officer recognizes the critical importance of compliance with each aspect of the Prevention Plan. In addition to posting the plan at the workplace, every business is required to post the Ventura County COVID Compliance Hotline number in a prominent location. This will ensure that every employee and customer can report non-compliance easily, quickly, and anonymously. Ventura County businesses are also required to identify a specific person on duty who is responsible for ensuring the prevention practices are being followed.

Above and beyond state requirements, all County of Ventura businesses are required to register and attest to their readiness. This includes all businesses that can open in Stage 2 and beyond. Critical infrastructure businesses that have already been open are also required to register and attest as well. This will ensure they avail themselves of the guidance and prevention best practices that have been published.

The registration process accomplishes several key elements of our strategy to ensure safety of all employees and customers.

1. Identification of every business operating in Ventura County.
2. Updated contact information, allowing us to provide direct ongoing information, resources, and the opportunity for surveys and other feedback tools.
3. A mobile application with GIS mapping and business contact information utilized as a tool for County and City Verification Ambassadors to visit each business, verify protocols are being implemented, and update compliance status in real time.
4. Prevention Plan templates have been created and published for each industry type along with the associated state guidance and checklist.

Registration and Attestation Site Example:

Business Attestation

Workplace Type   **Business Contact Information**   Compliance Data

Attention Restaurants

Restaurant work-site specific COVID-19 Prevention Plans are required to incorporate the provided COVID-19 *Guidance for Restaurants Providing Drive-thorough, Takeout, and Delivery Only*. Dine-in Restaurants are not open yet. However, once this option is available, restaurants must establish written Prevention Protocols that incorporate the provided State's *COVID-19 Guidance for Dine-In Restaurants*.

Restaurant Reference Documents:

- Guidance for Takeout and Delivery Restaurants
- Guidance for Dine-in Restaurants
- Checklist for Dine-in Restaurants
- Worksite Specific COVID-19 Prevention Plan Template for Dine-in Restaurants

Business Name *

Business Address *

Ambassador Verification Mobile App & Dashboard Example:

Keeping in mind the comprehensive and robust education, verification, and reporting systems, Ventura County is very well positioned to move forward in a safe and monitored way.

Ventura County is already working in partnership with regional economic development stakeholders (Cities, Economic Development Directors, and Chambers of Commerce) to educate and inform businesses regarding the importance of vigilant adherence to public health protocols. We have been meeting with these parties regularly since the crisis began, and they share our commitment to reopen responsibly to protect the health and well-being of Ventura County communities.

Once approved, Ventura County will advance through the Expanded Stage 2 cautiously. Expanded stage 2 reopening will comprise sectors specifically identified in the state roadmap. This will include dine-in restaurants and in-store shopping for retail stores initially. We anticipate adding schools with modifications once the state guidance is released. Destination shopping, including shopping malls and swap meets will not immediately be reopened. Additional assessment of the impacts from reopening other sectors will be evaluated before proceeding to this in Expanded Stage 2.

For additional information on the anticipated business sector progression through Stage 2, please refer to our VC Reopening Roadmap (attached). Appendix B provides the sector risk assessment. Table 2 illustrates the reopening actions that will be taken over time.

- **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.

Response: With reopening and more Ventura County residents coming into contact with one another, we are concerned that cases of COVID-19 may increase, along with hospitalizations, and even deaths. A major goal of sheltering in place has been to "flatten the curve" and avoid overwhelming the health care system, and this will remain the focus of ongoing monitoring as Ventura County gradually reopens. Ventura County Public Health will review data daily to determine if it is necessary to return to the previous reopening Stage in order to avoid overwhelming the health care system. We will be proactive, not reactive, in tightening mitigation measures such that a return to the previous Stage will be implemented when one or more of the following indicators are met, thereby demonstrating a trajectory that could result in the health care system being overwhelmed:

Epidemiologic indicators: Doubling time of cases less than 5 days

Health care indicators:
- Increasing number of new health care worker infections for 7 consecutive days;
- Less than 7-day supply of PPE for health care workers;
- Hospital census approaching 135% of baseline capacity

Public health indicators:
- Unable to elicit contacts for 30% or more of cases;
- 10% or more of symptomatic contacts fail to get tested or get tested more than 48 hours after symptom onset;
- Insufficient voluntary isolation facilities for non-hospitalized COVID-19 cases who cannot safely remain at home (due to space constraints, vulnerable household members, or otherwise).

The Health Officer will notify the CDPH Duty Officer of emerging concerns within 24 hours. The final decision to return to a previous Stage will be made by the Ventura County Health Officer after 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.

> **Response:** VCPH will work with various stakeholders, including elected officials, business and community leaders to finalize our draft COVID-19 Containment Plan (attached). Also, we will work with specific groups such as the Ventura County Health Care Coalition and the Ventura County Community Health Improvement Collaborative which includes representatives from healthcare and other organizations that are critical in the containment of COVID, both in terms of healthcare needs but also social needs that have resulted from the stay well at home orders.
>
> Our containment plan will be fully developed by May 26th, 2020 and posted on our website along with this Variance Attestation form.

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?

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?

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?

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.)?

[blank box]

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?

[blank box]

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?

[blank box]

Special Considerations

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

Community Engagement

- Has the county 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?

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?

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

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

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

I, Robert Levin MD, hereby attest that I am duly authorized to sign and act on behalf of Ventura County. I certify that Ventura County has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for Ventura 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: Robert Levin, MD

Signature: *Robert Levin MD*

Position/Title: Health Officer

Date: May 19, 2020

MEMBERS OF THE BOARD
KELLY LONG
Chair

STEVE BENNETT
LINDA PARKS
ROBERT O. HUBER
JOHN C. ZARAGOZA

BOARD OF SUPERVISORS
COUNTY OF VENTURA
GOVERNMENT CENTER, HALL OF ADMINISTRATION
800 SOUTH VICTORIA AVENUE, VENTURA, CALIFORNIA 93009

May 19, 2020

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

Dr. Sonia Y. Angell
State Public Health Officer and
Director, California Department of Public Health
P.O. Box 997377, MS 0500
Sacramento, CA 95899-7377

Dear Governor Newsom and Dr. Angell:

On behalf of the County of Ventura Board of Supervisors, I want to thank you for your leadership and management during the COVID-19 pandemic. Your stay-at-home orders have been successful in flattening the pandemic's curve and preventing our health care systems from becoming overwhelmed.

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 of the pandemic response, Ventura County has been successful in both limiting the spread and preparing for a surge, thanks in large part to the compliance of our residents and businesses with state and local health officer restrictions and guidance.

