

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



COVID-19 VARIANCE ATTESTATION FORM

FOR County of Sacramento

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 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: Sacramento

County Contact: Dr Olivia Kasirye, County Health Officer

Public Phone Number: 916-875-5881

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

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.

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.

Attachment 1, shows that since May 7, 2020, the total daily hospitalized COVID-19 cases has been below 20 in Sacramento County (Figure 1). In addition, in the past 7 days, the average daily percentage change was -5.1% (Table 1).

Sacramento County meets this criterion

- 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.

1. Sacramento County has had 94 cases in the two-week period from 5/3/2020 to 5/16/2020 reporting period. With a population of 1.5M, this translates to 6 per 100,000 population.
2. The 94 cases also translates to an average of 6 or 7 cases per day over this period, which is much less than the rate at the peak of 30 cases per day. An Epi-curve is attached to show (Attachment 2 Figure 1) case counts by week.
3. At the beginning of the outbreak, the doubling time was every 2 days, Attachment 2, Figure 2 shows that the curve has been flattened.

Sacramento meets this criterion

- **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).

Attachment 3 – Physical Distancing Protocol for Businesses is a set of guidelines that was attached to the Sacramento County Health Officer order to provide guidelines and a checklist that employers and essential businesses must follow to establish a protocol for physical distancing and protection of workers.

Sacramento County has provided access to quickly test essential workers such as healthcare workers, and other first responders (law, fire, EMS) through the Public Health clinic and laboratory.

Sacramento County meets this criterion

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

1. The Medical Health Operational area Coordinator (MHOAC) at the Emergency Operation Center (EOC) maintains an inventory of available supplies and tracks usage and requests being submitted.
2. 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 are submitted on a biweekly basis. Non-medical essential businesses can follow a similar process through EOC logistics branch.
3. 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.
4. The MHOAC sends out periodic surveys to gauge needs from the businesses.
5. To date the MHOAC has distributed over 1M pieces of PPE to hospitals, long term care facilities and health clinics.

Sacramento County meets this criterion

- **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.

1. With a population of 1.5M, the testing daily capacity for Sacramento should be at 2,250. Sacramento County is meeting that volume through testing in the following sites:
 - Sacramento County Public Health Laboratory – 100 tests per day
 - National Guard mobile laboratory – 100 tests per day
 - UC Davis Medical Center – 700 tests per day
 - Kaiser Regional Laboratory – 500 tests per day
 - Drive-thru at CalExpo (goes to Quest) – 400 tests per day
 - other laboratories (Quest and Labcorp, UCSF, hospitals) - 600

The average daily capacity for Sacramento County is 2,400
2. Laboratories are required to report all positives, but the reporting for negatives is incomplete. The CDPH estimate of daily tests run for Sacramento County for the past 7 days is 822, which equates to 0.54 per 1,000 residents. We know that this is an undercount of the total number of tests run in the County. The plan to increase the reported testing to the maximum capacity is through the following:
 - a. Require all the laboratories to report both the positive and negative results through the State Electronic Reporting system so we have a more accurate account of the testing that is occurring.
 - b. Increase surveillance testing through community clinics, in collaboration

with UC Davis, the National Guard, urgent care clinics and the use of expanded scope for paramedics.

- c. Update testing criteria for established healthcare providers to include testing for individuals who are asymptomatic
- d. Expand testing in congregate sites such as Long Term Care Facilities, jails and shelters.

Sacramento County meets this criterion

- 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.

The major specimen collection sites in Sacramento County are listed below. The maps show that all residents in Sacramento County can get to a test site within 30 minutes (see map, Attachments 4);

1. Cal Expo Drive-thru clinic
2. Hospitals and affiliated outpatient offices
3. Urgent Care clinics, including Sacramento County Primary Care Center
4. Mobile clinics that provide specimen collection for the Long Term Care Facilities and the homeless shelters and encampments.
5. St Paul’s Missionary Baptist Church
6. Additional community sites are scheduled to open over the next two weeks. Including La Familia Maple Community Center and Robertson Community Center (See Attachment 5). Other sites will be considered after an assessment of the needs of the communities.

