

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

COVID-19 COUNTY VARIANCE ATTESTATION FORM- Revision 1

FOR County of San Luis Obispo

Background

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

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

Local Variance

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

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

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

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

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

In addition to pre-submission phone consultations, CDPH is available to provide technical assistance to counties as they develop their attestations and COVID-19 containment plans. Please email [REDACTED] to set up a time with our technical assistance team.

County Name: San Luis Obispo

County Contact: Penny Borenstein, Health Officer/Public Health Director

Public Phone Number: [REDACTED]

Readiness for Variance

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

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

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

Readiness Criteria

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

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by an

epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:

- o No more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.

The County of San Luis Obispo has a population of 283,111 (US Census Bureau, 2019). Since April 25, 2020, there have been 17 cases (0.6 cases per 10,000) of community or travel-related transmission, which we believe meets the intent of affirming epidemiologic stability. Over the same period, there have been 34 positive test results in persons with a known source or household contact, which includes 10 cases in the California Men's Colony state prison inmates. If this latter category of quarantined inmates is excluded from the case rate, the County would stand at 1.4 cases per 10,000 population.

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

SLO County has had one death from COVID-19, in a person of age late 80s with underlying health conditions. This death occurred on April 4, 2020. There have been no deaths since.

- **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 copies of the guidance(s).

San Luis Obispo County has provided COVID-19 operating guidances (see attached - Supplement 1 to START Guide) to the community including essential workplaces. These sector specific guides include modifications that businesses and industry should take to ensure the safety of their employees, customers and the community. The County is continually seeking additional guidance and best practices from the State of CA and other State and Federal partners to ensure our essential workplaces are prepared to operate safely.

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

Based upon a review of resource requests received by the County from Stage 1 essential workers over the past 45 days and actual daily consumption rates, over 90 days' supply of necessary PPE and disinfectant materials have been purchased and are on-hand available for continued

distribution. The Emergency Operations Center Logistics Section maintains daily accounting of supplies and orders.

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

In the past week, 2,136 tests were completed for SLO County residents. This calculates to an average of 305 tests per day (1.1 per 1,000 population.) Widespread testing is done upon report of the first case in any congregate living facility, long-term care, healthcare facility or corrections institution. Testing is available in every geographic sector of the county and is not limited to high priority groups.

With the addition of two OptumServe clinics, not all appointment slots have been utilized. Therefore, we feel that we are meeting constituent demand and local public health indication for testing at the current level.

Nonetheless, beginning the week of May 18, we will be adding capacity for an additional 1000 tests/week through a contract with US Health Fairs as well as a surveillance study conducted in partnership with the Infectious Diseases Branch of the California Department of Public Health. The additional testing will bring the daily testing average to 1.6 per 1,000 population.

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

Testing is available to 100% of the population within the stated travel time frames of 30 minutes for urban communities and 60 minutes for rural communities. Testing is available at least five days per week at the following locations:

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Community Clinics with COVID Testing

1. *Dignity Health Urgent Care Atascadero*
5920 W Mall, Atascadero, CA 93422
2. *Dignity Health Urgent Care Central Coast*
2271 D Depot St, Santa Maria, CA 93455
3. *Dignity Health Urgent Care Central Orcutt*
1102 E Clark Ave Ste 120A Santa Maria, CA 93455
4. *Dignity Health Urgent Care Pismo Beach*
877 N Oak Park Blvd, Pismo Beach, CA 93449
5. *Family & Industrial Medical Center*
47 Santa Rosa St, San Luis Obispo, CA 93405
6. *Med Post Urgent Care of Atascadero*
7330 El Camino Real, Atascadero
7. *Med Stop Urgent Care*
283 Madonna Rd, San Luis Obispo, CA 93405
8. *Medplus Atascadero*
5920 W Mall, Atascadero, CA 93422
9. *MedPlus Pismo*
877 N Oak Park Blvd, Pismo Beach, CA 93449
10. *MedPost Urgent Care of Paso Robles*
500 1st St, Paso Robles
11. *State Testing Sites- OptumServe*
Grover Beach Ramona Park Center
993 Ramona Ave, Grover Beach, CA 93433
12. *Paso Robles Vets Hall*
240 Scott St, Paso Robles, CA 93446

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

The County of San Luis Obispo has sufficient resources to continue its consistent pattern of 100% case investigation and complete contact tracing. At the present time there are 14 individuals, including Public Health nurses and communicable disease investigators, who are trained and have been performing contact tracing. Each individual who tests positive for COVID-19 receives a daily telephone call from a Public Health Nurse (PHN) to determine their health status, wraparound needs and to answer any questions the person may have. When Centers for Disease Control and Prevention (CDC) criteria are met, the person is provided a clearance letter from Public Health. High-risk exposed persons also receive daily check-in from a PHN to ascertain symptoms if any and need for testing or health care.