Pursuant to your guidance, a county that is able to demonstrate an ability to protect the public and essential workers may be allowed to adopt expanded aspects of Stage 2 of California's Roadmap at a faster pace than the state as a whole. Your guidance provides the criteria a county must meet and the procedures for a local health officer to request a variance, including the submission of a written attestation to the California Department of Public Health.

The County of Ventura has completed a comprehensive review of its readiness for moving through Stage 2 of the California Roadmap and has prepared plans for doing so. Our health officer's attestation addresses epidemiological stability, protection of essential workers, protection of at-risk/vulnerable populations, testing capacity, containment capacity, hospital capacity, plans for moving through Stage 2, and triggers for adjusting modifications. Ventura County's own Roadmap for Reopening has been included with the attestation to provide further insight into our plans.

Please accept this letter of support from the County of Ventura Board of Supervisors as an endorsement of our health officer's attestation and request for a local variance to California's Roadmap.

Sincerely,

Kelly Long, Chair
County of Ventura Board of Supervisors

C: County of Ventura Board of Supervisors
       Michael Powers, County Executive Officer
       Dr. Robert Levin, County of Ventura Health Officer

Adventist Health
Simi Valley

Administration
2975 N. Sycamore Drive
Simi Valley, CA 93065
805-955-6000

AdventistHealth.org

May 18, 2020

Robert Levin, MD
Ventura Health Officer
2240 East Gonzalez Road
Oxnard CA, 93036

Dr. Levin,

In response to your request, we at Adventist Health Simi Valley:

- Are 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

- Have adequate PPE to protect our employees and clinicians.

We understand that County of Ventura will use this letter to support their application for expanded Stage 2 attestation. If approved by the State, the expanded variance will allow our county to open additional Stage 2 sectors that may include: destination retail, dine-in-restaurants, and schools – all with county-specific sector modification plans.

Sincerely,

Jennifer Swenson,
President

Community Memorial Health System

Where Excellence Begins with Caring

Gary K. Wilde
President & CEO

May 18, 2020

Robert Levin, MD
Ventura Health Officer
2240 East Gonzalez Road
Oxnard, CA 93036

Dear Dr. Levin:

In response to your request, Community Memorial Health System is prepared to accommodate a surge of 35% additional patients due to a potential increase in COVID-19 cases in addition to providing care to current baseline patient volumes of mostly non-COVID-19 patients. We would have adequate PPE to protect our employees, clinicians and patients. The following table outlines our surge plan, assuming baseline volumes of 140, 180, and 200 and which beds we would use to flex up to accommodate a surge of 35% for each of the scenarios.

	Scenario A		Scenario B		Scenario C	
Baseline Census Assumptions	140	56%	180	72%	200	80%
35% Surge (additional patients)==>	49		63		70	
Total Bed Demand (Baseline + Surge)	189	76%	243	97%	270	108%
Placement Plans for Surge Patients						
Ocean Tower (250 beds)	189	76%	230	92%	235	94%
Mountain Tower ICU (21 beds)	0	0%	0	0%	0	0%
Mountain Tower ER (12 beds)	0	0%	0	0%	0	0%
Mountain Tower 6th Floor (25 beds)	0	0%	0	0%	22	88%
Ojai Acute (25 beds)	0	0%	13	52%	13	52%
Ojai Old CCC (66 SNF beds)	0	0%	0	0%	0	0%
Total Bed Supply	189	47%	243	60%	270	68%

The challenges we would have in implementing this plan would be to maintain staffing levels with a sustained surge. A prolonged surge would require us to reduce if not eliminate elective procedures as we successfully did in the early months of the COVID-19 crisis.

We understand that County of Ventura will use this letter to support their application for expanded Stage 2 attestation. If approved by the State, the expanded variance will allow our county to open additional Stage 2 sectors that may include: destination retail, dine-in-restaurants, and schools – all with county-specific sector modification plans.

Sincerely,

Gary K. Wilde, DHA, FACHE
President and CEO

Dignity Health.
St. John's Hospitals

St. John's Regional Medical Center
1600 North Rose Avenue
Oxnard, CA 93030
direct 805.988.2500

St. John's Pleasant Valley Hospital
2309 Antonio Avenue
Camarillo, CA 93010
direct 805.389.5800

May 18, 2020

Robert Levin, MD
Ventura Health Officer
2240 East Gonzalez Road
Oxnard CA, 93036

Dr. Levin,

In response to your request, St. John's Hospitals

- Are 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

- Have adequate PPE to protect our employees and clinicians.

We understand that the County of Ventura will use this letter to support their application for expanded Stage 2 attestation. If approved by the State, the expanded variance will allow our county to open additional Stage 2 sectors that may include: destination retail, dine-in-restaurants, and schools – all with county-specific sector modification plans.

Sincerely,

Darren W. Lee
President & CEO
St. John's Hospitals

LOS ROBLES
HEALTH SYSTEM

May 18, 2020

Robert Levin, MD
Ventura Health Officer
2240 East Gonzalez Road
Oxnard CA, 93036

Dr. Levin,

In response to your request, we at Los Robles Health System:

- Are 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

- Have adequate PPE to protect our employees and clinicians.

We understand that County of Ventura will use this letter to support their application for expanded Stage 2 attestation. If approved by the State, the expanded variance will allow our county to open additional Stage 2 sectors that may include destination retail, dine-in-restaurants, and schools – all with county-specific sector modification plans.

Sincerely,

Natalie Mussi
Chief Executive Officer

VENTURA COUNTY
MEDICAL CENTER
SANTA PAULA HOSPITAL
A Division of Ventura County Health Care Agency

John Fankhauser, MD, MHA
Chief Executive Officer

Associated with the UCLA School of Medicine

May 18, 2020

Robert Levin, MD
Ventura Health Officer
2240 East Gonzalez Road
Oxnard CA, 93036

Dr. Levin,

In response to your request, we at Ventura County Medical Center and Santa Paula Hospital:

- Are 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

- Have adequate PPE to protect our employees and clinicians.

We understand that County of Ventura will use this letter to support their application for expanded Stage 2 attestation. If approved by the State, the expanded variance will allow our county to open additional Stage 2 sectors that may include: destination retail, dine-in-restaurants, and schools – all with county-specific sector modification plans.