Sacramento County meets this criterion

- 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.]
- o

The surveillance plan started last week, and will be implemented in phases as new testing sites open up. It consists of:

1. Rapid case detection, contact investigation and contact tracing. This will require widespread diagnostic testing for every individual with COVID-19 symptoms. Testing will be done mainly in hospital emergency departments and outpatient clinics. These sites have the capacity to conduct about 1,800 to 2,000 tests daily.
2. Conducting testing in congregate settings such as Long-Term Care Facilities (LTCF), homeless shelters, and jails. The Public Health Laboratory and National Guard Laboratory will run about 200 tests daily.
3. Monitoring healthcare workers and others such as first responders that are at high risk of contracting or transmitting the disease.
4. Drive-thru and walk-in clinics in the community that will detect people that have mild disease or are asymptomatic. These clinics will be run twice a week at six sites in the community. The drive-thru clinic conducts about 350 tests daily. The other community clinics will run about 100 tests per day.
5. Syndromic surveillance for influenza-like syndrome in emergency department admissions. This will commence in September.
6. When serologic testing is available and reliable, this will provide an indication of percentage in the population that have exposure to COVID-19.

The indicators from the surveillance will be transmitted as a report to CDPH monthly.

Sacramento County meets this criterion

- **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).

At a ratio of 15 staff per 100,000, Sacramento County would need up to 225 contact tracers.

1. Currently, Sacramento County has 30 trained staff that are actively conducting the contact investigation and contact tracing. These include
 - a. 10 public health nurses (PHN) from the Communicable Disease team.
 - b. 10 PHNs from other programs in the Department of Health Services.
 - c. 5 Communicable Disease Investigators and
 - d. 5 staff from other departments.
2. With the current Sacramento County case rate of 10 cases a day and an estimated 10 contacts per case, the contact tracers have to be able to follow up on approximately 100 contacts a day. A surge of up to 3 times the daily rate is 30 cases and 300 contacts. Each PHN can reasonably follow up on 4 cases and 40 contacts in an 8-hour day. The Contact Investigators/tracers conduct most of the interviews and health education by phone and only do in-person visits if unable to contact by phone, or if there are additional issues. Therefore

the current 30 staff are sufficient to manage a surge of 3 times the current daily rate.

3. If there is a need for additional staff to investigate large or complex clusters, Sacramento County has a plan to train additional staff as soon as the State training modules are made available and activate as needs are identified as follows;

- a. Medical Reserve Corp Volunteers - 50
- b. Other programs within the Department of Health Services – 50
- c. Other County Departments such as Environmental Management and Probation– 30
- d. Sacramento State and Chico State student nurses – 30
- e. Sacramento State students in Public Health programs – 30
- f. Other volunteers and college students – 30

Total additional: 220 above the current 30 = 250

Sacramento County will use the State data management system when it is made available.

Sacramento County meets this criterion

- 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.

1. In 2019, the Sacramento County Point In Time count was 5,570 individuals identified as experiencing homelessness including:
 - a. 1,670 were identified as sheltered
 - b. 3,900 were identified as unsheltered
2. 15% of the total above would mean the County would need to have 836 available units. Through the motel efforts and trailer efforts below is the increased units just in relation to the COVID-19 crisis:
 - a. Motels (active) 546
 - b. Trailers (active) 60
 - c. 3 existing shelters expanded by 80
3. Total additional shelter beds: 686
4. The above total is just the expansion in relation to COVID-19 and does not account for the shelter capacity currently within Sacramento County. Of the current County and City funded contracts there is a total of 860 beds. This brings the grand total to 1,546 after the expansion. There are also additional shelter beds available through other funded agencies.
5. The overall COVID-19 Homeless Response Plan has identified an immediate increase of shelter by nearly 1100 units including a total of 850 motel rooms.

Sacramento County meets this criterion

- **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.

