

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



~~COVID-19 VARIANCE ATTESTATION FORM~~

FOR Orange County Health Care Agency

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**May 18, 2020**

## **Background**

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

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

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

Now, 11 days after the first variance opportunity announcement, the state has further built up capacity in testing, contact tracing and the availability of PPE. Hospital surge capacity remains strong overall. California has maintained a position of stability with respect to hospitalizations. These data show that the state is now at a higher level of preparedness, and many counties across the state, including those that did not meet the first variance criteria are expected to be, too. For these reasons, the state is issuing a second variance opportunity for certain counties that did not meet the criteria of the first variance attestation. This next round of variance is for counties that can attest to meeting specific criteria indicating local stability of COVID-19 spread and specific levels of county preparedness. The

criteria and procedures that counties will need to meet in order to attest to this second variance opportunity are outlined below. It is recommended that counties consult with cities, tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2

**Local Variance**

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

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

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

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

**County Name:** Orange County Health Care Agency

**County Contact:** Dr. Nichole Quick

**Public Phone Number:** 714-834-3155

**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

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

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.

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.

Orange County attests to demonstrating a stable 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 less than 5%. To calculate this indicator, Orange County reviewed the daily California Department of Public Health COVID-19 hospital survey data to identify the number of patients hospitalized in Orange County with confirmed COVID-19. From the data, Orange County calculated the daily percent change in confirmed COVID-19 positive hospitalized patients. The 7-day average of daily percent change was calculated with a resulting value of 0.91%

- 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.

Orange County attests to a testing positivity over the past 7 days of less than 8%. To calculate this indicator, Orange County downloaded from the CalREDIE Data Distribution Portal testing data for Orange County residents, including the daily number of test results reported and the daily number of COVID-19 positive test results. From the data, Orange County calculated the COVID-19 test positivity over the past 7-days as 7.95%

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

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

The County, through its Emergency Operations Center, distributed a guidance letter to be shared with all businesses that described safety practices and reiterated the process for requesting Personal Protective Equipment through the EOC, if needed. Attachment A: City to Business Notification 5.19.2020

Orange County, in partnership with UCI, has provided access to quickly test essential workers such as first responders (law, fire, EMS). Attachment B: UCI Covid Testing 4.2.2020

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

Orange County attests to the availability of supplies to protect essential workers. The Medical Health Operational area Coordinator (MHOAC) at the Health Care Agency Operations Center maintains an inventory of available supplies and tracks usage and requests being submitted. The MHOAC provides an email address to the medical health sector for easy submission of requests for supplies. The MHOAC processes the requests and matches them with available supplies. Requests for State resources are submitted as needed. Non-medical essential businesses can follow a similar process through the Operational Area EOC logistics branch.

The MHOAC and EOC maintain a list of vendors and checks status of product availability that can be used to fulfill requests and provides the information to businesses. The MHOAC sends out periodic surveys to gauge needs from health sector. To date the MHOAC has distributed nearly 2.7M pieces of PPE to hospitals, long term care facilities, medical providers and health clinics.

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current [testing criteria](#), (available on CDPH [website](#)). The county must attest to:
  - Minimum daily testing capacity to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Provide the number of tests conducted in the past week. A county must also provide a plan to reach the level of testing that is required to meet the testing capacity levels, if the county has not already reached the required levels.

Orange County attests that there is ample testing capacity to detect active infection. Currently, Orange County has the laboratory capacity for diagnostic testing (PCR) in excess of 9,000 per day. Testing volume has expanded significantly in recent weeks as testing and PPE supplies have become more available and consistent. Across Orange County we have a positivity rate of <8% indicating our testing volume is consistent with recommendations of international, federal and state Public Health bodies. We will continue to expand testing services particularly for priority populations - such as staff and residents in skilled nursing facilities – and work with healthcare providers to assure expanding access throughout the system. We have the ability surge at any point in time to provide more than 1.5 tests per 1,000 residents, which is approximately 4,800 people, daily.

- 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.

Orange County attests to testing availability within 30 minutes of 100% of residents. In addition to private sector testing activity, Orange County has over 20 state and locally funded test sites currently offering over 7,000 tests a week in locations and settings assuring geographic, linguistic and cultural access. Attachment C: [OC Covid Network List 5.18.2020](#)

- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact [covCommunitySurveillance@cdph.ca.gov](mailto:covCommunitySurveillance@cdph.ca.gov) for any guidance in setting up such systems in their county.]
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Orange County attests to having a strategic approach to testing surveillance and that a Surveillance Plan is included in OC Health Care Agency COVID-19 Mitigation Strategies (Attachment G).