Sincerely,

John Fankhauser, MD, MHA

COVID-19 2020 PANDEMIC

VENTURA COUNTY ROADMAP TO REOPENING

STAY WELL VC
Safely Reopening Ventura County

updated May 18, 2020

VENTURA COUNTY ROADMAP TO REOPENING

The Ventura County (VC) Roadmap to Reopening framework is drawn from four main documents and sources: 1) The California Governor's Road to Reopening 6 Indicators to Modifying Stay at Home Order, 2) The Resolve to Save Lives Initiative's criteria to loosen physical distancing, 3) The Public Health Principles for a Phased Reopening During COVID-19 publication by Johns Hopkins University, and 4) The Update on California's Pandemic Roadmap (4-28-20 Governor's Resilience Roadmap Stages). We outline how these documents provide the framework for this plan. The appendices include a draft plan for contact tracing teams and other items the California Department of Public Health (CDPH) is urging Local Health Jurisdictions (LHJs) to consider as they develop their plans.

Governor Gavin Newsom's Road Map to Reopening includes 6 Key Indicators that must be met before stay at home orders are modified. The 6 Indicators are: 1) testing and tracking, 2) protecting vulnerable populations, 3) hospital preparedness, 4) developing treatments, 5) ability to continue with social distancing, and 6) maintaining the ability to reinstate stay at home orders as needed.

Ventura County is evaluating its alignment with each of these 6 Indicators and the current update follows. The monitoring and updating will be an ongoing process.

1. **Monitor and protect the County population through testing, contact tracing, isolating, and supporting those who are positive or exposed.**
   - Expanded testing capacity
   - PH Lab has doubled its capacity
   - East and West County sites opened May 4 (130 daily test capacity at each site)
   - 10 drive-through testing sites in most of the County's 10 cities
   - In-hospital testing is occurring in each among each of the County's 5 hospital systems
   - Increased swabbing in LTC facilities to include all residents and staff
   - Additional point of care sites (County with private lab)
   - Implementing PH Mobile Testing
   - Implementing COVID-19 Contact Tracing Program (see Appendix A)
   - Purchasing additional equipment and supplies for contact tracing
   - Retrofitting existing office space to accommodate additional staff
   - Providing needed isolation in hospitals, at designated facilities & isolation at home
   - Hospitals are holding COVID-19 positive LTC facility patients
   - Utilizing 4 hotels for vulnerable, at risk individuals

2. **Prevent infection in people who are at risk for more severe COVID-19**
   - Providing meal support for isolated seniors
   - Increasing pop up farmers markets and food share distribution sites
   - Providing isolation locations for at-risk homeless or quarantined individuals that do not have adequate housing

- Relocating COVID exposed or positive individuals out of long-term care and congregate living facilities into the hospitals and hotels
- Providing testing for asymptomatic individuals in LTCF and possible other locations
- Providing education in isolation procedures to household contacts
- Providing antibody testing

3. **Hospitals and health systems can accommodate surge needs**
   - Added beds and staff to meet surge – 742 bed surge capacity
   - Added over 35 additional ventilators

4. **Develop therapeutics to meet the demand**
   - Established plasma donor opportunities on vcemergency.com to provide access to COVID antibodies
   - Established relationships with blood bank
   - Hospitals using off-label medication regime with consent

5. **Business, schools, and childcare facilities support physical distancing**
   - Businesses, schools, and communities are practicing social distancing
   - Comprehensive guidance and support resources are in place
   - Social distancing messaging and protocols for local businesses are available
   - County and City teams of verification ambassadors are conducting site visits and confirming that social distancing is in place.
   - Existing state guidance has been provided to every workplace type and guidance for schools with modifications will be provided before they are allowed to reopen.

6. **Ability to reinstitute measures, such as stay-at-home orders**
   - Maintaining daily tracking of test results, contact tracing, and hospital utilization and capacity
   - Utilizing surveillance systems for tracking key indicators

While ensuring the Governor's 6 Indicators are met, VC is fully aligned with the Governor's Resilience Roadmap Stages and the Reopening Roadmap Report Card's key metrics: Stability of Hospitalizations, Personal Protective Equipment inventory, Healthcare Surge Capacity, Testing Capacity, Contact Tracing Capability and Public Health Guidance in Place. We are pleased to attest that we have met or on schedule to, for all 6 areas. We initially drew on the work of the Resolve to Save Lives (RSL) Initiative to further assess our readiness to reopen, and we have kept this section here for an additional reference to assist with our alignment plans with the Governor and CDPH. This initiative outlines criteria in three key areas that assist communities to know when and how to reopen after COVID-19. Key areas and respective criteria are listed in Table 1. The three key areas are:

1. Epidemiology - what we know about the disease.
2. Healthcare – the ability of the healthcare system to handle an increase in cases without risking the lives of health care workers and patients.

3. Public Health – the ability to effectively find and isolate cases and contacts, control the spread of the disease and resume physical distancing rapidly, if needed.

Table 1. Checklist for Relaxing Restrictions (Adapted from RSL)

Epidemiology	Healthcare	Public Health
✓ Steady decrease in Influenza Like Illnesses (ILI) in syndromic surveillance for at least 14 days. ✓ Decline in deaths for at least 14 days. ✓ Decreasing healthcare worker infections, such that infections are now rare. ✓ Number of active cases flat or decreasing over a 14-day period. ✓ Decreasing cases in the context of increasing testing (or stable testing with decreasing positivity) for at least 14 days. ✓ Decreasing numbers and proportions of cases not linked to a source case (goal less than 3 unlinked cases per 2-week period).	✓ Ability, including staffing, to double number of patients treated in ICUs from current census. ✓ Ability, including staffing, to screen large numbers of symptomatic patients safely. ✓ Enough PPE for all healthcare workers in the event cases double. ✓ Enough facemasks to provide to all patients seeking care in the event cases double. ✓ Ensure at least baseline capacity in general health services, including through expansion of telemedicine. ✓ Health care facilities enforce policies and redesign to minimize possibility of exposure. ✓ Demonstrated protection of high-risk populations and those in congregate settings. ✓ For at least a 7-day rolling average, no more than 50% of patients in ICU beds are COVID-19 positive.	✓ All cases interviewed for contact elicitation. ✓ Contacts elicited for at least 90% of cases. ✓ Enough hand sanitizer to place at entry and strategically placed in buildings including workplaces. ✓ Designated facilities for non-hospitalized COVID-19 infected people who cannot be safely cared for at home. ✓ Demonstrated ability to convey physical distancing recommendations that change behavior in most residents. ✓ Contact tracing scale-up framework in place. ✓ 100% of symptomatic contacts and others with symptoms undergo testing within 12 hours of identification of symptoms.