Sacramento County is served by the following major hospitals:

- UC Davis Medical Center
- Sutter Medical Center
- Mercy San Juan Medical Center
- Mercy Hospital Folsom
- Mercy General
- Methodist Hospital
- Kaiser Sacramento
- Kaiser South Sacramento Medical Center
- VA Medical Center Sacramento

Sacramento County hospitals have the following combined bed capacity:

- 2,385 licensed beds
- 998 surge beds

This equates to a 41.8% surge capacity. Currently, the hospitals have been operating at 30 to 50% bed capacity, so there is capacity for a surge. More capacity can be created if needed by cancellation of elective procedures and also use of the Alternative Care Site at the Sleep Train Arena.

Sacramento County meets this criterion

- 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.

A survey was distributed to the Emergency Preparedness Coordinators of each hospital to establish a readiness plan for surge. All Sacramento 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

Sacramento County meets this criterion

- **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.

1. Sacramento County has been working closely with the SNFs to prevent and mitigate COVID-19 infections in SNFs through implementation of the following actions:
 - a. Establish weekly calls for facilities within the County to answer questions and review new guidelines
 - b. Send out new guidelines released by CDPH through the CAHAN (California Health Alert Network) system
 - c. Provide county-specifics guidance and protocols through the CAHAN system
 - d. Receive reports of new positives. Contact facility administrators whenever a positive case is identified in a facility to provide technical assistance for cohorting and isolation, as well as conduct contact tracing
 - e. Provide PPE for facilities for short-term needs while awaiting supplies from the regular channels
 - f. In collaboration with CDPH District office, contact facilities to provide technical assistance on infection control measures
 - g. Review and provide technical assistance on facility mitigation plans
 - h. Provide consultation on case transfers from acute care facilities
 - i. Implement expanded testing for all facilities. Coordinate and provide testing at the facilities in collaboration with the Medical Integrated Health units for both residents and staff.

Sacramento County meets this criterion

- 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 37 facilities in Sacramento County. A list of all SNFs in Sacramento County can be found in Attachment 6. Of the 37 facilities, 35 of them are either receiving a direct shipment from FEMA within the next ten days and/or indicated that they have a 14-day PPE supply on hand. Sacramento County Public Health has adequate PPE to provide to the other two facilities if needed.

Sacramento County has regular contact with local SNFs through the Sacramento Area Skilled Nursing Mutual Aid Program. We have the ability to poll for needs and available beds.

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

Sacramento County meets this criterion

- **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.

Please see Attachment 8 that outlines the Sectors and timelines for phases of Stage 2. Stage 2a aligns with the State Health Officer order. Stage 2b is the plan for accelerated re-opening. Businesses will be permitted to re-open as guidelines are released by CDPH for each sector.

In order to allow for a safe and cautious reopening, Stage Two will be implemented in two parts: A and B. A number of factors were considered in deciding which category of business or community activity could be resumed, and to what extent. These factors included:

- Risk of disease transmission during the activity
- Number of people who could potentially be infected during the activity
- Benefit or impact of resuming an activity on other aspects of the community
- State of California Stages of Reopening

Please see Attachment 8 for the Plan to re-open. Once the attestation is submitted, Sacramento County will issue an updated Health Officer order to allow businesses listed in stages 2a and 2b to re-open after implementing social distancing protocols according to sector-specific guidelines provided by CDPH.

Sacramento County meets this criterion

- **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.

Please see Attachment 9 for the triggers for considering modifications. Sacramento County will continue doing the following:

1. Monitor case and death counts daily and update the Epidemiology Dashboard
2. Continue regular communication with stakeholders, including the hospital systems and LTCFs to monitor trends
3. Receive reports of positive cases and conduct contact investigation and contact tracing
4. Continue monitoring surge capacity and PPE needs of Healthcare facilities and LTCFs
5. Continue coordination with neighboring counties and with CDPH
6. Continue updating guidelines as needed when updated by CDPH and CDC

Sacramento County meets this criterion

- **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.

