



COUNTY OF SAN DIEGO

COVID-19 Variance

Attestation:

*Proposal for Accelerated
Implementation of California's
Roadmap to Modify the
Stay-At-Home Order*

May 19, 2020

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County of San Diego

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WILMA J. WOOTEN, M.D.
PUBLIC HEALTH OFFICER

VIA ELECTRONIC MAIL

May 19, 2020

Sonia Y. Angell, MD, MPH
State Public Health Officer and Director
California Department of Public Health

Re: **COUNTY OF SAN DIEGO'S SUBMISSION FOR ACCELERATED
IMPLEMENTATION OF CALIFORNIA'S ROADMAP TO MODIFY THE STAY-AT-
HOME ORDER**

Dear Dr. Angell,

As the Public Health Officer for the County of San Diego (County), I am pleased to present the County *COVID-19 Variance Attestation* submission for an accelerated implementation of *California's Roadmap to Modify the Stay-at-Home Order*. This is an important step to ensure that our County is simultaneously protecting the public's health, while supporting the economic viability of our region.

In addition, the County *Containment Plan* includes mandatory protective measures for hygiene and sanitation, social distancing, face coverings, and screening at workplaces and public places. The Plan also incorporates the County T3 Strategy to decrease COVID-19 morbidity and mortality through testing, tracing, and treatment (including isolation). This strategy promotes "accessible COVID-19 testing for everyone."

Per the CDPH review process, on May 18, 2020, I met with your CDPH staff to review the County *COVID-19 Variance Attestation* submission. Following this communication are letters of support from the County Board of Supervisors and regional hospitals. I am confident the County meets the criteria for a variance to adopt aspects of Stage 2 at a faster pace.

Since the beginning of the outbreak, the County has been a leader in aggressively combating COVID-19 and has done so in collaboration with our federal, state, and local partners. We look forward to continuing our partnership with CDPH regarding COVID-19 efforts.

Sincerely,

Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
County of San Diego

cc: Jake Hanson, Health Program Specialist CDPH
Helen N. Robbins-Meyer, Chief Administrative Officer
Nick Macchione, Agency Director, County HHSA





GREG COX
CHAIRMAN
San Diego County Board of Supervisors

May 19, 2020

The Honorable Gavin Newsom
Governor of California
State Capitol
Sacramento, CA 95814

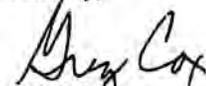
Dear Governor Newsom:

The San Diego County Board of Supervisors has authorized me to send this letter supporting the San Diego County Public Health Officer's Proposal for Accelerated Implementation of California's Roadmap to Modify the Stay-at-Home Order.

The COVID-19 emergency has caused tremendous hardships throughout the United States. San Diego County, working together with countless community partners, including hospitals; community clinics; federal, state and local agencies; charitable organizations; industry organizations; and chambers of commerce to address the multitude of challenges presented by this unprecedented emergency. The Board of Supervisors applauds the heroic efforts of the healthcare workers, first responders and all of the essential workers who have cared for the public, kept the community safe and provided the services needed to support the community.

Through the combined efforts of all of these organizations and the cooperation of the general public, San Diego County has managed to flatten the curve. The measures taken by the State and the County's Public Health Officer have protected the public from the spikes in COVID-19 cases experienced in other parts of the Country. The success of these measures is allowing the Public Health Officer to submit an attestation of meeting the metrics necessary to allow her to advance through Stage 2 at an increased pace. The Board of Supervisors whole-heartedly supports this attestation and urges your approval.

Sincerely,


GREG COX
Chairman

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UC San Diego Health

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May 19, 2020

San Diego County Board of Supervisors
1600 Pacific Hwy
San Diego, CA 92101

Patricia S. Maysent
Chief Executive Officer

Dear San Diego County Board of Supervisors,

This afternoon, you unanimously voted to petition the Governor to adopt an accelerated implementation of Stage II of the statewide Resilience Roadmap response to COVID-19. This vote was based on a detailed and thoughtful plan developed by the County's Public Health Officer and was reviewed by our UCSD Health expert team yesterday. I am pleased to lend my support to your efforts to slowly and thoughtfully re-open the region with detailed plans for management of the pandemic.

As the region's only academic medical center and research university and as a partner to the County of San Diego, we feel it is our responsibility to inform and provide feedback to regional plans to reopen business activities as well as partner where needed to supplement efforts such as with testing and tracing. As example, our partnership for testing within skilled nursing facilities and providing tracing infrastructure is a reflection of our deep commitment to the County and our communities.

In close coordination with UC San Diego Health infectious disease experts and epidemiologists, we have reviewed the public health officers' plan and metrics and have determined them to be reasonable and in line with the Governor's required metrics. We therefore support the County's decision to move forward with an accelerated implementation of Stage II.

Given the continued threat of community spread of COVID-19, it is expected that activity may expand and contract depending on the rate of disease spread. New outbreaks are possible at any time and may require a contraction of activity. I expect that the county will continue to work in consultation with the regional health systems, and the state as well as the World Health Organization, the CDC, and public health experts to determine when conditions require or permit transitioning from one stage to another.

Sincerely,



Patricia S. Maysent
Chief Executive Officer





Passion. People. Purpose.™

May 19, 2020

The Honorable Gavin Newsom
Governor of California
State Capitol
Sacramento, CA 95814

Dear Governor Newsom,

As the President and CEO of Palomar Health, I am writing to express my appreciation for the support, collaboration, and engagement we have received from the County of San Diego Board of Supervisors and the incredible team in San Diego County administration. They have been in lock-step with us as a health system since this pandemic began a couple of months ago. They have connected all of the health systems and insured that we not only addressed this pandemic as a County but more importantly as a community. We are fortunate to have such leadership that is committed to doing the right thing for the health of our citizens.

Just like I believe they have been committed to doing the right thing from the onset of this pandemic, I believe they are also doing the right thing in their proposal for re-opening the community and businesses in San Diego. It is a thoughtful and very measured approach with the appropriate mitigating safety measures which allows our citizens to begin to get back to work (as they all wish to do).

I have appreciated your leadership throughout this unprecedented time, and I am equally appreciative of our County leadership that are being as thoughtful on reopening as they have been since the beginning.

If you have any further questions, please feel free to reach out to me anytime at 760.739.6393 or Diane.Hansen@PalomarHealth.org. I hope you stay healthy and well.

Sincerely,

Diane Hansen
Chief Executive Officer
Palomar Health

Palomar Health | 456 East Grand Avenue, Escondido, CA 92026 | PalomarHealth.org

Palomar Health is a California Public Healthcare District.





May 19, 2020

Wilma Wooten, MD, MPH
Public Health Officer
County of San Diego
1600 Pacific Hwy
San Diego, CA 92101

Transmitted Electronically

Dear Dr. Wooten:

As the Board Chair of Tri-City Healthcare District, I am writing to express our appreciation and support for the collaboration and cooperation between our health system and the County of San Diego during these challenging times. The COVID-19 emergency has placed a tremendous strain on our community, our employees and the entire healthcare system. Cooperation and collaboration has been critical to our success in meeting these challenges.

San Diego hospitals continue to face challenges with intermittent PPE supply chain delays and the uncertainty caused by the spread of COVID-19. We need to continue to monitor these challenges and their potential impact on our healthcare system. We support a safe and responsible managed reopening with appropriate monitoring measures and metrics in place. We support San Diego County reopening in collaboration with the State of CA. This can be achieved through the plan set forth by the County in accordance with criteria set by the State of CA. Equally critical for reopening our community are appropriate safeguards to re-impose restrictions should our community be faced with a COVID-19 surge that stresses our overall healthcare capacity. We have confidence that appropriate metrics will be effectively tracked to appropriately monitor progression of the disease and the collaboration between our health system and the County will continue.

Respectfully,

Leigh Anne Grass, RN, BSN, PHN
Board Chairperson
Tri-City Healthcare District

Tri-City Medical Center | 4002 Vista Way, Oceanside, CA 92056 | 760.724.8411 | tricitymed.org



From: "Frias, Patrick MD" <PFrias@rchsd.org>
Date: May 19, 2020 at 7:40:46 PM PDT
To: "Macchione, Nick" <Nick.Macchione@sdcounty.ca.gov>
Subject: Letter of support

Dear Nick,

I wanted to reach out with the pediatric perspective as the San Diego County Board of Supervisors advances the Stage 2 Acceleration plan for approval by Governor Newsom. It is my understanding that this plan received unanimous approval from the Board of Supervisors at their meeting earlier today. As you know, Rady Children's Hospital is the largest children's hospital in California. In addition to our vast outpatient network, we serve the inpatient care needs of over 90% of the children in San Diego and Imperial counties.

Thankfully, the impact of COVID-19 has thus far been minimal for the children in our region. To date, we have had limited inpatient admissions, no ICU admissions and no deaths related to COVID-19. As you know, we offered early on in the crisis to accept patients up to age 26 in an effort to provide needed relief to our adult hospital partners. Fortunately for our community, there has not been a need to take us up on this offer. For several weeks, we have been testing every admission and every child going for a surgical procedure. This has allowed us to preserve PPE and maintain staff and patient safety. We greatly appreciate the County's leadership and partnership through this crisis, and are proud of the joint effort that we are preparing to announce around expansion of testing for the children in our community. The Covid Collaborative for Children (C3), a collaborative effort led by Rady Children's and San Diego County Public Health Department, is an effort to test the children in our community, as well as our physicians and staff. This Collaborative will be open to our health system partners who care for children either in their Emergency Departments, primary care clinics, or other locations, and will be vital in our shared community surveillance efforts as we navigate the pandemic in the months ahead.

I am confident that we have the capacity to meet the pediatric needs of our community as we advance to the next stage of opening and beyond. The ongoing communication between hospital and county leadership will allow us to act and adjust as needed with potential surges in the weeks and months ahead.

Thank you for your partnership.

Best,

Patrick Frias

Patrick A. Frias, MD

President and CEO | Rady Children's Hospital- San Diego

3020 Children's Way, MC5069 | San Diego, CA 92123

(858) 966-5911 Phone | pfrias@rchsd.org



From: Robin Gomez (AH) <RGomez2@primehealthcare.com>
Sent: Tuesday, May 19, 2020 3:19 PM
To: Macchione, Nick <Nick.Macchione@sdcounty.ca.gov>
Subject: San Diego's Stage 2 Acceleration Plan

Hello Nick,

After thorough review of the "San Diego Stage 2 Acceleration Plan" I wanted to share my vote of support. Dr. Wooten and the County has done a phenomenal detailed job with this planning keeping in mind the medical/clinical component of the effects and needs that may arise from opening the county further at an accelerated rate from the state. Dr. Wooten and her team put together a list of triggers that would trigger adapted mitigation measures needed when one or more of the triggers/columns have been met.

Dealing with COVID19 has made us as a hospital smarter with a deeper understanding of how to prepare for patients and protect our staff against this virus. I very much appreciate San Diego County officials who have involved ALL hospitals in the preparation and decision making on how to keep the valuable resource of our hospitals and our staff relevant during this pandemic. I have full confidence in them to continue to listen to the hospitals and medical leaders in our community to best serve all our residents in San Diego County.

If you have any questions, please do not hesitate to contact me.

Robin Gomez, RN, MSN
CEO
Administration
Alvarado Hospital Medical Center
Email: RGomez2@primehealthcare.com
Office: 619-229-3172

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." Maya Angelou



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1



 Paradise Valley Hospital

May 19, 2020

The Honorable Gavin Newsom
Governor of California
State Capitol
Sacramento, CA 95814

RE: County of San Diego's Stage 2 Accelerated Plan

Dear Governor Newsom:

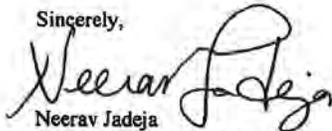
As Chief Executive Officer of Paradise Valley Hospital I would like to express my appreciation and support for the unprecedented collaboration and cooperation between local hospitals and the County of San Diego during these challenging times. The COVID-19 emergency has placed a tremendous strain on our community, our employees and the entire hospital system. The cooperation and collaboration have been critical to our success in meeting these challenges.

During this emergency the hospitals and County have had weekly conference calls at all levels. We have conferenced with the Board of Supervisors' subcommittee, the Chief Administrative Office, the Public Health Officer and her executive team. The hospital Chief Medical Officers have been holding weekly conference calls with the County's Chief Medical Officer and his executive team. The hospital Laboratory Directors have held weekly conference calls with the County Public Health Laboratory Director, Clinic Laboratory Directors and Commercial Laboratory Directors. Finally, our Emergency Coordinators have almost daily contact with the Director of the County's Medical Operations Center to coordinate distribution of PPE's. This robust communications network has allowed our hospitals to identify and address issues efficiently, early and, most importantly, with input from the entire system.

Our hospitals continue to face challenges with intermittent PPE supply chain delays and the uncertainty caused by the spread of COVID-19 in Baja California. We need to continue paying close attention to these challenges and their potential impact on our system. Therefore, we believe it is unrealistic to propose opening all businesses and activities in the County. We support the more measured approach proposed by the County to open particular businesses with limitations in place, such as face coverings, sanitation, social distancing and temperature screening, to control the potential spread of the coronavirus. We support loosening restrictions because we currently have sufficient hospital capacity to meet the needs of the moment, especially considering the additional 450 beds that are available with the federal field hospital and repurposed UCSD dorm rooms. Also, the County has established triggers to re-impose restrictions, including if the system census reaches 80% of capacity. We have confidence the metrics tied to these triggers will be effectively tracked given our close collaboration. It will be essential that we continue to closely monitor the progression of the disease and keep all lines of communication open and active.

Thank you for your support and the opportunity to comment on the County's proposal.

Sincerely,



Neerav Jadeja
Chief Executive Officer

Paradise Valley Hospital | 2400 East Fourth Street, National City, CA 91950 | www.paradisevalleyhospital.org
Tel (619) 470-4321



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

COVID-19 VARIANCE ATTESTATION FORM



FOR **COUNTY OF SAN DIEGO**

May 19, 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:

- 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.
- 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.

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.



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: COUNTY OF SAN DIEGO

County Contact: Wilma J. Wooten, M.D., M.P.H.

Public Phone Number: (619) 542-4181

Readiness for Variance

The county's documentation of its readiness to modify how the county advances through Stage 2, either to move more quickly or in a different order, than the California's roadmap to modify the Stay-at-Home order, must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including, for example, the elderly and those with specific co-morbidities, and those residing in long-term care and locally controlled custody facilities and other congregate settings, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

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.

A foundation of disease control capacity is to investigate, respond to, and contain the spread of disease. The County of San Diego (County) has extensive infrastructure, experience, and necessary systems to manage individual cases of disease, respond to outbreaks in a timely manner, and develop approaches that are adjustable and scalable for a pandemic.

Throughout the COVID-19 outbreak, the County continues to manage a robust system that provides timely recognition, testing, and reporting by the healthcare community; timely investigation and response to reported cases and outbreaks; comprehensive isolation of infected individuals, and expansive tracing and quarantine of close contacts.

Epi Metric #1: The daily percentage change in the total number of hospitalized COVID-19 positive patients averaged over 7-days is currently -0.6% . Based on the time period of May 11 (339) to May 17 (321), the averaged percentage of change over 7-days is -0.6% . See **Attachment A**.

- 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.

Epi Metric #2: The percentage of positive tests compared to the overall number of tests during a 7-day period of May 11th to May 17th is 3.2%. State and Federal prison inmate COVID+ cases were not excluded. See **Attachment B**.

- **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).



The County provides clear guidance and the necessary resources to ensure the safety of *Stage 1* essential critical infrastructure workers and those in reopened businesses. The protections afforded by requiring increased hygiene and sanitation, enforcing social distancing and face coverings, and temperature and symptom screening. The current protections in place include, but are not limited to, the following:

- a. Since January 24, 2020, the County has issued 15 California Health Alert Network (CAHAN) related to COVID-19. Topics include infectious disease control, PPE guidance, testing priority population guidance, revised isolation period, clinical symptoms, resuming deferred and preventive health care, and CDPH weekly SNF infection prevention calls.
- b. Since April 2, 2020, all essential businesses in the County have been required to prepare a ***“Social Distancing and Sanitation Protocol”*** for each facility open to the public. This document must be publicly posted and provided to each employee of the facility. Any facility that cannot effectively maintain proper social distancing and sanitation may be required to close. This protocol is attached here as ***Attachment C***.
- c. All non-essential businesses allowed to reopen under the Resilience Roadmap have been required to prepare, post, and submit to the County a ***“Safe Reopening Plan”*** in advance of their reopening. For businesses that have reopened these have been utilized in conjunction with the State’s Guidance for Industry. This plan is attached here as ***Attachment D***.
- d. Temperature checks **at the work site are mandated via Order of the Health Order** (see ***Attachment E***) for all employees of essential and reopened businesses. In the event a thermometer is not available, a COVID-19 symptom check is required.
- e. **All persons** over the age of 2 **are mandated** to wear face covering described in *California Department of Public Health Face Covering Guidance* when they leave their home or place of residence, and wear the face covering whenever they are in a business or within six feet of another person who is not a member of their household. Persons with a medical or mental health condition, or developmental disability that prevents wearing a face covering are exempt.
- f. All essential businesses and reopened businesses are required by **Order of the Public Health Officer** to make every effort to use telecommuting for their workforces. See ***Attachment E***.
- g. A robust enforcement hub has been developed through a partnership with 2-1-1 San Diego, a free confidential nationwide service that connects people to available help and information. This organization serves as a point of contact to refer out violations of State and local health officer orders to local enforcement agencies in each municipality. Thus far, 297 citations have been issued in the unincorporated area and in 9 of the 18 cities.
- h. Since March 17th, the County has facilitated [weekly telebriefings](#) with [over 20 various sectors](#), including the business and employer community. A specific [Businesses and Employers Webpage](#) was launched, which contains information related to Announcements and Updates, County



Communications, Resource Links, Resource Materials, and FAQs. All of which are posted on www.coronavirus-sd.com.

- i. Additionally, the County's Public Health Officer has distributed **one letter** tailored specifically to the business and employer community, providing COVID-19 preparation and response information and guidance. See **Attachment F**.

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

The County's Medical Operations Center (MOC) is led by the County Public Health Preparedness and Response Branch. The MOC is designed to facilitate communication, situational awareness, and assistance to protect essential workers and other critical infrastructures.

The County is committed to protecting and safeguarding the residents of the San Diego County. Communication and early notification are key components of the County's system in order to manage the COVID-19 response. The system is intended to aid hospitals, Emergency Medical Services (EMS) providers, skilled nursing facilities, laboratories, physician offices, businesses, the County's workforce of 17,000 people, and others.

Through the MOC, the County consistently monitors the use and requests for personal protective equipment, such as face coverings and sanitizing products to determine level of need and inventory. Additionally, the County maintains ample supply of personal protective equipment for its workforce including but not limited to N-95 masks, surgical masks, face coverings and sanitizing products. The County is continually assessing the need for replenishments and availability of such supplies in the open market as well as state and federal sources. The County prioritizes PPE for healthcare workers and first responders. Additionally, **Attachment G** outlines information on vendors that are available to businesses and employers across the County to provide essential PPE.

Following the County's face covering requirement, law enforcement has provided over 10,000 face coverings to the general public in order to encourage compliance, health, and wellness.

- **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.

The County of San Diego ("County") has established the **T3 Strategy: Test, Trace and Treat**, as a pillar of protecting the public's health from COVID19. This strategy is further described in the attached Containment Plan. The County T3 Strategy is a large-scale population health-based approach. This collaborative effort achieves collective impact in protecting the public's health and ensures the continuity of such protection throughout all stages of the County's reopening. T3 has one key goal with three integrated objectives. The T3 goal is to reduce morbidity and mortality of COVID-19 by conducting timely and accurate clinical testing, contact tracing and treatment. The motto is "accessible COVID-19 testing (ACT) for everyone." The first objective is to test all priority categories at a rate as established by the State.

As an entire region, the County's testing maximum capacity is determined 6,381 or 6.4 per 1,000 residents. The County is currently conducting approximately 4,000 daily tests and anticipates achieving 4,950 per day by early June or sooner, which is 1.5 per 1,000 residents.

The test goal to achieve robust testing capacity throughout the region focuses on using a countywide standard for all testing. To achieve robust testing, the County has implemented a variety of scalable and flexible specimen collection sites. These include:

- **Drive Up Testing Sites**- *stable sites where testing is collected in vehicle.*
- **Walk-in Testing Sites**- *brick and motor locations hosted in partnership with the State.*
- **Mobile Drive Up Testing Sites**- *single or multiple day mobile site consisting of staff and the Live Well on Wheels Mobile Office or other modified support vehicle.*
- **Testing Strike Teams**- *agile teams of staff (comprised of public health nurses and/or EMTs) for deployment to congregate care facilities, behavioral health residential facilities, outbreaks and other critical settings.*

The placement of these sites is data-driven to ensure saturation in communities of high need while also meet state requirement guidelines for testing availability. See **Attachment H**.



-
- 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 County understands the need to provide access points and needed services to vulnerable populations, which is why the County has gone above and beyond the federal and state testing priority populations to include older adults and other vulnerable populations (e.g., people with HIV/AIDS, people experiencing homeless, those in rural areas, racial/ethnic groups, Native Americans) in the Priority 2 level. (See CAHAN #13, **Attachment I**)

There is 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. There are currently 392 specimen collection sites, and this will expand by early June. The **current site locations** are attached here as **Attachment J**. The County is also deploying mobile collection and outreach vehicles which allows the rapid deployment of collection sites to any community or geographic region in the County. (See **Attachment K** for photos of the *Live Well San Diego* bus and County of San Diego mobile library.)

Lastly, to ensure there is equitable and accessible COVID-19 testing the County has partnered with the SD County COVID-19 Equity Task Force to proactively address Health Equity in communities of color using the County T3 Strategy. This partnership supports the T3 motto: "Accessible COVID-19 Testing," or ACT, for everyone.

- 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.]



The County of San Diego has a multiprong effort at community surveillance. This includes required reporting of COVID-19 test results, electronic lab reporting to facilitate more timely automated reports, active detection of cases associated with congregate settings through address matching, syndromic surveillance of COVID-19 like illness emergency department visits, a sentinel surveillance project utilizing complex respiratory virus panel testing, border related surveillance for binational cases, and feasibility pilots utilizing serological testing capabilities. In addition, several partnerships with local medical and academic institutions are being established to enable greater capacity for seroprevalence studies.

Further information on the surveillance plan and timeline for implementation are outlined in the "**Containment Plan**" attached with this submittal.

- **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).

The County has the 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. Contact tracing has been a pillar of communicable disease control in the County's Public Health Department for decades.

The County has sufficient contact tracing, and a robust contact tracing plan, including the workforce capacity, sufficient to meet any anticipated surge. The County plans on meeting and exceeding the State's goal of at least 15 staff per 100,000 county population (which is 495 staff based on population of 3.3 million).

As of May 18, 2020 there are:

- 87 tracers working in the field
- 258 have been hired and are going through training
- 71 have been hired are going through the background process
- 100 have been contracted through San Diego State University, (including promotoras, who are lay Hispanic/Latino community members and will serve as culturally appropriate liaisons between their community, health professionals, and the County)



This brings the total number **total number tracers secured to 546**—well above the State’s threshold.

Additionally, the County is in the process of finalizing an additional contract with UCSD for 65 more contract tracers. Lastly, the County is procuring additional community-based contact tracers via a Request for Qualifications process.

The County has requested to be one of the pilot counties for the State data management platform, in addition to exploring other systems for long term use. In the interim the County is using its WebCMR system.

- 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.

The County’s Health and Human Services Agency is the nation’s largest and longest standing integrated and comprehensive health, **housing**, and human services agency at the local level and has a history of developing innovative strategies to protect the public’s health.

Early in the outbreak, the County aggressively acquired hundreds of hotel units to house individuals experiencing homelessness and prevent exposure to COVID-19.

Based on the 2020 Regional Homeless Point in Time Count, there are 7,619 homeless individuals living in the County. Of the 7,619 individuals, 15% of this number is 1,143 individuals.

There is present capacity to house **1,351 persons** at the public health hotel rooms secured by the County. In addition, there are **222 additional hotel rooms** for those who are at risk that are being managed through a contract with the Regional Task Force on the Homeless. The County and the City of San Diego collaborated to house and provide COVID-19 testing and social services to **1,100 individuals at the San Diego Convention Center** to ensure adequate social distancing among the homeless population. **In total, the County’s housing capacity is 2,813 shelter options—twice the State requirement.**



-
- **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.

The county's hospital system includes 24 hospitals. Hospitals range from small hospitals to large, and urban medical centers. The County has a strong partnership with the hospital system and engages all hospitals at various levels, including Chief Executive Officers, Chief Medical Officers, Chief Nursing Officers, Laboratory Directors, and Hospital Supply Managers. These hospitals maintain emergency operation, surge, and pandemic plans and are required to train on these plans at least twice annually per Centers for Medicare and Medicaid Services (CMS) guidelines. Each hospital has a staffing matrix to ensure adequate staffing and available on-call resources.

Hospital capacity exists, 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.

As of May 17, 2020, the current total hospital bed capacity is 6,079, with 3,926 beds occupied, leaving 2,153 beds available to meet a surge of 35%. Also, there are an additional 452 beds available to handle an even larger surge of 40% if necessary. The County has set up a Federal Medical Station with 202 beds, and an innovative collaboration with UCSD to convert a new dorm into a temporary medical facility with 250 beds.

Every morning, all San Diego County regional hospitals provide the County an updated number of available ventilators on site at each hospital. This information is aggregated and shared with the Emergency Operations Center as well as presented in the daily County Press Conference. Additionally, twice a week, each hospital system reports their staffing availability based on their current patient volume. In turn, this is monitored and shared with the County's Medical Operations Center. Hospitals update the County weekly with updated bed capacity by type for current capacity and surge capacity planning.



The following information is entered in to the LEMIS Resource Bride each day:

- a. Total confirmed COVID-19 Hospitalized patients currently in the facility (all hospital beds)
- b. Total suspected COVID-19 Hospitalized patients currently in the facility (all hospital beds)
- c. Total confirmed COVID-19 Hospitalized patients currently in the ICU
- d. Total suspected COVID-19 Hospitalized patients currently in the ICU
- e. Total available (unoccupied) beds available in the facility

The County attests to the fact that there is capacity in local hospitals to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID- 19 patients. This surge would be accomplished including surge census by hospital, addressing both physical and workforce capacity. For more information on hospital capacity, please see the County's **Containment Plan** and **Attachment L**.

- 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.

Currently, there is a 14-day supply of PPE for local hospitals. Local hospitals have a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE and anticipate a 60-day supply by the end of July 2020. The twenty-two hospitals have strict policies to protect patients as well as their clinical and nonclinical workforce. There are **daily survey and screening procedures** in place, appropriate PPE is provided, and training and education take place routinely. The facilities have implemented strict guidelines for workforce safety which include visitor screening and visitor restrictions. Hospitals have existing mechanisms for tracking occupational exposures within their workforce and any COVID-related exposures would be monitored through their occupational health and infection control programs.

The County's Medical Operations Center reviews hospitals' PPE several times a day to ensure appropriate coverage. For a line list of PPE supply at the hospitals, please see **Attachment M**. As of May 17, 2020, the County has distributed 4,009,091 pieces of PPE (see **Attachment N**).

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to ongoing work with Skilled Nursing Facilities within their jurisdiction and describe their plans to work closely with facilities to prevent and mitigate outbreaks and ensure access to



PPE:

- o Describe your plan to prevent and mitigate COVID-19 infections in skilled nursing facilities through regular consultation with CDPH district offices and with leadership from each facility on the following: targeted testing and patient cohorting plans; infection control precautions; access to PPE; staffing shortage contingency plans; and facility communication plans. This plan shall describe how the county will (1) engage with each skilled nursing facility on a weekly basis, (2) share best practices, and (3) address urgent matters at skilled nursing facilities in its boundaries.

The County maintains protections for vulnerable populations, particularly those in long-term care settings. The County has 87 skilled nursing facilities (SNF). As part of the [County's Sector Engagement Strategy](#) (which started on March 17, 2020), the County holds [weekly telebriefings](#) with long-term care facilities, including the SNFs. Additionally, the County's Public Health Officer has distributed several letters tailored to SNFs, providing COVID-19 preparation and response information and guidance, offering infectious disease PPE assistance, specimen collection training, and testing (see **Attachment O**). Over 45% of SNFs have requested County support.

The County has made other strategic efforts to provide additional support to the SNFs. These include:

- Development of a robust *COVID-19 Outbreak Control Plan* for the SNF outbreaks (see **Attachment P**)
- Establishment of a Long-Term Care Facilities Taskforce
- Development of contracts with hospital systems to support SNFs in their network of care with infectious disease control, testing, and staffing
- Engagement of Alvarado Hospital to handle any surge of elderly patients who may not be able to return to SNFs
- Development of County strike teams composed of nurses, epidemiologist, and other staff to provide outbreak infectious disease and testing support at the SNFs
- Development of a robust dashboard system

- 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.



All SNFs have access to at least a 14-day supply of PPE through the Medical Operations Center and all have been notified that should they have any supply needs the County will immediately provide them with adequate supplies.

The names of all SNFs and contact information are attached here as **Attachment Q**. All SNFs are tracked through a database in the County's MOC which includes AFL 20-52 criteria.

- **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>.

Details on the County's plan to move through the State roadmap, including the sectors and spaces that will be opened, and in what sequence are outlined in the "State Stage 2 Acceleration Plan" attached here as **Attachment R**.

In addition the County has developed guidance for restaurants in partnership with industry for a *COVID-19 Restaurant Operating Protocol* (see **Attachment S**).

The County is also publicizing the COVID-19 Industry Guidance: Retail (see **Attachment T**).

- **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.



These areas are fully addressed in the attached "*Triggers for Adjusting Modifications.*"

- **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.

These areas are fully addressed in the attached "*Containment Plan.*"

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?

These areas are fully addressed in the attached "**Containment Plan.**"

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?

These areas are fully addressed in the attached "**Containment Plan.**"

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?

These areas are fully addressed in the attached "**Containment Plan.**"

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.)?

These areas are fully addressed in the attached "**Containment Plan.**"



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?

These areas are fully addressed in the attached "**Containment Plan.**"

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?

These areas are fully addressed in the attached "**Containment Plan.**"



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?

These areas are fully addressed in the attached "**Containment Plan.**"

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?

These areas are fully addressed in the attached "**Containment Plan.**"

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?

These areas are fully addressed in the attached "**Containment Plan.**"

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 Wilma J. Wooten, hereby attest that I am duly authorized to sign and act on behalf of the County of San Diego. I certify that the County of San Diego has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for the County of San Diego, 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: Wilma J. Wooten, M.D., M.P.H.

Signature: *Wilma J. Wooten, M.D.*

Position/Title: Public Health Officer & Director,

Date: May 19, 2020



TRIGGERS FOR ADJUSTING MODIFICATIONS

ADAPTED MITIGATION MEASURES NEEDED WHEN ONE OR MORE CRITERIA IN AT LEAST 2 OF 3 COLUMNS ARE MET.