Criteria identified in the three key areas in Table 1 that have been met in VC are checked and discussed below, with status as of May 2 when this plan was first developed. The remaining criteria will be monitored closely on a specific re-opening dashboard, and this document will be updated accordingly.

1. Epidemiology
- VC has experienced a steady decrease in influenza like illnesses (ILI) reported symptoms. The peak was reached on April 1 with 131 individuals who reported ILI symptoms through the emergency departments. On April 13, 105 ILI symptoms were reported and on April 29 41 ILI symptoms were reported.
- There has been a decline in deaths for at least 14 days. From March 23, 2020 through April 11, 2020 there were 14 COVID-19 related deaths, 9 occurred from April 1 through April 11, in the previous 14 days only 4 deaths were reported.
- A decrease in health worker infection rates has occurred from April 1 to April 29. From April 1 to April 14, there were 23 healthcare workers who tested positive for COVID-19. In the past 14 days, from April 15 to April 29, there were 14 healthcare workers who tested positive and in the past seven days there has been one report of a healthcare worker being positive for COVID-19.
- On April 15 there were 223 active COVID-19 cases and on April 30 there were 158 active cases resulting in a decreasing trend of active cases over a 14-day period.
- There has been a decrease in cases in context of increasing testing for at least 14 days. From April 4 through April 17, there were 3,072 people tested and 186 cases identified. From April 18 through May 1, there were 3,176 people tested and 126 cases identified.
- There have been a decreasing number and proportion of cases not linked to a source case over a two-week period. From April 1 through April 14, there were 96 cases that were community acquired compared to 59 for April 15 through April 30th. This is a decrease from 50.0% of cases from April 1 through April14 that were community acquired to 35.5% of cases from April 15-30th that were community acquired.

2. Healthcare
- Our census of COVID-19 positive patients in the ICU is 14 and there are 23 ICU beds available, which would accommodate double the number of patients who are currently being treated in the ICU.
- There are several modes of testing being implemented throughout the county. These include medical providers, hospitals, and drive-through testing sites. CDPH is staffing two drive through sites to increase our testing capacity.
- Supply chains for PPE have opened and there is currently enough on hand for all healthcare workers in the event the caseload doubles.

- Surgical facemask inventory is being shared with all patients that come into the hospital environment.
- Medical providers are using telehealth for COVID-19 and usual care.
- Healthcare facilities are ensuring minimal exposure during triage and throughout the patient assessment process.
- COVID-19 testing of all residents and staff is occurring in LTC facilities with two or more individuals identified as positive for COVID-19. Education and training for LTC and other congregate settings is being provided to over 400 residential care facilities in the county.
- No more than 50% of ICU beds were occupied by COVID-19 positive patients from March 26 through April 30.

3. **Public Health**
   - All COVID-19 positive cases are contacted immediately upon receipt of laboratory confirmation or report by a physician.
   - All contacts are identified through the case investigation process.
   - Hand sanitizer is made available to the public and staff in County buildings and workplaces.
   - There are established alternate shelter sites in place that include hotels, long term care facilities, and hospitals (recuperative care center).
   - The Stay Well at Home Order outlines social distancing requirements for the public
   - Contact tracing scale up framework is in place. A total of 10 contact tracing teams (1 PHN and 10 Tracers) will be ready to reach out to COVID-19 positive cases. (see Appendix A).
   - Tracers will refer symptomatic contacts for testing through the state sponsored site OptumServe, their provider, or the public health clinic.

When criteria in Table 1 are met in VC, additional Stay Well at Home restrictions will be relaxed in alignment with the State's guidance for counties to move into Stage 2. The lifting of restrictions will align with the Governor's Resilience Roadmap Stages. According to this roadmap, in order to move from Stage 1 to Stage 2, the essential workforce environment is made as safe as possible through building of testing, contact tracing, PPE, and hospital surge capacity.

Stage 2 creates opportunities for lower risk sectors to adapt and re-open.

Stage 3 creates opportunities for higher risk sectors to adapt and re-open.

Stage 4 is a return to full operating capacity with the availability of COVID-19 therapeutics.

Appendix D is a summary of federal and state guidelines for individuals, employers and specific types of employers in each Stage. As the State's Roadmap to reopening plan unfolds,

we will further assess our County's local risk of relaxing restrictions and weigh the likelihood and consequences of increased transmission among the various sectors drawing from the Johns Hopkins University April 17, 2020 Guidance (Appendix B).

As we move into Stage 2 and towards Stage 3 of the Governor's plan, our County will continue to implement the Social Distancing Protocol that was issued in the Health Officer April 9, 2020 Order (see Appendix C). The protocol explains how a business will achieve the following, as applicable:

a. Limiting the number of persons who can enter into the facility and work areas at any one time to ensure that persons in the facility and work areas can easily maintain a minimum six-foot distance from one another at all times, except as required to complete the Essential Business activity;

b. Where lines may form at a facility, marking increments of six feet, at a minimum, establishing where individuals must stand to maintain adequate social distancing;

c. Providing hand sanitizer, soap and water, or other effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and employees and in locations where there is high-frequency employee interaction with the public (e.g., cashiers);

d. Providing for contactless payment systems or, if not feasible to do so, providing for disinfecting all payment portals, pens and styluses after each use;

e. Regularly cleaning and disinfecting other high touch surfaces;

f. Posting a sign at the entrance of the facility and work area informing the public and employees that they should avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into their elbow; and not shake hands or engage in unnecessary physical contact; and

g. Any additional social distancing measures being implemented.

h. Any additional social distancing measures being implemented.

Table 2 summarizes the re-opening actions that need to happen at key periods of time during the road to a phased reopening. These actions will be considered when we do a crosswalk of risk level and phased reopening. This will be done with stakeholder input and in alignment with the State's guidance of the various sectors that can open in each phased Stage, and according to current and future local and State orders and guidance.

TABLE 2. ACTIONS THAT CAN HAPPEN OVER TIME FOLLOWING LOOSENING OF RESTRICTIONS. (REPRODUCED FROM RSL).