Orange County will continue to target a positivity rate under 8% and increase surveillance testing volume as needed and possible to assure that and address any other epidemiological needs we identify.

Orange County monitors all testing for surveillance purposes, including testing at the sponsored test locations. For example, with only two weeks data, the County was able to see that positivity among symptomatic individuals tested at our community clinics sites was 8%, but it was over 17% in one geographic/ethnic area. We increased testing in that area and developed bilingual promotional materials to increase access. The County is also working with community partners to increase core prevention messages in that community and create more isolation opportunities.

The County is awaiting access to data from the State's OptumServe sites to better understand the testing data associate with broader testing. The positivity rate for those sites for the first week of testing was approximately 1.9%. Information will enable us to further understand the community transmission patterns.

Additional targeted surveillance focuses on monitoring individuals exposed during outbreaks – particularly in congregate settings such as skilled nursing facilities and shelters. Protocols for repeat testing are established by Communicable Disease Control. The County is currently expanding surveillance testing to all Skilled Nursing Facilities.

In addition, the County of Orange Health Care Agency is collaborating with the University of California, Irvine to conduct several surveillance studies to identify the rates of exposure and spread of SARS-CoV-2 in the first responder population and the general population including ethnic communities. The County is collaborating with Hoag hospital to conduct another surveillance study of health care providers. All of those studies are currently active. Preliminary data analysis is expected to be completed by late June to early July.

These studies will result in sero-positivity rates for the county and will contribute critical data on the scope and kinetics of the pandemic among the general population, first responders, and health care worker. Outcomes of the studies will contribute to our national and statewide knowledge as we move toward prevention and early intervention.

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

you will be using for contact tracing (reminder that the State has in place a platform that can be used free-of-charge by any county).

Orange County attests that it has adequate infrastructure, processes, and workforce to detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The County of Orange currently has approximately 100 staff within its Communicable Disease Control Division (CDCD) trained and doing case investigation and contact tracing. There are an additional 125 trained among the Public Health Services (PHS) staff and can be called upon as needed. Additionally, PHS continues to train more of its additional 440 staff to achieve that target of 15 staff per 100,000 population. In addition to the PHS staff, Orange County has available several hundred additional Health Care Agency (HCA) staff to mobilize and train if case volume requires. CDCD is currently able to manage current volume and currently trained staff is sufficient to handle a 4 fold increase in disease prevalence. If surge is required, the plan is to first call upon trained PHS staff and then the State contact tracing resource. If additional staff is required, the County will mobilized additional PHS and/or HCA staff.

- 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.

Orange County attests there is sufficient availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population. The 2019 Point in Time (PIT) Count established the county's homeless population census at 6,860. A 15% calculation of that total is 1,029. This creates a benchmark for 1,029 isolation/quarantine rooms available as part of the variance requirement. The county currently has access to 666 motel rooms and 78 trailers located in five cities. In addition to these 744 rooms/trailers, the county has up to five additional motel sites with negotiated leases ready to execute. This would make the additional 285 required rooms available to achieve the requested 15% benchmark. The county is prepared to bring on additional rooms as needed should that benchmark increase in the future.

Additionally, the County has made \$500,000 of Continuum of Care funding available for local homeless service providers to access isolation/quarantine motel rooms for individuals and families experiencing homelessness. Currently, 54 rooms have been accessed with the ability to provide an additional 40 rooms as needed.

These systems, originally set up to address people experiencing homelessness have been expanded to address needs of residents that are unable to isolate or quarantine safely in their homes. This is done through use of portions of hotels that have been set up as isolation facilities and motel rooms for families that are

supported with culturally and linguistically appropriate case management, food and other support services.

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

Orange County attests that hospital capacity, 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. Hospitals are currently operating with censuses below normal while maintaining a 21% surge capacity with the ability to quickly scale up to 60-70% surge capacity. Hospitals report 809 ventilators on site with average daily use for all patients of 25%.

- 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.

Orange County attests that regional hospital facilities have a robust plan in place to protect the hospital workforce with PPE.