Epidemiology (Surveillance)	Healthcare (Hospital Capacity)	Public Health (Response)
<ul style="list-style-type: none"> • Case Count: Increase new case counts of at least 10% for five consecutive days above a stable baseline without substantial increase in testing • Community Outbreaks: No more than four outbreaks in community setting locations in a 7-day period on average • COVID-syndromic: Upward trajectory of COVID-like syndromic cases reported within a 14-day period (<i>Reverse of Gating Criteria #2</i>) • Doubling Time: Doubling time of cases less than 10-days • ILI: Upward trajectory of influenza-like illnesses (ILI) reported within a 14-day period (<i>Reverse of Gating Criteria #1</i>) 	<ul style="list-style-type: none"> • Hospitalized: An increase of 15% in total hospitalized COVID-19 confirmed patients over a rolling 7-day period • Hospital Capacity: Reach 80% capacity for all hospital beds in the county (current capacity is 6,051 beds) (<i>Reverse of Gating Criteria #4</i>) • ICU Capacity: Inability to scale up to 30% of the number of ICU beds from daily census • PPE Supply: Less than 14-day supply of PPE in 50% of the hospitals 	<ul style="list-style-type: none"> • Contact Tracing: Cannot elicit contacts for 25% or more of cases (<i>Related to Gating Criteria #5</i>) • Homeless Population: Temporary shelter not available for less than 15% of homeless population (e.g., space constraints, medically vulnerable household members, or otherwise) • Testing: Upward trajectory of positive tests as a percent of total tests within a 14-day period (<i>Reverse of Gating Criteria #3</i>)



ATTESTATION PLAN ATTACHMENTS

Attachment A – Percent Between Hospitalized COVID-19 Patients, Rolling 7 Days

Attachment B - Positive Test Percent Compared to Overall Tests

Attachment C- Social Distancing and Sanitation Protocol

Attachment D – Safe Reopening Plan

Attachment E – Public Health Officer’s Order

Attachment F – Business Letter

Attachment G – Personnel Protective Equipment Vendors

Attachment H – Testing Table

Attachment I – CAHAN #13 Expansion of Testing and Priority Levels

Attachment J – Map and List of All Testing Sites and Labs

Attachment K – Photos of *Live Well San Diego* Bus and Mobile Library

Attachment L – Hospital Capacity Figure

Attachment M – Hospital Personnel Protective Equipment

Attachment N – Personnel Protective Equipment Distributed

Attachment O – Skilled Nursing Facility Letters

Attachment P – County of San Diego *COVID-19 Outbreak Plan*

Attachment Q – Skilled Nursing Facility Contact Information

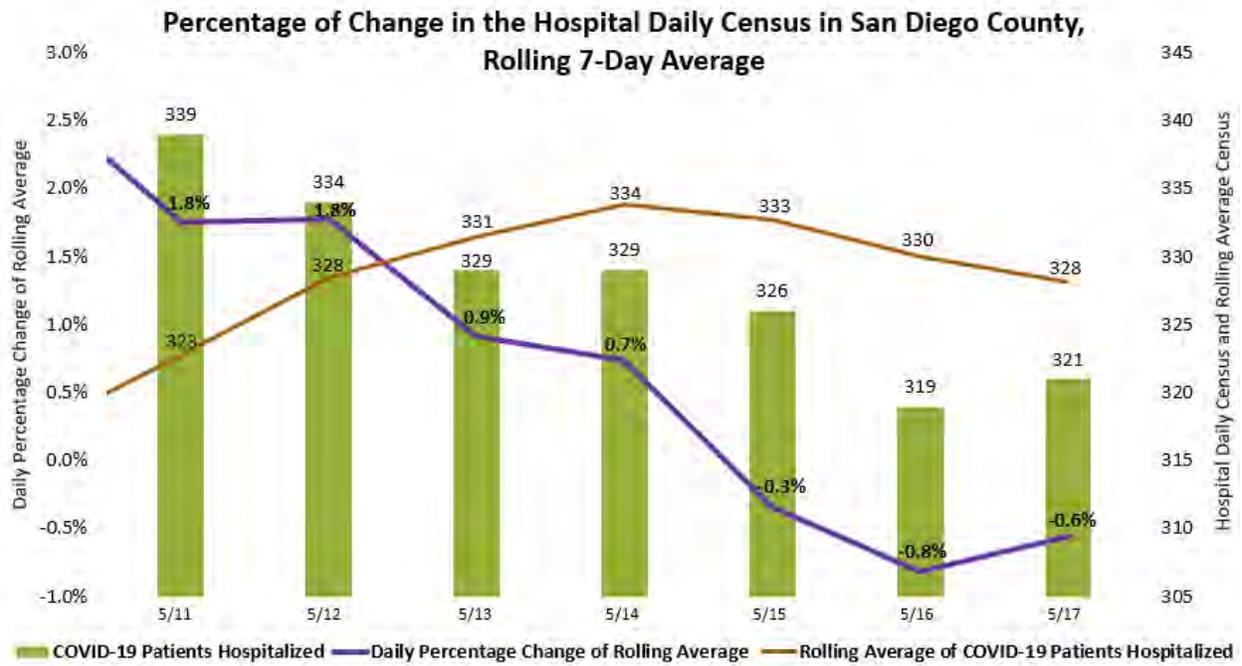
Attachment R – State Stage 2 Acceleration Plan

Attachment S – *COVID-19 Restaurant Operating Protocol*

Attachment T – COVID-19 Industry Guidance: Retail

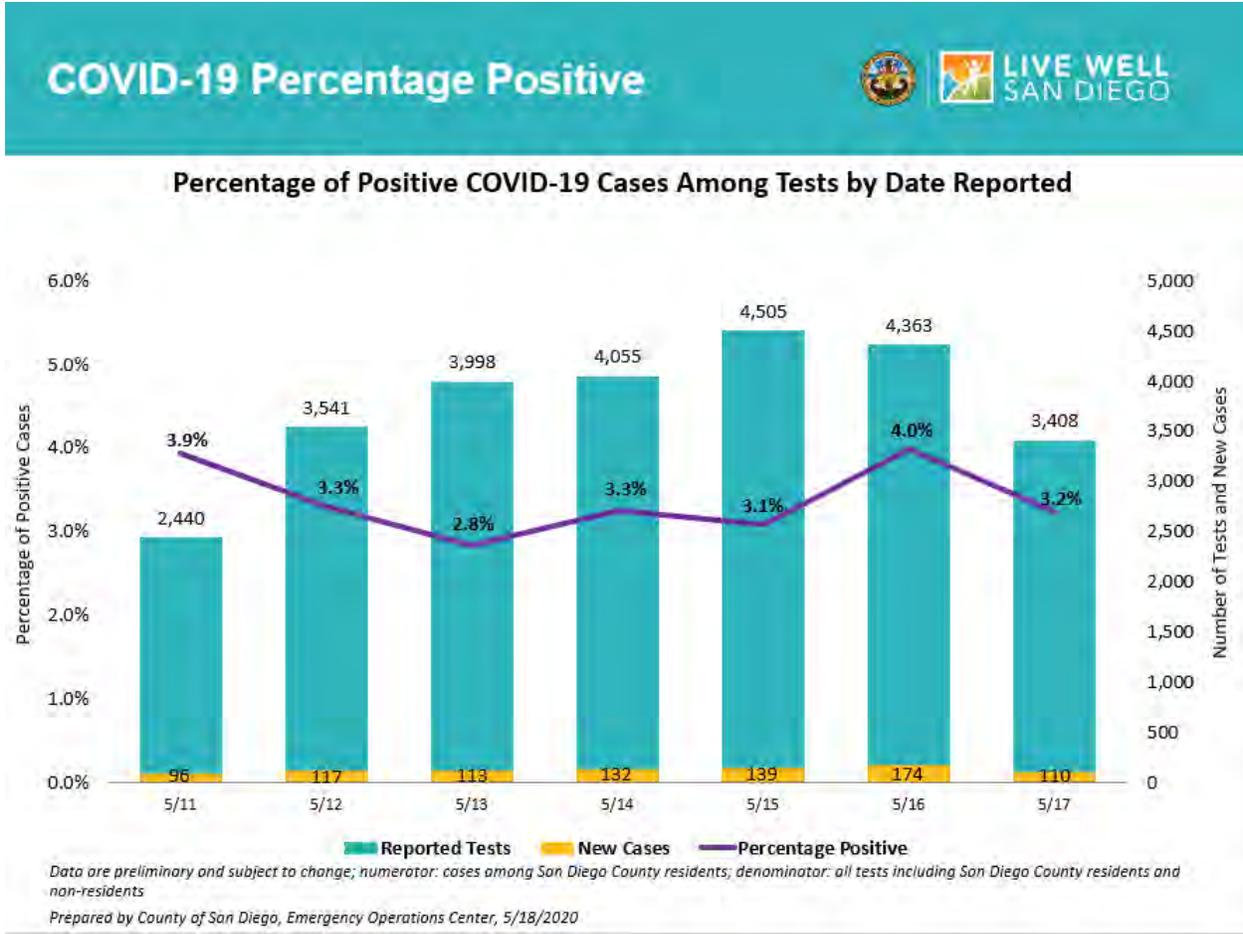


ATTACHMENT A



Data are preliminary and subject to change; rolling average number of daily COVID-19 patients hospitalized for 7-day time period; daily percentage change from previous rolling average number of COVID-19 patients hospitalized; COVID-19 data from State of California Health and Human Services Open Data; census for COVID-19 confirmed patients in non-federal hospitals; includes both San Diego County residents and non-residents
 Prepared by County of San Diego, Emergency Operations Center, 5/18/2020





SOCIAL DISTANCING AND SANITATION PROTOCOL

Business Name: [Redacted]

Facility Address: [Redacted]

Businesses must implement all mandatory measures listed in A, B, and F below. Businesses shall select applicable measures listed in C, D, and E below and be prepared to explain why any measure that is not implemented is inapplicable to the business.

A. Signage (Mandatory):

- Signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; and not shake hands or engage in any unnecessary physical contact.
- Signage posting a copy of the Social Distancing Protocol at each public entrance to the facility.

B. Measures To Protect Employee Health (Mandatory):

- Everyone who can carry out their work duties from home has been directed to do so.
- All employees have been told not to come to work if sick.
- All desks or individual work stations are separated by at least six feet.
- Break rooms, bathrooms, and other common areas are being disinfected frequently, on the following schedule:
 - Breakrooms: [Redacted]
 - Bathrooms: [Redacted]
 - Other: [Redacted] : [Redacted]

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

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



SOCIAL DISTANCING AND SANITATION PROTOCOL

B. Measures To Protect Employee Health (Mandatory) Continued:

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

[Redacted area]

Copies of the Protocol have been distributed to all employees.

C. Measures To Prevent Crowds From Gathering (Check all that apply to the facility):

Limit the number of customers in the store at any one time to [Redacted] which allows for customers and employees to easily maintain at least six-foot distance from one another at all practicable times.

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

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

Optional – Describe other measures:

[Redacted area]

D. Measures To Keep People At Least Six Feet Apart (Check all that apply to the facility):

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

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

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

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

Optional – Describe other measures:

[Redacted area]



SOCIAL DISTANCING AND SANITATION PROTOCOL

E. Measures To Prevent Unnecessary Contact (Check all that apply to the facility):

- Preventing people from self-serving any items that are food-related.
 - Lids for cups and food-bar type items are provided by staff; not to customers to grab.
 - Bulk-item food bins are not available for customer self-service use.
- Not permitting customers to bring their own bags, mugs, or other reusable items from home.
- Providing for contactless payment systems or, if not feasible, sanitizing payment systems regularly. Describe below:

- Optional – Describe other measures (e.g., providing senior-only hours):

F. Measures To Increase Sanitization (Mandatory):

- Disinfecting wipes that are effective against COVID-19 are available near shopping carts and shipping baskets.
- Employee(s) assigned to disinfect carts and baskets regularly.
- Hand sanitizer, soap, and water, or effective disinfectant is available to the public at or near the entrance of the facility, at checkout counters, and anywhere else inside the store or immediately outside where people have direct interactions.
- Disinfecting all payment portals, pens, and styluses after each use.
- Disinfecting all high-contact surfaces frequently.

G. Hospitals/Health Care Facility Only:

- Symptoms/temperature checks to ensure any staff or visitors (allowed pursuant to Section 2c of the Order) entering the facility are not ill.

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

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

Name: Phone Number:

Date of Form Completed:





SAFE REOPENING PLAN

Business Name: [Redacted]

Facility Address: [Redacted]

This plan does not need to be submitted at this time. This plan is to be used to prepare when businesses open per the Governor's Order. The County will not require approval for this plan. Please check back for further information on 5/8/2020.

Businesses must implement all mandatory measures listed in A and B below. Businesses shall select applicable measures listed in C and D below and be prepared to explain why any measure that is not implemented is inapplicable to the business. Businesses shall also provide specific details regarding their Safe Reopening Plan pertaining to their business in section E below.

A. Signage (Mandatory):

- Signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; wear facial coverings, maintain a minimum six-foot distance from one another; and not shake hands or engage in any unnecessary physical contact.
- Signage posting a copy of the Safe Reopening Plan at each public entrance to the facility.

B. Measures To Protect Employee Health (Mandatory):

- Teleworking opportunities have been maximized.
- All employees have been told not to come to work if sick.
- All employees must have temperature taken upon reporting to work; if 100 degrees or more, should not be allowed in workplace. If a thermometer is not available, employees must be screened for symptoms (cough, shortness of breath or trouble breathing; or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell)
- All employees must wear facial coverings in the workplace, if within six feet of others.
- All desks or individual work stations are separated by at least six feet.
- Break rooms, bathrooms, and other common areas are being disinfected frequently, on the following schedule:

[Redacted]

- Personal Protective Equipment (PPE) has been provided at a level appropriate to employee job duties (describe below)

[Redacted]



ATTACHMENT D

SAFE REOPENING PLAN

B. Measures To Protect Employee Safety (Mandatory) Continued:

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

[Redacted area]

Copies of the Protocol have been distributed to all employees.

C. Measures To Protect Customer Safety (Check all that apply to the facility):

Limit the number of customers in the store at any one time to [Redacted] which allows for customers and employees to easily maintain at least six-foot distance from one another at all practicable times.

All patrons/visitors must wear facial coverings.

Curbside or outdoor service is made available where feasible.

Optional – Describe other measures:

[Redacted area]

D. Measures To Keep People At Least Six Feet Apart (Check all that apply to the facility):

Placing signs outside the store reminding people to be at least six feet apart, including when in line. Including encouragement for pedestrian traffic to follow one-way migration paths, if appropriate.

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

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

Appointment system is utilized, when appropriate.

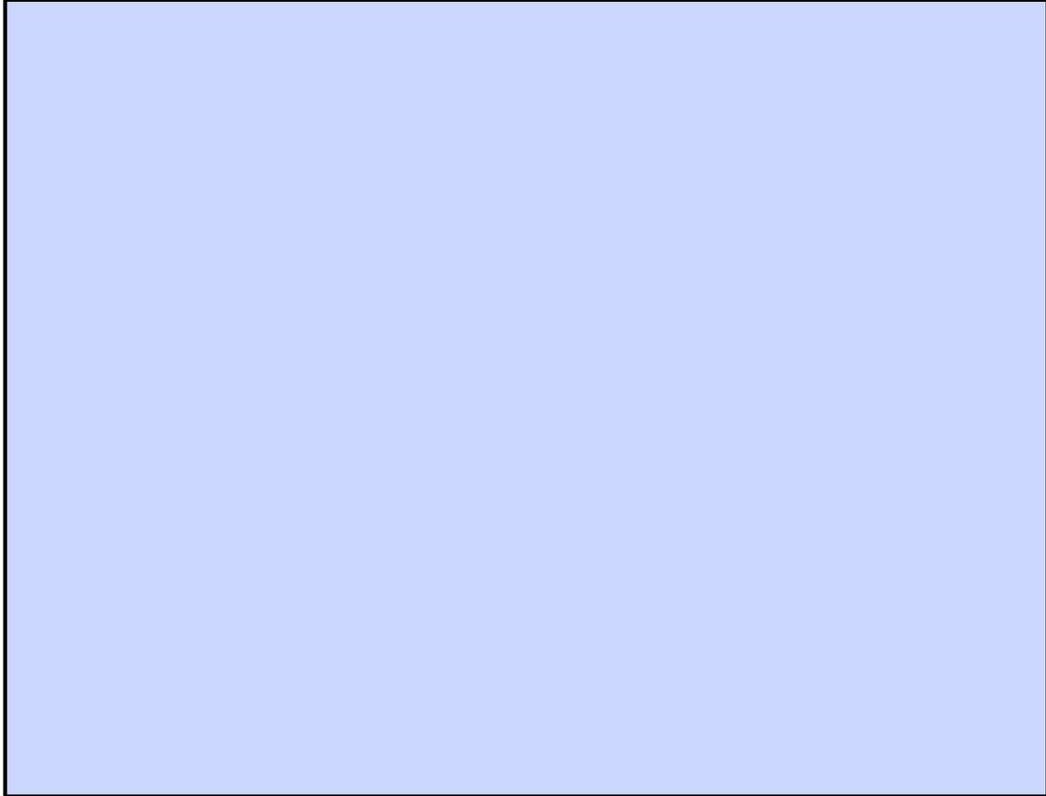
Optional – Describe other measures:

[Redacted area]



SAFE REOPENING PLAN

E. Additional Measures Specific to Business (Mandatory):



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

You may contact the Health and Safety Coordinator with any questions or comments about this protocol:

Name: Phone Number:

Signature, Appointing Authority or Designee

Date of Form Completed:





County of San Diego

NICK MACCHIONE, FACHE

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRAWS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D.
PUBLIC HEALTH OFFICER

ORDER OF THE HEALTH OFFICER AND EMERGENCY REGULATIONS (Effective May 10, 2020)

Pursuant to California Health and Safety Code sections 101040, 120175, and 120175.5 (b) the Health Officer of the County of San Diego (Health Officer) **ORDERS AS FOLLOWS:**

Effective 12:00 a.m. on Sunday, May 10, 2020, and continuing until further notice, the following will be in effect for San Diego County (county):

1. All persons are to remain in their homes or at their place of residence, except for employees or customers travelling to and from essential businesses, reopened businesses, or essential activities as defined in section 18, below, or to participate in individual or family outdoor activity as allowed by this Order.
2. All public or private “gatherings,” as defined in section 18 below, are prohibited.
3. All businesses not meeting the definition of essential business or reopened business in section 18 below are referred to in this Order as “non-essential businesses” and shall be and remain closed for the duration of this Order. All essential businesses and reopened businesses must comply with the requirements of this Order. Notwithstanding the foregoing, a non-essential business may remain open if its employees and owners can provide its services from home, including by telecommuting, without direct contact with the public.
4. All public or private schools, colleges, and universities shall not hold classes or other school activities where students gather on the school campus. Parents of minor children shall take steps to ensure said children are not participating in activities prohibited by this Order.
5. Child daycare and child care providers shall operate under the following conditions: i) child



- care should be carried out in stable groups of 12 or fewer (“stable” means that the same 12 or fewer children are in the same group each day); ii) children should not change from one group to another; iii) if more than one group of children is cared for at one facility, each group should be in a separate area; iv) groups should not mix with each other; and v) childcare providers should remain solely with one group of children, to the extent possible. Employees of such businesses, and the children being cared for, are not required to wear face coverings as described in section 9 while present at the daycare of child care facility. Child daycare and childcare providers shall establish health check and temperature screening requirements to ensure children and employees with a temperature of 100 degrees or above do not enter the facility. Restroom and other surfaces children regularly contact shall be sanitized with a disinfectant effective against coronavirus on a regular schedule and between groups occupying a particular area.
6. “Non-essential personnel,” as defined in section 18 below, are prohibited from entry into any hospital or long-term care facility. All essential personnel who are COVID-19 positive or show any potential signs or symptoms of COVID-19 are strictly prohibited from entry into hospitals or long-term care facilities. Notwithstanding the foregoing, individuals requiring medical care for COVID-19 or related conditions may be admitted to hospitals or other medical facilities if the hospital or medical facility is appropriate for treating COVID-19 and has adequate precautions in place to protect its patients, medical personnel and staff.
7. Hospitals and healthcare providers, including dentists shall:
- Take measures to preserve and prioritize resources; and,
 - May authorize and perform non-emergent or elective surgeries or procedures based on their determination of clinical need and supply capacity, and where consistent with State guidance.
 - Nothing in this Order shall prevent physicians and other healthcare providers from conducting routine preventive care provided it conforms to any applicable State guidance.
 - Nothing in this Order shall prevent dentists or dental hygienists from conducting routine preventive care provided it conforms to any applicable State guidance.
8. Hospitals, healthcare providers, and commercial testing laboratories shall report all COVID-19 test results to the Public Health Officer immediately after such results are received.
9. All persons two year old or older who are present in the county shall have possession of a face



covering described in California Department of Public Health Face Covering Guidance issued on April 1, 2020, (available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Face-Coverings-Guidance.aspx>), when they leave their home or place of residence, shall wear the face covering whenever they are in a business or within six feet of another person who is not a member of their family or household. Persons with a medical or mental health condition, or developmental disability that prevents wearing a face covering shall be exempt from this requirement.

10. All essential businesses that allow members of the public to enter a facility must prepare and post a “Social Distancing and Sanitation Protocol” on the form available at: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/covid19/SOCIAL_DISTANCING_AND_SANITATION_PROTOCOL_04022020_V1.pdf), or on a form required by another governmental entity requiring substantially similar information, for each of their facilities open to the public in the county. The Social Distancing and Sanitation Protocol must be posted at or near the entrance of the relevant facility, and shall be easily viewable by the public and employees. A copy of the Social Distancing and Sanitation Protocol must also be provided to each employee performing work at the facility. All essential businesses shall implement the Social Distancing and Sanitation Protocol and provide evidence of its implementation to any authority enforcing this Order upon demand. The Social Distancing and Sanitation Protocol must ensure all required measures are implemented and must identify and require measures necessary to implement social distancing are implemented at each facility that will ensure social distancing and sanitation at that particular facility. If the measures identified and implemented are not effective in maintaining proper social distancing and sanitation, the business shall promptly modify its Social Distancing and Sanitation Protocols to ensure proper social distancing and sanitation. Any business that fails to successfully implement social distancing and sanitation may be required to close.

11. All reopened businesses must prepare and post a “Safe Reopening Plan” on the form available at: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/covid19/Community_Sector_Support/BusinessesandEmployers/SafeReopeningPlanTemplate.pdf for each of their facilities in the county. The Safe Reopening Plan must be posted at or near the entrance of the relevant facility, and shall be easily viewable by the public and employees. A copy of the Safe Reopening Plan must also be provided to each employee performing work at the facility. All reopened businesses shall implement the Safe Reopening Plan and provide evidence of its implementation to any authority enforcing this Order upon demand. The Safe Reopening Plan must ensure all required measures are implemented. If the measures identified



and implemented are not effective in maintaining proper social distancing and sanitation, the business shall promptly modify its Safe Reopening Plan to ensure proper social distancing and sanitation. Any business that fails to comply with its Safe Reopening Plan may be required to close.

12. Each essential business and reopened business shall:

- a. Require all employees to wear face coverings as described in section 9 above; and,
- b. Shall conduct temperature screening of all employees prohibiting employees with a temperature of 100 degrees or more from entering the workplace. Symptom screening (prohibiting employees from entering if they have a cough, shortness of breath or trouble breathing or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell) may be used only when a thermometer is not available.

13. Outdoor Recreation

- a. Each public park and recreation area, shall operate in compliance with the Protocol found at <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/covid19/parks-beaches-social-distancing-protocol.pdf> created and implemented by the operator of the park. The public shall not congregate or participate in active sport activities at a park with the exception of members of a single family or household if authorized pursuant to the Protocol applicable to the park. Any park at which the Protocol requirements cannot be effectively implemented may be required to close.
- b. Campgrounds may be open provided a vacant campsite separates each occupied campsite and each campsite is occupied only by members of the same household.
- c. Recreational boating is allowed provided all occupants of a boat are from the same household.
- d. For Beaches Only - All parking lots at public beaches shall be closed. Beaches shall be used solely for walking, running, hiking, equestrian or bicycle riding (where allowed). The public shall not congregate or participate in active sport activities at said facilities. Swimming, body surfing, boogie boarding, surfing, kite surfing, paddle boarding, kayaking, snorkeling and scuba diving from the shore may be allowed in the ocean and bays connected thereto. Beaches where social distancing requirements cannot be effectively implemented shall close. All other restrictions applicable to beaches pursuant to other sections of this Order shall remain in effect.
- e. To enhance recreational opportunities in the county, private and public golf courses



and, other public or private outdoor recreational facilities (other than community pools per State order), including recreational equipment (such as bicycle, boat, kayak, equestrian and surfboard) rentals may be open for limited use.

- i. The owner or operator of a golf course shall complete and fully implement a Golf Course Physical Distancing & Safety Plan for San Diego County and shall submit a copy of the completed form to the Public Health Officer at least two days prior to opening. Golf courses shall conduct temperature screening of all employees and customers and anyone with a temperature of 100 degrees or higher shall not be permitted to enter the facility.
- ii. The owner or operator of an outdoor recreational facility shall limit use of recreational equipment or areas to individuals able to practice social distancing before, during or after the activity, or members of the same household. The owner or operator shall prepare a Safe Reopening Plan pursuant to section 11 which shall include a requirement that all equipment be sanitized with a disinfectant effective against coronavirus immediately after every use.

14. All essential businesses and reopened businesses that remain in operation in accordance with the Order shall make every effort to use telecommuting for their workforces.

15. A strong recommendation is made that all persons who are 65 years old or older, have a chronic underlying condition, or have a compromised immune system self-quarantine themselves at home or other suitable location.

16. All persons arriving in the county from international locations identified on the Centers for Disease Control and Prevention (CDC) Warning Level 2 or 3 Travel Advisory (available at: <https://wwwnc.cdc.gov/travel/notices>) shall be subject to 14-day home or other suitable location quarantine and self-monitoring.

17. Persons who have been diagnosed with COVID-19, or who are likely to have COVID-19, shall comply with the Order of the Health Officer titled: "Isolation of All Persons with or Likely to have COVID-19", or as subsequently amended. Persons who have a close contact with a person who either has COVID-19, or is likely to have COVID-19, shall comply with the Order of the Health Officer titled: "Quarantine of Persons Exposed to COVID-19," or as subsequently amended. Both orders are available at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/health-order.html. If a more specific isolation or quarantine order is issued to a person, that order shall be followed.

Page 5 of 9

ORDER OF THE HEALTH OFFICER AND EMERGENCY REGULATIONS



18. For purposes of this Order:

- a. “Essential business” is any business or activity (or a business/activity that employs/utilizes workers) designated by the State Public Health Officer as “Essential Critical Infrastructure Workers” set forth in: <https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf> as that list may be updated from time-to-time, and referenced in Executive Order N-33-20 issued by the Governor of the State of California. For the purposes of this Order, the following businesses in the Food and Agriculture Sector are considered “groceries” or “other retail that sells food and beverages”: grocery stores, corner stores and convenience stores, liquor stores that sell food, farmer’s markets, food banks, farm and produce stands, supermarkets, big box stores that sell groceries and essentials, or similar business that sell food so long as the store has a current permit related to the sale of food and/or beverages from the San Diego County Department of Environmental Health.
- b. “Gathering” is any event or convening that brings together more than one person in a single room or single indoor or outdoor space at the same time, including people in multiple vehicles in one location. A gathering does not include:
 - i. A gathering consisting only of members of a single family or household.
 - ii. Operations at airports, public transportation or other spaces where persons in transit are able to practice social distancing.
 - iii. Operations at essential businesses as defined in section 19a above and reopened businesses as defined in 18f below and where the other requirements set forth in this Order are followed.
- c. “Long term care facility” is a facility serving adults that require assistance with activities of daily living, including a skilled nursing facility, and that is licensed by the California Department of Community Care and Licensing, or the California Department of Public Health.
- d. “Non-essential personnel” are employees, contractors, or members of the public who do not perform treatment, maintenance, support, or administrative tasks deemed essential to the healthcare mission of the long-term care facility or hospital. Non-essential personnel do not include first responders, nor State, federal, or local officials, investigators, or medical personnel carrying out lawful duties. Non-essential personnel do not include visitors to hospitals and long-term care facilities who are granted entry by the facility’s director, or designee, because they are family or friends who are visiting a resident in an end of life or similar situation, are parents or guardians visiting a child who is a patient, or because of any other circumstances deemed appropriate by the



facility director, or designee, and where appropriate precautions by the facility that follow federal, State, and local public health guidance regarding COVID-19 are followed.

- e. “Social distancing” is maintaining a six-foot separation from all persons except for household members, first responders and medical providers or employees conducting temperature screenings.
- f. “Reopened business” is a business that is not an essential business as stated in section 18a above, and has reopened in conformance with the State of California’s Resilience Roadmap (available at: <https://covid19.ca.gov/roadmap/>), as may be subsequently amended

19. This Order is issued as a result of the World Health Organization’s declaration of a worldwide pandemic of COVID-19 disease, also known as “novel coronavirus.”

20. This Order is issued based on scientific evidence regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically, as well as best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19. The age, condition, and health of a significant portion of the population of the county places it at risk for serious health complications, including death, from COVID-19. Although most individuals who contract COVID-19 do not become seriously ill, persons with mild symptoms and asymptomatic persons with COVID-19 may place other vulnerable members of the public—such as older adults, and those with underlying health conditions—at significant risk.

21. The actions required by this Order are necessary to reduce the number of individuals who will be exposed to COVID-19, and will thereby slow the spread of COVID-19 in the county. By reducing the spread of COVID-19, this Order will help preserve critical and limited healthcare capacity in the county and will save lives.

22. This Order is issued in accordance with, and incorporates by reference: a) the Declaration of Local Health Emergency issued by the Health Officer on February 14, 2020; b) the Proclamation of Local Emergency issued by the County Director of Emergency Services on February 14, 2020; c) the action of the County Board of Supervisors to ratify and continue both the local health emergency and local emergency on February 19, 2020; d) the Proclamation of a State of Emergency issued by the Governor of the State of California on March 4, 2020; e) Executive Order N-25-20 issued by the Governor of the State of California on March 12, 2020 which orders that “All residents are to heed any orders and guidance of



state and local health officials, including but not limited to the imposition of social distancing measures, to control COVID-19”; f) Proclamation 9984 regarding COVID-19 issued by the President of the United States on March 11, 2020; g) Executive Order N-33-20 issued by the Governor of the State of California on March 19, 2020; h) the “Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes” issued by the CDC; i) COVID-19 guidance issued by the California Department of Public Health on including, but not limited to the Face Coverings Guidance issued on April 1, 2020; and j) the State of California’s “Resilience Roadmap.”

23. This Order is issued to prevent circumstances often present in gatherings that may exacerbate the spread of COVID-19, such as: 1) the increased likelihood that gatherings will attract people from a broad geographic area; 2) the prolonged time period in which large numbers of people are in close proximity; 3) the difficulty in tracing exposure when large numbers of people attend a single event or are at a single location; and 4) the inability to ensure that such persons follow adequate hygienic practices.
24. This Order is issued to provide additional opportunities for recreational activities while also requiring additional protections from the spread of COVID-19 to the public who are taking advantage of these opportunities for recreational activities. And providing additional protections for employees of essential businesses or reopened business and their customers/clients by increasing facial covering requirements and health checks and temperature screening.
25. This Order comes after the release of substantial guidance from the Health Officer, the California Department of Public Health, the CDC, and other public health officials throughout the United States and around the world.
26. Pursuant to Health and Safety Code section 120175.5 (b) all governmental entities in the county shall take necessary measures within the governmental entity’s control to ensure compliance with this Order and to disseminate this Order to venues or locations within the entity’s jurisdiction where gatherings may occur.
27. Violation of this Order is subject to fine, imprisonment, or both. (California Health and Safety Code section 120295.)
28. To the extent necessary, this Order may be enforced by the Sheriff or chiefs of police pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029.



29. Once this Order takes effect it shall supersede the Order of the Health Officer and Emergency Regulations dated May 8, 2020.

IT IS SO ORDERED:

Date: May 9, 2020



Wilma J. Wooten, M.D., M.P.H.
Public Health Officer
County of San Diego

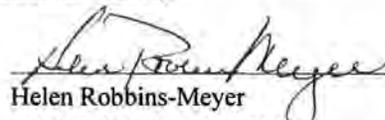
EMERGENCY REGULATIONS

As Director of Emergency Services for the County of San Diego, I am authorized to promulgate regulations for the protection of life and property pursuant to Government Code Section 8634 and San Diego County Code section 31.103. The following shall be in effect for the duration of the Health Officer Order issued above which is incorporated in its entirety by reference:

The Health Officer Order shall be promulgated as a regulation for the protection of life and property.