Action	Initial re-opening only if all criteria above met	4-8 weeks later if no significant increase in cases and criteria remain met	8-16 weeks later if no significant increase in cases and criteria remain met
Wash hands often	Continue	Continue	Continue
Cover coughs	Continue	Continue	Continue
Don't go out if ill	Continue	Continue	Continue
Face mask if ill persons go out	Continue	Continue	Continue
Surface and object cleaning	Continue	Continue	Continue
Enhanced ventilation	Continue	Continue	Continue
Isolation of cases	Continue	Continue	Continue
Quarantine of contacts of cases	Continue	Continue	Continue
Physical distancing to 6 feet when possible – avoid crowding	Continue	Pause physical distancing	Pause physical distancing
Stop visits to nursing homes, hospitals, congregate facilities	Continue	Continue	Continue
Ban all gatherings including religious (above 10, 50 people)	Continue - 10	50	Allow all gatherings
Restaurant closures	Reopen with physical distancing*	Reopen	Reopen
Bar closures	Continue	Reopen with physical distancing*	Reopen
General business closures	Partial reopening*	Additional phased reopening	Reopen
Special situation business closures**	Partial reopening*	Reopen	Reopen
Post-secondary ed closures	Continue	Consider reopening	Reopen
K-12 in-person closures	Reopen*	Reopen*	Reopen
Day care closures	Reopen*	Reopen*	Reopen
Quarantine of travelers from high-prevalence areas	Continue, informed by data on spread	Continue, informed by data on spread	Continue, informed by data on spread

Low Risk vs Higher Risk

We will perform a VC specific risk assessment for each sector that needs to be considered for re-opening. It will be based on contact intensity, number of contacts and modification potential utilizing Appendix B as a tool, and with input by key stake-holder representatives from each sector (i.e., business, education, and CBOs). Each sector will be categorized into either a **low, medium or high-risk** category. After taking into account VC specific needs such as current COVID-19 key indicator rates and trends, regional approaches (LA, SB and SLO county dynamics), and State guidance, each of these categories will then be placed into a **Low Risk Category** and **Higher Risk Category**.

- Low Risk Category businesses and sectors can be allowed to open in **Stage 2.**
- Higher Risk Category businesses and other sector will be considered for **Stage 3** reopening at 2-4 weeks intervals.
- All remaining businesses and large events will open in **Stage 4** when the end of Stay at Home Order is lifted.

Low vs Higher risk category designation will be made as follows:

Low Risk = low to medium in contact and intensity + low to medium for # of contacts.

Low risk business in VC will be allowed to open in alignment with the Governor's roadmap to reopening staging, including the accelerated stage 2 county variance attestation process that incudes Health Officer recommendations and Board of Supervisors and hospital executives' support.

Higher Risk = high designation for contact intensity and/or # of contacts.

This Roadmap will follow a response that is adaptive to individual and institutional level restrictions. Retightening of restrictions will occur if If COVID-19 related parameters worsen as at any time during the phased reopening (see Table 3). Data will be continually monitored for signs of regression or a new epidemic curve, in which restrictions will be reinstated.

Ventura County will advance through the Expanded Stage 2 cautiously. Expanded stage 2 reopening will comprise sectors specifically identified in the state roadmap. This will include dine-in restaurants and in-store shopping for retail stores initially. We anticipate adding schools with modifications once the state guidance is released. Destination shopping, including shopping malls and swap meets will not immediately be reopened. Additional assessment of the impacts from reopening other sectors will be evaluated before proceeding to this in Expanded Stage 2.

Appendix E is the Governor's Sate Report Card document we will continue to reference as we proceed with is phased reopening approach as outlined in Stages 1 through 4. Ventura County will continue to be fully aligned with the Stte's stages and timeline.

Table 3. Checklist and Guidelines for Mitigation Measures when <u>one or more criteria in at least 2 of 3 columns</u> are checked (Adapted from RSL)

Epidemiology	Healthcare	Public Health
Increasing new case counts of at least 10% for 5 consecutive days above a stable baseline in the context of no substantial increase in testing. Doubling time of cases less than 5 days (from a stable baseline). More than 3 unlinked chain (clusters) in 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). Increasing number of new healthcare worker infections averaged over a 7-day period.	Inability to scale up to 30% the number of ICU patients from current census (including staffing). Can no longer screen large numbers of symptomatic patients safely, including staffing (e.g., outdoor tents, drive through). Less than 4-week supply of PPE for 30% increase in current caseload. Insufficient PPE for all healthcare workers. Insufficient facemasks to provide to all patients seeking care. Do not have baseline capacity in general health services, including through expansion of telemedicine for COVID_19 and usual care. Healthcare facilities can no longer be structured to reduce possibility of exposure at triage and all other locations.	Cannot elicit contacts for 20% or more cases. 10% or more of non-household symptomatic contacts failed to get tested or get tested more than 24 hours of symptom onset. Insufficient hand sanitizer to place at entry buildings including workspaces. No designated facilities for non-hospitalized COVID-19 infected people who cannot be safely cared for at home (e.g. because of space constraints, medically vulnerable household members, or others). No longer have the ability to convey physical distancing recommendations that change behavior in residences.

Appendix A

Reopening Contact Tracing Plan

Ventura County Public Health (VCPH) will implement a COVID-19 Contact Tracing program utilizing a team approach and following CDPH and CDC guidelines for contact tracing for supporting individuals with suspected or confirmed infection and their contacts.

VCPH contact tracing will be divided into these 4 components:

1. **Case investigation**
   Finding and notifying cases, eliciting contacts, requesting isolation, following during isolation, and assessing for other needs will be provided by the Public Health Nurse (PHN).

2. **Contact tracing**
   Finding and notifying contacts, screening for symptoms, informing about quarantine, assessing for other needs, following-up during isolation for symptoms and adherence will be provided by contact tracers.

3. **Data management**
   COVID-19 positive lab values are reported into the California Reportable Disease Information Exchange (CalREDIE). CalREDIE is a compliant public health information national network that the CDPH has implemented for electronic disease reporting and surveillance. In addition to utilizing CalREDIE, all contact tracing team staff will use the state-purchased data management and communications platform, which allows monitoring of contacts during the isolation period. A Power BI dashboard will also be created to analyze the information collected through the contact tracing process. Power BI is Microsoft business intelligence platform that provides users with tools for aggregating, analyzing, visualizing and sharing data.

4. **Isolation and Quarantine**
   Cases and contacts will be isolated as instructed by county health officer's orders to stay home or be transferred to an alternate site, such as a hospital holding unit, if isolation cannot be achieved safely in the current home environment.

The capacity to perform effective contact tracing is reliant on readily available and sufficient testing, and an ability to investigate all positive COVID-19 individuals. The contact tracing workforce must be staffed to allow for notification of all contacts, provision of isolation instructions, monitoring, and provision of clinical and social supports when needed.