In addition, we have available far more than the additional 28 contact tracers that would bring us to the recommended total of 15 per 100,000 population ($15 \times 2.8 = 42$). The County Probation Office has offered up to eight officers who are accustomed to doing tracing of persons in the community. The remaining 20 additional contact tracing resources are available through the County's Disaster Service Worker program and our local Medial Reserve Corps which includes over 600 volunteers of whom more than 169 are nurses.

Training is available through local protocols, but we will also take advantage of the State training that is being offered on-line.

- 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 private bathroom), for the duration of the necessary isolation or quarantine period.

The 2019 Homeless Census & Survey for the County of San Luis Obispo included a point-in-time count of all unsheltered and publicly or privately sheltered homeless persons. This survey found that there were 1,483 individuals who met the HUD definition of homelessness.

In response to COVID-19, and specifically to support individuals experiencing homelessness, the County entered into contracts with four hotels geographically located throughout the county. These contracts provide for 155 hotel rooms to be available to isolate or quarantine homeless individuals who are pending test results or have tested positive.

The County has also established three safe parking sites. In total there are 60 sites available for parking overnight. These sites include showers and bathrooms. Additionally, the County has 15 trailers available to house homeless individuals under isolation or quarantine orders. These trailers have power and full hook-ups to sewer and water. Nine are stationed at a County regional park, four are at homeless shelters, and one is at a safe-parking site.

Based on the number of beds or parking sites outlined above, the County of San Luis Obispo has the current capacity to shelter a minimum of 305 individuals (two people can share a safe parking site or large trailer). This represents 21% of the population from the 2019 point-in-time count.

The County also has two shelters which operate all year. ECHO in Atascadero has 50 beds and Prado in San Luis Obispo has 100 beds. There may also be an ability to isolate a small number of persons within these shelters.

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

Hospital bed counts are monitored on a daily and the lowest single day percent of licensed beds available has been 12% (when influenza was still widespread); the average percent of available general beds for the past three weeks stands at 32%. Hospital ICU bed occupancy has averaged 22.5%.

Across the local hospital system, there is surge capacity for an additional 562 beds or 140% of routinely staffed beds.

One hospital system added 11 ventilators to its inventory early in the local outbreak for an increase of 18% over baseline. The County has procured an additional 55 ventilators for use across the four community hospitals.

In partnership with the California Polytechnic (Cal Poly) State University, the County has stood up a 629-bed Alternate Care Site, with the opportunity to add 300 additional beds in an adjoining gymnasium. The ACS has the ability to provide acute and sub-acute care, including oxygen support and intravenous hydration, should hospital surge capacity be exceeded.

Staffing is available to the hospitals through their on-call rosters to cover their surge bed capacity. In addition, the County did a robust recruitment for medical volunteers and has a list of 669 people across many licensure boards who have registered. 169 nurses have signed up. 221 individuals have been trained and oriented. The Medical Reserve Corps (MRC) is fully supported by a County employee to oversee engagement, schedule availability and training.

- 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.

There are four acute care general hospitals in San Luis Obispo County; two are operated by Tenet Health and two are operated by Dignity Health.

Tenet Health Central Coast hospitals are guided by significant policy with regard to Staff Safety and PPE:

For high-risk surgical procedures, they are using the MeNTS (Medical Necessary and Time Sensitive) scoring algorithm that takes into account PPE usage as it relates to higher-risk procedures.

Their hospitals have at least a 30-day supply of PPE. They assess this on a daily basis by looking at usage rates and comparing them with par levels we maintain. All PPE is kept in secured areas to avoid pilferage.

They have access to extended stocks of PPE from the owners, Tenet Health Incorporated.

They are utilizing approved conservation measures when applicable.

They are screening every employee and visitor who enters a facility. They are universally masking everyone who enters a hospital.