Any person who violates or who refuses or willfully neglects to obey this regulation is subject to fine, imprisonment, or both. (Government Code section 8665.)

Date: May 9, 2020



Helen Robbins-Meyer
Chief Administrative Officer
Director of Emergency Services
County of San Diego





County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

March 11, 2020

TO: Chamber of Commerce
Business Owners and Operators

FROM: Wilma J. Wooten, M.D., M.P.H.,
Public Health Officer & Director,
Public Health Services

RE: COVID-19 PLANNING AND RESPONSE EFFORTS

I am sending you this communication on behalf of the County of San Diego Health and Human Services Agency (HHSA) Public Health Services department (local health department). The novel Coronavirus Disease (COVID-19) global outbreak is rapidly changing day-to-day.

It is important to know that while the Centers for Disease Control and Prevention (CDC) considers that this is a serious public health threat, currently, the risk for the general American public remains low. That could, however, change at any time as the situation remains fluid. Globally, as of March 8, 2020, at 3:00PM, there have been over [109,832 cases and 3,803 deaths](#) associated with COVID-19. Nationwide, there have been [537 confirmed cases in the United States](#) (U.S.), including [114 in California](#), with numbers changing by the hour. It is important for you and your organization(s) to continue to follow updates on the local, state, national, and global situations, as the virus inevitably will continue to spread for some time.

Community-acquired infections have occurred in various U.S. locations. Even though we only have one presumptive positive, travel-related case in San Diego county, in the last week the disease has spread to over [100 countries](#), therefore, we must be prepared for an imminent outbreak. Adding urgency to our efforts, please note that the World Health Organization declared a pandemic on March 11, 2020.

As a Chamber of Commerce or business, the County is asking you to share the following information with your members, as well as begin planning efforts for your organization. Included in this communication are links to some key guidance for your organization. This interim guidance is based on what is currently known. As further guidance is developed, this information will be posted on our [County website](#), as well as found on the CDC website.

- [CDPH Guidance for Mass Gatherings and Large Community Events, March 7, 2020](#)
- [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\), February 26, 2020](#)
- [Environmental Cleaning and Disinfection Recommendations](#)

In addition, this letter provides guidance to you, your leadership, and your organization to prepare for a COVID-19 outbreak. At this time, the County encourages your organization to:

- Sign up to get County News Center stories emailed directly to you [here](#) and encourage your staff to do the same;



COVID-19 Letter
March 11, 2020
Page 2

- Review and disseminate the County of San Diego [Fact Sheets](#) to your staff;
- Develop and implement strategies to protect your workforce from COVID-19, while ensuring continuity of operations. (CDC recommends that during a COVID-19 outbreak, all sick employees should stay home and away from the workplace, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly);
- Review your organization's Continuity of Operations Plan (COOP);
- Develop or update policies and procedures regarding sick leave;
- Develop or update policies and procedures regarding telecommuting (i.e., working from home);
- Develop or update policies and procedures regarding other social distancing strategies, such as videoconferencing for meetings and canceling large events;
- Develop or update pandemic planning documents;
- Develop or update any other guidance documents specific to the Chamber of Commerce Organizations and Businesses necessary to contain the spread of COVID-19; and
- Ensure review of all the above documents by your leadership, staff and contractors.

The County of San Diego has an established preparedness and response system in place. This process brings together surveillance, criteria to guide evaluation of a patient under investigation, epidemiological investigation, public health laboratory testing, education and outreach, and levels of response. To date, the County has taken numerous actions in accordance with the [Consumer Version of the COVID-19 Response Plan](#).

I want you to know that we are all in this together with one singular mission, to protect the public and prevent the spread of this virus. I want to emphasize that your decisive leadership, action, and support are essential, and your partnership is greatly appreciated. If your employees have questions or concerns related to COVID-19, please encourage them to call 2-1-1 for general information.

For additional information about the outbreak and associated resources, please go to the coronavirus websites at [CDC](#) and the [County of San Diego](#). There you will find the latest CDC guidance and local information, respectively. If you have any questions or concerns, please contact me at MOC.PHO.HHSA@sdcountry.ca.gov.

Thank you for your continued partnership and support to keep the residents of San Diego County healthy, safe, and thriving.

Sincerely,


WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer & Director
Public Health Services

cc: Helen Robbins-Meyer, County of San Diego, Chief Administrative Officer
Nick Macchione, County of San Diego, Health and Human Services Agency, Director



ATTACHMENT G

5/18/2020 18:25												
BPA / PO # (or N/A if not applicable PCard)	Vendor	Item Category	Picture	Description	Total Indiv. Unit Count Ordered	Ordered			Received	Retired Column	Financial Information	
						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
560184	Office Depot	Surface Wipes		Clorox Disinfecting Wipes, (cases are 5 Packs of 3 Canisters)	12000	3/6/20	4000	4000 3-packs, 35 wipes/canister	4000		\$ 5.89	\$25,005.11
560184	Office Depot	Surface Wipes		Clorox Disinfecting Wipes, (cases are 5 Packs of 3 Canisters)	1440	3/17/20	480	480 3-packs, 35 wipes/canister	480		\$ 5.89	\$3,000.61
560184	Office Depot	Surface Wipes		Clorox Disinfecting Wipes, (cases are 5 Packs of 3 Canisters)	2097	3/17/20	699	699 3-packs, 35 wipes/canister	699		\$ 5.89	\$5,001.02
N/A	Kristen Uniforms	Hand Sanitizer		Dawn Mist Alcohol Gel Hand Sanitizer (2 oz/bottles)	576	3/13/20	4	4 case, 144 bottles/case	4		\$399 Case - \$2.77 bottle	\$1,678.40
N/A	Amazon	Picture Hanging Strips		Command Picture Hanging Strips, Holds 16 lbs, Large, White	300	3/17/20	75	75 packages, 4 pairs/package	75		\$ 3.91	\$315.75
N/A	Amazon	Surface Wipes		Cavi Wipe Disinfecting Towelette, large	900	3/14/20	900	900 canisters ordered, 160 sheets/canister	900		\$ 24.99	\$31,509.00
N/A	Amazon	Surface Wipes		Cavi Wipe Disinfecting Towelette, X-Large	4500	3/17/20	4500	4500 canisters, 65 sheets/canister	4500		\$ 26.49	\$164,790.00
N/A	MVP Dental Supply	Surface Wipes		Cavi Wipe Disinfecting Towelette, large	4500	3/18/20	4500	4500 canisters, 160 sheets/canister	4500		\$30.49 (free shipping)	\$137,204.00



BPA / PO # (or N/A if not applicable PCard)	Vendor	Item Category	Picture	Description	Total Indiv. Unit Count Ordered	Ordered			Received	Retired Column	Financial Information	
						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
N/A	MVP Dental Supply	Surface Wipes		Cavi Wipe Disinfecting Towelette, large	9000	3/25/20	9000	9000 canisters, 160 sheets/canister	9000		\$30.49 (free shipping)	\$274,410.00
N/A	Amazon	Gloves		Sunny Care nitrile gloves-medium	60,000	3/14/20	60	60 cases, 10 boxes/case, 100 gloves/box	600		54.99 case	\$3,555.00
N/A	Amazon	Gloves		Glove Plus black nitrile gloves-large	1000	3/14/20	10	10 Boxes of 100/box	10		\$ 11.94	\$141.96
561559	WESCO Distribution, Inc.	Antiseptic Towelettes		Hygea Antiseptic Towelettes, w/Benzalkonium Chloride	200	3/19/20	2	2 boxes of 100 per box	2		\$ 9.71	\$19.42
		Alcohol Pads		McKesson Alcohol Prep Pads, Medium	400	3/19/20	2	2 boxes of 200 box	2		\$ 5.00	\$10.00
N/A	Harmony Home Medical Company	Gloves		Shamrock & Life Guard Nitrile Exam Gloves, Black, X-Large (8 nitrile, 10 latex-free)	1800	3/19/20	1,800	18 boxes of 100 gloves/box	1800		\$10.95 nitrile \$9.95 vinyl (box)	\$222.99
		Hand Sanitizer		Mada Gel Instant Hand Sanitizer W/ Moist, 4 fl oz	3	3/19/20	3	3 individual units	3		\$5.95 each	
N/A	Eric's Medical Supply	Gloves		Nitrile and Vinyl Latex Free Gloves	18490	3/19/20	111,490	136 boxes in various sizes and qty/box, totaling 18,490 gloves	111,490		\$6.95-\$17.79	\$12,730.32
N/A	Eric's Medical Supply	Gloves		Nitrile and Vinyl Latex Free Gloves	54500	3/20/20		54500 total gloves			\$6.95-\$18.95	
N/A	Eric's Medical Supply	Gloves		Gloves, various sizes	38500	3/23/20		38500 total gloves			\$0.12/glove	



BPA / PO # (or N/A if not applicable PCard)	Vendor	Item Category	Picture	Description	Total Indiv. Unit Count Ordered	Ordered			Received	Retired Column	Financial Information	
						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
N/A	Alterra Medical	Hand Sanitizer		Gallon, medical grade, 70% alcohol, FDA approved manufacturer	10480	3/19/20	10480	10,480 individual gallons	10480		\$21.97/gal	\$230,245.60
N/A	Professional Medical Supply	Antiseptic Towlettes		Hygea Antiseptic Towlettes, w/Benzalkonium Chloride	24000	3/20/20	240	12 cases, 20 boxes per case/100 towelettes per box	240		\$8.25/box	\$2,695.43
		Alcohol Pads		McKesson Alcohol Prep Pads, Medium	28800	3/20/20	240	12 cases, 20 boxes per case, 200 pads/box	240		\$4.25/box	
553568	VWR International	Thermometer		Digital Oral Thermometer W/Battery &C 470018-916	24		24	1 item per package, 24 items ordered	24		\$ 16.96	
		Thermometer Sheath		Digital Oral Thermometer Sheath, (TID) # 95055-018	10,000		2	2 cases, 10 boxes of 500 items/case	2		\$ 188.31	
		Thermometer		Single-Use Oral Thermometer, Disposable 470145-068	7400		74	74 packs of 100 items/pack	74		\$ 18.06	
N/A	Planet Apparel	Bandana		Bandana, square, polyester, 22"x22", color: Turquoise	10000	03/20/2020	10000	10,000 indiv. units ordered	10,000		\$ 0.67	\$28,377.00
		Bandana		Bandana, square, polyester, 22"x22", color: Sky Blue	20000		20000	20,000 indiv. units ordered	20,000		\$ 0.67	
		Bandana		Bandana, square, polyester, 22"x22", color: White	10000		10000	10,000 indiv. units ordered	10,000		\$ 0.67	



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N/A	Planet Apparel	Bandana-Tubular		Bandana, tubular, color: Navy Blue	5,000	03/20/2020	5,000	5,000 indiv. units ordered	5,000		\$ 1.54	\$68,033.35
		Bandana-Tubular		Bandana, tubular, color: White	30,000		30,000	30,000 indiv. units ordered	30,000		\$ 1.54	
		Bandana-Tubular		Bandana, tubular, color: Dark Green	5,000		5,000	5,000 indiv. units ordered	5,000		\$ 1.54	
		Bandana-Tubular		Bandana, tubular, color: Royal Blue	1,000		1,000	1,000 indiv. unit ordered	1,000		\$ 1.54	
N/A	Target	Sweatpants & Sweatshirts		Men's & women's sweatpants & sweatshirts , various sizes (S-XL)	74	3/21/20	74	74 Indiv. Items ordered	74		Various	\$1,313.56
N/A	Target	Women's Socks		Women's Socks in various sizes and colors	900	3/21/20	90	9 packs at 10 pairs/pack (Total unit count is per pair)	90		\$ 10.99	\$617.11
		Women's Underwear		Women's Underwear , Various sizes and colors	600	3/21/20	60	6 packs of 10 pairs/pack	60		\$15.49 - \$18.99	
		Men's Socks		Men's Socks, Black, size 6-12, Crew	500	3/21/20	50	5 packs of 10 pairs/pack (Total unit count is per pair)	50		\$ 15.79	
		Men's Underwear		Men's Underwear (Briefs), Various Sizes	486	3/21/20	54	6 packs of 9/pack	54		\$13.99 - \$18.99	
		Men's Underwear		Men's Underwear (Boxer Briefs), Various sizes and colors	200	3/21/20	40	8 packs of 5/pack	40		\$ 14.99	
		Feminine Hygiene Pads		Maxithins #4 Feminine Hygiene	1000		4	4 cases of 250/case	4		\$29.37 case	



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551862	Waxie Sanitary Supply	Feminine Hygiene Tampons		Tampax Regular Absorbency	1000	3/23/20	2	2 cases of 500/case	2		\$ 54.68	\$244.42
		Plastic T-Shirt Bags		Plastic t-shirt bags	2000		4	4 cases of 500 bags/case	4		\$ --	
N/A	Walmart	Sweatpants & Sweatshirts		Men's sweatpants & sweatshirts, various sizes (S-XL)	28	3/23/20	28	28 indiv. Items	28		Various	\$560.25
		Dog training pads		XXL training pads	200	3/23/20	2	2 boxes of 100 pads/box	2		\$ 45.96	
		Dog waste bags		Blue	240	3/23/20	2	2 packages of 8 bundles, 15 bags/bundle	2		\$ 5.47	
		Dental grip		Dental grip 0.75 oz tubes	66	3/23/20	66	66 indiv. Tubes	66		Various	
556471	Sparkletts	Water		.5LT (16.9 oz) Crystal Fresh Drinking Water	4032	3/20/20	168	168 cases of 24 bottles/case	168		\$ 5.50	\$924.00
N/A	Uline	Rubber Bands		#1176 Latex Free Rubber Bands, 7 x 1/8", meets FDA req's for direct food contact & use in medical facilities and schools	650,000	3/25/20	2,600	2600 boxes of 250/box	2600		\$8.85 box	\$25,054.08
551862	Waxie Sanitary Supply	Surface Wipes		Tool Box 2400 White Pop Up Wipes		3/25/20	10	10 cases ordered, 100 sheets/box	10		\$ 52.06	\$1,293.43
		Disinfectant		Husky 814			20	20 cases	10		\$ 33.99	



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560184	Office Depot	Hand Sanitizer		Highmark [®] Advanced Hand Sanitizer, 2 liters	72	3/27/20	72	72 Individual units	72		\$ 13.49	\$1,030.86
560184	Office Depot	Hand Sanitizer		Highmark [®] Advanced Hand Sanitizer, 2 liters	68	3/27/20	68	68 Individual units	68		\$ 13.49	\$973.59
N/A	SAOSO Med	Mask		Surgical Masks	10,000	3/27/20	10,000	200 boxes of 50 masks/box	10000		\$ 1.10	\$11,000.00
560184	Office Depot	Rubber Bands		Alliance [®] Rubber Sterling [®] Rubber Bands, No. 117B, 1 lb, Box Of 250, Item #888515	33,500	3/27/20	134	134 boxes of 250/box (1 lb each)	134		\$4.11	\$584.52
560738	Gralnger	Rubber Bands		Rubber band 7 in, size 117, beige	567,000	3/27/20	2,700	2700 packs of 210/pack	2700		\$ 13.02	\$35,154.00
554818	HMS Products, LLC	Surface Wipes		VoloWipes Bactericidal, fungicidal, virucidal, tuberculocidal disinfectant, 150 wipes/canister	120	3/30/20	10	10 cases, 12 canisters/case	10		\$124.20 case	\$1,400.36
		N95 Masks		3M N95 Respirator, Model 8214	10		10	1 box, 10 masks/box	10		\$ -	
		N95 Masks		3M N95 Respirator, Model 9211 + 37193	20		20	2 boxes, 10 masks/box	20		\$ -	



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559070	3M Donation	N95 Masks		3M N95 Respirator , Model 8210	120		120	6 boxes, 20 masks/box	120		\$ -	\$0.00
		N95 Masks		3M N95 Respirator , Model 8511	40		40	4 boxes, 10 masks/box	40		\$ -	
		N95 Masks		3M N95 Respirator , Model 8210V	30		30	3 boxes, 10 masks/box	30		\$ -	
N/A	Big Frog Custom T- Shirts & More	Sweatpants & Sweatshirts		Mens, Charcoal, Sweatshirt s, Sizes S- XL	120	3/31/20	120	120 individual units	120		\$ 8.00	\$4,320.00
				Womens, Charcoal Sweatshirt s, Sizes S- XL	120	3/31/20	120	120 individual units	120		\$ 9.00	
				Unisex, Black, Sweatpant s, Sizes S- XL	240	3/31/20	240	240 individual units	240		\$ 10.00	
562243	FRONT LINE PROTECTIO N / VALICA	N95 MASKS		N95 MASKS (NIOSH) - ALPHA PRO TECH	15,960	4/1/20	15960	15960 individual units	15960		\$ 3.50	\$61,739.15
		Women's Underwear		FOL- Various Colors Sizes S Size M Size L Size XL Size XXL	150	3/31/20	15	15 packs, 10 pairs/pack, 30 pairs/size	15		\$ 14.48	
		Men's Underwear		George- Various Colors Sizes S Size M Size L Size XL Size XXL	150	3/31/20	25	25 packs, 6 pairs/pack, 30 pairs/size	25		\$ 14.98	
		Women's Socks		Athletic Works Women's Crew Size 4-10- 3 pks Size 8-12 - 3 pks	60	3/31/20	6	6 packs, 10 pairs/pack	6		\$ 7.97	



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						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
Receipt #/s 3800916720 58992 & 5800916218 58716	Walmart	Men's Socks		Athletic Works Men's Crew Size 12-15 - 3 pks Men's Ankle Size 6-12 - 3 pks	60	3/31/20	6	6 packs, 10 pairs/pack	6		\$ 7.98	\$ 1,902.51
		Men's Sweatshirts		FOL Large, Grey -1 XL, Grey - 2 4XL Grey- 1 Med, Navy- 1 Large, Navy -1	6	3/31/20	6	Each	6		\$ 6.94	
		Men's Sweatshirts		FOL - Black 2XL-3	3	3/31/20	3	Each	3		\$ 6.94	
		Men's Sweatpants		FOL- Dk. Grey Med. - 20 Large - 28	48	3/31/20	48	Each	48		\$ 6.94	
		Men's Sweatpants		FOL - Navy 2XL-21	21	3/31/20	21	Each	21		\$ 6.94	
		Men's T- Shirts		George Large, Red - 8 XL, Red - 1 L, Navy - 3 XL, Navy - 7 XL, Black - 4 2XL, Black - 5	28	3/31/20	28	Each	28		\$ 3.88	
		Men's T- Shirts		George Med, Grey 8 L, Grey - 8 XL, Grey - 1 2XL, Grey- 7	24	3/31/20	24	Each	24		\$ 3.88	
Men's T- Shirts		FOL L, Bluish - 1 XL, Bluish- 6 4XL, Bluish- 1 XL, Navy- 7	15	3/31/20	15	Each	15		\$ 4.72			



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		Men's T-Shirts		FOL XL, Sage - 2 L, Orange-6 L, Rose - 9 XL, Black - 2	19	3/31/20	19	Each	19		\$ 4.72	
		Women's Slippers		Size 5-6 - 3 Size 7-8 - 11 Size 9-10- 14 Size 11-12 - 8	36	3/31/20	36	Each	36		\$ 0.98	
		Men's Slippers		Size 7-8 - 14 Size 9-10- 11 Size 11-12- 31 Size 13-14- 16	72	3/31/20	72	Each	72		\$ 0.98	
		Children's Slippers		Size 2-3 - 1 Size 4-5 - 1	2	3/31/20	2	Each	2		\$ 0.98	
		Soap Dispenser		Equate Soap, 11.25 fl oz	9	3/31/20	9	Each	9		\$ 1.04	
		Soap Refill		Equate Soap, 56 fl. oz.	9	3/31/20	9	Each	9		\$ 3.84	
		Soap Dispenser		Softsoap, 7.5 - 1 Dial, 7.5 - 1	2	3/31/20	2	Each	2		\$ 0.98	
		Soap Refill		Softsoap, 50 fl oz	2	3/31/20	2	Each	2		\$ 3.97	
560738	Grainger	Walkie		Handheld Portable Two Way Radio, MOTOROL A T-200	9	3/31/20	3	3 Packs, 3 radios/pack	3		\$ 82.09	\$246.27
551862	Waxie Sanitary Supply	Unisex Incontinenc e Briefs		Size Medium	72	4/2/20	1	1 case, 2 bags/case, 36/bag	1		\$ 41.09	\$95.10
		Unisex Incontinenc e Briefs		Size L/XL	72	4/2/20	1	1 case, 2 bags/case, 36/bag	1		\$ 47.17	



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560184	Office Depot	Staples		Office Depot® Brand Standard Staples, 1/4", 5,000 Staples Per Pack, Box OF5 Packs (0432255)	1200	4/2/2020	240	5,000 staples per pack, box of 5 packs, 240 boxes ordered	240		\$ 3.46	\$ 830.40
560738	Grainger	Poncho		Disposable Rain Poncho, Clear, Polyethylene, Fits Chest Size 50", Length 40"	375	4/4/2020	15	15 packages, 25 ponchos/pkg	15		42.91 pk	\$ 1,625.46
		Trash Bag		Trash Bag, 55 gal, LLDPE, Cored Roll, Clear, Pk 50	500	4/4/2020	10	10 boxes, 50/box	10		86.49 box	
552080	MS Products	Safety Glasses		Item # 11878- Heavy Duty Safety Glasses	1500	4/3/2020	1500	1500 individual units	1500		\$ 3.95	\$ 6,477.97
553568	VR International	Goggles		Item # 11000-398 Goggle Indirect Vent, Chemical Splash-Resistant	4	4/3/2020	4	4 individual units	4		\$ 1.85	\$ 253.38
		Goggles		Item # 80081-776 Goggles Latex-Free Rubber Strap	104	4/3/2020	104	104 individual units	104		\$ 2.19	
52330	Office Depot	Stapler	908210	Swingline® 545 Eco Stapler, 50% Recycled, Black	100	3/26/2020	100	Each	100		\$ 4.21	\$ 421.00
52330	Office Depot	Staple Remover	427111	Office Depot® Staple Remover, Black	50	3/26/2020	50	Each	50		\$ 0.25	\$ 12.50



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						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
52330	Office Depot	Staples	344279	Office Depot® Brand Staples, 1/4" Premium, Full Strip, Box Of 5,000	100	3/26/2020	100		100		\$ 1.19	\$ 119.00
N/A	Big Frog Custom T-Shirts & More	Sweatpants		Unisex, Black Sweatpants, Sizes XS - 30 pairs	30	4/9/2020	30	30 Individual Units	30		\$ 16.00	\$975.14
		Sweatpants		Unisex, Black Sweatpants, Size L - 50 pairs	50	4/9/2020	50	50 Individual Units	50		\$ 8.50	
N/A	Victory Supply INC.	Socks		White, Ankle Size 6-8 - 2 pk White, Crew Size 9-11 - 8 pk Size 10-13 - 10 pk	240	4/9/2020	20	20 packs, 12 pairs/pack	20		6.44-6.94	\$320.04
		Women's Underwear		White Size 5 - 1 pk Size 6 - 2 pk Size 7 - 2 pk Size 8 - 2 pk Size 9 - 1 pk Size 10 - 1 pk	108	4/9/2020	9	9 packs, 12 pairs/pack	9		6.89-7.42	
		Men's Underwear		White Size S - 1 pk Size M - 2 pk Size L - 3 pk Size XL - 2 pk Size 2XL - 1 pk	108	4/9/2020	9	9 packs, 12 pairs/pack	9		11.14-13.97	
562326	BodySphere, Inc	Thermometer		IR Thermometers	100	4/10/2020	100	Each	100		\$ 125.35	\$12,535.00
562302	Ace Uniforms	Mask		3-Ply Personal Protective Facial Mask	3,000,000	4/4/2020	60,000	60,000 boxes of 50 masks/box	60,000		\$49.5 box of 50	\$3,205,665.00



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553417	Fischer Scientific	Waste Bag		Bag, Waste; Medical Action Industries; Label: Biohazardous/Infectious	15,000	4/10/2020	150	150 packs, 100 per pack	150		23.63 pk	\$7,747.15
		rawstring bag		PATNT BG 20X18X3 DS WHT 500/CS	500		1	1 case of 500	1		\$109 case	
		Trash Can Liner		12-16 Gallon trash can liners, non-medical waste disposal, clear	2,000		2	2 cases of 1000/case	2		\$ 66.00	
		Gloves		Small nitrile gloves, latex-free	6,000		3	3 cases of 2000/case	3		\$ 352.50	
		Gloves		Medium nitrile gloves, latex-free	6,000		3	3 cases of 2000/case	3		\$ 191.08	
		Gloves		Large nitrile gloves, latex-free	5,000		5	5 cases of 1000/case	5		\$ 210.42	
		Gown		Isolation gown, polypropylene, yellow, X-large	1,000		20	20 cases of 50 units per case	20		\$ 35.87	
N/A	Mission Imprintables INC	Sweatpants		Gildan Size S-5 Size M-5 Size L-10 Size XL-10 Size 2XL-5	35	4/13/20	35	35 individual pieces	35		S-XL: \$7.89 2XL-\$9.71	\$636.32
		Sweatshirts		Gildan Size S-5 Size M-5 Size L-10 Size XL-10 Size 2XL-5	35	4/13/20	35	35 individual pieces	35		S-XL: \$5.69 2XL-\$7.87	
		T-Shirts		Hanes Size S-5 Size M-5 Size L-10 Size XL-10 Size 2XL-5	35	4/13/20	35	35 individual pieces	35		S-XL: \$1.99 2XL-\$3.91	



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N/A	Target	Batteries		AAA batteries	400	4/10/20	20	20 packs, 20 batteries /pack	20		\$ 15.99	\$ 344.58
562230	BODYSPELL	Ventilator			39	3/27/20	39	EACH	39		\$ 25,000.00	\$ 1,000,000.00
560738	Grainger	Walkie		Handheld Portable Two Way Radio, MOTOROLA TA-200	6	4/14/20	2	2 Packs, 3 radios/pack	2		\$ 82.09	\$ 164.18
N/A	Mission Imprintables INC	Sweatpants		Youth, Hanes, Gray Size S- 20 (10 in blk) Size M- 20 Size L- 20 Adult, Gildan, Navy Size L - 1	61	4/14/20	61	60 individual pieces	61		\$6.25-\$5.75	\$895.94
		Sweatshirts		Youth, Hanes, Gray Size S- 20 Size M- 20 Size L- 20 Adult, Gildan, Navy Size L - 1	61	4/14/20	61	60 individual pieces	61		\$ 5.30	
		T-Shirts		Youth, FOL Size S- 10 Size M- 10 Size L- 10 Adult, Hanes, Gray Size L - 1	31	4/14/20	31	30 individual pieces	31		\$ 1.99	
		T-Shirts		Youth, Girls Size S- 10 Size M- 10 Size L- 10	30	4/14/20	30	30 individual pieces	30		\$ 2.19	
		Flashlight		Flashlight	6	4/14/2020	6	6 individual units	6		\$ 19.42	
		Batteries		C-size battery for flashlights	32	4/14/2020	4	4 packs, 8 batteries/pack	4		\$ 13.98	
		Children's Socks		Boys-Wonder Nation Size S-10 Size M-10 Size L-10	30	4/14/2020	3	3 packs, 10 pairs/pack	3		\$ 6.97	



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N/A	Walmart	Children's Underwear		Boys-Wonder Nation Size 5-10 Size M-10 Size L-5	75	4/14/2020	3	3 packs: 2 packs (10 pairs/pack), 1 pack (5 pairs/pack)	3		\$9.47-\$14.98	\$323.46
		Children's Socks		Girls-Wonder Nation Size 5-6 Size M-10 Size L-10	26	4/14/2020	3	3 packs: 2 packs (10 pairs/pack), 1 pack (6 pairs/pack)	3		\$4.97-6.97	
		Children's Underwear		Girls-Wonder Nation Size 4-10 Size 6-5 Size 8-5 Size 10-5 Size 12-10	35	4/14/2020	5	5 packs: 2 packs (10 pairs/pack), 3 packs (5 pairs/pack)	5		\$4.48-\$7.97	
		Slippers		Size 5-6-4 Size 7-8-4 Size 9-10-4 Size 11-12-4 Size 13-14-4	20	4/14/2020	20	20 individual units	20		\$ 0.98	
560738	Grainger	Gloves		Preferred, Nitrile, Size S-50 gloves/box	32,500	4/8/20	65	65 cases, 10 boxes/case, 50 gloves/box or 500 gloves/case	65		\$ 95.46	\$58,012.01
		Gloves		Preferred, Nitrile, Size M-50 gloves/box	67,500	4/8/20	135	135 cases, 10 boxes/case, 50 gloves/box or 500 gloves/case	135		\$ 95.46	
		Gloves		Preferred, Nitrile, Size L-50 gloves/box	93,500	4/8/20	187	187 cases, 10 boxes/case, 50 gloves/box or 500 gloves/case	187		\$ 95.46	
		Gloves		Preferred, Nitrile, Size XL-50 gloves/box	88,500	4/8/20	177	177 cases, 10 boxes/case, 50 gloves/box or 500 gloves/case	177		\$ 95.46	



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562326	BodySphere, Inc	thermometer		IR Thermometers	100	4/9/2020	100	200 Individual units	100		\$ 125.35	\$ 25,070.00
N/A	Victory Supply INC.	Socks		White, Ankle Size 6-8 -1 pk White, Crew Size 9-11 -1 pk Size 10-13-3 pk	60	4/14/2020	5	5 packs, 12 pairs/pack	5		\$6.44-6.94	
		Women's Underwear		White Size 5 -1 pk Size 6 -3 pk Size 8 -3 pk Size 9 -1 pk Size 10-1 pk	108	4/14/2020	9	9 packs, 12 pairs/pack	9		\$6.89-\$7.42	\$ 215.98
		Men's Underwear		White Size 5 -1 pk Size M-2 pk Size L-3 pk Size XL -2 pk Size 2XL-1 pk	108	4/14/2020	9	9 packs, 12 pairs/pack	9		\$11.14-13.97	
561559	WESCO Distribution, Inc.	Hand Sanitizer		McKesson Gel Hand Sanitizer	120	3/9/20	120	120 bottles (5 cases of 24 bottles/cases, 4 oz/bottle)	120		\$ 4.16	\$950.62
		Hand Sanitizer		Bath and Body Works, 1 ounce bottles	150	3/9/20	150	150 individual units ordered	150		\$ 2.55	
		Hand Wipes		PDI Healthcare P15984 Sani-Hands Instant Hand Sanitizing Wipes, Large, 6" x 7.5" Size	72	3/11/20	72	72 individual canisters ordered (arrived in 12 cases of 6 units per case)	51		\$ 24.95	\$1,935.62



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551862	Waxie Sanitary Supply	Hand Sanitizer Manual Dispenser		Purell ES4 Hand Sanitizer Manual Dispenser White. Reliable, easy to maintain, push-style hand sanitizer dispenser	100	3/9/20	100	100 indiv. dispensers ordered	100		\$ 0.01	\$3,223.40
		Hand Sanitizer		Purell Professiona ES4 Adv Hand Sanitizer Gel 1200 ML 2/ez. Kills more than 99.99% of most common germs that may cause illness	200	3/9/20	100	100 cases of 2 units/case	0		\$ 31.48	
554818	HMS Products, LLC	Hand Sanitizer		Item #9652- 12 Purell Hand Sanitizer 8 oz pump.	960	3/11/20	80	80 cases of 12/case	0		\$ 54.50	\$4,897.90
		Hand Sanitizer		PURELL 8OZ HAND SANITIZER PUMPS GEL, Item# 880339	480	3/12/20	480	480 indiv. units	176		\$ 3.57	
		Hand Sanitizer		PURELL 12OZ HAND SANITIZER PUMPS GEL, Item# G03659 12	480	3/12/20	40	40 cases of 12/case	6		\$ 57.36	
		Hand Wipes		PURELL HAND SANITIZING WIPES, Item# G09113- 06	240	3/12/20	40	40 cases of 6 canisters/c ase, 270 wipes/canil ter	40		\$ 62.10	