Our plan is to develop a contact tracing workforce with a capacity to reach 3 times the local COVID-19 positive caseload. VCPH positive cases are just over 550. There will be 6 contact tracing teams that will be led by a Public Health Nurse (PHN) and include 10 contact tracers. Social worker consultation and support staff will also be available to the teams. Each contact

tracer will have at a minimum 10 contacts to monitor. The roles of the PHN and tracers are outlined below.

Comprehensive COVID-19 contact tracing team key roles

Sr. PHN Contact Tracing Supervisors (Case Resource Supervisor)
Provides supervision for contact tracers, case investigators, and/or clinical consultants on the case investigation team. Supports team with difficult cases/contact situations.

PHN Team Lead (Case Investigator and Clinical Consultant)
Conducts interviews of confirmed or suspected COVID-19 cases to determine period of infectiousness, evaluate risk exposure, and identify clinical and other resource needs, and ensure isolation measure are in place. Provides clinical support to case investigators or contact tracers on symptomatic cases/contacts and consults on complex cases. Collaborates with healthcare providers, hospitals, and other facilities regarding clinical recommendations.

Contact Tracer
Locates and notifies contacts of COVID-19 exposure. Performs symptoms screen, informs about isolation, and assesses for other needs. Follows up with contacts during isolation for ongoing assessment of symptoms and adherence. Provide education, information, and support to understand how to isolate from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if asymptomatic. Educate on signs and symptoms of illness.

Support Staff (Surveillance Triage)
Processes incoming case and provider reports from the CalREDIE data transmissions. Acts as a resource for interjurisdictional communication and ascertains pertinent demographic, locating (e.g., "people-searches") and medical information for cases and contacts.

Social Worker
Arranges, coordinates, and assists cases/contacts in obtaining supportive services required for isolation or quarantine (e.g., housing, food).

Appendix B

Sector Risk Assessment

The assessment below is a measure of risk along three dimensions: 1) contact intensity, 2) number of contacts, and 3) the degree activities can be modified to allow for 6 feet of social distancing. Contact intensity is rated as low, medium or high. Low contact intensity activities are interactions that are brief and distant such as walking past someone. High contact intensity activities involve prolonged close contact such as congregant living. Medium contact intensity is between low and high such as densely populated areas with some measure of social distancing.

Business

Category	Contact Intensity	Number of Contacts	Modification Potential
Restaurants	Medium	Medium	Medium
Bars	High	High	Medium
Salon, spas, and other personal care industries	Medium/High	Low	Medium
Gyms/fitness studios	Medium	Medium	Medium
Theaters, museums, and other indoor leisure spaces	Medium	High	Medium
Outdoor large venues (concerts, sports)	High	High	Medium
Indoor large venues (concerts, sports)	High	High	Low
Retailers	Low	Medium	Medium
Shopping malls	Low	Medium	Medium

School and Childcare Facilities

Category	Contact Intensity	Number of Contacts	Modification Potential
Childcare facilities (daycare, preschools)	High	Medium/High	Low/Medium
Schools (elementary, middle, and high)	High	High	Low

Contact school sports	High	Medium/High	Low
Noncontact school sports	Low	Medium	High
Summer camps	High	High	Low
Institutions of higher education	High	High	High
Residence halls and other overnight programs	High	Medium	Low

Outdoor Spaces

Category	Contact Intensity	Number of Contacts	Modification Potential
Parks, walking paths/trails, dog parks	Low	Low	Low
Athletic fields and other outdoor congregate settings	Medium	Medium	Low
Pools	Medium	Low	High
Beaches, piers	Low	High	Medium
Playgrounds, skate parks and other outdoor recreation spaces	Medium	Medium	Medium

Community Gathering Spaces

Category	Contact Intensity	Number of Contacts	Modification Potential
Places of worship	High	High	Medium
Libraries	Low	Low	Medium
Community Centers	Medium	High	Medium

Transportation

Category	Contact Intensity	Number of Contacts	Modification Potential
Buses	High	High	Medium
Metro/rail	High	High	Medium

Airplanes	High	High	Medium
Rideshare/Taxi	High	Low	Low

Mass Gatherings

Category	Contact Intensity	Number of Contacts	Modification Potential
Sports related mass gatherings: Games tournaments, and championships	High	High	Medium
Sports related mass gatherings: trainings	High (sport dependent)	Medium	Medium
Religious related mass gatherings: Large celebrations, festivals, pilgrimages	High	High	Medium
Business related mass gatherings: trade shows, conferences, conventions, workshops, retreats	High	High	High
Entertainment related mass gatherings: large concerts, festivals, carnivals, conventions, shows	High	High	Medium
Politically related mass gatherings: election rallies, polling centers, parades, speeches, address	High	High	Medium

Interpersonal Gatherings

Category	Contact Intensity	Number of Contacts	Modification Potential
Small social gatherings (e.g. Birthday parties)	High	Medium	High
Large social gatherings (weddings, funerals with many attendees)	High	High	High

Appendix C

Sample Social Distancing Protocol

Business name:

Facility Address:

Approximate gross square footage of space open to the public:

Businesses must implement all applicable measures listed below, and be prepared to explain why any measure that is not implemented is inapplicable to the business.

Signage:

☐Signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into a cloth or tissue or, if not available, into one's elbow; and not shake hands or engage in any unnecessary physical contact.

☐Signage posting a copy of the Social Distancing Protocol at each public entrance to the facility.

Measures To Protect Employee Health (check all that apply to the facility):

☐ Everyone who can carry out their work duties from home has been directed to do so.

☐ All employees have been told not to come to work if sick.

☐ Symptom checks are being conducted before employees may enter the work space.

☐ All desks or individual work stations are separated by at least six feet.

☐ Break rooms, bathrooms, and other common areas are being disinfected frequently, on the following schedule:
    ☐ Break rooms:
    ☐ Bathrooms:
    ☐ Other   :

☐ Disinfectant and related supplies are available to all employees at the following location(s):

☐ Hand sanitizer effective against COVID-19 is available to all employees at the following location(s):

☐ Soap and water are available to all employees at the following location(s):

☐ Copies of this Protocol have been distributed to all employees.

☐ Optional—Describe other measures:

Measures To Prevent Crowds From Gathering (check all that apply to the facility):

☐ Limit the number of customers in the store at any one time to Select   (or other enter   ), which allows for customers and employees to easily maintain at least six-foot distance from one another at all practicable times.

☐ Post an employee at the door to ensure that the maximum number of customers in the facility set forth above is not exceeded.