Dignity Health Hospitals utilize a process whereby PPE is inventoried daily: Key item utilization is carefully tracked, trended and entered into an algorithm where daily burn rates are calculated. These calculations allow prediction of days-on-hand for each item. This same process is completed at every hospital in the SLO County Division which allows them to quickly move or redirect inventory from facility to facility - real time - as needed.

The hospital President is briefed on inventory consumption and “needs” on a daily basis. This inventory/supply report is shared at the Division level daily and excess inventory is routed to the facility of greatest need.

The goal is to maintain a minimum 30 day supply on hand for all PPE.

The Materials Managers have access to and receive allocations of supplies through both traditional and non-traditional supply chain channels, including the parent company Common Spirit Health.

- **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:
 - 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 has to track PPE availability across SNFs..

The County of San Luis Obispo is home to seven skilled nursing facilities:

Arroyo Grande Care Center

[REDACTED]

Danish Care Center

[REDACTED]

Bayside Care Center

[REDACTED]

Bella Vista Transitional Care

[REDACTED]

Mission View Health Center

[REDACTED]

San Luis Transitional Care

[REDACTED]

Vineyard Hills Health Center

[REDACTED]

All County of San Luis Obispo skilled nursing facilities share one point of contact through Compass Health, Inc.:

[REDACTED]

The Deputy Health Officer hosts weekly phone calls with Compass Health to assess the following issues:

- *PPE status (including universal masking, supplies, and supply chain)*
- *Visitation status*
- *Return to work criteria*
- *Isolation and quarantine matters*
- *Testing of both symptomatic and asymptomatic staff and residents*

Based upon these on-going check-ins, all seven skilled nursing facilities have adequate supplies of PPE adequate for at least one month, and all appropriate staff have been fit-tested for N95 respirators. These facilities are restocked on a regular basis from a variety of contracted vendors and has the ability to order through the MHOC program should supply chains become tightened.

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

Attached is the County's START Guide. This document provides a detailed time line for which sectors and it what capacity we would open those sectors when allowable under the State Health Officer's Order. Within the County's first phase of the Guide are some items which are not part of the State's Stage 2 and therefore will not be moved forward under the Stage 2 variance. These include personal care, gyms/fitness centers, pools, body art, and indoor worship services. Most other Stage 2 allowances (e.g., in-store

retail, in-house dining) under the State Roadmap will move forward as soon as allowed under a modified State Order. The County's approach to the Stage 2 reopening of schools is only for summer school and extended school year for special education. Child care is already open for essential workers and will remain as such.

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

The attached SLO County START Guide has specific measures delineated, based in large measure upon the Results to Save Lives framework, that will inform the County and the County Health Officer as to when new protective measures or full or partial reversion to a “stay-at-home” order may be necessary (refer to Table 4. in the START Guide.)

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

This appears to be a duplicate question:

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COVID-19 Containment Plan

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

Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <7% and stable or declining?

- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

The County will continue to add community-based and workforce-specific testing clinics as demand by residents and employers dictates. The contract between the County and US Health Fairs is expandable as requested by the County. The County also has a memorandum of understanding (MOU) with Dignity Health to utilize testing capacity of 500 specimens per day when the order for a Hologic machine is fulfilled. Recently, the County was informed that Hologic equipment resources have been commandeered by the federal government and there is no date certain for delivery. The Public Health Lab has just received reagents for use of the GenExpert machine which will allow for an additional 32 specimens per day to be tested.

The average percentage of positive tests continues to decline going from 10% in the earliest weeks to 7% through much of April and now at 5.7% of less.

Specimen collection locations are listed above and provide access within designated travel times for 100% of county residents.

The planned US Health Fairs clinics to be conducted beginning the week of May 18 will allow for community surveillance. In addition the County will begin testing of 11 wastewater treatment systems next week across the county as an added measure of 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?

At the present time there are 14 individuals, including Public Health nurses and communicable disease investigators, who are trained and have been performing contact tracing.

There are four who are bilingual, bi-cultural which represents more than the 20% of our county population who are Latinx.

In addition, we have available far more than the additional 28 contact tracers that would bring us to the recommended total of 15 per 100,000 population ($15 \times 2.8 = 42$). The County Probation Office has offered up to eight officers who are accustomed to doing tracing of persons in the community. The remaining 20 additional contact tracing resources are available through the County's Disaster Service Worker program and our local Medial Reserve Corps which includes over 600 volunteers of whom more than 169 are nurses.