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						Order Date	Quantity	UOM Ordered		Quantity	Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
560879	Home Depot Pro	Hand Wipes		PURELL HAND SANITIZING WIPES, item# GOJ9111-12	480	3/12/20	40	40 cases, 12 cans/case, 100 wipes/can	0		\$ 59.04	\$14,673.14
		Surface Wipes		CLOROX DISINFECTING WIPES Bleach free, item# CLO01593	480	3/12/20	40	40 cases, 12 canisters/case, 35 wipes/canister	0		\$ 55.56	
		Surface Wipes		CLOROX SURFACE DISINFECTING WIPES LEMON, item# CLO15948	240	3/12/20	40	40 cases, 6 canisters/case, 75 wipes/canister	40		\$ 32.64	
		Surface Wipes		CLOROX SURFACE DISINFECTING WIPES, item# BUN15949	240	3/12/20	40	40 cases, 6 canisters/case, 75 wipes/canister	0		\$ 30.90	
560879	Home Depot Pro	Hand Sanitizer		PURELL 80Z HAND SANITIZER PUMPS GEL, item# 880339	480	3/19/20	40	40 cases, 12/case	0		\$ 42.84	\$14,673.14
		Hand Sanitizer		PURELL 12OZ HAND SANITIZER PUMPS GEL, item# GOJ3659-12	480	3/19/20	40	40 cases, 12/case	0		\$ 57.36	
		Hand Wipes		PURELL HAND SANITIZING WIPES, item# GOJ9113-06,40	240	3/19/20	40	40 cases, 6 canisters/case, 270 wipes/canister	40		\$ 62.10	
		Hand Wipes		PURELL HAND SANITIZING WIPES, item# GOJ9111-12	480	3/19/20	40	40 cases, 12 cans/case, 100 wipes/can	0		\$ 59.04	



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						Order Date	Quantity	UOM Ordered		Quantity	Unit Price for Quantity Ordered
		Surface Wipes		CLOROX DISINFECTING WIPES Bleach free, item# CLO01593	480	3/19/20	40	40 cases, 12 canisters/case, 35 wipes/canister	0		\$ 55.56
		Surface Wipes		CLOROX SURFACE DISINFECTING WIPES LEMON, item# CLO15948	240	3/19/20	40	40 cases, 6 canisters/case, 75 wipes/canister	29		\$ 32.64
		Surface Wipes		CLOROX SURFACE DISINFECTING WIPES, item# BUN15949	240	3/19/20	40	40 cases, 6 canisters/case, 75 wipes/canister	0		\$ 30.90
560738	Grainger	Hand Sanitizer		Purell 8 oz hand pump, item# 20W449, 38,760 units ordered	38,760	3/13/20	38760	38,760 indiv. units ordered	0		\$100,008.70
		Mask		Disposable 3-Ply Face Mask, Surgical, Type I, Tie Strap & Loop End	1,002,000	3/13/20	167	167 cartons, 6000 masks/carton	0		
551862	Waxie Sanitary Supply	Surface Spray		Purell Professional Surface Disinfectant, 1 Quart size. Kills germs in 30 seconds	1200	3/19/20	200	200 cases, 6 units per case	70		\$25.25/case
		Hand Sanitizer		Purell 535 ml Foam Green Certified Hand Sanitizer, EcoLogo CCD-170 Certified	800	3/19/20	200	200 cases of 4 units/case	10		\$81.03/case



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						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
		Hand Sanitizer		Purell 8 oz. Instant Hand Sanitizer	2400	3/19/20	200	200 cases of 12/case	100		\$38.27/case	
		Hand Sanitizer		Purell 8 oz. Green Certified Hand Sanitizer. Meets EcoLogo CCO-170 standard	2400	3/19/20	200	200 cases of 12/case	0		52.21/case	
		Hand Sanitizer		Purell 12 oz Hand Sanitizer with Aloe	2400	3/19/20	200	200 cases of 12/case	0		48.20/case	
N/A	ePromos	Hand Sanitizer		Full Color Squeeze Bottle Promotiona l Hand Sanitizer, 1 oz each	20000	3/17/20	20000	20,000 individual units	0			\$19,634.00
N/A	ePromos	Hand Sanitizer Packets		Hand Sanitizer Promotiona l Packets, 0.1 oz packets	50,000	3/19/20	50,000	50,000 units ordered	0		\$ 0.79	\$43,011.45
554818	HMS Products, LLC	Gloves		Omni Trust Vinyl Exam Gloves (Med)	20000	3/19/20	20,000	20 cases , 10 boxes/case, 100 gloves/box	20000		\$ 29.80	
		Gloves		Omni Trust Vinyl Exam Gloves (Large), 20,000 units ordered	20000	3/19/20	20,000	20 cases , 10 boxes/case, 100 gloves/box	20000		\$ 29.80	\$1,368.31
		Gloves		Vinyl Exam Gloves (Medium), 20,000 units ordered	40000	3/19/20	40,000	20 cases , 10 boxes/case, 200 gloves/box	40000		\$ 101.00	
		Gloves		Vinyl Exam Gloves (X- Large), 10,000 units ordered	20000	3/19/20	20,000	10 Cases, 10 boxes/case, 200 gloves/box	0		\$ 101.00	\$3,338.31
559070	Fasterial	Hand Sanitizer		Zep 4oz Hand Sanitizer, Citrus Fragrance, Clear	240	3/17/20	10	10 cases, 24 bottles/cas e	0		\$ 10.62	\$1,743.99



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						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
		Hand Sanitizer		Zep 500mL Hand Sanitizer, clear	60		60	5 cases, 12 bottles/case	0		\$ 4.06	
553417	Fischer Scientific	Thermometer		Berrcom IR No Touch Thermometer	40	3/24/20	40	40 indiv. Units	30		\$ 161.94	\$6,979.62
N/A	Glowsy	Hand Sanitizer		Dr. J's Formula, 75% Alcohol Hand Sanitizer Gel, 10 oz.	2400	3/24/20	200	200 cases of 12/case	200			\$24,780.97
560738	Grainger	Gloves		MCR Safety, Nitrile, Size S 50 gloves/box	50000	3/25/20	50	50 cases, 20 boxes/case, 50 gloves/box or 1,000 gloves/case	0		\$ 278.15	\$86,226.50
		Gloves		MCR Safety, Nitrile, Size M 50 gloves/box	100000	3/25/20	100	100 cases, 20 boxes/case, 50 gloves/box or 1,000 gloves/case	60		\$ 278.15	
		Gloves		MCR Safety, Nitrile, Size L 50 gloves/box	100,000	3/25/20	100	100 cases, 20 boxes/case, 50 gloves/box or 1,000 gloves/case	100		\$ 278.15	
		Gloves		MCR Safety, Nitrile, Size XL 50 gloves/box	50,000	3/25/20	50	50 cases, 20 boxes/case, 50 gloves/box or 1,000 gloves/case	50		\$ 278.15	
N/A	MSI Mid State Instruments, LLC	Thermometer		Ektech Thermometer IR Body & Surface	300	3/16/20	300	300 units ordered	0		\$ 95.92	\$31,006.14
		Thermometer		Single-Use Oral Thermometer, Disposable	15,000		150	150 packs at 100 items/pack	0		\$ 18.06	



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						Order Date	Quantity	UOM Ordered		Quantity	Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
553568	VWR International	Gloves		S BLUE EXAM GRADE NITRILE CS2000	32,000	3/27/20	16	16 cases, 10 boxes/case, 200 gloves/box	0		\$ 110.21	\$17,016.93
		Gloves		M BLUE EXAM GRADE NITRILE CS2000	30,000		15	15 cases, 10 boxes/case, 200 gloves/box	0		\$ 146.95	
		Gloves		L BLUE EXAM GRADE NITRILE CS2000	50,000		25	25 cases, 10 boxes/case, 200 gloves/box	0		\$ 110.21	
		Gloves		XL BLUE EXAM GRADE NITRILE CS2000	84,000		42	42 cases, 10 boxes/case, 200 gloves/box	0		\$ 110.21	
		Gloves		GLOVES NITRILE NO PWDR S PK100	2,000		2	2 cases, 10 boxes/case, 100 gloves/box	2		\$ 173.23	
		Gloves		GLOVES NITRILE NO PWDR L PK100	8,000		8	8 cases, 10 boxes/case, 100 gloves/box	0		\$ 173.33	
553568	VWR International	PAPR Hood		S-433L Hood w/ Integrated Head Suspension Size M/L	20	3/27/20	4	1 case, 5 hoods/case	4		\$ 261.09	\$20,610.01
		PAPR Kit		TR-600-HKS VERSAFLO PAPR Kit Size S/M	3	3/27/20	3	3 PAPR Kits	0		\$ 1,419.75	
		PAPR Kit		TR-600-HKL VERSAFLO PAPR Kit Size M/L	3	3/27/20	3	3 PAPR Kits	0		\$ 1,419.75	
		PAPR Kit		TR-614-HK VERSAFLO PAPR Kit-no hood	3	3/27/20	3	3 PAPR Kits	0		\$ 1,388.20	



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						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
		PAPR Hood		S-433S Hood w/ Integrated Head Suspension Size S/M	15	3/27/20	3	1 case, 5 hoods/case	3		\$ 255.54	
		PAPR Hood		Versaflo Economy Hood S403S, Size S/M	60	3/27/20	3	1 case, 20 hoods/case	0		\$ 638.37	
		PAPR Hood		Versaflo Economy Hood S403L, Size M/L	80	3/27/20	4	1 case, 20 hoods/case	4		\$ 679.61	
553568	VWR International	PAPR Hood		Honeywell PAPR Headgear Assembly w/ Hood	10	3/27/20	10	10 individual hood assemblies	0		\$ 72.71	\$21,402.02
		PAPR HEPA Filters		Honeywell PAPR HEPA Filters, Pk of 3	12	3/27/20	4	4 Packs, 3 Filters/pack	0		\$ 73.29	
		PAPR Kit		Honeywell PAPR Compact Assembly	10	3/27/20	10	10 individual PAPR Assemblies	0		\$ 1,656.12	
		PAPR Breathing Tube		Honeywell PAPR Breathing Tube, 40 in	10	3/27/20	10	10 individual breathing tubes	0		\$ 58.68	
		PAPR Hood		Honeywell Hood Only	36	3/27/20	12	12 packs, 3 hoods/pack	0		\$ 141.20	
		Goggles		Non-vented antifog goggles	325	3/27/20	325	325 individual units	325		\$ 5.67	
		Gown		Fluid Resistant Gown, Unisize	50	3/27/20	10	10 cases, 5 gowns/case	0		\$ 62.56	
		Mask		Molded cone, scallop Universal Mask	10,000	3/27/20	20	20 cases, 500 masks/case	0		\$ 176.10	



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						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
553568	VWR International	Surface Wipes		Sani-Cloth Prime Bactericidal, fungicidal, virucidal, tuberculocidal disinfectant, 160 wipes/canister	30	3/27/20	30	30 individual canisters	0		\$ 10.57	\$13,826.43
		Surface Wipes		Sani-Cloth Prime Bactericidal, fungicidal, virucidal, tuberculocidal disinfectant, 160 wipes/canister	120	3/27/20	10	10 cases, 12 canisters/case	0		\$ 116.24	
553568	VWR International	PAPR Kit		TR-600-HKS VERSAFLO PAPR Kit Size S/M	72	3/30/20	72	72 Individual PAPR Kits	0		\$ 1,419.75	\$396,187.84
		PAPR Kit		TR-600-HKL VERSAFLO PAPR Kit Size M/L	72	3/30/20	72	72 Individual PAPR Kits	0		\$ 1,419.75	
		PAPR Kit		TR-614-HK VERSAFLO PAPR Kit-no hood	97	3/30/20	97	97 Individual PAPR Kits	0		\$ 1,388.20	
		PAPR Hood		S-433S Hood w/ Integrated Head Suspension Size S/M	50	3/30/20	10	10 cases, 5 hoods/case	0		\$ 255.54	



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						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
		PAPR Hood		S-433L Hood w/ Integrated Head Suspension Size M/L	100	3/30/20	20	20 cases, 5 hoods/case	20		\$ 261.09	
		PAPR Hood		Versaflo Economy Hood S403S, Size S/M	200	3/30/20	10	10 cases, 20 hoods/case	0		\$ 638.37	
		PAPR Hood		Versaflo Economy Hood S403L, Size M/L	200	3/30/20	10	10 cases, 20 hoods/case	0		\$ 679.61	
553568	VWR International	PAPR Kit		Honeywell PAPR Compact Assembly	250	3/30/20	250	250 individual PAPR Assemblies	0		\$ 1,656.12	\$447,182.32
N/A	Glowyy	Hand Sanitizer		Dr. J's Advance Formula Hand Sanitizer, 4 oz	999	3/31/20	999	999 individual units	899		\$ 5.99	\$6,570.37
553568	VWR International	PAPR Hood		3M Versaflo, PAPR Hood, S-133-S, Size S	50	3/30/20	10	10 cases, 5 hoods/case	0		\$ 228.35	\$4,873.32
553568	VWR International	PAPR Hood		3M Versaflo, PAPR Hood, S-133-L, Size L	50	3/30/20	10	10 cases, 5 hoods/case	0		\$ 223.93	
N/A	Amazon	Goggles		Protective Safety Goggles Eyewear with Clear Anti-Fog Lenses - Eye Protection for Prevent High Impact of Dust Liquid Splash Clear Frame with Vent	3,000	4/1/20	3000	Each	3000		\$ 328.99	\$ 21,269.40



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						Order Date	Quantity	UCM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
N/A	ght in the Bo	Goggles		Protective Safety Glasses Work Anti Eye Anti-Fog Antisand windproof Anti Dust Saliva Transparent Goggles Eye Protection #07919914	1007	4/1/20	1007	1 separate order of 1000 indiv. units each.	0		\$ 3.99	\$13,428.21
		PAPR Kit		TR-600-HKL VERSAFLO PAPR KIT; 3M; Battery Type: Standard Capacity, Rechargeable Lithium Ion; Size: Large/X-Large Headcover, Vendor Catalog # 7100098538	15	4/2/2020	15	1 indiv. item each	10		\$ 1,165.21	
		PAPR Kit		TR-600-HKS VERSAFLO PAPR KIT; 3M; Battery Type: Standard Capacity, Rechargeable Lithium Ion; Size: Small/Medium Headcover, Vendor Catalog # 7100100424	15	4/2/2020	15	1 indiv. item each	0		\$ 1,165.21	

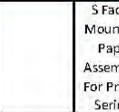
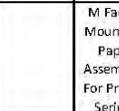
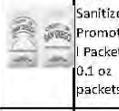
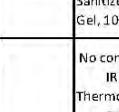
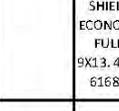


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						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
553417	Fischer Scientific	PAPR Hood		Head Cover, PAPR; 3M S Series; General purpose white economic fabric; Covers head and face; W/Integral ed suspension; Medium/La rge; Vendor Catalog # 700012742 8	125	4/2/2020	25	25 cases, 5 items/case	0		\$ 141.19	\$81,729.72
		PAPR HEPA Filters		TR-6710N-5, HE FILTER 5/CS, Cartridge, Filter; 3M Company; TR-6710N-5 / 37357 (AAD); High Efficiency Particulate (HE); For use with Versallo TR 3600; Color: Grey; NIOSH Color Code: Magenta; Particulate Vendor Catalog # 710002824 7	500	4/2/2020	100	100 cases, 5/ units case	0		\$ 188.12	



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		PAPR Hood		Head Cover, PAPR; 3M S Series; General purpose white economic fabric; Covers head and face; W/Integrated suspension; Small/Medium, Vendor Catalog # 7000127429	500	4/2/2020	100	100 cases, 5/ units case	0		\$ 185.49
		Bandana		Tubular Polyester Bandana-Navy	600	4/2/2020	600	Each	600		\$ 1.84
N/A	Janet Apparel	Bandana		Tubular Polyester Bandana-White	12000	4/2/2020	12000	Each	6000		\$ 1.84
553568	PR Internatio	Thermomet		Single-Use Oral Thermometer, Disposable	15,000	4/7/2020	150	150 packs at 100 items/pack	0		\$ 18.06 \$ 2,918.95
560738	Grainger	PAPR Kit		TR-600-HKS VERSAFLO PAPR KIT; 3M; Battery Type: Standard Capacity, Rechargeable Lithium Ion; Size: Small/Medium Headcover, Vendor Catalog # 7100100424	250	3/30/2020	250	250 Individual Units	0		\$ 1,483.65 \$370,912.50
562308	Urban National Apparel	Face Shield		FACE SHIELDS, FULL, PROTECTIVE, ANTI-FOG, PET MATERIAL STYLE: DMK D501	75,000	4/8/2020	75,000	75,000 individual units	72200		\$ 2.90 \$234,356.25



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						Order Date	Quantity	UDM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
559070	Fastenal	PAPR Kit		S Face-Mounted Papr Assembly For Pr500 Series	7	4/9/2020	7	Each	0		\$ 821.76	\$8,547.76
		PAPR Kit		M Face-Mounted Papr Assembly For Pr500 Series	1	4/9/2020	1	Each	0		\$ 945.26	
		PAPR Filter		Blue HE High Efficiency Particulate Filter	84	4/9/2020	84	Each	0		\$ 14.71	
562308	Urban National Apparel INC.	Face Shield		FACE SHIELDS, FULL, PROTECTIVE, ANTI-FOG, PET MATERIAL STYLE: DMK D501	75,000	4/8/2020	75,000	75,000 individual units	0		\$ 2.90	\$234,356.25
N/A	AnyPromo Inc.	Hand Sanitizer Packets		Hand Sanitizer Promotional Packets, 0.1 oz packets	30,000	3/27/2020	30,000	30,000 units ordered	0			\$22,821.04
N/A	Glowyy	Hand Sanitizer		Dr. J's Formula, 75% Alcohol Hand Sanitizer Gel, 10 oz,	1200	3/24/20	100	100 cases of 12/case	1			\$12,382.68
N/A	Centric International, Inc.	Thermometer		No contact IR Thermometer	1000	4/14/20	1,000	1000 Indiv. Units	0		\$50 for 60 units \$56 for 940	\$ 61,977.80
562201	GETINGE	Ventilator		SERVO-U VENTILATORS	125	3/25/20	125	EACH	0		\$ 33,680.31	
562305	CINTAS	Face Shield		FACE SHIELD, ECONOMY, FULL, 9X13.4MIL, 616876	12096	4/8/20	12,096	EACH	12096		\$ 4.50	\$ 54,432.00
560738	Grainger	Trash Bag		Trash Bag, 55 gal, LLDPE, Cored Roll, Clear, Pk 50	100,000	4/14/2020	2,000	2000 boxes, 50/box	0		\$ 86.49	\$ 186,385.95



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562286	Planet Apparel	bandana-Tubular		Tubular bandana Sky Blue	39,996	4/6/2020	3,333	3,333 packs, 12 bandanas/ pack	0		\$ 1.89	\$ 81,450.85
562397	Zverse	Face Shield		Protective Face Shield 2.0	200,000	4/17/2020	200,000	200,000 individual units	0		\$5.00-\$5.15	\$ 1,023,938.00
562385	Centric Internation al, Inc.	Walk- through temperatu re scanner		SE-1008 IR Walk Through Body Temperatu re Detector,	60	4/19/2020	60	60 individual units	0		\$ 3,200.00	\$ 213,380.00
562386	Zorpro	Desktop Temperatu re Reader		Zortemp 500 – Infrared Body Temperatu re Reader	60	4/20/2020	60	60 individual Units.	0		\$ 1,460.70	\$ 88,312.00
559070	Fastenal	N95 MASKS		N 96 masks	10,000	3/31/2020	1000	1000 boxes of 10 masks/box	0		\$0.93	\$ 9,996.51
562364	MVP Dental Supply (DBA Frontier Dental)	Goggles		Vented, anti-fog goggles	6,000	4/22/2020	6000	6000 individual goggles	0		\$ 5.00	\$ 32,825.00
559942	McKesson	Vital Sign Monitor Stand		Item #701610 STAND, MOBILE W/BASKET	3	4/9/2020	3	Each	3		\$ 276.18	\$ 9,172.53
		Vital Sign Monitor		Item #567111 MONITOR, VITAL SPOT OXI TEMP W/O STAND	3	4/9/2020	3	Each	0		\$ 2,781.33	
550007	McKesson	N95 MASKS	No Image	Particulate Respirator Mask 3M™ Comfort Plus Industrial N95 Cup Elastic Strap One Size Fits Most White NonSterile, 8210V	1,000,000	4/24/2020	1,000,000	Each	0		\$ 0.83	\$ 828,500.00



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						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
		N95 MASKS		Particulate Respirator / Surgical Mask 3M™ Medical N95 Cup Elastic Strap One Size Fits Most Teal NonSterile, 1860	4,000,000	4/24/2020	4,000,000	Each	0		\$ 1.02	\$ 4,080,000.00
		Resuscitator with bag		Bag, Ambu, Adult, Disposable w/ mask, Resuscitator, Spur II Med Adult(12/cs) Ambu, Item #533718	168	4/29/2020	14	14 cases, 12/case	0		13.69	\$ 191.66
		Hand Sanitizer		Sanitizer, Hand Instant W/aloe4oz (24/cs), Item #953790	2400	4/29/2020	100	100 cases, 24/case	0		0.67	\$ 67.00
		Patient ID Band		Wristband, Thermal Wht Adult Core 1.5 (100/box), Item #1156915	500	4/29/2020	5	5 boxes of 100/box	0		64.36	\$ 321.80
		Stethoscope		Tubing, Conn N/c 6mm 1/4x100'(1/bx 6/cs) Mgm16, Item #836378	120	4/29/2020	20	20 boxes of 6/box	0		10.93	\$ 218.60



BPA / PO # (or N/A if not applicable- PCard)	Vendor	Item Category	Picture	Description	Total Indiv. Unit Count Ordered	Ordered			Received	Retired Column	Financial Information	
						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
559942	McKesson	Suction Tubing		SUCTION TUBING, NON- STERILE, 100, Conn N/c 6mm 1/4x100'(1/ bx 6/cs) Mgm16, Item #836378	10	4/29/2020	10	10 cases of € brines/case	0		10.93	\$ 109.30
		Thermomet er, Probe Cover		Oral / Rectal / Axillary Thermomet er Probe Cover to fit the VS machine model, SureTemp® For SureTemp 678 and 679 , and SureTemp Plus 690 and 692 Thermomet ers 250 per Box, Item #953916	1000	4/29/2020	4	4 boxes of 250/box	0		9.58	\$ 38.32
		WASTE RECEPTACL E		WASTE RECEPTACL E RND W/TOP GRAY 32GAL 28IN O/A H 22IN O/A DIA, CONTAINER RND, Item #708656	50	4/29/2020	50	50 indiv Units	0		60.81	\$ 3,040.50



BPA / PO # (or N/A if not applicable PCard)	Vendor	Item Category	Picture	Description	Total Indiv. Unit Count Ordered	Ordered			Received	Retired Column	Financial Information	
						Order Date	Quantity	UOM Ordered	Quantity		Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
		Wheelchair		Wheelchair , 24" McKesson Dual Axle Desk Length Arm Removable Padded Arm Style Composite Wheel Black Upholstery 24 inch Seat Width 450 lbs. Weight Capacity, Item #1065289	5	4/29/2020	5	5 indiv. Units	0		191.15	\$ 955.75
		Probe cover		Item #953916 Cover, Probe Oral Suretemp Disp	30,000		4	4 cases, 250/box, 30 boxes/ case	0		9.58	\$ 38.32
		Wristband		Item #1156915 Wristband, Thermal white adult, core 1.5"	500		5	5 boxes of 100/box	0		55.98	\$ 279.90
		Safety Pins		Item #405839 Safety Pins	10		10	10 boxes at 10 grams/box	1		1.38	\$ 13.80
		Step Stool		#407339 Stool, Step 8 3/4 MGM81	50		50	Each	50		25.65	\$ 1,282.50
		Wrench		#471848 Cylinder Key, Metal F/SZ E Oxy Tank	7		7	Each	7		1.86	\$ 13.02



BPA / PO # (or N/A if not applicable PCard)	Vendor	Item Category	Picture	Description	Total Indiv. Unit Count Ordered	Ordered		Received	Retired Column	Financial Information		
						Order Date	Quantity	UOM Ordered		Quantity	Unit Price for Quantity Ordered	Total Invoiced Price (with tax & freight)
559942	McKesson	Tongue Depressor		#484942 Tongue Depressor McKesson Senior 6 inch Wood 17.5 mm Wide BLADE, TONGUE SR 6" N/S LF (500/BOX 10BX/CS)	1,000,000	4/18/2020	200	200 cases, 500/box, 10 boxes/case	20		5.69	\$ 1,138.00
		Cart		#707665 Cart, Oxygen W/ Adj Hndl DRVMED	20		2	10 units at 6/cs	2		82.42	\$ 164.84
		Tubing		#836378 Tubing, CONN N/C 6MM 1/4" x 1.00' MGM16	160		30	30 cases of 6 boxes/case	0		8.86	\$ 265.80
		Walker		#1073638 Walker, FLD ALUM W/5" WHLS ADLT 350LBS	52		13	13 cases at 4 units/case	3.2		19.74	\$ 256.62
		Tubing		#709399 Tubing, CPA 6"AGINDS	60		10	10 cases of 6 boxes/case	10		1.79	\$ 17.90
										Total	\$14,503,325.96	



ATTACHMENT H

Estimated Capacity

Entity/Site	Estimated Maximum Capacity (Tests per Day)*	Estimated Current Capacity (Tests per Day)*
Commercial Lab	----	1,074**
Hospitals***	13,027	4,667
State Walk-In	792	792
San Diego County Lab	1,562	922
TOTAL	15,381	6,381

*Estimate based on full supply of all testing supplies, ppe and other necessary material

** Commercial Lab current capacity based on recent reported daily tests. True estimated current capacity and maximum capacity unknown.

***Hospital estimated provided by the Hospital Association of San Diego & Imperial County





To: CAHAN San Diego Participants
Date: April 23, 2020
From: Epidemiology and Immunizations Services Branch, Public Health Services

Health Advisory Update #13: Coronavirus Disease 2019 (COVID-19)-Expansion of COVID-19 Testing

Key Messages

- Molecular assay-based testing capacity continues to increase, however limitations with reagents, related testing materials, and personal protective equipment (PPE) pose logistical challenges.
- [California Department of Public Health \(CDPH\) testing priority guidance](#) has been adapted locally to San Diego County below. Each organization should be aware of [federal, State, and County testing guidance](#) and implement testing strategies contingent on priority testing recommendations, including available testing, laboratory capacity, staffing, and PPE supply.
- Molecular assay-based testing guidance is expanded from prior guidance to address long-term care and other congregate facilities, homeless individuals, and surveillance testing, such as for deaths not otherwise linked to coronavirus disease 2019 (COVID-19).
- Providers should give patients who test positive a [Health Officer Order](#) as well as [Home Isolation Instructions](#) and tell patients to alert close contacts about [Quarantine Instructions](#), if not an essential worker (See prior [CAHAN #11](#) as well).
- As testing capacity increases, providers may choose to consider use of Centers for Disease Control and Prevention (CDC)'s [test-based strategy](#) for discontinuation of transmission-based precautions for patients who are hospitalized, severely immunocompromised, or being transferred to a long-term care or assisted living facilities, and return to congregate settings that are not healthcare facilities. As per [CDPH guidance](#), COVID-19 patients may be transferred to skilled nursing facilities after hospital consult with the County of San Diego Public Health Services.
- Reports of testing outcomes should be reported as mandated by the Health Officer Order.
- Temporary lodging can be accessed for medically stable, independent COVID-19 patients by calling 858-715-2350 from 7 am to 9 pm.

Situation

- The number of new coronavirus disease 2019 (COVID-19) cases in San Diego County continues to increase (see [here](#) for local data updated daily).
- Molecular assay-based or Nucleic Acid Amplification Tests (NAAT) testing capacity, such as Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR), continue to increase and new, less sensitive forms of molecular assay-based testing are becoming available, such as Point-of-Care (POC) tests.
- However, limitations with reagents and other laboratory materials, and personal protective equipment (PPE) continue to challenge the ability to maximize testing.
- The Centers for Disease Control and Prevention (CDC) currently [recommends](#) prioritizing testing amongst symptomatic individuals, while the California Department of Public Health (CDPH) has expanded testing priority groups as listed in their [April 19th All Facilities Letter 20-44](#), which have been adapted locally for the County of San Diego below.

CAHAN San Diego Alerts are intended for the use of public health, medical and laboratory professionals in San Diego County. This alert has been approved for reproduction and distribution to interested professionals. An online CAHAN San Diego application is available at <http://www.caliansandiego.com> for appropriate and interested individuals.



- Each organization should be aware of [federal, State, and County testing guidance](#) and implement testing strategies contingent on priority testing recommendations, including available testing, laboratory capacity, staffing, and PPE supply.
- Due to the increase in available testing in the setting of limited PPE and lab testing supplies, the County of San Diego Public Health Services (PHS) is expanding priority testing recommendations to include long-term care and other congregate facilities, such as homeless shelters, substance use disorder (SUD) facilities, and correctional facilities, people experiencing homelessness, and surveillance testing, such as for deaths not otherwise linked to COVID-19.
 - While increased testing capacity allows clinicians to consider COVID-19 testing for a wider group of symptomatic patients, it also may allow for testing of asymptomatic or pre-symptomatic individuals in congregate settings as detailed below.
 - When testing asymptomatic individuals, providers should understand that the RT-PCR tests were validated for symptomatic individuals.

Actions Requested:

- Consider below expanded Priority Populations for RT-PCR COVID-19 testing when updating testing algorithms in your organization based on available testing, laboratory capacity and materials, staffing, and PPE supply.
 - Providers should give patients who test positive a Health Officer Order as well as Home Isolation Instructions and tell patients to alert close contacts about Quarantine Instructions, if not an essential worker. The Health Officer Orders and Home Isolation and Quarantine Instructions are available in English and other languages, [click here](#) (See prior [CAHAN #11](#) as well).
 - Those who cannot be isolated at home may be eligible for temporary lodging, if medically stable and functionally independent. Staff should call 858-715-2350 from 7 am to 9 pm.
 - As testing capacity increases, providers may choose to consider use of CDC's [test-based strategy](#) for discontinuation of transmission-based precautions for patients who are hospitalized, severely immunocompromised, or being transferred to a long-term care or assisted living facilities, and return to congregate settings that are not healthcare facilities. As per [CDPH guidance](#), skilled nursing facility patients may still be transferred back to their respective facilities if COVID-19 positive after hospitals consult with PHS.
 - Providers should note that newer methods of sample collection, if validated by the performing laboratory, e.g., anterior nasal and nasal mid-turbinate sampling may reduce the need for full PPE (N95 respirators, gowns, larger swab), and may be considered for access and operational reasons (i.e., if nasopharyngeal swabs are short in supply). Contact the performing laboratory prior to implementing a sample collection change. See respective CDC Guidance for Collecting, Handling, and Testing Clinical Specimens [here](#).
 - Providers and labs should report the results of their testing to PHS. See link [here](#) for more information.
 - The below RT-PCR Priority Testing Categories are locally adapted from recent [CDPH guidance](#):

Priority 1:

- Hospitalized patients
- Symptomatic* healthcare workers
- Persons identified for testing through public health investigations and disease control activities in high risk settings, including both congregate setting residents and staff
 - E.g., congregate living facilities, correctional facilities, SUD treatment facilities, homeless shelters



Priority 2:

- Symptomatic* persons in essential health and public safety occupations
 - E.g., first responders, law enforcement, congregate living facility workers
- Symptomatic* persons >65 years of age or with chronic medical conditions
- Screening of asymptomatic residents of congregate living facilities prior to admission or re-admission to congregate living facility
 - E.g., a hospitalized patient will be screened for COVID-19 prior to discharge to a congregate living facility
- Screening of asymptomatic healthcare workers
 - E.g., skilled nursing facility workers, hospital workers, especially as part of an outbreak investigation or in areas with medically vulnerable patient populations
- Screening of vulnerable populations not identified above (symptomatic* and asymptomatic)
 - [People with HIV/AIDS](#)
 - People Experiencing Homelessness
 - Those in Rural Areas
 - Racial/Ethnic Groups
 - Native Americans
 - Older Adults

Priority 3:

- Symptomatic* persons in essential infrastructure occupations
 - E.g., utility workers, food supply workers, other public employees
- Asymptomatic essential workers, including first responders and others, especially as part of an outbreak investigation or in areas with medically vulnerable patient populations.