☐ Placing per-person limits on goods that are selling out quickly to reduce crowds and lines.
    Explain:

☐ Optional—Describe other measures:

Measures To Keep People At Least Six Feet Apart (check all that apply to the facility)

☐ Placing signs outside the store reminding people to be at least six feet apart, including when in line.

☐ Placing tape or other markings at least six feet apart in customer line areas inside the store and on sidewalks at public entrances with signs directing customers to use the markings to maintain distance.

☐ Separate order areas from delivery areas to prevent customers from gathering.

☐ All employees have been instructed to maintain at least six feet distance from customers and from each other, except employees may momentarily come closer when necessary to accept payment, deliver goods or services, or as otherwise necessary.

☐ Optional—Describe other measures:

Measures To Prevent Unnecessary Contact (check all that apply to the facility):

☐ Preventing people from self-serving any items that are food-related.

  ☐ Lids for cups and food-bar type items are provided by staff; not to customers to grab.

  ☐ Bulk-item food bins are not available for customer self-service use.

☐ Not permitting customers to bring their own bags, mugs, or other reusable items from home.

☐ Providing for contactless payment systems or, if not feasible, sanitizing payment systems regularly. Describe:

☐ Optional—Describe other measures (e.g. providing senior-only hours):

text.

Measures To Increase Sanitization (check all that apply to the facility):

☐ Disinfecting wipes that are effective against COVID-19 are available near shopping carts and shopping baskets.

☐ Employee(s) assigned to disinfect carts and baskets regularly.

☐ Hand sanitizer, soap and water, or effective disinfectant is available to the public at or near the entrance of the facility, at checkout counters, and anywhere else inside the store or immediately outside where people have direct interactions.

☐ Disinfecting all payment portals, pens, and styluses after each use.

☐ Disinfecting all high-contact surfaces frequently.

☐ Optional—Describe other measures:

* Any additional measures not included here should be listed on separate pages, which the business should attach to this document.

You may contact the following person with any questions or comments about this protocol:

Name: **Phone number:**

Appendix D

Summary of federal guidelines for individuals and employers in a phased reopening

	Phase One	Phase Two	Phase Three
Individuals	• All vulnerable people continue to shelter in place • Physical distancing • Gatherings of no more than 10 people • Minimize non-essential travel	• All vulnerable people continue to shelter in place • Physical distancing • Gatherings of no more than 50 people • Non-essential travel can resume	• Vulnerable people can resume public interactions, but should practice physical distancing and minimizing exposure • Low-risk populations should consider minimizing time spent in crowded environments
Employers	• Continue to encourage telework • Return to work in phases • Minimize non-essential travel • Close common or congregation areas or enforce strict physical distancing measures • Strongly consider special accommodations for personnel who are vulnerable	• Continue to encourage telework • Close common or congregation areas or enforce moderate physical distancing measures • Strongly consider special accommodations for personnel who are vulnerable	• Resume unrestricted staffing
Specific Types of Employers	• Schools and organized youth activities remain closed • Visits to senior facilities and hospitals remain prohibited • Large venues (restaurants, theaters, sporting venues, places of worship) can operate under strict physical distancing protocols • Elective surgeries can resume (out-patient only) • Gyms can reopen if operating under strict physical distancing and sanitation protocols • Bars remain closed	• Schools and organized youth activities can open • Visits to senior facilities and hospitals remain prohibited • Large venues can operate under moderate physical distancing protocols • Elective surgeries can resume (in- and out-patient) • Gyms can remain open under strict physical distancing and sanitation protocols • Bars may open with physical distancing protocols	• Visits to senior facilities and hospitals remain can resume • Large venues can operate under limited physical distancing protocols • Gyms can remain open if they adhere to standard sanitation protocols • Bars may open with increased occupancy

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State Report Card

Criteria for Moving to Stage 2 on the Resilience Roadmap

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Thanks to the millions of Californians who are abiding by the Stay at Home order, the state has made significant progress in bending the curve. While we aren't out of the woods yet, we are in a position to begin the process of gradually reopening certain sectors of our economy in counties meeting certain criteria.

Background:

On April 14, Governor Gavin Newsom outlined six indicators the state would consider when modifying the Stay at Home order. They include:

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

On April 28, the Governor also announced four "Resilience Roadmap Stages" that California would use to guide its gradual reopening process. The four stages are:

- Stage 1: Safety and Preparedness
- Stage 2: Lower Risk Workplaces
- Stage 3: Higher Risk Workplaces
- Stage 4: End of Stay at Home Order

California has been in Stage 1 since the statewide Stay at Home Order took effect on March 16. Data suggests that Californians' actions to stay home over the past month and a half have stabilized the curve as well as ICU hospitalizations. This is why today, the Governor has announced that the state will move to Stage 2 to gradually reopen some lower risk workplaces with some adaptations. The following section outlines progress made in order to confidently move to the next stage.

Reminder: Until California is protected, our actions will be aligned to achieve the following:

- Ensure our ability to care for the sick within our hospitals
- Prevent infection in people who are at high risk for severe disease
- Build the capacity to protect the health and well-being of the public
- Reduce social, emotional, and economic disruptions
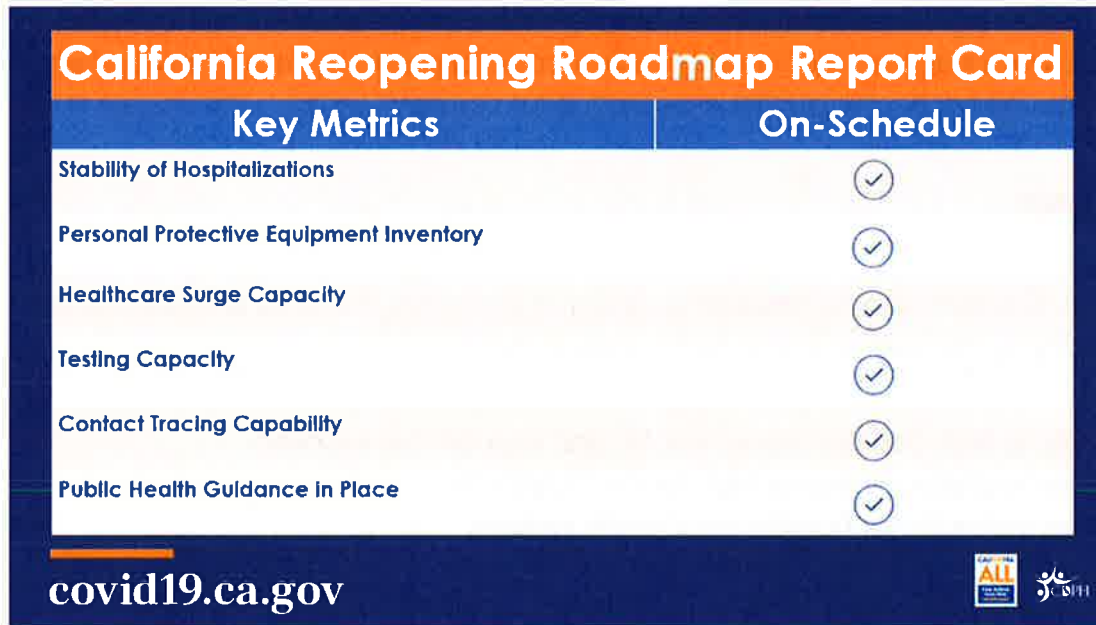
Stability of Hospitalizations