The containment plan is still being developed, although parts of it are already being implemented. The containment plan is being develop in collaboration with stakeholders and partners and consist of the following major principles:

- A) Expanded testing and surveillance
- B) Rapid detection, contact investigation and contact tracing of new cases
- C) Management and prevention of infection in congregate settings
- D) Protecting the vulnerable population such as the elderly and those with underlying conditions
- E) Acute care surge capacity
- F) Protection of essential workers including healthcare workers and first responders

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?

1. Daily testing volume will be increased in the following ways: a) setting up additional walk-in community clinics in different neighborhoods; b) surveillance testing in congregate settings including SNFs, homeless shelters and jails; c) loosening criteria for hospitals and clinics to test people who are asymptomatic.
2. With the loosening of criteria for testing to include asymptomatic individuals at the drive-thru clinic, community clinics and congregate settings, we expect to see a reduction in the average percentage of positives. It is currently estimated at 10 positives per 822 daily, which is 1.2% positive rate.
3. Residents may access testing at the drive-thru clinic and at three community clinics in at-risk neighborhoods. Additional community clinics will be set up in collaboration with UC Davis, National Guard, and expanded scope of paramedics. Residents may also access testing through their primary care provider or urgent care clinics.
4. Sacramento County Public Health Lab is able to process up to 100 tests a day. In addition, through a contract with Cal OES, we will have an additional lab run by the National Guard that will increase capacity. The County is able to utilize the UCSF lab through a State contract. The county has a contract with Quest Diagnostics and UC Davis for testing as well
5. A plan is in place for community surveillance through a) rapid detection, contact investigation and contact tracing; b) expanded testing in congregate settings; c) monitoring high-risk settings; and d) providing testing in community settings

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?

1. There are currently 30 staff that are trained in both contact tracing and contact investigation. This is sufficient for the current case rate of 10 new cases a day, and up to 3 times the number of daily cases.
2. Public Health strives to hire a diverse workforce that is reflective of community racial, ethnic and linguistic diversity as much as possible. The team reflects those values.
3. We have a plan to train additional staff up to the 225 recommended staff from various resources, including additional Public Health staff, staff from other County departments, college students and volunteers through the Medical Reserve Corp. These will be trained using the on-line modules being provided by CDPH and supplemented with local on-the-job training. If there is a surge of

cases, or a large or complex outbreak, the trained staff will be activated to assist with contact tracing

4. The County has executed a plan using the Homeless taskforce to provide accommodation for people experiencing homelessness using motel rooms and trailers. Other individual needs will be assessed and identified through the contact tracing and will be met with assistance from the Office of Emergency Services/Emergency Operation Center or the Voluntary Organizations Active in Disaster (VOAD).

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?

1. There are 920 Long-Term Care Facilities (LTCFs) in Sacramento currently housing 15,497 persons. This includes a) 571 Residential Care Facilities For the Elderly - 9,649 persons; b) 290 Adult Residential Facilities - 1,792 persons; c) Sub-Acute Psychiatric Facility – 28 persons; d) 37 Skilled Nursing Facilities - 3,914 persons; e) 21 Intermediate Care Facilities - 142 persons
2. There are two adult jails with a total census of about 3,595 (Last Public Health Inspection); one Youth Detention Facility (YDF) with total census of 118 (last Public Health inspection); and two State Prisons with a combined census of 5,297
3. There are 10 homeless shelters housing about 1,670 individuals
4. To date, 25 LTCFs have reported a total of 187 cases. The jails have reported one case; no reported cases in the YDF; and 2 reported cases in the State prison staff. There have been 3 cases reported among people experiencing homelessness.
5. Public Health has frequent communication with the Medical Director of the adult jails to get updates on PUIs and status of testing. Specimens are processed through the County Public Health Lab. The State Prison also reports cases to Public Health and Public Health is notified of transfers related to COVID-19.