Priority 4:

- Community-based testing of all low-risk symptomatic* persons
- Surveillance testing of asymptomatic persons
- Surveillance testing of deaths not otherwise linked to COVID-19

*Symptoms = a fever, cough, sore throat, nausea, vomiting, diarrhea, muscle aches, fatigue, loss of taste or smell. Note that elderly people might not develop fever.

Enroll in the [Medical Reserve Corps](#) and the [California Health Corps](#) to be notified about volunteer opportunities.

General public inquiries about COVID-19 should be directed to [2-1-1 San Diego](#) or to the [County COVID-19 website](#).

Thank you for your participation.

CAHAN San Diego

County of San Diego Health & Human Services Agency
Epidemiology and Immunization Services Branch
Phone: (619) 692-8499; Fax: (858) 715-6458
Urgent Phone for pm/weekends/holidays: (858) 565-5255
E-mail: cahan@sdcounty.ca.gov
Secure Website: <http://cahan.ca.gov>
Public Website: <http://www.cahansandiego.com>



Priority Level for Testing Criteria: Federal, State, and County Recommendations

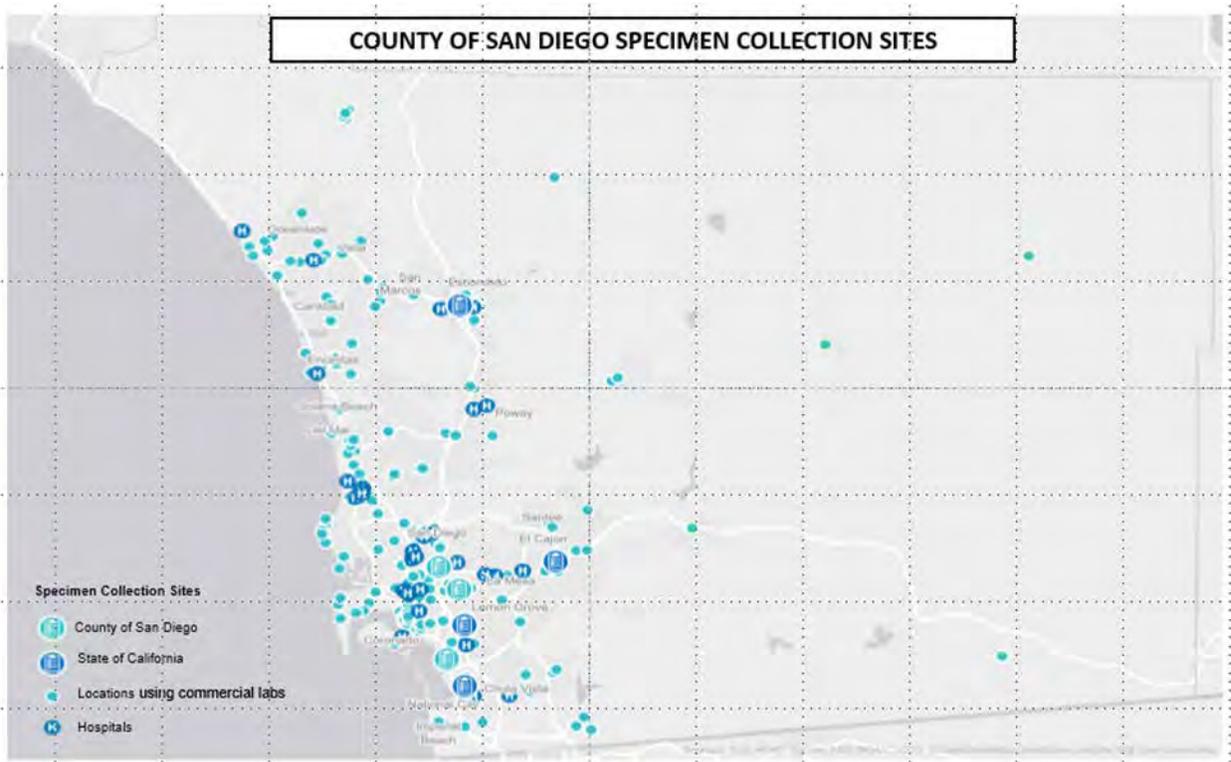


Revised April 22, 2020

Priority Level	Federal Testing Criteria (March 2020)	State Testing Criteria (April 19, 2020)	County Testing Criteria (April 20, 2020) (Includes below recommendations PLUS federal and state recommendations)
1	<ul style="list-style-type: none"> Hospitalized patients Healthcare facility workers with symptoms 	<ul style="list-style-type: none"> Hospitalized patients Symptomatic healthcare workers Persons identified for testing by public health contact investigations and disease control activities in high risk settings, including both residents and staff (e.g., congregate living facilities, correctional facilities) 	<ul style="list-style-type: none"> Residents and staff (symptomatic and asymptomatic) of congregate facilities which may include long-term care facilities, homeless shelters, substance use disorder treatment facilities, and correctional facilities
2	<ul style="list-style-type: none"> Patients in long-term care facilities with symptoms Patients 65 years of age and older with symptoms Patients with underlying conditions with symptoms First responders with symptoms 	<ul style="list-style-type: none"> Screening of asymptomatic residents of congregate living facilities prior to admission or re-admission to congregate living facility (e.g., a hospitalized patient will be screened for COVID-19 prior to discharge to a congregate living facility) Screening of asymptomatic healthcare workers (e.g., skilled nursing facility workers, hospital workers) Symptomatic persons in essential health and public safety occupations (e.g., first responders, law enforcement, congregate living facility workers) Symptomatic persons >65 years of age or with chronic medical conditions 	<ul style="list-style-type: none"> Vulnerable populations (symptomatic and asymptomatic): <ul style="list-style-type: none"> People with HIV/AIDS People Experiencing Homeless Those in Rural Areas Racial/Ethnic Groups Native Americans Older Adults
3	<ul style="list-style-type: none"> Critical infrastructure workers with symptoms Individuals who do not meet any of the above categories with symptoms Healthcare facility workers and first responders Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations 	<ul style="list-style-type: none"> Symptomatic persons in essential infrastructure occupations (e.g., utility workers, food supply workers, other public employees) 	<ul style="list-style-type: none"> Asymptomatic essential workers, including first responders and others, especially as part of an outbreak investigation or in areas with medically vulnerable patient populations
4	<ul style="list-style-type: none"> Non-priority, individuals without symptoms 	<ul style="list-style-type: none"> Community-based testing of all low-risk symptomatic persons Surveillance testing of asymptomatic persons 	<ul style="list-style-type: none"> Surveillance testing of deaths not otherwise linked to COVID-19



ATTACHMENT J



ATTACHMENT J

COUNTY-RUN LOCATIONS

Euclid Health Center

292 Euclid Avenue

San Diego County Credit Union Stadium

9449 Friars Road, San Diego

St Anthony's Church

410 W 18th Street, National City

STATE-RUN LOCATIONS

Tubman-Chavez Center, San Diego

415 Euclid Avenue,

Former Chula Vista Sears

565 Broadway, Chula Vista

San Diego County Assessor Office

200 S Magnolia Avenue, El Cajon

North Inland Live Well Center

649 W Mission Avenue, Escondido



ATTACHMENT J

Hospitals in San Diego County

	Hospital	Address	City	State	Zip	Phone
1	Alvarado Hospital Medical Center	6655 Alvarado Rd.	San Diego	CA	92120	(619) 287-3270
2	Alvarado Parkway Institute Behavioral Health System	7050 Parkway Dr.	La Mesa	CA	91942	(619) 465-4411
3	Aurora Behavioral Health Care San Diego	11878 Ave. of Industry	San Diego	CA	92128	(858) 487-3200
4	Kaiser Permanente San Diego Medical Center	9455 Clairemont Mesa Blvd.	San Diego	CA	92123	(858) 266-5000
5	Kaiser Permanente Zion Medical Center	4647 Zion Ave.	San Diego	CA	82120	(619) 528-5000
6	Kindred Hospital - San Diego	1940 El Cajon Blvd.	San Diego	CA	92104	(619) 543-4500
7	Naval Hospital Camp Pendleton	200 Mercy Circle	Camp Pendleton	CA	92055	(760) 725-1288
8	Naval Medical Center San Diego	34800 Bob Wilson Dr.	San Diego	CA	92134	(619) 532-6400
9	Palomar Health	456 E. Grand Ave.	Escondido	CA	92025	(760) 740-6301
10	Palomar Medical Center Escondido	2185 Citracado Parkway	Escondido	CA	92029	(442) 281-5000
11	Palomar Medical Center Poway	15615 Pomerado Rd.	Poway	CA	92064	(858) 613-4000
12	Paradise Valley Hospital	2400 East Fourth St.	National City	CA	91950	(619) 470-4321
13	Paradise Valley-Bayview Behavioral Health Campus	330 Moss St.	Chula Vista	CA	91911	(800) 585-2767
14	Rady Children's Hospital – San Diego	3020 Children's Way	San Diego	CA	92123	(858) 576-1700
15	Scripps Green Hospital	10666 North Torrey Pines Rd.	La Jolla	CA	92037	(858) 554-9100
16	Scripps Health	10140 Campus Point Dr.	San Diego	CA	92121	(800) 727-4777
17	Scripps Memorial Hospital Encinitas	354 Santa Fe Dr.	Encinitas	CA	92024	(760) 633-6501
18	Scripps Memorial Hospital La Jolla	9888 Genesee Ave.	La Jolla	CA	92037	(858) 626-4123
19	Scripps Mercy Hospital	4077 Fifth Ave.	San Diego	CA	92103	(619) 294-8111
20	Scripps Mercy Hospital Chula Vista	435 H St.	Chula Vista	CA	91910	(619) 791-7000
21	Vibra Select Specialty Hospital-San Diego	555 Washington St.	San Diego	CA	92103	(619) 260-8300
22	Sharp Chula Vista Medical Center	751 Medical Center Court	Chula Vista	CA	91911	(619) 502-5800
23	Sharp Coronado Hospital and Healthcare Center	250 Prospect Place	Coronado	CA	92118	(619) 522-3600
24	Sharp Grossmont Hospital	5555 Grossmont Center Dr.	La Mesa	CA	91942	(619) 740-6000
25	Sharp HealthCare	8695 Spectrum Center Blvd.	San Diego	CA	92129	(858) 499-4000



ATTACHMENT J

Ordering Facilities for Tests Performed at Quest Diagnostics (West Hills)

AFC UC CA CHULA VISTA	760 OTAY LAKES RD	CHULA VISTA	CA	91910-6915
AFC UC CA MIRA MESA	8260 MIRA MESA BLVD STE A	SAN DIEGO	CA	92126-2662
AFC UC CA SAN DIEGO	5671 BALBOA AVE	SAN DIEGO	CA	92111-2705
AFC UC CA SANTEE	10538 MISSION GORGE RD STE 100	SANTEE	CA	92071-3154
AFC URGENT CARE SDMV	8590 RIO SAN DIEGO DR STE 111	SAN DIEGO	CA	92108-5597
ALTOR MEDICUS, INC.	4180 RUFFIN RD STE 255	SAN DIEGO	CA	92123-1881
AMY WITMAN, M.D.	12395 EL CAMINO REAL STE 115	SAN DIEGO	CA	92130-3083
API LM SOUTH ICU	7050 PARKWAY DR	LA MESA	CA	91942-1535
ASHA DEVEREAUX, MD	1224 10TH ST STE 205	CORONADO	CA	92118-3420
BORRERO M.D., MARCOS	3490 PALM AVE	SAN DIEGO	CA	92154-1664
CA HEAD & NECK SPECIALISTS	2390 FARADAY AVE	CARLSBAD	CA	92008-7216
CARING DOCTOR MEDICAL CLINIC	9834 GENESEE AVE STE 400	LA JOLLA	CA	92037-1216
CARLSBAD URGENT CARE SM	295 S RANCHO SANTA FE RD	SAN MARCOS	CA	92078-2301
CC-ALPINE FAMILY MEDICINE (ADU	1620 ALPINE BLVD STE B110	ALPINE	CA	91901-1102
CC-BEACH AREA FAMILY	3705 MISSION BLVD	SAN DIEGO	CA	92109-7104
CC-BORREGO HLTH EMP ACCT	4343 YAQUI PASS RD	BORREGO SPRINGS	CA	92004-2369
CC-BORREGO MEDICAL CENTER	4343 YAQUI PASS RD	BORREGO SPRINGS	CA	92004
CC-CENTRO MEDICO EL CAJON	133 W MAIN ST STE 100	EL CAJON	CA	92020-3325
CC-CENTRO MEDICO ESCONDIDO	1121 E WASHINGTON AVE	ESCONDIDO	CA	92025-2214
CC-CHASE AVE FAMILY HEALTH	1111 W CHASE AVE	EL CAJON	CA	92020-5710
CC-CHULA VISTA FAMILY HEALTH	251 LANDIS AVE	CHULA VISTA	CA	91910-2628
CC-CITY HEIGHTS FAMILY	5454 EL CAJON BLVD	SAN DIEGO	CA	92115-3621
CC-DIAMOND NEIGHBORHOODS	4725 MARKET ST	SAN DIEGO	CA	92102-4715
CC-DOWNTOWN FAMILY HEALTH	1250 6TH AVE STE 100	SAN DIEGO	CA	92101-4368
CC-ELM STREET FAMILY HLTH CTR	140 ELM ST	SAN DIEGO	CA	92101-2602
CC-ENCINITAS 10	1130 2ND ST	ENCINITAS	CA	92024-5008
CC-FALLBROOK FAMILY HEALTH CTR	1328 S MISSION RD	FALLBROOK	CA	92028-4006
CC-FAMILY HEALTH AT	1550 BROADWAY STE 2	SAN DIEGO	CA	92101-5713
CC-FAMILY HEALTH CENTERS -	823 GATEWAY CENTER WAY	SAN DIEGO	CA	92102-4541
CC-FHCSD-COMMERCIAL STREET	2325 COMMERCIAL ST STE 1400	SAN DIEGO	CA	92113-1195
CC-FHCSD-EL CAJON FAMILY	525 E MAIN ST	EL CAJON	CA	92020-4007
CC-FHCSD-HILLCREST FAMILY	4094 4TH AVE	SAN DIEGO	CA	92103-2143
CC-GRAPEVINE FAMILY MED	134 GRAPEVINE RD	VISTA	CA	92083-4004
CC-GROSSMONT SPRING VALLEY	8788 JAMACHA RD	SPRING VALLEY	CA	91977-4035
CC-IBARRA FAMILY	4874 POLK AVE	SAN DIEGO	CA	92105-2026
CC-IBCC-NESTOR COMM HEALTH CTR	1016 OUTER RD	SAN DIEGO	CA	92154-1351
CC-IMPERIAL BEACH COMM CLINIC	949 PALM AVE	IMPERIAL BEACH	CA	91932-1503
CC-JULIAN MEDICAL CLINIC	2721 WASHINGTON ST	JULIAN	CA	92036
CC-KING-CHAVEZ HEALTH CENTER	950 S EUCLID AVE	SAN DIEGO	CA	92114-6201



ATTACHMENT J

CC-LA MAESTRA COMMUNITY HEALTH	217 HIGHLAND AVE	NATIONAL CITY	CA	91950-1518
CC-LA MAESTRA FAMILY CLINIC	4060 FAIRMOUNT AVE	SAN DIEGO	CA	92105-1608
CC-LA MISION 35	3220 MISSION AVE STE 1	OCEANSIDE	CA	92058-1354
CC-LEMON GROVE FAMILY HEALTH	7592 BROADWAY	LEMON GROVE	CA	91945-1604
CC-LOGAN HEIGHTS	1809 NATIONAL AVE	SAN DIEGO	CA	92113-2113
CC-LOMA ALTA 02	605 CROUCH ST	OCEANSIDE	CA	92054-4415
CC-MM PEDS 14	2210 MESA DR STE 300	OCEANSIDE	CA	92054-3701
CC-NATIONAL CITY FAMILY	1000 EUCLID AVE	NATIONAL CITY	CA	91950-3856
CC-NORTH PARK FAMILY	3544 30TH ST	SAN DIEGO	CA	92104-4120
CC-OAK PARK FAMILY	5160 FEDERAL BLVD	SAN DIEGO	CA	92105-5429
CC-OPERATION SAMAHAN INC-MM	10737 CAMINO RUIZ STE 235	SAN DIEGO	CA	92126-2375
CC-POINT LOMA UNIV WELLNESS	3900 LOMALAND DR	SAN DIEGO	CA	92106-2810
CC-PROGRESSIVE HEALTH SERVICES	4732 POINT LOMA AVE STE D	SAN DIEGO	CA	92107-3866
CC-RAMONA 04	220 ROTANZI ST	RAMONA	CA	92065-2583
CC-RICE FAMILY HEALTH CENTER	352 L ST	CHULA VISTA	CA	91911-1208
CC-SAINT VINCENT DE PAUL	1501 IMPERIAL AVE	SAN DIEGO	CA	92101-7638
CC-SAN DIEGO FAMILY CARE	4305 UNIVERSITY AVE STE 150	SAN DIEGO	CA	92105-1690
CC-SD AMERICAN INDIAN HEALTH	2630 1ST AVE	SAN DIEGO	CA	92103-6599
CC-SD FAMILY CARE 6973 LINDA	6973 LINDA VISTA RD	SAN DIEGO	CA	92111-6342
CC-SHERMAN HEIGHTS FAMILY	2391 ISLAND AVE	SAN DIEGO	CA	92102-2941
CC-SM FAMILY MED 50	150 VALPREDRA RD	SAN MARCOS	CA	92069-2973
CC-SM PEDS 55	150 VALPREDRA RD	SAN MARCOS	CA	92069-2973
CC-SM QUICK CARE 56	150 VALPREDRA RD	SAN MARCOS	CA	92069-2973
CC-SOUTHERN INDIAN HEALTH	36350 CHURCH RD	CAMPO	CA	91906-2715
CC-ST PAUL'S PACE AKALOA	630 L ST	CHULA VISTA	CA	91911-1066
CC-ST PAUL'S PACE NEMETH	1306 BROADWAY	EL CAJON	CA	92021-5810
CC-ST PAUL'S PACE REASNER	111 ELM ST	SAN DIEGO	CA	92101-2692
CC-UCSD STUDENT HEALTH	9500 GILMAN DR # MC0039	LA JOLLA	CA	92093-0039
CC-VISTA COMM CLINIC FMLY MED	1000 VALE TERRACE DR STE 200	VISTA	CA	92084-5218
CC-VISTA COMM CLINIC-N RIVER	4700 N RIVER RD	OCEANSIDE	CA	92057-6043
CC-VISTA COMM CLINIC-PEDS	1000 VALE TERRACE DR STE 101	VISTA	CA	92084-5218
CC-VISTA COMM CLINIC-PIER VIEW	818 PIER VIEW WAY	OCEANSIDE	CA	92054-2803
CC-VISTA COMMUNITY CLINIC-WEST	517 N HORNE ST	OCEANSIDE	CA	92054-2518
CENTRAL DETENTION FACILITY	1173 FRONT ST	SAN DIEGO	CA	92101-3904
CERNER VIASAT PRI	6155 EL CAMINO REAL	CARLSBAD	CA	92009-1602
CHILDREN'S PRIMARY CARE	2067 W VISTA WAY STE 180	VISTA	CA	92083-6033
CHILDREN'S PRIMARY CARE MED GP	250 E CHASE AVE STE 108	EL CAJON	CA	92020-6305
CHILDRENS CLINIC-LA JOLLA	5726 LA JOLLA BLVD STE 107	LA JOLLA	CA	92037-7342
CHILDRENS HEALTHCARE ASSOC.	550 WASHINGTON ST STE 300	SAN DIEGO	CA	92103-2227
CHILDRENS PRIMARY CARE	12395 EL CAMINO REAL STE 219	SAN DIEGO	CA	92130-3084
CHILDRENS PRIMARY CARE LAJOLLA	4150 REGENTS PARK ROW STE 355	LA JOLLA	CA	92037-9102
CHILDRENS PRIMARY CARE MED	3605 VISTA WAY BLDG B130	OCEANSIDE	CA	92056-4565



ATTACHMENT J

GRP				
CLEWELL MD KATHERINE	15525 POMERADO RD STE A4	POWAY	CA	92064-2425
COAST PEDIATRICS CARMEL VALLEY	5965 VILLAGE WAY STE 201	SAN DIEGO	CA	92130-2427
COAST PEDIATRICS DEL MAR	12845 POINTE DEL MAR WAY STE 200	DEL MAR	CA	92014-3862
DOPS-CENTRAL DETENTION	1173 FRONT ST	SAN DIEGO	CA	92101-3904
DOPS-VISTA DETENTION	325 S MELROSE DR	VISTA	CA	92081-6627
EAST COUNTY URGENT CARE	1625 E MAIN ST STE 100	EL CAJON	CA	92021-5240
EAST MESA RE-ENTRY FACILITY	446 ALTA RD STE 5200	SAN DIEGO	CA	92158-0001
EDIT HEGYI, MD	16769 BERNARDO CENTER DR # K13	SAN DIEGO	CA	92128-2546
ENT ASSOCIATES MEDICAL GROUP	3907 WARING RD STE 1	OCEANSIDE	CA	92056-4454
GENESEE MEDICAL GROUP	7830 CLAIREMONT MESA BLVD	SAN DIEGO	CA	92111-1619
GEORGE BAILEY DETENTION	446 ALTA RD STE 5300	SAN DIEGO	CA	92158-0001
GOFORWARD SD1	4305 LA JOLLA DRIVE SUITE 2518	SAN DIEGO	CA	92122
HERITAGE PARK PEDIATRIC	1392 E PALOMAR ST STE 501	CHULA VISTA	CA	91913-1895
HOPPE MD, DIANA	317 N EL CAMINO REAL # 310	ENCINITAS	CA	92024-2811
HUTCHISON M.D., DIANE LYNN	477 N EL CAMINO REAL STE D202	ENCINITAS	CA	92024-1370
IKIDNEY CARE CLINIC	4440 EUCLID AVE	SAN DIEGO	CA	92115-4522
JENNIFER DAVIS, MD	2790 TRUXTUN RD STE 120A	SAN DIEGO	CA	92106-6135
JOHN R. HARPER III, M.D., P.C.	1834 MAIN ST	RAMONA	CA	92065-2522
JOSEPH CAPERNA, MD	2333 1ST AVE STE 104	SAN DIEGO	CA	92101-1538
JOSEPH TULAGAN, MD	3400 E 8TH ST STE 105	NATIONAL CITY	CA	91950-3168
KINDRED HOSPITAL-SAN DIEGO	1940 EL CAJON BLVD	SAN DIEGO	CA	92104-1005
LA COSTA PEDS	3257 CAMINO DE LOS COCHES STE 202	CARLSBAD	CA	92009-8915
LA COSTA URGENT CARE	6971 EL CAMINO REAL STE 101	CARLSBAD	CA	92009-4114
LA JOLLA VILLAGE FAM MED GRP	4520 EXECUTIVE DR STE 105	SAN DIEGO	CA	92121-3019
LA MESA PEDIATRIC MEDICAL GRP	8881 FLETCHER PKWY STE 200	LA MESA	CA	91942-3135
LEILA RHODES MD, INC	6525 LA JOLLA BLVD	LA JOLLA	CA	92037-6016
LIFE WELLNESS INSTITUTE	2448 DECATUR RD STE 130	SAN DIEGO	CA	92106-6116
LIVV NATURAL HEALTH	800 W IVY ST STE A	SAN DIEGO	CA	92101-1771
LOPEZ M.D., IRMA	1035 E GRAND AVE STE 101	ESCONDIDO	CA	92025-4601
METROPOLITAN CORRECTION CTR	808 UNION ST	SAN DIEGO	CA	92101-6030
MOBILE DOCTOR MEDICAL CLINIC	1582 W SAN MARCOS BLVD STE 100	SAN MARCOS	CA	92069-4081
MOHAMMED K. ELSAYED, MD	330 OXFORD ST STE 106	CHULA VISTA	CA	91911-3118
MONICA P. CEPIN, M.D.	333 H ST STE 2000	CHULA VISTA	CA	91910-5556
MTK PRIMARY CARE MEDICAL GROUP	2801 CAMINO DEL RIO S STE 204-1	SAN DIEGO	CA	92108-3800
MY FAMILY DOC	1207 CARLSBAD VILLAGE DR STE A	CARLSBAD	CA	92008-1958
N. BECKY NGUYEN, MD, INC.	3969 4TH AVE STE 207	SAN DIEGO	CA	92103-3165
NIHON CLINIC SD	3707 CONVOY ST	SAN DIEGO	CA	92111-3754
NORTH COAST FAMILY MED GROUP	477 N EL CAMINO REAL STE A306	ENCINITAS	CA	92024-1350
OCCMED-CA-CHULA VISTA	542 BROADWAY STE G	CHULA VISTA	CA	91910-5304



ATTACHMENT J

OCCMED-CA-HILLCREST	3930 4TH AVE STE 200	HILLCREST	CA	92103
OCCMED-CMC-CA-MISSION CENTER	5333 MISSION CENTER RD	SAN DIEGO	CA	92108-1302
PACIFIC MEDICAL CARE	1501 5TH AVE STE 100	SAN DIEGO	CA	92101-3251
PARADISE VALLEY HOSPITAL	2400 E 4TH ST	NATIONAL CITY	CA	91950-2026
PARMELA S SAWHNEY, MD	705 PALM AVE	IMPERIAL BEACH	CA	91932-1229
PEDIATRIC PARTNERS	1107 S MISSION RD	FALLBROOK	CA	92028-3224
PETROVICH M.D., LAURA	1224 10TH ST STE 200	CORONADO	CA	92118-3420
PHILLIP MILGRAM, M.D.	1207 CARLSBAD VILLAGE DR STE Y	CARLSBAD	CA	92008-1958
POINT LOMA PEDIATRICS	2790 TRUXTUN RD STE 150	SAN DIEGO	CA	92106-6141
PRATHIPATI MD, KUMARA	502 EUCLID AVE STE 203	NATIONAL CITY	CA	91950-2988
PROACTIVE HEALTH LABS	191 N EL CAMINO REAL STE 210	ENCINITAS	CA	92024-5364
PUBLIC HEALTH LABORATORY	3851 ROSECRANS ST	SAN DIEGO	CA	92110-3134
PULMONARY & INFECTIOUS	6699 ALVARADO RD STE 2308	SAN DIEGO	CA	92120-5241
QUEST DIAGNOSTICS NO COAST	477 N EL CAMINO REAL STE B201	ENCINITAS	CA	92024-1353
RCPMS EMPLOYEE ACCOUNT	3880 MURPHY CANYON RD STE 200	SAN DIEGO	CA	92123-4411
RFMG FALLBROOK RANCHO FAMILY	521 E ELDER ST STE 105	FALLBROOK	CA	92028-3082
RJD DONOVAN CORRECTIONAL	480 ALTA RD	SAN DIEGO	CA	92179-0001
ROBERT A. HOUGHTON M.D.	1855 1ST AVE STE 200B	SAN DIEGO	CA	92101-2685
SACHS MD, BRUCE	501 N EL CAMINO REAL STE 100	ENCINITAS	CA	92024-1335
SAN DIEGO SPORTS MEDICINE	6699 ALVARADO RD STE 2100	SAN DIEGO	CA	92120-5238
SANSCHAGRIN MD, ANDRE	501 N EL CAMINO REAL STE 100	ENCINITAS	CA	92024-1335
SCRIPPS CLINIC CARMEL VALLEY	3811 VALLEY CENTRE DR	SAN DIEGO	CA	92130-3318
SCRIPPS HOSP CHULA VISTA/LAB	435 H ST	CHULA VISTA	CA	91910-4307
SCRIPPS MEMORIAL ENCINITAS/LAB	354 SANTA FE DR	ENCINITAS	CA	92024-5142
SCRIPPS MEMORIAL LA JOLLA/LAB	9888 GENESEE AVE	LA JOLLA	CA	92037-1205
SCRIPPS MERCY HOSPITAL/LAB	4077 5TH AVE	SAN DIEGO	CA	92103-2105
SD PSYCHIATRY AND WELLNESS	445 MARINE VIEW AVE STE 300	DEL MAR	CA	92014-3926
SETH BULOW, M.D.	9834 GENESEE AVE STE 400	LA JOLLA	CA	92037-1216
SHARP REES STEALY	16899 W BERNARDO DR	SAN DIEGO	CA	92127-1603
SHELTER ISLAND MEDICAL GROUP	1370 ROSECRANS ST STE A	SAN DIEGO	CA	92106-2676
SUSANNA CHOU, MD	340 4TH AVE STE 12	CHULA VISTA	CA	91910-3813
TRI CITY MEDICAL CENTER	4002 VISTA WAY	OCEANSIDE	CA	92056-4506
UC-CA-ESCONDIDO	860 W VALLEY PKWY STE 150	ESCONDIDO	CA	92025-2541
UC-CA-HILLCREST	3930 4TH AVE STE 200	SAN DIEGO	CA	92103-3119
UC-CA-SAN DIEGO KEARNY MESA	5575 RUFFIN RD STE 100	SAN DIEGO	CA	92123-1361
UCSD MEDICAL CTR/OWEN CLINIC	4168 FRONT ST FL 3	SAN DIEGO	CA	92103-2030
UCSD OWEN CLINIC	200 W ARBOR DR STE 8681	SAN DIEGO	CA	92103-1911
UCSD PEDIATRICS AND ADOLESCENT	8910 VILLA LA JOLLA DR STE 110	LA JOLLA	CA	92037-1714
UCSD-CALM	10300 CAMPUS POINT DR	SAN DIEGO	CA	92121-1504
UNI CARE HOME HEALTH INC.	1510 S ESCONDIDO BLVD # 101	ESCONDIDO	CA	92025-6017
VIET DAO, MD	4616 EL CAJON BLVD STE 9	SAN DIEGO	CA	92115-4426



ATTACHMENT J

VIVA WELLNESS	3740 ROSECRANS ST STE A-C	SAN DIEGO	CA	92110-3126
WOMEN'S PSU	451 RIVERVIEW PKWY	SANTEE	CA	92071-5829

Ordering Facilities for Tests Performed at Quest Nichols (SJC)