Surveys are distributed on a weekly basis to the Emergency Preparedness Coordinators of each hospital to establish a readiness plan for surge. All Orange County hospitals indicated the following measures as part of their surge plan:

- Pre-established unit or area designated for COVID-19 suspect or confirmed patients
- Identification or conversion of alternate care space or facility to increase bed

capacity

- Dedicated staff to care for COVID-19 patients
- Access to labor pools, registries and/or other staffing sources to assure appropriate ratios in care
  - Procurement strategy to source PPE needed to protect workforce

- **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:
  - 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.

Orange County attests to ongoing work with Skilled Nursing facilities within Orange County. Below is an overview of the County's plan:

- 1) MHOAC holds weekly calls to provide updates to LTC facilities in OC. OCHCA Communicable Disease Control Division sends weekly outreach via email to SNF contacts who work in infection control to update them on the current COVID-19 situation in Orange County, provide updates on best practices and offer any assistance as needed.
- 2) MHOAC is in daily communication with our CDPH district office and the district office participates in the MHOAC weekly SNF and hospital calls.
- 3) OCHCA has hired a team consisting of multiple physicians and infection preventionists who will conduct an onsite assessment within 24-48 hours for any facility that has more than one resident testing COVID-19 positive.
- 4) OCHCA has designated its Public Health Laboratory to assist with testing any PUIs in SNFs and with facility-wide screening of any facility that has a confirmed COVID-19 case.
- 5) OCHCA has contracted with commercial laboratories to assist with resident and staff testing routinely and in response to outbreaks.
- 6) OCHCA has contracted with academic infection control experts to conduct assessment and education for SNFs in OC specific to infection control best practices to mitigate COVID-19 infections.
- 7) OCHCA has a LTC facility team focused on case investigation, specimen

collection and disease control support for facilities.

8) The County has contracted with six nursing staff registries that are readily available to the SNFs to support staffing gaps. The MHOAC has established a response plan for supporting SNFs with emergency patient support services (EMT for CNAs) & activating a local ambulance strike team for immediate evacuations if necessary. Attachment D: Vulnerable Populations Healthcare Facilities.

- 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.

There are 73 Skilled Nursing Facilities (SNF) in Orange County. All will be receiving a direct shipment from FEMA within the next 3 days and another mid-June. The Orange County Health Care Agency has received a large donation of PPE (non-state supply) that have been allocated to SNFs to augment their existing inventories to ensure 14-day supply on hand. Attachment E: Hoag PPE Transfer 5.19.2020  
Attachment F: PPE & Resources for Skilled Nursing Facilities 5.20.2020

Orange County has regular contact with SNFs through weekly conference calls and updates through the local CDPH licensing & certification office.

SNFs are trained to submit Situation Reports and Resource Requests to the MHOAC.

- **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.

The County of Orange's reopening plan aligns with the State's reopening plan. The county moved into early Stage 2 with the state. The county allowed retail (curbside and delivery), manufacturing, and related logistics to resume operations contingent upon operating within state guidelines.

Following successful attestation, businesses within accelerated Stage 2 will be permitted to reopen if and when they have implemented appropriate health and safety measures in accordance with an appropriate facility-specific reopening plan.

These businesses include:

Destination Retail  
Dine-in restaurants

The County will continue to share State sector-specific guidelines for reopening. Reopening of Stage 2 businesses is contingent upon their readiness to implement and comply with sector-specific guidance.

- **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.

Orange County attests it has sufficient metrics that will serve as triggers for slowing the pace through Stage 2 or tightening modifications.

Public Health guidelines for implementing containment measures include;

1. Patient care requires shift to crisis care strategies
2. Significant sustained increase in disease prevalence over 7 days
3. Significant sustained increase in case fatality rate over 7 days
4. Increasing proportion of cases not linked to a source case over 7 days

Orange County (OC) will monitor metrics continuously and use all four to assess OC conditions. If assessment identifies emerging concerns, OC will notify the state of circumstances and consult with the State Health Officer regarding appropriate mitigation strategies and implement in consultation with the state.

- **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.

Under the direction of the Health Officer and in consultation with stakeholders, the County continuously adapts strategies and activities to address the shifting epidemiological picture within the constraints of available resources. Please see specific details in the attached mitigation strategies plan. Attachment G: [OC Health Care Agency COVID-19 Mitigation Strategies](#).

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

### 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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

### 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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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.)?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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?

Attachment G: OC Health Care Agency COVID-19 Mitigation Strategies.

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

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

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

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

Signature  \_\_\_\_\_

Position/Title County Health Officer/Deputy Agency Director of Public Health Services

Date 05/21/2020