Training is available through local protocols, but we will also take advantage of the State training that is being offered on line.

In response to COVID-19, and specifically to support individuals experiencing homelessness, the County entered into contracts with four hotels geographically located throughout the county. These contracts provide for 155 hotel rooms to be available to isolate or quarantine homeless individuals who are pending test results or have tested positive.

The County has also established three safe parking sites. In total there are 60 sites available for parking overnight. These sites include showers and bathrooms. Additionally, the County has 15 trailers available to house homeless individuals under isolation or quarantine orders. These trailers have power and full hook-ups to sewer and water. Nine are stationed at a County regional park, four are at homeless shelters, and one is at a safe-parking site.

Protecting the Vulnerable

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

How many congregate care facilities, of what types, are in the county?

- SNF = 7 facilities with total licensed capacity of 853
- RCFE = 104 facilities with total licensed capacity of 1,356
- DD = 38 facilities with total licensed capacity of 187
- ICF = 17 facilities with total licensed capacity of 149
- 150 facilities with a total licensed capacity of 2,545

How many correctional facilities, of what size, are in the county?

- CA Men's Colony: inmate census: 3,722
- Atascadero State Hospital: 1108
- County Jail Census: 353
- Total 3 facilities with population of 5,183

How many homelessness shelters are in the county and what is their capacity?

- Prado: 100
- ECHO: 50
- Total of 2 facilities with population of 150

What is the COVID-19 case rate at each of these facilities?

- SNF: 0
- RCFE: 0
- DD: 0
- ICF: 0
- CMC 11 of 3722 = 0.3% case rate
- ASH: 0
- County Jail: 0
- Prado: 0
- ECHO: 0
- Overall Congregate care case rate: 11 of 7,878 = 0.14%

Do facilities have the ability to safely isolate COVID-19 positive individuals?

Yes. CMC has safely isolated positive inmates. Other facilities have plans to isolate individuals if needed. County has worked, and continues to do so, with the Long Term Care Ombudsman on planning for residents at Long Term Care Facilities. There is one SNF designated to take COVID patients.

Do facilities have the ability to safely quarantine individuals who have been exposed?

Yes. CMC has successfully quarantined individuals. Other facilities have plans to quarantine individuals if needed.

Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?

Yes. Public Health Lab has tested 710 patients in the last 7 days, largely as a result of an outbreak investigation at CMC.

Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?

Yes. FEMA provided 2 weeks of PPE to all SNFs in the county. EOC has filled LTCF PPE needs earlier in the incident. Currently, facilities are able to purchase their own PPE due to the supply chain opening up.

Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

Yes; SNF has contracts with staffing agencies.

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?

Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?

Yes, the County, through the LEMSA, has a robust software program, ReddiNet, that allows the County to track daily through both the traditional HavBED & Census reporting mechanisms. Additionally, an assessment is completed each day by the hospitals which addresses COVID cases and admits. This data is further validated by daily tracking of our EPI Branch which identifies number of hospitalized and level of care.

Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient? Hospitals, for the most part, have relied on their own supply chains to meet their PPE needs. However, there have been periodic requests to the MHOAC Program which have been filled.

*Are hospitals testing all patients prior to admission to the hospital?
All hospitals are testing patients who meet criteria or have fever of unknown origin or respiratory symptoms.*

Do hospitals have a plan for tracking and addressing occupational exposure? All hospitals have put plans in place through their internal occupational safety programs to address exposure and tracking of hospital personnel.

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?

How many essential workplaces are in the county?

Approximately 6,400

What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?

As a supplement to the START Guide, San Luis Obispo County has provided COVID-19 operating guidance to the community including essential workplaces. These sector specific guides include modifications that businesses and industry should take to ensure the safety of their employees, customers and the community. The County is continually seeking additional guidance and best practices from the State of CA and other State and Federal partners to ensure our essential workplaces are prepared to operate safely.

Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?

The County has shared a list of suppliers who are able to provide these key products to businesses and essential workplaces. In addition, the County has provided PPE to many

essential workplaces in the medical/health arena to ensure they are protected and ready to help provide surge capacity for the County.