KAISER PATH SAN DIEGO	4647 ZION AVE	SAN DIEGO	CA	92120
KAISER PATH-SAN DIEGO	4647 ZION AVENUE	SAN DIEGO	CA	92120
KAISER SA DIEGO	4647 ZION AVE	SAN DIEGO	CA	92120
KAISER SAN DIEGO KRMS	9455 CLAIREMONT MESA BLVD	SAN DIEGO	CA	92123
KAISER SAN DIEGO RLN	9455 CLAIREMONT MESA BLVD	SAN DIEGO	CA	92123
KAISER/SAN DIEGO	4647 ZION AVE	SAN DIEGO	CA	92120
PALOMAR MED CTR-CPU	2185 CITRACADO PARKWAY	ESCONDIDO	CA	92029
PALOMAR MED CTR-MISC	2185 CITRACADO PKWY	ESCONDIDO	CA	92029
POMERADO HOSP-CPU	15615 POMERADO ROAD	POWAY	CA	92064
POMERADO HOSP-MISC	15615 POMERADO ROAD	POWAY	CA	92064
RADY CHILDRENS HOSP SAN DIEGO	3020 CHILDRENS WAY	SAN DIEGO	CA	92123
SCRIPPS WAPLES LAB	9535 WAPLES STREET	SAN DIEGO	CA	92121
SCRIPPS WAPLES LAB CPU	9535 WAPLES STREET	SAN DIEGO	CA	92121
SHARP HLTHCARE LAB	5651 COPLEY DR	SAN DIEGO	CA	92111
VA SAN DIEGO HEALTHCARE SYS	3350 LA JOLLA VILLAGE DR	SAN DIEGO	CA	92161

Ordering Facilities for Tests Performed at LabCorp

8-2-8 Urgent Care	4171 Oceanside Blvd Ste 109	OCEANSIDE	CA	92056
A. S. A. P. Urgent Care	519 Encinitas Blvd Ste 106	ENCINITAS	CA	92024
AFC Urgent Care of SD Mission	8590 Rio San Diego Dr Ste 111	San Diego	CA	92108
AFC Urgent Care of San Diego	5671 Balboa Ave	SAN DIEGO	CA	92111
AHC Unite Here	2952 Market St	SAN DIEGO	CA	92102
AHF HCC San Diego	3940 4th Ave Ste 140	SAN DIEGO	CA	92103
AHP Family Practice 2	15611 Pomerado Rd 3rd Flr	POWAY	CA	92064
Access Medical Centers	477 N El Cam Real Ste A 100	Encinitas	CA	92024
Alisa L Williams, MD	5555 Reservoir Dr Ste 307	SAN DIEGO	CA	92120
Alvarado Hospital Med Ctr	6655 Alvarado Road	San Diego	CA	92120
Amy Witman MD	12395 El Camino Real Ste 115	San Diego	CA	92130
Andres Zimmerman MD	3601 Vista Way Ste 201	OCEANSIDE	CA	92056
Anna E Lee, MD	3998 Vista Wy Ste D	Oceanside	CA	92056
Anselmo Roldan, MD	3490 Palm Ave	SAN DIEGO	CA	92154
Apreva Hospice	1565 Hotel Circle S Ste 320	SAN DIEGO	CA	92108
Ashish Wadhwa MD	12630 Monte Vista Rd Ste 206	Poway	CA	92064
Aurora San Diego LLC	11878 Ave Of Industry	SAN DIEGO	CA	92128
Balboa Park Internal	2970 5th Ave Ste 140	San Diego	CA	92103
Belen Clark MD	1954 Via Centre Ste B	Vista	CA	92081
CALIFORNIA SPINE GROUP	5395 Ruffin Rd Ste 201	SAN DIEGO	CA	92123
Cable Street Family Practice	1808 Cable St	San Diego	CA	92107
California Pediatrics	1595 Grand Ave Ste 102	SAN MARCOS	CA	92078



ATTACHMENT J

Calvin Wong MD	444 W C St Ste 185	San Diego	CA	92101
Cardenas / Cardenas	3330 3rd Ave Ste 402	SAN DIEGO	CA	92103
Cardinal Medical Center	204 S Santa Fe	VISTA	CA	92084
Cassidy Medical Group	145 Thunder Dr	VISTA	CA	92083
Cassidy Medical Group-IM	145 Thunder Dr	Vista	CA	92083
Cassidy Medical Group-Peds	2067 W Vista Way Ste 280	VISTA	CA	92083
Centro Medico El Cajon	133 West Main St Ste 240	EL CAJON	CA	92020
Centro Medico Escondido	1121 E Washington Ave	ESCONDIDO	CA	92025
Charlie Chen, MD	7695 Cardinal Court Ste 390	San Diego	CA	92123
Childrens Primary Care	499 N El Camino Real Ste B100	Encinitas	CA	92024
Chula Vista Medical Plaza	678 3rd Ave	Chula Vista	CA	91910
Clarita Carambas, MD	9955 Carmel Mtn Rd Ste F1	SAN DIEGO	CA	92129
Daniel Michaels MD	4520 Executive Dr Ste 105	SAN DIEGO	CA	92121
Del Mar Integrative Medicine	1349 Camino Del Mar Ste B	Del Mar	CA	92014
Doctors Express	10538 Mission Gorge Rd Ste 100	SANTEE	CA	92071
Dr. Michelle Wolford	171 Saxony Rd, Ste 104	Encinitas	CA	92024
EIMINC	215 S Hickory St Ste 118	Escondido	CA	92025
East County Urgent Care	1625 E Main St Ste 100	El Cajon	CA	92021
El Norte Medical Group	306 W El Norte Pkwy Ste S	ESCONDIDO	CA	92026
Elizabeth Winter, ND	3355 4th Ave	San Diego	CA	92103
Ellyn Levine MD	5290 Baltimore Dr	La Mesa	CA	91942
Encompass Family Physicians	7051 Alvarado Rd	LA MESA	CA	91942
Esthetica of San Diego	12845 Pointe Del Mar	Del Mar	CA	92014
Family Medicine Clinic	5507 El Cajon Blvd 2nd Floor	SAN DIEGO	CA	92115
Francisco J Recalde, MD	3811 El Cajon Blvd	SAN DIEGO	CA	92105
Fred Abbo, MD	7334 Girard Ave Ste 203	LA JOLLA	CA	92037
GB Orthopedics	225 East 2nd Ave	ESCONDIDO	CA	92025
GB Pediatrics	225 E Second Ave Ste 100	Escondido	CA	92025
Gary and Mary West Pace- San	1706 Descanso Ave	San Marcos	CA	92078
Gaslamp Medical Center	250 Market St	San Diego	CA	92101
Gen5Fertility	3420 Carmel Mountain Rd Ste 200	San Diego	CA	92121
George Delgado MD	5030 Camino de la Siesta #106	San Diego	CA	92108
George T Papas, MD	2883 Meade Ave	SAN DIEGO	CA	92116
Glenn Soppe, MD	345 Saxony Rd Ste 204	Encinitas	CA	92024
Grant McGann DDS	7910 Frost St Ste 310	SAN DIEGO	CA	92123
Graybill ESC Grand	625 E Grand Ave Ste B	Escondido	CA	92025
Graybill Medical Group	225 E Second Ave Ste 101	Escondido	CA	92025
Graybill Medical Group ENT	225 E Second Ave Ste 202	ESCONDIDO	CA	92025
Graybill Medical Group Inc	3142 Vista Way	OCEANSIDE	CA	92056
Graybill Medical Group, INC.	225 E Second Ave Ste 202	Escondido	CA	92025
Graybill Melrose	326 S Melrose Dr Ste 200	VISTA	CA	92081
Graybill Urgent Care	225 E 2nd Ave Ste 101	Escondido	CA	92025
Gregory Smith, MD	161 Thunder Dr Ste 207	VISTA	CA	92083
Guarneri Integrative Hlth Inc	6919 La Jolla Blvd	LA JOLLA	CA	92037



ATTACHMENT J

HHS COVID 19 MCAS MIRAMAR	34800 Bob Wilson Blvd	San Diego	CA	92134
HHS Responders MCAS Miramar	34800 Bob Wilson Blvd	San Diego	CA	92134
Healthtopia Clinic	802 N Coast Hwy 101	Encinitas	CA	92024
Hillcrest Internal Medicine	4060 Fourth Ave Ste 505	SAN DIEGO	CA	92103
Home Physicians Medical Group	4849 Ronson Ct Ste 217	San Diego	CA	92111
IHSC Otay Mesa	7488 Calzada De La Fuente	San Diego	CA	92158
Interface Graybill Med Grp Inc	277 Ranchero Dr Ste 100	San Marcos	CA	92069
Jack J Kleid, MD	3660 Clairemont Dr Ste 6	SAN DIEGO	CA	92117
Janet Schwartz MD	9850 Genesee Ave Ste 740	La Jolla	CA	92037
Janette Gray, MD	3636 Fifth Ave Ste 300	SAN DIEGO	CA	92103
Jim W Turnage, MD	3675 Ruffin Rd Ste 120	SAN DIEGO	CA	92123
Joseph F Czvik	1635 Lake San Marcos Dr Ste 202	SAN MARCOS	CA	92078
Kaplan Maclean Rheumatology	345 Saxony Rd Ste 105	ENCINITAS	CA	92024
Karen Saroki MD	5030 Camino de la Siesta Ste 106	SAN DIEGO	CA	92108
Kathy Clewell MD	15525 Pomerado Rd Ste A4	POWAY	CA	92064
Keven Tagdiri MD	4401 Manchester Ave Ste 103	Encinitas	CA	92024
Kindred SD eLabCorp	1940 E Cajon Blvd	SAN DIEGO	CA	92104
Kumara Prathipati MD	502 Euclid Ave Ste 203	NATIONAL CITY	CA	91950
LA JOLLA COSMETIC SURG CENTRE	9850 GENESEE AVE STE 130	LA JOLLA	CA	92037
La Maestra Community Hlth Ctrs	217 Highland Ave	National City	CA	91950
Leila Rhodes MD	6525 La Jolla Blvd	LA JOLLA	CA	92037
Lori Arnold MD	477 N El Camino Real Ste C310	Encinitas	CA	92024
Marque Urgent Care	4490 Fanuel St	San Diego	CA	92109
Marque Urgent Care- UTC	4085 Governor Dr	San Diego	CA	92122
Marque Urgent Care-Eastlake	2315 Otay Lakes Rd Ste 306	Chula Vista	CA	91914
Maryam Zarei MD	15725 Pomerado Rd Ste 103	POWAY	CA	92064
Medical Group of North County	910 Sycamore Ave Ste 270	Vista	CA	92081
Melissa Hurd	161 Thunder Dr Ste 103	VISTA	CA	92083
Metro Family Physicians	5030 Camino De La Siesta #204	SAN DIEGO	CA	92108
Mohammed K Elsayed MD	330 Oxford St Ste 106	CHULA VISTA	CA	91911
Monica P Cepin MD	333 H St Ste 2000	CHULA VISTA	CA	91910
NCHS - Mesa Peds	2210 Mesa Dr Ste 300	Oceanside	CA	92054
NCHS-Quick Care	150 Valpreda Rd	San Marcos	CA	92069
NHC - Lakeside	10039 Vine St	LAKESIDE	CA	92040
NHC - Poway	13010 Poway Rd	Poway	CA	92064
NHC - Washington Ave	550 W Washington Ave Ste B	Escondido	CA	92025
NHC Grand Ave	1001 E Grand Ave	ESCONDIDO	CA	92025
NHC Pauma Valley	16650 Hwy 76 Po Box 655	PAUMA VALLEY	CA	92061
NHC Women's Center	728 East Valley Pkwy	ESCONDIDO	CA	92025
NHC-EL Cajon	855 E Madison Ave	EL CAJON	CA	92020
NHC-Elm	460 N Elm St	ESCONDIDO	CA	92025
NHC-Peds	426 N Date St	ESCONDIDO	CA	92025



ATTACHMENT J

Ned Chambers MD	1370 Rosecrans St	San Diego	CA	92106
Neil Halim MD	1030 La Bonita Dr Ste 316	SAN MARCOS	CA	92078
Nokeo Songvilay, DO	1807 Robinson Ave Ste 107	SAN DIEGO	CA	92103
North Coast Family	477 El Camino Real Ste A306	Encinitas	CA	92024
North County	2067 W Vista Way Ste 200	VISTA	CA	92083
North County Internists	15721 Pomerado Rd	Poway	CA	92064
North County Natural Medicine	815 N Vulcan Ave	Encinitas	CA	92024
Oceanside Urgent Care +	616 S Coast Hwy	OCEANSIDE	CA	92054
One Medical Group San Diego	1230 Columbia St Ste 100	San Diego	CA	92101
One Medical Group-La Jolla	4373 La Jolla Village Dr # G2	San Diego	CA	92122
Paradise Valley Hospital Lab	2400 E 4th St	NATIONAL CITY	CA	91960
Partners Urgent Care Eastlake	2315 Olay Lakes Rd	CHULA VISTA	CA	91921
Patricia Deckert DO	8911 La Mesa Blvd Ste 101	La Mesa	CA	91942
Perlman Clinic Hillcrest	3900 5th Ave Ste 110	San Diego	CA	92103
Perlman Clinic La Jolla	7855 Ivanhoe Ave Ste 110	La Jolla	CA	92037
Perlman Clinic- Del Mar	12843 El Camino Real Ste 203	San Diego	CA	92130
Perlman Clinic- Encinitas	477 N El Camino Real Ste A200	Encinitas	CA	92024
Perlman Clinic- Kensington	4142 Adams Ave Ste 102	San Diego	CA	92116
Perlman Clinic- La Mesa	6386 Alvarado Ct Ste 101	San Diego	CA	92120
Perlman Clinic-Chula Vista	299 J St	Chula Vista	CA	91910
Perlman Clinic-Downtown	555 W C St Ste 102	San Diego	CA	92101
Primary Care Internal and	9850 Genesee Ave Ste 320	La Jolla	CA	92037
Pulmonary Med Infectious	6699 Alvarado Rd Ste 2308	San Diego	CA	92120
Rebecca Rodriguez DO	499 N El Camino Real Ste C-200	Encinitas	CA	92024
Robert L Stephenson MD	320 Santa Fe Dr Ste 303	Encinitas	CA	92024
SD LCA In-house Comp Billable	13112 Evening Creek Dr S S#200	SAN DIEGO	CA	92128
SUSANNA I CHOU MD PhD	340 4TH AVE STE 12	CHULA VISTA	CA	91910
San Antonio Medical Clinic	36 N Euclid Ave Ste C	NATIONAL CITY	CA	91950
San Marcos 24 Hour Urgent Care	295 S Rancho Santa Fe Rd	San Marcos	CA	92078
Sandeep Soni MD	15644 Pomerado Rd Ste 202	POWAY	CA	92064
Scott W Mercer, MD	320 Santa Fe Dr Ste 205	Encinitas	CA	92024
Sharp Care	2437 Fenton St Ste A	CHULA VISTA	CA	91914
Silverado Hospice-San Diego	5471 Kearny Villa Rd Ste 300	SAN DIEGO	CA	92123
Sonata Hospice	5333 Mission Center Rd Ste 210	San Diego	CA	92108
South Bay Internal Medicine	374 H St Ste 202	CHULA VISTA	CA	91910
South Bay OB GYN Med Grp PV	765 Medical Center Ct Ste 203	Chula Vista	CA	91911
Southern Calif Cardiology	6386 Alvarado Ct Ste 101	SAN DIEGO	CA	92120
Spark Advanced Natural Med	124 Lomas Santa Fe Dr	SOLANA BEACH	CA	92075
Steve Laverson MD	11199 Sorrento Valley Rd Ste 202	San Diego	CA	92121
Stewart L Frank, MD	4060 4th Ave Ste 605	SAN DIEGO	CA	92103
Stuart Kipper	700 Garden View Ct Ste 200	ENCINITAS	CA	92024
Sun Health Medical Clinic	427 C St Ste 216	San Diego	CA	92101



ATTACHMENT J

Suzanne Mills MD	12395 El Camino Real Ste 217	San Diego	CA	92130
TealHeal Mobile Medical	12760 High Bluff Drive	San Diego	CA	92130
Timothy Coen MD	706 S Main	FALLBROOK	CA	92028
Tri-City Primary Care	1926 Via Center Drive	Vista	CA	92081
VISTA COMMUNITY CLINIC	4700 NORTH RIVER RD Ste B	OCEANSIDE	CA	92057
Valerie Altavas, MD	655 S Euclid Ave Ste 209	National City	CA	91950
Valle Verde Pediatric	15525 Pomerado Rd Ste B1	POWAY	CA	92064
Veni-Express	300 W Grand Ave Ste 303	Escondido	CA	92025
Vista Community Clinic	1000 Vale Terrace	Vista	CA	92084
Waring Court Medical Group	3230 Waring Ct Ste J	Oceanside	CA	92056
Western Reg Detention Facility	220 W C St	San Diego	CA	92101
William C Eves MD	480 4th Ave Ste 307	CHULA VISTA	CA	91910
Wynnshang C Sun, MD	9850 Genesee Ave Ste 870	La Jolla	CA	92037
reevoMD PC	735 E Ohio Ave Ste 201	Escondido	CA	92025

Ordering Facilities for Tests Performed at ARUP Laboratories

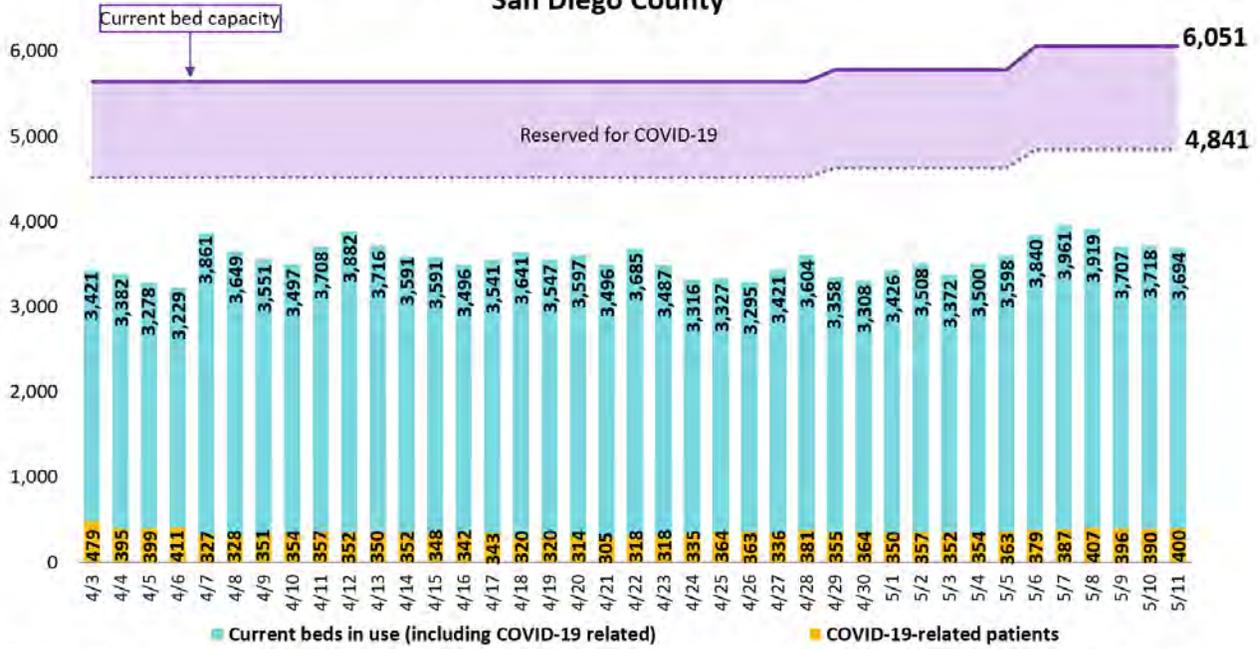
Pacific Rim Pathology Outreach	9295 Farnham St, Ste 100	San Diego	CA	92123
SRS Fir Street I/F	300 Fir Street	San Diego	CA	92101
SRS Rancho Bernardo Lab I/F	16899 W. Bernardo Dr	San Diego	CA	92127
SRS Sorrento Mesa I/F	10243 Genetic Center Drive	San Diego	CA	92121
Sharp Coronado Hosp I/F	250 Prospect Place	San Diego	CA	92118
Sharp Grossmont Hosp I/F	5555 Grossmont Center Dr.	La Mesa	CA	91942
Sharp Memorial Hosp I/F	7901 Frost Street	San Diego	CA	92123
Tri City Med Ctr I/F_MUI	4002 Vista Way	Oceanside	CA	92056
UCSD CALM I/F	10300 Campus Point Drive, Suite 150	San Diego	CA	92121
UCSD CALM S2K	10300 Campus Point Drive, Suite 150	San Diego	CA	92121



ATTACHMENT K



COVID-19 Daily Hospital Census San Diego County



Data are preliminary and subject to change; data for COVID-19-related patients from State of California Health and Human Services Open Data and include cases and suspect patients for non-federal hospitals for San Diego County residents and non-residents; current bed capacity for non-federal hospitals in San Diego County
Prepared by County of San Diego, Emergency Operations Center, 5/12/2020



ATTACHMENT M

Hospital PPE

PPE and Staff Availability Survey Results - Scheduled Report Kaiser is reporting for the whole system under one hospital Scripps is reporting for the whole system under Scripps Green. Sharp is reporting for the whole system under Sharp Memorial. UCSD is reporting for the whole system under UCSD Medical Center.

Responding Agency Name:	AVERAGE	TOTAL
EYE PROTECTION DAYS ON HAND	778	
EYE PROTECTION BURN RATE (PER DAY)	109	
EYE PROTECTION TOTAL QUANTITY		133,849
FACE SHIELDS DAYS ON HAND	152	
FACE SHIELDS BURN RATE (PER DAY)	327	
FACE SHIELDS TOTAL QUANTITY		111,918
GLOVES DAYS ON HAND	24	
GLOVES BURN RATE (PER DAY)	59,981	
GLOVES TOTAL QUANTITY		15,143,019
GOWNS DAYS ON HAND	22	
GOWNS BURN RATE (PER DAY)	3,107	
GOWNS TOTAL QUANTITY		651,919
N-95 DAYS ON HAND	74	
N-95 BURN RATE (PER DAY)	355	
N-95 TOTAL QUANTITY ON SITE		222,970
OTHER MASKS DAYS ON HAND	72	
OTHER MASKS BURN RATE (PER DAY)	3,743	
OTHER MASKS TOTAL QUANTITY		4,380,098
Responding Agency Name:	AVERAGE	TOTAL
PAPR HOODS DAYS ON HAND	12	
PAPR HOODS BURN RATE (PER DAY)	5	
PAPR HOODS TOTAL QUANTITY		640



Personal Protective Equipment Given Out COVID-19

Updated: 5/15/2020

Item	Cumulative
N-95 Respirator	1,007,235
Face Mask	1,688,878
Face Shield	46,465
Goggles	11,242
Gowns	64,983
Gloves	1,190,788
TOTAL	4,009,091



www.coronavirus-sd.com

Text: COSD COVID19 to 468-311





County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3951 ROSECRANS STREET, MAIL STOP P-578
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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

March 13, 2020

TO: Long Term Care Facilities
Senior Care Facilities
Residential Facilities

FROM: Wilma J. Wooten, M.D., M.P.H.,
Public Health Officer & Director,
Public Health Services

RE: COVID-19 PLANNING AND RESPONSE EFFORTS

I am sending you this communication on behalf of the County of San Diego Health and Human Services Agency (HHS) Public Health Services (PHS) department (local health department). The novel Coronavirus Disease (COVID-19) global outbreak is rapidly changing day-to-day.

It is important to know that while the Centers for Disease Control and Prevention (CDC) considers that this is a serious public health threat, currently, the risk for the general American public remains low. That could, however, change at any time as the situation remains fluid. Globally, as of March 13, 2020, at 4:18 PM, there have been over 140,875 [cases and 5,359 deaths](#) associated with COVID-19. Nationwide, there have been [1,629 confirmed cases in the United States](#) (U.S.), including [247 in California](#), with numbers changing by the hour. It is important for you and your organization(s) to continue to follow updates on the local, state, national, and global situations, as the virus inevitably will continue to spread for some time.

My last update provided an overview of County preparedness efforts. Since then, community-acquired infections have occurred in various U.S. locations. Even though we only have one presumptive positive, travel-related case in San Diego county, in the last week the disease has spread to over [130 countries](#) and as yesterday has been declared a pandemic by the World Health Organization. Therefore, we must be prepared to respond accordingly.

This letter provides guidance to you, your leadership, and your facility to prepare for a COVID-19 outbreak or pandemic. Ill visitors and health care personnel (HCP) are the most likely sources of introduction of COVID-19 into a facility. CDC recommends aggressive visitor restrictions and enforcing sick leave policies for ill HCP, even before COVID-19 is identified in a community or facility. In addition, the County encourages your facility to:

- Sign up to get County News Center stories emailed directly to you [here](#) and encourage your staff to do the same;



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- Review and disseminate the County of San Diego [Fact Sheets](#) to your staff;
- Develop and implement strategies to protect your workforce from COVID-19, while ensuring continuity of operations. (CDC recommends that during a COVID-19 outbreak, all sick employees should stay home and away from the workplace, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly);
- Review your facility's Continuity of Operations Plan (COOP);
- Develop or update policies and procedures regarding sick leave;
- Develop or update policies and procedures regarding telecommuting (i.e., working from home);
- Develop or update policies and procedures regarding other social distancing strategies, such as videoconferencing for meetings and canceling large events;
- Develop or update pandemic planning documents;
- Develop or update any other guidance documents specific to your facility to contain the spread of COVID-19; and
- Ensure review of all the above documents by your leadership, staff and contractors.

As a facility that serves vulnerable populations, the County is asking you to share the following information with your leadership, employees, volunteers, and families, as well as begin planning efforts for your facility. Included in this communication are links to some key interim guidance, which is based on what is currently known. As additional guidance is developed, this information will be posted on our [County website](#).

- [Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities \(LTCF\)](#), March 10, 2020
- [Interim Guidance for Public Health Professionals Managing People With COVID-19 in Home Care and Isolation Who Have Pets or Other Animals](#), March 4, 2020
- [Evaluating and Reporting Persons Under Investigation \(PUI\)](#), March 4, 2020
- [Active Monitoring of Persons Exposed to Patients with Confirmed COVID-19 — United States, January–February 2020](#), March 3, 2020
- [Preventing COVID-19 Spread in Communities](#), March 2, 2020
- [CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#), February 2020
- [Resources for Healthcare Facilities](#), February 29, 2020
- [Interim Guidance for Healthcare Facilities](#), February 29, 2020
- [Steps Healthcare Facilities Can Take](#), February 29, 2020
- [Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation \(PUIs\) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings](#), February 24, 2020
- [Healthcare Infection Prevention and Control FAQs for COVID-19](#), February 18, 2020
- [CDPH Guidance for Mass Gatherings and Large Community Events](#), March 7, 2020



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Page 3

Please review the CDC website for additional guidance that may be of interest to you and your organization. This guidance is based on what is currently known. As further guidance is developed, this info will be posted on our and/or the CDC webpages.

The County of San Diego has an established preparedness and response system in place. This process brings together surveillance, criteria to guide evaluation of a patient under investigation, epidemiological investigation, public health laboratory testing, education and outreach, and levels of response. To date, the County has taken numerous actions in accordance with the [*Consumer Version of the COVID-19 Response Plan*](#).

I want you to know that we are all in this together with one singular mission, to protect the public and prevent the spread of this virus. I want to emphasize that your decisive leadership, action, and support are essential, and your partnership is greatly appreciated. If your employees or residents have questions or concerns related to COVID-19, please encourage them to call 2-1-1 for general information.

For additional information about the outbreak and associated resources, please go to the coronavirus websites at [CDC](#) and the [County of San Diego](#). There you will find the latest CDC guidance and local information, respectively. If you have any questions or concerns, please contact me at MOC.PHO.HHSA@sdcounty.ca.gov.

Thank you for your continued partnership and support to keep the residents of San Diego County healthy, safe, and thriving.

Sincerely,


WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer & Director
Public Health Services

cc: Helen Robbins-Meyer, County of San Diego, Chief Administrative Officer
Nick Macchione, County of San Diego, Health and Human Services Agency, Director





County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

April 18, 2020

TO: Long-term Care Facilities
Skilled Nursing Facilities

FROM: Wilma J. Wooten, M.D., M.P.H.,
Public Health Officer & Director,
Public Health Services

RE: COVID-19 LAB TESTING FOR HEALTHCARE WORKERS AT FACILITIES

On behalf of the County of San Diego Health and Human Services Agency (HHSA) Public Health Services Department, I am sending you this letter to offer testing for SARS-CoV-2, the virus that causes COVID-19, for healthcare workers (HCWs) of long-term care facilities (Facilities). This offer is for Facilities that do not have the testing capacity.

The County of San Diego recognizes that Facilities are doing everything in their power to protect residents and staff from COVID-19 and its complications. Tailored resources and guidance were provided in a recent letter I sent last month. Given the congregate nature and resident population served, the populations of the Facilities are at high risk of being affected by COVID-19 and at increased risk for serious illness and complications. Moreover, the HCWs who care for the residents of these Facilities are understandably concerned about their own risk of contracting COVID-19, as well as potentially exposing their families and patients.

In order to mitigate the risk of COVID-19 entering or to prevent its spread in your Facilities, the County of San Diego is offering testing of HCWs of Facilities by the County Public Health Laboratory. If your Facilities do not have the required supplies needed for testing, the County of San Diego can help to acquire and/or provide the supplies needed for testing, including swabs and viral transport media (VTM). The specimens would need to be collected on-site by your staff. Technical assistance, as needed, is available to ensure proper specimen collection technique is conducted. Courier services are also available to transport the specimens from your Facilities for delivery to the County Public Health Laboratory for testing. Test results would be available in 24-hours after receipt of the specimens.

Should your Facilities be interested in pursuing this opportunity or have any questions, please email Labs.HHSA@sdcountry.ca.gov, with the following information:



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- (1) Your Facility's point of contact and contact information;
- (2) Number of HCWs you plan to test;
- (3) Expected date(s) of specimen collection(s);
- (4) Specimen collection training needs; and
- (5) What testing supplies (swabs and VTM), if any, you are requesting from the County of San Diego.

Once we receive your information, you will receive instructions regarding next steps. We look forward to partnering with your Facilities on this important effort.

I encourage you to continue to visit the [Centers for Disease Control and Prevention's website](#) for more resources related to Facilities. Also, please visit the [County of San Diego's COVID-19 website](#) to sign up for email updates and to participate on the weekly Facilities telebriefings. Thank you for your continued support to keep the residents of San Diego County healthy, safe, and thriving.

Sincerely,


WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer & Director,
Public Health Services

Cc: Helen Robbins-Meyer, County of San Diego, Chief Administrative Officer
Nick Macchione, County of San Diego, Health and Human Services Agency, Agency Director





County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

May 4, 2020

TO: Long-term Care Facilities
Skilled Nursing Facilities

FROM: Wilma J. Wooten, M.D., M.P.H.,
Public Health Officer & Director,
Public Health Services

RE: COVID-19 LAB TESTING FOR STAFF AND RESIDENTS AT FACILITIES

On behalf of the County of San Diego Health and Human Services Agency (HHSA) Public Health Services Department, I am sending you this letter to offer testing for SARS-CoV-2, the virus that causes COVID-19, for staff and residents of long-term care facilities (Facilities). This offer is for Facilities that do not have the testing capacity.

The County of San Diego recognizes that Facilities are doing everything in their power to protect residents and staff from COVID-19 and its complications. Tailored resources and guidance were provided in a recent letter I sent in March. Given the congregate nature and resident population served, the populations of the Facilities are at high risk of being affected by COVID-19 and at increased risk for serious illness and complications. Moreover, the staffs who care for the residents of these Facilities are understandably concerned about their own risk of contracting COVID-19, as well as potentially exposing their families and patients.

In order to mitigate the risk of COVID-19 entering or to prevent its spread in your Facilities, the County of San Diego is offering testing of staff and residents of Facilities by the County Public Health Laboratory. If your Facilities do not have the required supplies needed for testing, the County of San Diego can help to acquire and/or provide the supplies needed for testing, including swabs and viral transport media (VTM). The specimens would need to be collected on-site by your staff. Technical assistance, as needed, is available to ensure proper specimen collection technique is conducted. Courier services are also available to transport the specimens from your Facilities for delivery to the County Public Health Laboratory for testing. Test results would be available in 24-hours after receipt of the specimens.