6. LTCFs are developing mitigation plans to ensure that they are able to isolate positive individuals. The Homeless taskforce has designated trailers for isolating individuals experiencing homeless that are positive. The jails and YDF also have designated cells for isolation.
7. The facilities have plans for quarantining individuals that have been exposed.
8. Outbreak investigations are conducted in coordination with Public Health staff. Arrangements are in place to collect specimens on-site either through licensed staff or the Mobile Integrated Health units. Testing is conducted through the Public Health Lab that can run up to 100 tests daily.
9. Of the 37 LTCFs, 35 of them will receive 14-days' worth of PPE through FEMA. The facilities are able to submit requests for PPE through the MHOAC.
10. The facilities have policies and protocols in place for infection control and prevention. Public Health staff are available for consultation and technical assistance
11. The workforce would isolate at home if needed. If this is not possible, Public Health would request assistance from the Emergency Operations Center.
12. Facilities may hire additional staff through registries or submit a request to CDPH.

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.)?

1. Resources are prioritized by need. Community clinics are being set up in at-risk neighborhoods to increase availability of testing.
2. The VOAD, in collaboration with religious institutions and food banks, reaches out to individuals at risk to offer support. Several religious institutions have set up a system to check on the elderly members, especially those that live alone and participate in food distribution.
3. The Department of Child, Family and Adult Services is implementing program to provide meals to seniors

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?

1. Hospital capacity, census, ventilator availability and surge capacity are all tracked through daily CDPH and MHOAC surveys. Summarized data is available on the County dashboard.
2. Hospitals are now able to fulfill PPE needs through their vendors and use the MHOAC when there is a delay in fulfilling an order.
3. Hospitals are making plans to ramp up testing. They are currently testing people with COVID-19 symptoms and those being admitted for surgery.
4. All hospitals have plans for screening, tracking, tracing and testing for occupational exposure and work in coordination with Public Health.

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?

1. A Health Officer Order issued on April 7 defines "Essential Activities", "Essential Business", "Essential Governmental Functions", and "Essential Infrastructure" and provides stay-at-home guidance for each. Subsequent Health Officer Orders provide protocols and requirements for safely re-opening. Guidance for businesses have been issued (Attachment Additional guidance will be provided for other sectors of commerce and society such as schools.
2. The County Health Officer order includes a protocol for modifications for social distancing (Attachment 3).
3. Essential workplaces are able to purchase cleaning supplies and disinfectants from their vendors
4. Essential workers that are sick or symptomatic may register for testing through the drive-thru, contact their healthcare provider, or contact Public Health for assistance if otherwise unable to access testing.
5. Workers can isolate at home. Healthcare workers may access hotel rooms through the MHOAC for self-isolation. If they are unable to do so safely, Public Health will request assistance and support from the EOC

Special Considerations

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

The County is working to develop guidelines for industries that are able to open in Stage 2 and provide technical assistance.

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?

1. Public Health provides updates to the cities and the cities administration participate in weekly Operational Area conference calls. Public Health also provides city-specific information when necessary, concerning clusters, deaths or outbreaks. Public Health provides consultation and technical assistance to address issues pertaining to State guidance and Health Orders. Public Health has coordinated with city officials on enforcement issues and management of outbreaks.
2. Stakeholders include city and county management, school superintendents, hospital council, business leaders from the different sectors, and community leaders.
3. The County has held several conference calls with various stakeholders to develop plans for safe re-opening. The county will continue to seek input for further development of the containment plan
4. Community engagement started with the Chinese and African American communities and church leaders. Other stakeholders will also be approached for input.

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?

1. Counties in the greater Sacramento region have had fewer cases than Sacramento County, and are experiencing decreasing rates. Many have already submitted attestations for the variance
2. Counties in the greater Sacramento Region communicate on conference calls on a regular basis to coordinate plans.
3. The county is preparing to expand testing, contact investigation and contact tracing in anticipation of increased travel.

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

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

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

I Olivia Kasirye, hereby attest that I am duly authorized to sign and act on behalf of the County of Sacramento. I certify that Sacramento 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 Sacramento 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 Olivia Kasirye MD MS

Signature 

Position/Title County Health Officer

Date 5/19/2020