California has seen a stabilization and modest decline of its COVID-19 ICU rates over the past few weeks.
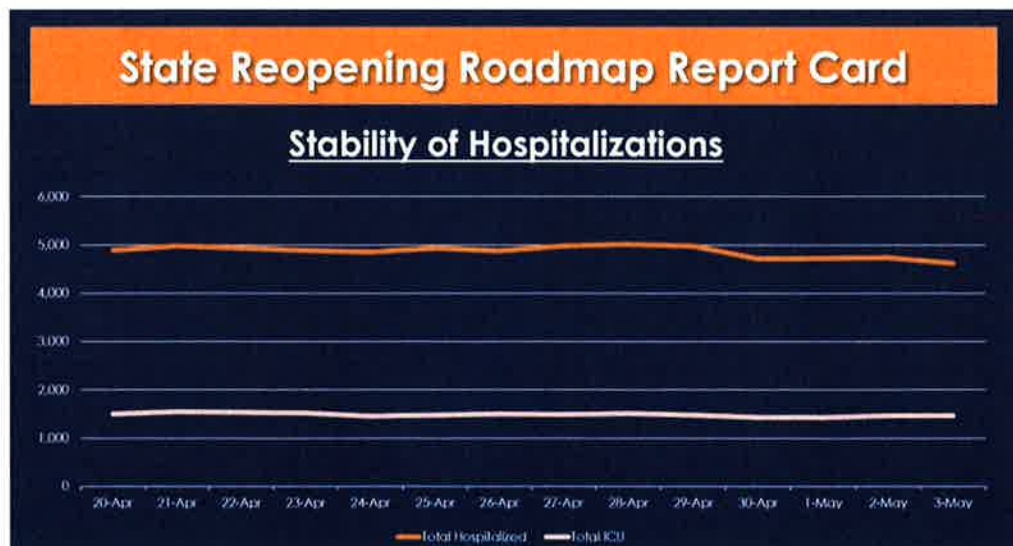
Personal Protective Equipment Inventory

California has worked since the beginning of this pandemic to secure PPE to fight COVID-19.

On-Hand Today:

- 18.2 million surgical masks
- 5.8 million face shields
- 7.2 million gloves

Ordered:

- Hundreds of millions of surgical and n95 masks

Surge Capacity

California moved quickly to prepare for a possible COVID-19 surge and that early action has paid off. The state has:

- Prepared 14 facilities statewide ready to accept patients
- 2,072 beds ready to accept patients
- 10,000+ ventilators throughout the state not in use

Growing Testing Capacity

California has worked around the clock to expand its testing capacity – and the state has made significant progress. The state has:

- Met its May 1 testing goal of 25,000 a day
- Standing up 86 new sites across the state, especially focused on rural areas

Expanding Contact Tracing Capabilities

California is expanding its contact tracing capacity to help mitigate the spread of the virus. The state:

- Is rapidly identifying up to 10,000 individuals to serve as contact tracers
- Launching a statewide virtual training academy
- Launching a statewide data management platform

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Ventura County COVID-19 Readiness and Containment Plan

Draft, revised May 19, 2020

Ventura County Public Health (VCPH) developed a Road to Reopening plan in early May; the Ventura County (VC) Roadmap to Reopening framework was drawn from four main documents and sources:

- The California Governor's Road to Reopening 6 indicators to modifying Stay at Home order,
- The Resolve to Save Lives Initiative's criteria to loosen physical distancing,
- The Public Health principles for a phased reopening during COVID-19 publication by Johns Hopkins University, and
- The Update on California's Pandemic Roadmap (4-28-20 Governor's Resilience Roadmap Stages).

While some aspects of the plan have been included in the local variance attestation document, VCPH plans to update the Road to Reopening plan include a detailed COVID-19 Readiness and Containment Plan that will address the following areas in partnership with the various organizations listed:

Testing
- o Stakeholders that will be involved in the planning process:
  - Ventura County Emergency Medical Services
  - Ventura County Health Care Agency
  - Ventura County Sheriff's Office of Emergency Services
  - All Ventura County Hospitals
  - Area laboratories
  - Infection Control Practitioners
  - Cities

Contact Tracing
- o Stakeholders that will be involved in the planning process:
  - Ventura County Health Care Agency
  - Ventura County Human Resources
  - Ventura County Continuum of Care Alliance

Living and Working in Congregate Settings
- o Stakeholders that will be involved in the planning process:
  - Ventura County Emergency Medical Services
  - Ventura County Health Care Agency
  - Ventura County Continuum of Care Alliance
  - Ventura County Health Care Coalition
  - Ventura County Area Agency on Aging
  - Ventura County Sheriff and other local law enforcement agencies
  - Ventura County Sheriff's Office of Emergency Services
  - Cities

Protecting the Vulnerable
- o Stakeholders that will be involved in the planning process:
  - Ventura County Emergency Medical Services
  - Ventura County Health Care Agency
  - Ventura County Sheriff's Office of Emergency Services
  - Ventura County Continuum of Care Alliance
  - Ventura County Health Care Coalition
  - Ventura County Area Agency on Aging
  - Organizations that support people with disabilities

Acute Care Surge
- o Stakeholders that will be involved in the planning process:
  - Ventura County Health Care Agency
  - All Ventura County Hospitals
  - Area laboratories
  - Infection Control Practitioners

Essential Workers
- o Stakeholders that will be involved in the planning process:
  - Ventura County Environmental Health
  - Area chamber of commerce
  - Area businesses

Our Containment Plan will address the following questions for each of the key areas:

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?

Contact Tracing
- How many staff are currently trained and available to do contact tracing? 31
- Are these staff reflective of community racial, ethnic and linguistic diversity? Yes
- 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?

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?

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.)?

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

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