Should your Facilities be interested in pursuing this opportunity or have any questions, please email Labs.HHSA@sdcounty.ca.gov, with the attached form filled out.

Once we receive your information, you will receive instructions regarding next steps. We look forward to partnering with your Facilities on this important effort.

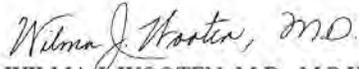


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I encourage you to continue to visit the [Centers for Disease Control and Prevention's website](#) for more resources related to Facilities. Also, please visit the [County of San Diego's COVID-19 website](#) to sign up for email updates and to participate on the weekly Facilities telebriefings. Thank you for your continued support to keep the residents of San Diego County healthy, safe, and thriving.

Sincerely,



WILMA J. WOOTEN, M.D., M.P.H.
Public Health Officer & Director,
Public Health Services

Cc: Helen Robbins-Meyer, County of San Diego, Chief Administrative Officer
Nick Macchione, County of San Diego, Health and Human Services Agency, Agency Director



DRAFT

**Recommendations for the Prevention and Control of
COVID-19 in Congregate Care Facilities Serving
Vulnerable Populations**

County of San Diego
Public Health Services
April 14, 2020



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- A. **Care Settings** Preparing for Coronavirus Disease 2019 (COVID-19) in California Skilled Nursing Facilities
(This AFL supersedes guidance provided in AFL 20-25)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25-1.aspx>
- B. Sample Surveillance Case Log of Residents with COVID-19
- C. Sample Surveillance Case Log of Health Care Personnel (HCP) with COVID-19



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Introduction

Recommendations for the County of San Diego Prevention and Control of COVID-19 in Congregate Care Facilities Serving Vulnerable Populations is based on the [Recommendations for the Prevention and Control of Influenza in California Skilled Nursing Facilities \(SNF\) | California Department of Public Health \(CDPH\) Updated October 2019](#). This plan has been modified to provide and clarify recommendations to prevent and manage COVID-19 in SNFs. These recommendations also apply to other long-term care facilities (LTCF), inclusive of nursing homes and facilities that provide health care to people including children, who are unable to manage independently in the community. This care may represent custodial or chronic care management or short-term rehabilitative services. In California, long term care facilities are licensed by CDPH Licensing and Certification (L&C), including skilled nursing facilities (SNF), congregate living health facilities, intermediate care facilities (ICF), ICF/developmentally disabled (DD), ICF/DD Continuous Nursing, and ICF/DD – Habilitative, and ICF/DD – Nursing.

Long Term Care Facilities provide hospital level care for medically complex long-stay patients and must meet the same requirements as general acute-care hospitals according to the California Hospital Association. The CDC has published preparedness guidelines that apply to both SNF and LTCF. Preparing for COVID-19: Long-term Care Facilities, Nursing Homes https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html.

Hospice care, whether in-patient, nursing facilities, assisted living, hospital or home settings are recommended to follow guidance published the Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS): Guidance for Infections Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies. <https://www.cms.gov/files/document/qso-20-16-hospice.pdf>

The current pandemic situation and related surge events may require the select facilities to be designated as COVID-19 care locations. The guidance in this document applies to these designated locations. Additionally, temporary housing or dormitories may be used as medical housing available for individuals who have been discharged from the acute care settings and no longer require a hospital bed, are not well enough to go home, are communicable, or otherwise unable to go home. In some cases, these individuals may be self-sufficient in personal care but must remain in isolation or may require other supportive care services. The principles described in this Plan can be applied and modified for these unique circumstances. The document includes specific guidance for leaders to develop a plan for an effective COVID-19 program within their facilities.



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Current CDPH guidelines recommends keeping a distance of 6 feet between patients with COVID-19 in multi-bed rooms based on research that demonstrates respiratory droplets may travel as far as 6 feet. In facilities that do not have the space for the 6-foot separation, current Federal guidelines also recommends separation as close to 6 feet as possible, but no less than 3 feet between patients. CDPH recommends the use of N-95 respirators in the care of suspect or confirmed COVID-19 patients. HCPs dedicated to care for residents with suspected or confirmed COVID-19 infection should use an N95 respirator wherever available (if unavailable, a facemask), eye protection (face shield or goggles), gloves, and gown. Preparing for Coronavirus Disease 2019 (COVID-19) in California Skilled Nursing Facilities (This AFL supersedes guidance provided in AFL 20-25) <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25-1.aspx>

The Centers for Disease Control and Prevention (CDC) has also published guidance on extended and limited reuse including strategies, administrative and administrative controls.

This document is intended to provide guidance for developing and implementing a COVID-19 prevention and control plan in SNF and other congregate living situations, residential care, continuing care, adult residential facilities and other group homes. For the most up-to-date guidance on COVID-19, staff should refer to CDC guidance titled "Preparing for COVID-19: Long-term Care Facilities, Nursing Homes" that is currently published on the CDC website https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html .

*Planning for COVID-19 in facilities begins by providing information to residents and families at the time of admission, and to health care personnel (HCP). Facilities must be ready when COVID-19 emerges within a community with preventative plans, meticulous hand hygiene, personal protective equipment (PPE), and medication supplies, and established lines of communication and communication tools. The Infectious Diseases Society of America (IDSA) guidelines stipulate that if anti-viral drugs are used they should be used in the context of a drug study. The presence of heart disease common in individuals in a SNF populations may further complicate the use of some trial medications. **Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19***

Published by IDSA, 4/11/2020 <https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>

Establishing a strong collaborative relationship with sector partners is also a key step in reducing the spread of COVID-19. Close communication with the County of San Diego Public Health is available and recommended if questions arise.

The County of San Diego addresses congregate living by focusing on elements of epidemiology, logistics, Health Officer orders, and the potential need for COVID -19 designated centers and or other alternate care shelters managing COVID-19 positive or suspect positive individuals.



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Continued communication outreach and education remains key. Each of these elements is addressed in this plan. Facilities are encouraged to use the resources as described.

County of San Diego Health & Human Services Agency

County of San Diego HHSA will support congregate care facilities serving vulnerable populations during COVID-19 crisis:

1. *Ensure hospital capacity extends to and support congregate care facilities* (known as Facilities) serving vulnerable populations.*

A. Long-term Care Sector will:

a. *Engage in outreach and education activities which promote awareness, collaboration and communication.*

b. *Assist in the establishment of a Facility Task Force, composed of internal and external experts in the field who can engage strategy and meet virtually to support Facilities.*

B. Health Officer Interim Guidance in keeping with CDPH:

a. *Patients with confirmed or suspected COVID-19 should not be sent to SNF or other congregate care facilities via hospital discharge, inter-facility transfer, or read admission after hospitalization without first consulting with the County of San Diego Public Health Department.*

b. *CDPH has addressed current guidance on the transfer of residents to Skilled Nursing Facilities in All Facilities Letter (AFL) 20-33 dated April 1, 2020. Interim Guidance for Transfer of Residents with Suspected or Confirmed Coronavirus Disease (COVID-19) <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx>*

C. County Epidemiology will:

a. *Provide guidance, consultation and outreach*

b. *Will maintain regular contact and engagement, working with the facility to ensure infectious control measures are being followed.*

i. *Will apply a standard set of tools and process throughout the entire course of the outbreak lifecycle until the outbreak is closed*

c. *Provide timely outbreak response: Epidemiology will respond to reported or identified outbreaks*

d. *Monitoring of confirmed outbreaks through resolution: Epidemiology will work closely with facilities to regularly monitor and verify that an outbreak has ended.*

e. *Provide update information at HHSA Epidemiology webpage https://www.sandiegocounty.gov/hhsa/programs/phs/community_epidemiology/*



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Inclusive of diseases and conditions, current data specific to COVID-19, laboratory submission instructions, healthcare provider reporting requirements, and other relevant information.

- D. *Identification of COVID-19 Congregate Facilities designated via the County of San Diego criteria:*
- a. *Facilities may self-identify and request to be designated as COVID-19 Congregate Facilities: These facilities will receive and care for COVID-19 patients. A wing or sectioned off area of the facility may be acceptable.*
 - b. *Consultation with Public Health should inform whether a facility can safely provide care for both COVID-19 and non-COVID patients when cared for in different designated areas with separate staff.*
- i. *The criteria for designated COVID-19 Congregate Facilities include a minimum of XX hospital beds, and ADA compliant, with adequate staffing.*
- ii. *All congregate care facilities who are interested in serving as a designated COVID-19 facility can volunteer to serve in this capacity.*
- iii. *Interested organizations will be reviewed by the Long-Term Sector Group and San Diego County HHS Clinical Leadership.*
- E. *Logistics Support: Emergency Medical Services (EMS)/ Public Health Preparedness & Response Branch (PHPR) Medical Operations Center (MOC) will:*
- a. *Provide enhanced supply support: Facilities should first use their own resources and suppliers, calculate their burn rates of supplies and closely monitor needs.*
 - b. *Refer to Health Advisory Update #10: Coronavirus Disease 2019 (COVID-19) - Reuse and Decontamination of N95 Respirator for Crisis Capacity Strategy https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/cahan/communications_documents/04-06-2020.pdf*
 - c. *If a facility cannot meet their needs for protection of patients, residents and staff, contact the MOC, Logistics Section via WEBEOC. If the facility does not have access to WEBEOC send email to MOC Logistics Section at Moc.logs.hhsa@sdcounty.ca.gov*
 - d. *Requesting facilities are required to submit the following information to assist with timely fulfillment of the supply chain:*
 - Make/Model of items requested*
 - Quantity of your request (“as many as possible” will delay your order, please specify)*
 - For what purpose will they be used in your facility?*
 - How many confirmed PUIs are you currently treating? (if any)*
 - When are they needed?*



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*If our product is beyond the manufactured date, or expired, will this be acceptable?
How many staff will require PPEs?*

Please note: Due to national supply shortages, the County are

prioritizing health care systems that are providing care to COVID-19 patients and may not be able to fulfill all request. In the event we can process your order, please confirm for delivery:

	Primary Point of Contact	Back-Up Point of Contact
Name		
Phone Number		
Delivery Address		

E. The dedicated Logistics point of contact (POC) for Facilities will work with the facility to meet their personal protective equipment (PPE) and other supply needs. The availability and guidance regarding supply, frequently changes in this pandemic environment, and CDPH and CDC guidance may impact the supply chain and availability. Logistics will endeavor to keep the Facility informed.

Guidance and recommendations are presented in three tables and in the pertinent appendices:

Table 1: Planning for COVID-19 and Outbreaks in SNF and other congregate and facilities with at risk individuals provides guidance relevant to three groups of individuals: residents, facility HCP, and family members and other visitors. Table 1 is a guide to develop, review, and update a plan in advance of the COVID-19. Facility HCPs include all paid and unpaid persons who work in a healthcare setting and provide care or support the delivery of care; also referred to as staff members.

Table 2: Identifying and Controlling COVID-19 outbreaks in SNF, and other congregate and facilities with at risk individuals contains recommendations for determining the presence of a COVID-19 outbreak and implementing the plan developed according to Table 1. These facilities may use Table 2 to find specific recommendations for infection control measures and accepting and transferring residents during an outbreak. Transferring and accepting residents must follow current Local Health Department interim guidance.

Table 3: Wrap-around Services Supporting Staffing Allocation and Infection Control in Non-traditional Congregate Settings – includes consideration of housing challenges inherent to the



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use of non-traditional locations but requiring support of individuals who are capable of safe care and can follow directions while in isolation, as well as those who may have limited mobility or other care needs that require assistance.

What are the most important messages for facility leaders to understand about COVID-19?

1. Nursing homes and other long-term care and congregate care facilities serving vulnerable populations can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Many of these residents by virtue of age and underlying health conditions are at increased risk for severe disease, hospitalization, and death. They can also be the conduit for spread to other residents and staff even before symptoms occur.
2. Successful COVID-19 prevention programs in these locations include:
 - Surveillance
 - Effective infection prevention and control practices
 - There are no drugs or other therapeutics approved by the US Food and Drug Administration to prevent or treat COVID-19. Intravenous drugs with broad antiviral activity and oral medications used with e treatment of malaria and certain inflammatory conditions are being investigated. Current clinical management includes infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilatory support when indicated. Clinical trials are under investigation for pre-exposure or post-exposure prophylaxis. The Infectious Disease Society of America (IDSA) currently recommends that drugs should be used in the context of drug trails. [Infectious Diseases Society of America Guidelines on the Treatment and Management of Patients with COVID-19](https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/)
<https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/> Interim guidelines for the medical management of COVID-19 will also be provided by the Department of Health and Human Services COVID-19 Treatment Guidelines Panel. The current Information for Clinicians on Therapeutic Options for Patients with COVID-19 can be found on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html>
3. Practicing everyday preventive actions such as washing hands, avoid touching eyes, nose, and mouth, and staying home if sick can mitigate the spread of COVID-19 and its serious complications
4. Universal masking as a means to address source control from the asymptomatic healthcare worker is recommended. Emerging evidence suggest that persons may be



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infectious 48 hours before onset and may not present with the classic symptoms of fever or respiratory symptoms.

5. Implementing Enhanced Standard Precautions by using gown, gloves, and performing frequent hand hygiene while caring for residents at increased risk of transmitting infectious agents is necessary year long.
6. SNF and other Congregate Care Facilities must develop plans to be able to accept new COVID-19 admissions while maintaining capacity to care safely for other residents. This requires planning for implementing Transmission-Based Precautions and other infection prevention and control measures. The County of San Diego HHSA should be consulted about current restrictions regarding the transfer and readmission of COVID-19 individuals. This interim guidance should be followed and conducted with guidance from Public Health. Current CDPH guidance requires facilities to accept COVID-19 patients
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25-1.aspx>
7. Respiratory hygiene/cough etiquette is necessary for all individuals year long. Additionally, infected individuals may not be symptomatic. Containing all respiratory secretions (source containment) at all times is therefore necessary. Health care workers can likewise be the source of infection. Based on current evidence, the potential spread of disease can occur during asymptomatic periods.
8. When a COVID-19 outbreak in a congregate care facility is suspected, prompt and simultaneous implementation of interventions can minimize the size and scope of the outbreak and adverse impact on resident health. Outbreak management requires a collaborative effort among all HCPs with specific task assignments and tracking their completion.
 - a. Prompt investigation and treatment options may shorten the outbreak
 - b. Communicating with residents, health care personnel (HCP) , and families, provides needed reassurance, guidance and realistic understanding during a health care outbreak.
 - c. Communicating with the local health department will facilitate additional guidance.



Table 1. Planning for Management of COVID-19 Outbreaks in SNF and Congregate Care Facilities

ACTIONS	RESIDENTS	HEALTH CARE PERSONNEL (HCP)	FAMILY MEMBERS/VISITORS
<p>1. Educate about impact of COVID-19 on residents and importance of preventing illness and outbreaks using specific information for each of the four audiences: residents, HCP, family members/visitors and vendors providing service within the facility.</p>	<p>Discuss COVID-19 at time of resident admission</p> <p>Prepare resident educational materials such as information sheets and signs</p> <p>Schedule educational sessions with opportunities for questions and discussion, in a non-congregate setting (Handouts, virtual education, links, etc.)</p>	<p>D. Schedule HCP educational sessions on facility COVID-19 prevention plan, including high risk nature of the population and HCP responsibilities; provide opportunities for questions and discussion. Provide detail on appropriate PPE; management of limited resources. Refer to strategies for reuse and decontamination of N95 respirator during Crisis Capacity, issued by both the CDC and CDPH.</p>	<p>Prepare information sheets and signs for posting</p> <p>Prepare to answer family/visitor questions</p> <p>No visitors or non-essential personnel.</p>
<p>2. Develop or update plan for conducting daily surveillance for active COVID-19 illness</p>	<p>Conduct daily active surveillance for COVID-19 in the facility, using resident log (Appendix A)</p> <p>Define responsibility for daily review and implementation of actions when needed</p>	<p>Develop a process for tracking HCP absenteeism during COVID-19 pandemic, using HCP log (Appendix B); evaluate cause of absence until pandemic is over</p> <p>Develop plan for COVID-19 diagnostic testing of HCPs</p>	<p>Develop a screening process for identifying and recording possible introductions of COVID-19 into the facility by essential family members, who must enter the facility. All are required to be masked, follow handwashing and public health</p>



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	Develop plan for COVID-19 diagnostic testing of residents (Table 2)	Include daily temperature and symptoms review for the workforce	guidance to include social distancing.
3. Develop or update COVID-19 infection prevention and control precautions and outbreak management plan (see Table 2)	<p>Prepare to implement Transmission-Based Precautions and other infection prevention and control measures when needed for single cases and during outbreaks (see Table 2 for specific recommendations).</p> <p>Define decision-making process for accepting and transferring residents during COVID-19 pandemic (Table 2). Must be conducted following current Public Health Officers interim guidance for transfer, acceptance and readmission.</p>	<p>Prepare extra supplies that will be needed by HCP throughout the facility during the COVID-19 pandemic such as Personal Protective Equipment (PPE), tissues, waterless hand gel for hand hygiene, soap, and paper towels</p> <p>Train and remind all HCPs of infection prevention and control measures that reduce the risk of COVID-19 transmission</p> <p>Prepare for increased environmental services needs during COVID-19 pandemic</p> <p>Share outbreak plan with HCP COVID-19 outbreak</p> <p>Update and review policy for sick HCP and communicate policy to HCP and ensure that HCPs are not penalized during absenteeism. Implement sick leave policies that are non-punitive, flexible, and consistent with public</p>	Stay home and follow Public Health Guidance to remain safe and well.



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		<p>health policies that allow ill HCP to stay home.</p> <p>CDPH guidance includes: Instruct healthcare personnel (HCP) to not report to work if they are symptomatic with fever or respiratory symptoms. HCP must report symptoms to their supervisor.</p> <p>Instruct HCP who develop signs and symptoms of a respiratory infection while at work to immediately stop work, put on a facemask, alert their supervisor, leave the facility, and self-isolate at home.</p> <p>Identify contacts in the local health department and CDPH Licensing & Certification (L & C) district office for outbreak reporting; or assistance with shortages that cannot be meet; when assistance with diagnostic testing is needed.</p> <p>Provide weekly updates to HCPs on status of COVID-19</p>	
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		activity in facility and in community, based on CDC and CDPH guidance.	
<p>4. Develop process to evaluate experiences after COVID-19 pandemic including</p> <p>COVID-19 illnesses in residents and HCP</p> <p>Successful strategies</p> <p>Barriers</p> <p>Lessons learned</p> <p>Needs for future outbreaks</p>	<p>Develop process for tracking and evaluating:</p> <p>Number (%) of residents vaccinated for influenza; numbers ill; received COVID-19 treatment or chemoprophylaxis transferred to acute care hospital; and deceased.</p> <p>Number and duration of outbreaks</p> <p>Successes, Challenges</p> <p>Lessons learned</p> <p>Obtain feedback from residents</p>	<p>Develop process for tracking and evaluating:</p> <p>Number (%) of HCP vaccinated against influenza; absent due to COVID-19 requiring antiviral chemoprophylaxis or treatment (when established for COVID-19)</p> <p>Lessons learned</p> <p>Obtain feedback from HCPs</p>	<p>Develop process for tracking and evaluating:</p> <p>Number of suspected introductions of COVID-19 by visitors</p> <p>Family/visitor understanding, and acceptance of messaging related to COVID-19 in the facility.</p> <p>Lessons learned</p> <p>Obtain feedback from families/visitors</p>



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Table 2. Identifying and Managing COVID-19 Outbreaks in SNF

ACTIONS	RECOMMENDATIONS
1.Perform active surveillance for COVID-19 illness in residents and HCP	<p>During a COVID-19 pandemic, conduct daily active surveillance for acute upper respiratory illness among residents and HCP for COVID-19 using a line list and until the outbreak has ended based on current CDC and CDPH recommendations. (see Appendices A and B for examples of line lists Record specific locations of ill residents and HCP assignments and include information about sick HCP and sick visitors, as available</p> <p>Review line list daily and take actions needed if suspect cases are identified.</p>
2.Use diagnostic testing for COVID-19	<p>Test residents with suspected COVID-19 to confirm the diagnosis</p> <p>Contact patient's HCP to request testing. Follow current CDC guidance and contact County of San Diego HHS A Epidemiology Unit for questions about testing</p>
3.Establish presence of an outbreak	<p>Consult with the San Diego HHS A Public Health Services to confirm the presence of COVID-19 if uncertain, and to determine the number of individuals with suspected COVID-19 who need to be tested to confirm the diagnosis once an outbreak is established</p>
4.Communicate	<p>As soon as presence of an outbreak is established, continue communication with the San Diego HHS A Public Health Services and notify:</p> <ul style="list-style-type: none"> • Infection preventionist • Facility administration • Medical director • HCP of facility • CDPH L&C district office • Residents, family members, visitors <p>Distribute outbreak communication letter to residents and their families</p> <p>Post signs at facility entrances</p> <p>Remind HCP of their specific tasks according to COVID-19 outbreak plan. Document assignments and dates initiated and completed Communicate the need to avoid transmission potential with control of assignments so that HCP are not assigned to multiple locations in the unit or if required to care for multiple patients, to move from non-COVID-19 to positive COVID-19 patients in that order.</p>



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<p>5. Implement appropriate transmission-based precautions and other infection control measures</p>	<p>Emphasize respiratory hygiene/cough etiquette for residents, HCP, family members, and visitors</p> <p>Distribute signs and related materials throughout the facility</p> <p>Use Droplet Precautions + Standard or Enhanced Standard Precautions (as appropriate) for residents with suspected or confirmed COVID-19. CDPH recommends that HCP dedicated to care for residents with suspected or confirmed COVID-19 infection should use an N95 respirator wherever available (if unavailable, a facemask), eye protection (face shield or goggles), gloves, and gown.</p> <p>HCP perform hand hygiene and don N-95 or facemask (if N-95 is not available) upon entry into the room.</p> <p>Don gowns, eye protection, and gloves upon entry into the room or at any time in the room when exposure to resident secretions likely.</p> <p>Remove PPE, discard, and perform hand hygiene upon completion of contact with a resident or when leaving the room.</p> <p>Placement in a single-bed room is preferred. If single rooms are unavailable, cohort ill residents in the same room with spatial separation of at least 6 feet and privacy curtain between residents. In facilities that do not have the space for the 6-foot, separation should be as close to 6 feet as possible, but no less than 3 feet.</p> <p>Remove PPE and perform hand hygiene between contacts with each resident in a multi-bedroom.</p> <p>Increase frequency of environmental cleaning with focus on high touch surfaces and common areas.</p> <p>Maintain residents on Droplet Precautions in their rooms and restrict from activities in common areas including meals.</p> <p>Place facemask on resident and have resident perform hand hygiene and don clean clothes if he/she needs to leave room for medical reasons.</p>
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	<p>Continue Droplet Precautions for 14 days after the resident’s illness onset or 72 hours after the resolution of fever (without use of medicines that reduce fever) or respiratory signs, whichever is longer</p> <p>Restrict HCP movement from areas of sick residents to well residents as much as possible.</p> <p>Plan workflow from asymptomatic to symptomatic residents, always observing hand hygiene and other infection control precautions (such as using gowns and gloves) between resident contacts.</p> <p>Perform audits of HCP adherence to hand hygiene and other infection control precautions and provide immediate feedback to HCP if deficiencies are observed.</p> <p>Report trends in audit results to SNF administrators and leaders.</p> <p>Post de-identified data in HCP break areas.</p> <p>Perform audits of compliance of EVS staff to recommendations, ensure contact time for disinfectants, and ensure products have not expired; consider use of Black Light technology to ensure adequate cleaning of high touch surfaces <i>J Hosp Infect.</i> 2008 Jan; 68(1):39-44.</p>
<p>6. Provide prophylaxis at the point that medical guidance has established protocols for COVID-19</p>	<p>Review the latest guidance from CDC, FDA and IDSA regarding care of residents with confirmed or suspected COVID-19.</p> <p>Follow CDC standards for treatment or prophylaxis against COVID-19 when protocols are available. Consult resident’s Primary Care Provider (PCP) for any necessary dose adjustments in residents with underlying conditions, such as renal impairment or other immune or chronic problems.</p> <p>Consult local health department for information on resistance and for alternative treatment recommendations when available.</p>
<p>7. Define process for accepting and transferring residents</p>	<p>SNF must develop plans for managing new admissions and providing care for residents with COVID-19 who require Droplet Precautions, while still maintaining capacity to provide safe care for other residents</p> <p>Do not place new admissions on units with symptomatic residents.</p>



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	<p>Do not transfer asymptomatic residents to units with residents who have COVID-19.</p> <p>Consult with the medical director and San Diego County Public Health Services to determine if the facility should be closed to new admissions due to an COVID-19 outbreak.</p> <p>Determine the duration of closures or limiting admissions for each situation individually. Consider the effectiveness of the COVID-19 control measures implemented within the facility. Facility-wide and prolonged closures are not necessary if transmission is controlled and there is an unaffected location available where new admissions can be placed.</p> <p>Hospitalized patients with COVID-19 should be discharged when they no longer require the level of care provided in an acute care setting. Discharge from hospital and admission or re-admission to SNF must follow current Health Officer interim guidance.</p> <p>Ensure that new or returning residents with COVID-19 are evaluated medically by the SNF to determine room placement and needed infection control precautions in concert with the County of San Diego HHS Public Health Services</p> <p>Develop plan to implement Droplet Precautions for returning residents who were hospitalized with COVID-19 and are ready clinically for discharge from the acute care setting. Continue Droplet Precautions for 14 days after the resident’s illness onset or 72 hours after the resolution of fever (without use of medicines that reduce fever) or respiratory signs, whichever is longer.</p> <p>Before transferring residents with suspected, probable or confirmed COVID-19 to other departments or facilities, communicate all relevant information to transport personnel and other HCP accepting the resident in another department or facility. Information should include test results, date of illness onset, treatment, and needed infection control precautions. All transfers must follow current Health Officer Interim Guidance and restrictions</p>
<p>8. Manage healthcare personnel (HCP)</p>	<p>Instruct HCP who develop respiratory symptoms during the work shift to:</p> <p>Don a facemask, report to supervisor and promptly leave the facility.</p>



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	<p>Not return to work until afebrile >72 hours without antipyretic treatment and with improvement in respiratory symptoms or no earlier than 7 days have passed since symptom onset.</p> <p>Offer or refer ill HCP for COVID-19 testing and evaluation and treatment as described above in #7. With the increased availability of testing, HCW are currently considered in the higher tier for testing. If the HCW is returning to work based on clinical return to work guidance, ensure that the individual is masked to complete 14 days. It is recognized that universal masking is now the standard. However, attention to a returning worker and masking for the 14 day period is imperative.</p>
9.Managing visitors	<p>Because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID-19, facilities should immediately restrict all visitation to their facilities except certain compassionate care situations, such as end of life situations.</p> <p>Do not allow visitors unless essential. If allowed, visitors should be screened for symptoms of acute respiratory illness before entering the facility. Visitors must be masked and follow public health guidelines.</p> <p>Maintain a record of all visitors who enter and exit the room</p>
10.Review vaccine records	<p>Encourage and vaccinate residents and HCP (When an FDA approved vaccine becomes available). Focus on areas with groups of unimmunized individuals and the highest risk residents, (for example, those who require ventilator therapy or have complex underlying medical conditions)</p>
11.Determine end of outbreak	<p>It is necessary to confirm with CDPH as to the final determination as to when it is reasonable to consider the outbreak over and resume new admissions to previously affected units. Consult the local health department to assist in determining the outbreak endpoint</p> <p>As soon as end of outbreak is confirmed, notify:</p> <ul style="list-style-type: none"> • Infection preventionist • Facility administration • Medical director • HCP of facility • L&C district office • Residents, family members, visitors
12. Perform assessment of	<p>Upon completion of the COVID-19 outbreak, evaluate outbreak control processes and experiences:</p>



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<p>outbreak control measures: Successful strategies Barriers Lessons learned Needs for the following season or resurgence</p>	<ul style="list-style-type: none"> • received treatments; transferred to acute care hospitals; and deceased • Number and duration of outbreaks • Successes • Challenges
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Table 3. Wrap-around Services Supporting Staffing Allocation and Infection Control in Non-traditional Congregate Settings

Added considerations for non-traditional housing of vulnerable populations	Actions	Recommendations
Locations such as dormitories or other hotel locations	Plan for housing of both self-sufficient – “self-care” individuals and of those who need assistance	Located in separate wings or areas to conserve/allocate staff time, PPE requirements, and well being checks. Monitor daily temperatures.
Locations unfamiliar to guests may also house recovered COVID-19 patients who cannot yet return home, symptomatic persons no longer requiring acute hospital care, or those who cannot yet be releases to usual domicile and are in the recovery phase of illness.	Communicate information on footprint of building, emergency protocols and evacuations, warning and security measures.	<p>Provide information to resident guests, staff, and agencies or vendors providing services within the building.</p> <p>Collaborate with management to address concerns, infection control strategies, and environmental management.</p> <p>Maintain a front desk/office presence for security purpose, access control and resident needs.</p> <p>Provide signage.</p> <p>Notify EMS services, Fire Department and Law</p>



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		Enforcement of nature of housing locations, so that they can plan appropriate protection and response as needed, and for emergency movement of residents as required.
Food / beverage delivery	Plan for food delivery directly to rooms on a schedule.	Use disposable containers. Provide special diet required for medical purpose. Schedule routine trash pick up to reduce exposure potential and/or insect infestation from used food containers.
Pharmacy prescriptions delivery	Plan for method to deliver pharmacy prescriptions directly to individuals in their rooms.	Have any pharmacy orders deliver to front office for movement to rooms by staff using appropriate PPE.
Outdoor access	Plan for outdoor area access if available and secure.	Condon off outdoor ground areas proximal to the building if available for time outdoors by residents using masks and maintaining social distance.
Environmental management	Plan for room services that can limit interaction with person/s housed in rooms.	Provide fresh linens bagged at door for retrieval by resident. Pick up bagged dirty linens left outside of door. Provide basic cleaning items to residents who have ability to clean their own rooms. Relocate residents from rooms that have significant equipment (plumbing problem), etc. to another room; room can be terminally cleaned and allow maintenance to conduct needed repair.



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Resident support	Consider impact of mail and package delivery which has become a difficult management and time allocation problem in large scale quarantine situations.	Encourage residents not to order deliveries of non-essential items which impacts available staff, requires additional use of PPE that is in short supply, and may increase exposure potentials. Provide resident support such as books, newspapers, puzzles, games, access to informative links that will increase the comfort level for the individual and foster their recovery time.
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GLOSSARY OF TERMS

1. Cohorting: The practice of grouping patients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients. Individuals who are suspected to have the same infection (for example, influenza) may be cohorted during an outbreak without confirmatory testing; therefore, it is important to treat each bed space in a cohort separately, performing hand hygiene and changing PPE between contacts with individuals in the cohort.

2. Droplet Precautions: A set of practices to prevent transmission of pathogens through close respiratory or mucous membrane contact with respiratory secretions. A single patient room is preferred for patients who require Droplet Precautions. When a single patient room is not available, assess the risks associated with other patient placement options such as cohorting or keeping the patient with an existing roommate. For patients in multi-bedrooms, maintain spatial separation of at least 6 feet and draw the privacy curtain between patient beds.. Residents on Droplet Precautions who must be transported outside of the room should wear a mask if tolerated and follow respiratory hygiene/cough etiquette. HCP caring for positive COVID-19 patients /residents should wear an N-95 respirator if available, face shield, gloves and gown. When an N-95 is not available, the HCP should follow the current CDPH procedure using



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a mask with a face shield and implement strategies for safe extended use and limited re-use of N-95 respirators and facemask.

Facemasks when used should be changed when wet and between patient contacts.