Is there a testing plan for essential workers who are sick or symptomatic?

The County of SLO Public Health laboratory provides testing for sick or symptomatic essential workers. In addition, symptomatic and asymptomatic essential workers are welcome at the two testing facilities currently operated by Optum through the State of California. Beginning on May 19, the County will also be providing pop-up workplace testing at strategic locations as well as general public community testing.

Is there a plan for supportive quarantine/isolation for essential workers?

Yes, the County provides wrap around services for those who cannot easily quarantine or isolate on their own. These services, which includes a motel program with contracted rooms, are available for individuals county-wide but can also be utilized for essential workers.

Special Considerations

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

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?

The County developed its START Guide (draft reopening guidance/guidelines) and provided the draft to the California Department of Public Health and Governor Newsom on May 1, 2020. The authors/expert panel, staff and stakeholders considered key industries and sectors in the county and developed additional guidance and best practices that could be implemented to mitigate the risk of COVID-19. San Luis Obispo County is a rural agricultural county, located on the Central Coast. As such, the County developed draft guidelines specific to both agriculture and farmers markets. The County's intent is to adapt the draft guidance as needed and to encourage employers' to use best practices to protect the agricultural workers, customers and others involved in the industry from the risk of COVID-19 transmission.

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?

San Luis Obispo County has a number of industries' and sectors' employers that could continue to encourage teleworking when feasible, such as the technology companies, office-based work with minimal public or customer facing interaction, etc.

Community Engagement

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

Has the county engage with its cities?

Yes, since the onset of COVID-19 and as the Shelter at Home Order took effect, the County of San Luis Obispo has proactively worked with all seven Cities within the county (i.e. Cities of Paso Robles, Atascadero, Morro Bay, San Luis Obispo, Arroyo Grande, Pismo Beach, and Grover Beach) and the City of Santa Maria in the neighboring Santa Barbara County. The County and cities engage on a daily basis at a variety of levels of staff, leadership and elected levels to stay informed and engaged on measures needed to protect the health and safety of local residents, including throughout enhancement of the healthcare capacity, procurement of PPEs, and now during development of adaptive reopening framework. As described below, all eight cities as well as hundreds of key stakeholders, were engaged throughout the reopening framework development process.

Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?

The County Health Officer, Dr. Penny Borenstein, is responsible for determining the guidelines for reopening for San Luis Obispo County during the COVID-19 pandemic, in alignment with State orders; however, decisions related to reopening are being built off of state and federal guidance, thorough research and consideration by a panel of experts, consultation from community leaders, and input from the general public.

Relationship to Surrounding Counties

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

San Luis Obispo County neighbors four counties - Monterey, Kings, Kern and Santa Barbara. Some of those counties are seeing up ticks in their numbers of cases, but that is primarily due to outbreaks, particularly at the federal penitentiary in Lompoc in Santa Barbara County and long-term care facilities in other jurisdictions. We do not believe that any of our neighboring counties are able to move at an increased pace through Stage 2.

That said, SLO County tends to be a bit of an "island" among the regions of the state, not fitting easily into any well-recognized region. We are not Northern California nor Southern California and we are not the Central Valley. We are the northern most county often included in the Southern California region but differ considerably from the other counties to our south. Monterey to our north has its population centers 2-3 hours drive from SLO County. There is little connectivity to the Central Valley counties like Kings and Kern

except for beach tourism. Much of that visitation is often to our Oceano Dunes State Vehicular Recreational Area, which remains closed.

With that in mind, we are working closely with our tourism industry, state and municipal beach-serving jurisdictions and City Managers to monitor and message would-be tourists to not to come to our area at this time. We in fact have a targeted media outreach plan to advertise in neighboring counties to message that while we usual love to see our visitors, they are not welcome at the present time.

The SLO Health Officer has twice weekly phone calls with the Southern CA region and is in frequent verbal communication with neighboring health officers, especially of Santa Barbara County, with whom we have an MOU for use of our Alternate Care Site.

We are confident that we have the resources to continue widespread testing and complete isolation of cases and contact tracing even if our number of cases were to increase.

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 [REDACTED]

I Pen , hereby attest that I am duly authorized to sign and act on behalf of San . I certify that San 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 San , 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 Penny Borenstein

Signature ^P

Position/Title County Health Officer

Date May 8, 2020