3. Enhanced Standard Precautions: The use of gowns, gloves and frequent hand hygiene, based on resident characteristics that increase the risk of colonization and transmission of multi-drug resistant organisms (MDRO); for example, total dependence on others for assistances with activities of daily living (ADLs), presence of indwelling devices, ventilator dependence, presence of wounds, habitual incontinence and frequent soiling with urine/stool. If there is suspected or confirmed ongoing transmission of an MDRO within a facility, Contact Precautions is recommended for individuals known to be colonized or infected with the MDRO.

4. Facemask: A loose-fitting, disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Facemasks are not to be shared and may be labeled as surgical, isolation, dental or medical procedure masks. Facemasks may come with or without a face shield. If worn properly, a facemask is meant to help block large-particle droplets, splashes, sprays or splatter that may contain germs (viruses and bacteria), keeping it from reaching the mouth and nose of the person wearing it. Facemasks may also help contain and reduce exposure of an individual's saliva and respiratory secretions to others. Facemasks are not intended to be used more than once. If the mask is damaged, soiled, or wet, or if breathing through the mask becomes difficult, remove it, discard it safely, and replace it with a new one.

5. Hand hygiene: A general term that applies to any one of the following:

- Handwashing with plain (non-antimicrobial) soap and water.
- Antiseptic hand wash (soap containing antiseptic agents and water).
- Antiseptic hand rub (waterless antiseptic product, most often alcohol-based, rubbed on all surfaces of hands); or
- Surgical hand antisepsis (antiseptic hand wash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient hand flora and reduce common hand flora).

6. Healthcare personnel (HCP), also referred to as healthcare workers (HCWs): All paid and unpaid persons who work in a healthcare setting; for example, any person who has professional



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or technical training in a healthcare-related field and provides patient care in a health care setting or any person who provides services that support the delivery of health care such as dietary, housekeeping, engineering, maintenance personnel.

7. Influenza-like illness (ILI): Fever (oral or equivalent temperature of 100 °F or greater) and cough and/or sore throat in the absence of a known cause other than influenza. This definition is used for influenza surveillance worldwide.

8. Long-term care facilities: Institutions, such as skilled nursing facilities (SNF), nursing homes and facilities that provide health care to people including children, who are unable to manage independently in the community. This care may represent custodial or chronic care management or short-term rehabilitative services. In California, long term care facilities are licensed by CDPH Licensing and Certification (L&C), including skilled nursing facilities (SNF), congregate living health facilities, intermediate care facilities (ICF), ICF/developmentally disabled (DD), ICF/DD Continuous Nursing, and ICF/DD – Habilitative, and ICF/DD – Nursing.

9. Personal protective equipment (PPE): A variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. PPE includes gloves, masks, respirators, goggles, face shields, and gowns.

Respiratory hygiene/ cough etiquette: A combination of measures to minimize the transmission of respiratory pathogens via droplet or airborne routes in healthcare settings. Respiratory hygiene/cough etiquette includes:

- Covering the mouth and nose during coughing and sneezing.
- Using tissues to contain respiratory secretions with prompt disposal into a no-touch receptacle.
- Turning the head away from others and maintaining spatial separation, ideally >6 feet, when coughing.
- Performing hand hygiene after contact with respiratory secretions or items contaminated with respiratory secretions.
- Offering a facemask to persons who are coughing to decrease contamination of the surrounding environment.

REFERENCES

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2. California Department of Public Health (CDPH). Recommendations for the Prevention and Control of Influenza in California Skilled Nursing Facilities (SNF) | Updated October 2019.



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- <https://www.placer.ca.gov/DocumentCenter/View/41205/Recommendations-for-the-Prevention-and-Control-of-Influenza-in-California-Skilled-Nursing-Facilities---October-2019>
3. California Health Alert Network (CAHAN) San Diego. Health Advisory Update #10: Coronavirus Disease 2019 (COVID-19) - Reuse and Decontamination of N95 Respirator for Crisis Capacity Strategy
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 4. Centers for Disease Control and Prevention (CDC). Preparing for COVID-19: Long-term Care Facilities, Nursing Homes. <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
 5. Centers for Disease Control and Prevention (CDC). Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings: https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf
 6. Centers for Disease Control and Prevention (CDC). Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Assessment Tool: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf>
 7. Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS): Guidance for Infections Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies. <https://www.cms.gov/files/document/qso-20-16-hospice.pdf> March 9, 2020



										Name	
										Age	
										Sex (M/F)	
										Building, Unit, Room, Bed	
										Influenza (Y/N)	Vaccine History
										Pneumococcal (Y/N)	
										Date onset illness	Illness description
										Highest temperature	
										Cough (Y/N)	
										Malaise/fatigue (Y/N)	
										Chills/rigors (Y/N)	
										Sore throat (Y/N)	
										Arthralgia/myalgia (Y/N)	
										Change in respiratory status (e.g., sputum) (Y/N)	
										Pneumonia (Y/N)	
										CXR confirmed (Y/N)	
											Test Results
										Viral culture	
										Gram stain	Pneumococcal Test Results
										Sputum culture	
										Date started/Date ended	Anti-viral Treatment
										Date started/Date ended	Antibiotic Treatment
										Influenza (Y/M)	Illness Outcome
										Pneumonia (Y/N)	
										Hospitalized (Y/N)	
										No. Days hospitalized	
										Died (Y/N) if yes, date	



ATTACHMENT Q

Facility Name	Type of Facility	Assigned To	Facility Address
ARBOR HILLS NURSING CENTER	SNF	UCSD	7800 PARKWAY DR, LA MESA, CA - 91942
ARROYO VISTA NURSING CENTER	SNF	UCSD	3022 45TH ST, SAN DIEGO, CA - 92105
AVIARA HEALTHCARE CENTER	SNF	UCSD	944 REGAL RD, ENCINITAS, CA - 92024
BALBOA NURSING AND REHABILITATION CENTER	SNF	UCSD	3520 4TH AVE, SAN DIEGO, CA - 92103
CASTLE MANOR NURSING AND REHABILITATION CENTER	SNF	UCSD	541 S V AVE, NATIONAL CITY, CA - 91950
COTTONWOOD CANYON HEALTHCARE CENTER	SNF	UCSD	1391 E MADISON AVE, EL CAJON, CA - 92021
FRIENDSHIP MANOR NURSING AND REHABILITATION CENTER	SNF	UCSD	902 EUCLID AVE, NATIONAL CITY, CA - 91950
KEARNY MESA CONVALESCENT AND NURSING HOME	SNF	UCSD	7675 FAMILY CIRCLE DRIVE, SAN DIEGO, CA - 92111
LA JOLLA NURSING AND REHABILITATION CENTER	SNF	UCSD	2552 TORREY PINES RD, LA JOLLA, CA - 92037
LA PALOMA HEALTHCARE CENTER	SNF	UCSD	3232 THUNDER DR, OCEANSIDE, CA - 92056
LEMON GROVE CARE & REHABILITATION CENTER	SNF	UCSD	8351 Broadway, Lemon Grove, CA, 91945
MISSION HILLS POST ACUTE CARE	SNF	UCSD	3680 REYNARD WAY, SAN DIEGO, CA - 92103
PARADISE VALLEY HEALTH CARE CENTER	SNF	UCSD	2575 E 8TH ST, NATIONAL CITY, CA - 91950
POWAY HEALTHCARE CENTER	SNF	UCSD	15632 POMERADO RD, POWAY, CA - 92064
REO VISTA HEALTHCARE CENTER	SNF	UCSD	6061 BANBURY ST, SAN DIEGO, CA - 92139
UNIVERSITY CARE CENTER	SNF	UCSD	5602 UNIVERSITY AVE, SAN DIEGO, CA - 92105
VICTORIA POST ACUTE CARE	SNF	UCSD	654 S Anza St, El Cajon, CA, 92020
ELMCROFT OF LA MESA	SNF		4960 Mills Street, La Mesa, CA 91942
AVOCADO POST ACUTE	SNF		510 E WASHINGTON AVE, EL CAJON, CA - 92020
THE BRADLEY COURT	SNF		675 E BRADLEY AVE, EL CAJON, CA - 92021
THE SPRINGS AT PACIFIC REGENT	SNF		3884 NOBEL DR, SAN DIEGO, CA - 92122
WINDSOR GARDENS CONVALESCENT CENTER OF SAN DIEGO	SNF		220 E 24TH ST, NATIONAL CITY, CA - 91950
ABBY GARDENS HEALTHCARE CENTER	SNF		8060 FROST ST, SAN DIEGO, CA - 92123
BOULDER CREEK POST ACUTE	SNF		12696 MONTE VISTA RD, POWAY, CA - 92064
CARLSBAD BY THE SEA	SNF		2855 CARLSBAD BLVD, CARLSBAD, CA - 92008
COUNTRY MANOR LA MESA HEALTHCARE CENTER	SNF		5696 LAKE MURRAY BLVD, LA MESA, CA - 91942
ENCINITAS NURSING AND REHABILITATION CENTER	SNF		900 SANTA FE DR, ENCINITAS, CA - 92024



ESCONDIDO POST ACUTE REHAB	SNF	421 E MISSION AVE, ESCONDIDO, CA - 92025
FALLBROOK SKILLED NURSING	SNF	325 POTTER ST, FALLBROOK, CA - 92028
GROSSMONT POST ACUTE CARE	SNF	8787 CENTER DR, LA MESA, CA - 91942
LIFE CARE CENTER OF VISTA	SNF	304 N MELROSE DR, VISTA, CA - 92083
PALOMAR HEIGHTS POST ACUTE REHAB	SNF	1260 E OHIO AVE, ESCONDIDO, CA - 92027
PALOMAR VISTA HEALTHCARE CENTER	SNF	201 N FIG ST, ESCONDIDO, CA - 92025
PARKWAY HILLS NURSING AND REHABILITATION	SNF	7760 PARKWAY DR, LA MESA, CA - 91942
RADY CHILDRENS CONVALESCENT HOSPITAL D/P SNF	SNF	3020 CHILDRENS WAY, SAN DIEGO, CA - 92123
REDWOOD TERRACE HEALTH CENTER	SNF	710 W 13TH AVE, ESCONDIDO, CA - 92025
THE COVE AT LA JOLLA	SNF	7160 FAY AVENUE, LA JOLLA, CA - 92037
THE ROYAL HOME	SNF	12436 ROYAL RD, EL CAJON, CA - 92021
THE SHORES POST-ACUTE	SNF	2828 MEADOW LARK DR, SAN DIEGO, CA - 92123
VALLE VISTA CONVALESCENT HOSPITAL	SNF	1025 W 2ND AVE, ESCONDIDO, CA - 92025
WHITE SANDS OF LA JOLLA	SNF	7450 OLIVETAS AVE, LA JOLLA, CA - 92037
ASTOR HEALTHCARE CENTER	SNF	247 E BOBIER DR, VISTA, CA - 92084
BROOKDALE CARLSBAD	SNF	3140 EL CAMINO REAL, CARLSBAD, CA - 92008
BROOKDALE CARMEL VALLEY	SNF	13101 HARTFIELD AVE, SAN DIEGO, CA - 92130
CARMEL MOUNTAIN REHABILITATION AND HEALTHCARE CENTER	SNF	11895 AVENUE OF INDUSTRY, SAN DIEGO, CA - 92128
COUNTRY HILLS POST ACUTE	SNF	1580 BROADWAY, EL CAJON, CA - 92021
GLENBROOK	SNF	1950 CALLE BARCELONA, CARLSBAD, CA - 92009
GROSSMONT GARDENS	SNF	5480 MARENGO AVE, LA MESA, CA - 91942
GROSSMONT HOSPITAL D/P SNF	SNF	5555 GROSSMONT CENTER DR, LA MESA, CA - 91942
HILLCREST HEIGHTS HEALTHCARE CENTER	SNF	4033 6TH AVE, SAN DIEGO, CA - 92103
LIFE CARE CENTER OF ESCONDIDO	SNF	1980 FELICITA RD, ESCONDIDO, CA - 92025
MAGNOLIA POST ACUTE CARE	SNF	635 S MAGNOLIA AVE, EL CAJON, CA - 92020
MONTE VISTA LODGE	SNF	2211 MASSACHUSETTS AVE, LEMON GROVE, CA - 91945
REMINGTON CLUB HEALTH CENTER	SNF	16915 HIERBA DR, SAN DIEGO, CA - 92128



STANFORD COURT SKILLED NURSING AND REHAB CENTER	SNF	8778 CUYAMACA ST, SANTEE, CA - 92071
THE DOROTHY AND JOSEPH GOLDBERG HEALTHCARE CENTER	SNF	211 SAXONY RD, ENCINITAS, CA - 92024
VI AT LA JOLLA VILLAGE	SNF	4171 LAS PALMAS SQ, SAN DIEGO, CA - 92122
VILLA POMERADO D/P SNF	SNF	15615 POMERADO RD, POWAY, CA - 92064
VILLA RANCHO BERNARDO CARE CENTER	SNF	15720 BERNARDO CENTER DR, SAN DIEGO, CA - 92127
VILLAGE SQUARE HEALTHCARE CENTER	SNF	1586 W SAN MARCOS BLVD, SAN MARCOS, CA - 92078
VISTA KNOLL SPECIALIZED CARE FACILITY	SNF	2000 WESTWOOD RD, VISTA, CA - 92083
AMAYA SPRINGS HEALTH CARE CENTER	SNF	8625 LAMAR ST, SPRING VALLEY, CA - 91977
BELLA VISTA HEALTH CENTER	SNF	7922 PALM ST, LEMON GROVE, CA - 91945
BRIGHTON PLACE SAN DIEGO	SNF	1350 Euclid Ave, San Diego, CA 92105
BRIGHTON PLACE SPRING VALLEY	SNF	9009 CAMPO RD, SPRING VALLEY, CA - 91977
CASA DE LAS CAMPANAS	SNF	18655 W BERNARDO DR, SAN DIEGO, CA - 92127
COMMUNITY CARE CENTER LA MESA	SNF	8665 LA MESA BLVD, LA MESA, CA - 91942
EDGEMOOR HOSPITAL DP/SNF	SNF	655 PARK CENTER DR, SANTEE, CA - 92071
FREDERICKA MANOR CARE CENTER	SNF	111 3RD AVE, CHULA VISTA, CA - 91910
GOLDEN HILL SUBACUTE AND REHABILITATION CENTER	SNF	1201 34TH ST, SAN DIEGO, CA - 92102
GRANITE HILLS HEALTHCARE & WELLNESS CENTRE, LLC	SNF	1340 E Madison Ave, El Cajon, CA 92021
HILLCREST MANOR SANITARIUM	SNF	1889 NATIONAL CITY BLVD, NATIONAL CITY, CA - 91950
JACOB HEALTH CARE CENTER LP	SNF	4075 54TH ST, SAN DIEGO, CA - 92105
LA MESA HEALTHCARE CENTER	SNF	3780 MASSACHUSETTS AVE, LA MESA, CA - 91941
MEADOWBROOK VILLAGE CHRISTIAN RETIREMENT COMMUNITY	SNF	100 HOLLAND GLEN, ESCONDIDO, CA - 92026
MOUNT MIGUEL COVENANT VILLAGE HEALTH FACILITY	SNF	325 KEMPTON ST, SPRING VALLEY, CA - 91977
PARKSIDE HEALTH AND WELLNESS CENTER	SNF	444 W Lexington Ave, El Cajon, CA 92020
SAN DIEGO POST-ACUTE CENTER	SNF	1201 S ORANGE AVE, EL CAJON, CA - 92020
SHARP CHULA VISTA MEDICAL CENTER D/P SNF	SNF	328
SOMERSET SUBACUTE AND CARE	SNF	151 Claydelle Ave, El Cajon, CA 92020
SOUTH BAY POST ACUTE CARE	SNF	553 F ST, CHULA VISTA, CA - 91910
ST PAULS HEALTH CARE CENTER	SNF	235 NUTMEG ST, SAN DIEGO, CA - 92103



THE PAVILION AT OCEAN POINT	SNF	3202 DUKE ST, SAN DIEGO, CA - 92110
VETERANS HOME OF CALIFORNIA - CHULA VISTA	SNF	700 E NAPLES CT, CHULA VISTA, CA - 91911
VILLA CORONADO D/P SNF	SNF	233 PROSPECT PL, CORONADO, CA - 92118
VILLA LAS PALMAS HEALTHCARE CENTER	SNF	622 S ANZA ST, EL CAJON, CA - 92020



STATE STAGE 2 ACCELERATION PLAN

Risk Level
(based on intensity / # of contacts)
L = Low
M = Medium
H = High

Stage 2 (L/L, L/M, M/L) 5/8/2020 & 5/12/2020	Stage 2 Accelerated (M/M) 5/22/2020	Stage 3 (H/M, M/H) TBD	Stage 4 (H/H) TBD
Retail / Mall / Big Box Stores (Curbside)	Restaurants Dine-In	Movie Theaters	Stadiums
Logistics/Warehouses	Retail In-Store	Religious Services	Conferences
Manufacturing	Swap Meets	Sports Leagues	Bars/Clubs
Golf, Tennis, Surfing		Tours/Sports Fishing	Conventions
Offices (teleworking)		Arts & Cultural Venues	Theme Parks
Boat/Bike Rentals		Colleges & Universities	
Residential Services		Personal Services	
Pet Groomers		Fitness Facilities	
Car Washes			
Outdoor Museums			



San Diego County - COVID-19 Restaurant Operating Protocol

Facility Name:

Facility Address:

**1. PROTECT EMPLOYEE HEALTH:
IMPLEMENT MEASURES TO ENSURE FOOD HANDLERS DO NOT WORK IF ILL AND ARE PROTECTED FROM BECOMING ILL IN THE WORKPLACE.**

This facility uses the following methods to ensure protection of Employee Health in the workplace (all measures in this section are mandatory):

- All employees have been told not to come to work if ill.
- Employees receive a thermal or temperature scan prior to the beginning of each shift.
- A health survey is conducted with each employee prior to the beginning of each shift to verify staff have not experienced symptoms consist with COVID-19 in the past 7 days or exposed to someone who has experienced symptoms in the past 14 days.
- Employees with Covid-19 like symptoms are not allowed to work and encouraged to contact their medical provider or 2-1-1.
- Face coverings are worn by all staff that interact with the public and when unable to social distance with other employees.
- Clean and disinfect employee restrooms and breakrooms frequently.
- All employees have read and understand the [COVID-19 Fact Sheet](#) (available in [multiple languages](#)).
- Employees shall not share food, beverages, and food-ware.
- Employees do not shake hands, high-five or do similar greetings that break physical distance.
- Employees must frequently wash their hands with soap and warm water.
- A copy of this protocol was shared with each employee to ensure they understand and will implement the procedures.
- Other measures being taken to ensure protection of Employee Health:

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San Diego County - COVID-19 Restaurant Operating Protocol

2. SOCIAL DISTANCING:
IMPLEMENT MEASURES TO ENSURE SOCIAL DISTANCING IS ADHERED TO. RESTAURANT TABLES SHALL BE SIX FEET APART OR IF UN-MOVABLE, A BARRIER OR PARTITION MUST SEPARATE TABLES TO PROTECT THE PUBLIC.

This facility uses the following methods to ensure social distancing is adhered (all measures in this section are mandatory):

- All tables are six feet apart or if un-movable, a barrier or partition has been installed to separate the tables.
- Tape or markings of at least six feet separation are used in any area where members of the public may form a line.
- Staggered seating times are used to space traffic flow.
- Limit the number of patrons at a single table to a household unit or patrons who have asked to be seated together. People in the same party seated at the same table do not have to be six feet apart. All members of the party must be present before seating and the host must bring the entire party to the table at one time.
- Tables are spaced six feet away from all food preparation areas, including beverage and server stations.
- Other measures used to ensure social distancing is adhered to while customers are waiting to be seated, during ordering or during pick-up of food:

3. EDUCATION FOR THE DINING PUBLIC:
IMPLEMENT MEASURES TO ENSURE THE PUBLIC IS EDUCATED ON DINING OUT SAFELY, THROUGH PUBLIC NOTIFICATIONS.

This facility uses the following methods to ensure education of the dining public (all measures in this section are mandatory):

- Signage is posted at each public entrance of the facility to inform the dining public to:
 - Maintain social distancing of six feet
 - Wash hands or use sanitizer upon entry into a restaurant
 - Stay home if they are ill or have symptoms consistent with COVID-19
- A copy of the COVID-19 Restaurant Operating Protocol is posted at a location visible to the public.
- Face coverings are worn by public when not seated at their table.
- Other measures used to ensure education of customers on dining out safely:

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San Diego County - COVID-19 Restaurant Operating Protocol

4. MEASURES TO INCREASE SANITIZATION AND DISINFECTION:
IMPLEMENT MEASURES TO PROTECT THE PUBLIC THROUGH THE AVOIDANCE AND FREQUENT DISINFECTION OF COMMON HAND TOUCH POINTS AND SANITIZATION OF FOOD CONTACT SURFACES.

This facility uses the following methods to increase sanitization and disinfection (all measures in this section are mandatory):

- Food items and containers that are shared between tables such as condiment bottles, salt and pepper shakers, or breadbaskets are prohibited and not in use.
- Self-service buffets or salad bars are prohibited and not in use.
- Self-service machines, such as soda and frozen yogurt machines, are prohibited and not in use.
- Non-food items that may be used by multiple customers, such as menus, are disinfected between each use or modified to be a single service item, such as a disposable paper menu.
- Utensils and food-ware are properly washed, rinsed and sanitized for an adequate contact time (time required for utensils to be submerged in the sanitizer) by a sanitizer effective against Coronavirus OR only single-service utensils and food-ware are used.
- High contact touchpoints, such as phones, door handles, credit card terminals, etc. are cleaned and disinfected, frequently using a disinfectant effective against Coronavirus. List disinfectant(s) being used:
- Public restrooms are being cleaned and disinfected frequently.
- A team member per shift is designated to oversee/enforce additional sanitization and disinfection procedures, as needed.
- Tableside food preparation and presentation of foods, such as food selection carts and tableside guacamole are prohibited and not in use.
- After-meal mints, candies, snacks, or toothpicks for customers shall not be left out in a community container. Offer these items with the check or provide them upon request.
- Entertainment items such as board games, arcade games, vending machines, etc. are prohibited and not in use. Game and entertainment areas where customers may share items such as bowling alleys, pool tables, etc. are closed.
- A drop-off location to receive deliveries away from high traffic areas has been designated and a social distance of at least six feet is maintained with delivery drivers.
- Leftover food must be packaged by the customer for takeout upon request.
- Takeout food items have a staging area that eliminates a person-to-person pick-up, such as a designated table in a sealed bag, labeled with the order number or customer name.

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San Diego County - COVID-19 Restaurant Operating Protocol

Other measures used to prevent unnecessary contact or cross contamination:

5. RECOMMENDATIONS:

CONSIDER IMPLEMENTING THESE ADDITIONAL SAFETY MEASURES.

This facility uses the following additional optional measures (check all that apply):

- Disinfection wipes or hand sanitizer (at least 60% alcohol) are provided for customers.
- Touch free motion detectors, such as hands-free soap and towel dispensers are in use.
- A payment system that does not require person-to-person contact is in use.
- A reservation process to prevent people from gathering and promote social distancing is in use.
- The number of employees serving an individual party is limited to one employee, when possible.
- Additional outdoor seating is in use and was approved by the local jurisdiction (Code Enforcement).
- Disposable gloves are being used to supplement handwashing when: conducting employee health screenings, handling items contaminated by body fluids, touching items used by customers (dirty cups, plates, napkins, etc.), or handling trash bags.
- Other additional optional measures implemented at this facility:

Prepared by: Title:

Date:

Rev. 05/18/2020





COVID-19 INDUSTRY GUIDANCE: Retail

May 12, 2020

[covid19.ca.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/IndustryGuidanceRetail.aspx)



OVERVIEW

On March 19, 2020, the State Public Health Officer and Director of the California Department of Public Health issued an order requiring most Californians to stay at home to disrupt the spread of COVID-19 among the population.

The impact of COVID-19 on the health of Californians is not yet fully known. Reported illness ranges from very mild (some people have no symptoms) to severe illness that may result in death. Certain groups, including people aged 65 or older and those with serious underlying medical conditions, such as heart or lung disease or diabetes, are at higher risk of hospitalization and serious complications. Transmission is most likely when people are in close contact with an infected person, even if that person does not have any symptoms or has not yet developed symptoms.

Precise information about the number and rates of COVID-19 by industry or occupational groups, including among critical infrastructure workers, is not available at this time. There have been multiple outbreaks in a range of workplaces, indicating that workers are at risk of acquiring or transmitting COVID-19 infection. Examples of these workplaces include long-term care facilities, prisons, food production, warehouses, meat processing plants, and grocery stores.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:

- ✓ physical distancing to the maximum extent possible,
- ✓ use of face coverings by employees (where respiratory protection is not required) and customers/clients,
- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training employees on these and other elements of the COVID-19 prevention plan.

In addition, it will be critical to have in place appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.

Purpose

This document provides guidance for retailers to support a safe, clean environment for workers. The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA. Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on their [Cal/OSHA Guidance on Requirements to Protect Workers from Coronavirus webpage](#). CDC has additional guidance [for businesses and employers](#).





Worksite Specific Plan

- Establish a written, worksite-specific COVID-19 prevention plan at every facility, perform a comprehensive risk assessment of all work areas, and designate a person at each facility to implement the plan.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among employees.
- Train and communicate with employees and employee representatives on the plan.
- Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Identify close contacts (within six feet for 15 minutes or more) of an infected employee and take steps to isolate COVID-19 positive employee(s) and close contacts.
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.



Topics for Employee Training

- Information on [COVID-19](#), how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work if employees have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, or if they or someone they live with have been diagnosed with COVID-19.
- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).



- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol or 70% isopropanol when employees cannot get to a sink or handwashing station, per [CDC guidelines](#)).
- The importance of physical distancing, both at work and off work time (see Physical Distancing section below).
- Proper use of face coverings, including:
 - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
 - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
 - Employees should wash or sanitize hands before and after using or adjusting face coverings.
 - Avoid touching eyes, nose, and mouth.
 - Face coverings should be washed after each shift.
- Ensure temporary or contract workers at the facility are also properly trained in COVID-19 prevention policies and have necessary PPE. Discuss these responsibilities ahead of time with organizations supplying temporary and/or contract workers.
- Information on employer or government-sponsored leave benefits the employee may be entitled to receive that would make it financially easier to stay at home. See additional information [on government programs supporting sick leave and worker's compensation for COVID-19](#), including employee's sick leave rights under [the Families First Coronavirus Response Act](#) and employee's rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's [Executive Order N-62-20](#).



Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or other workers entering the establishment. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible. Both screeners and employees should wear face coverings for the screening.

- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving the home for their shift and follows [CDC guidelines](#), as described in the Topics for Employee Training section above
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers should provide and ensure workers use all required protective equipment, including face coverings and gloves where necessary. This includes protections for cashiers, baggers, and other workers with regular and repeated interaction with customers.
- Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.
- Employees should also be provided and use protective equipment when offloading and storing delivered goods. Employees should inspect deliveries and perform disinfection measures prior to storing goods in warehouses and facilities when there are signs of tampering.
- Face coverings are strongly recommended when employees are in the vicinity of others. Workers should have face coverings available and wear them in retail facilities, offices, parking lots or garages, or in company-owned vehicles. Face coverings must not be shared.
- Retailers must take reasonable measures, including posting signage in strategic and highly-visible locations, to remind the public that they should use face coverings and practice physical distancing.



Cleaning and Disinfecting Protocols

- Perform thorough cleaning in high traffic areas, such as break rooms, lunch areas and areas of ingress and egress including stairways, stairwells, escalators, handrails, and elevator controls. Frequently disinfect commonly used surfaces, including shopping carts, baskets, conveyor belts, registers (including self-checkout), scanners, register telephones, hand-held devices, counters, door handles, shelving, ATM PIN pads, customer assistance call buttons, handwashing facilities, etc.
- Clean and sanitize shared equipment, including but not limited to, pallet jacks, ladders, supply carts, time clocks, payment portals, and styluses between each use.



- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to working surfaces, tools, and stationary and mobile equipment controls.
- Equip customer entrances and exits, checkout stations, customer changing rooms with proper sanitation products, including hand sanitizer and sanitizing wipes, and provide personal hand sanitizers to all frontline staff (e.g., cashiers).
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.
- Provide resources to promote employees' personal hygiene. This will include tissues, no-touch trash cans, hand soap, adequate time for hand-washing, alcohol-based hand sanitizers, disinfectants, and disposable towels.
- When choosing cleaning chemicals, employers should use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide employees training on manufacturer's directions and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves as required by the product instructions.
- Adjust or modify store hours to provide adequate time for regular, thorough cleaning and product stocking. Stagger stocking so that associates are in different aisles.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the employees' job duties. Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.
- Install hands-free devices, if possible, including motion sensor lights, contactless payment systems, automatic soap and paper towel dispensers, and timecard systems.
- Encourage the use of debit or credit cards by customers, for example, through signage, encourage customers to clean their reusable bags frequently through in-store signage, and Require customers who bring reusable bags to bag their own purchases.



- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in offices and other spaces.



Physical Distancing Guidelines

- Shopping malls should create clearly-marked curbside or outside pickup points, that maintain physical distance with visual cues or other measures, and have purchased goods available there or available through home delivery.
- Implement measures to ensure physical distancing of at least six feet between workers and customers. This can include use of physical partitions or visual cues (e.g., floor markings, colored tape, or signs to indicate to where workers and/or employees should stand).
- Take measures at checkout stations to minimize exposure between cashiers and customers, such as Plexiglas barriers. Where barriers are not feasible, employees should wear face coverings and customers are strongly recommended to wear face coverings as well. Some jurisdictions already require face coverings outside the home. Display signage at entrances, checkout lanes, and registers to remind customers of physical distancing at every opportunity.
- Consider offering workers who request modified duties options that minimize their contact with customers and other employees (e.g., managing inventory rather than working as a cashier or managing administrative needs through telework).
- Adjust in-person meetings, if they are necessary, to ensure physical distance and use smaller individual meetings at facilities to maintain physical distancing guidelines.
- Place additional limitations on the number of workers in enclosed areas to ensure at least six feet of separation to limit transmission of the virus.
- Stagger employee breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.
- Close breakrooms, use barriers, or increase distance between tables/chairs to separate workers and discourage congregating during breaks. Where possible, create outdoor break areas with shade covers and seating that ensures physical distancing.

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- Close in-store bars, bulk-bin options, and public seating areas and discontinue product sampling.
- Dedicate shopping hours for vulnerable populations, including seniors and those medically vulnerable, preferably at a time following a complete cleaning.
- Increase pickup and delivery service options for customers to help minimize in-store contact and maintain social distancing, such as online ordering and curbside pick-up.
- Provide a single, clearly designated entrance and separate exit to help maintain physical distancing where possible.
- Adjust maximum occupancy rules based on the size of the facility to limit the number of people in a store at one time, using no more than 50% maximum occupancy.
- Be prepared to queue customers outside while still maintaining physical distance, including through the use of visual cues.
- Encourage employees to practice physical distancing during pickup and delivery by talking with the customer through a passenger window, loading items directly into the customer's trunk without contact, or leaving items at their door.
- Make some locations pickup- or delivery-only to minimize employee/customer contact, where possible.
- Install transfer-aiding materials, such as shelving and bulletin boards, to reduce person-to-person hand-offs where possible. Wherever possible, use contactless signatures for deliveries.
- Expand direct store delivery window hours to spread out deliveries and prevent overcrowding.
- Ask non-employee truck drivers, delivery agents, or vendors who are required to enter retail locations to have their employees follow the guidance of local, state, and federal governments regarding wearing face coverings and PPE.



Additional requirements must be considered for vulnerable populations. The retail industry must comply with all [Cal/OSHA](#) standards and be prepared to adhere to its guidance as well as guidance from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#). Additionally, employers must be prepared to alter their operations as those guidelines change.

[covid19.ca.gov](https://www.covid19.ca.gov)  



CONTAINMENT PLAN

I. INTRODUCTION

The County of San Diego is prepared to deploy a pilot program using our acceleration plan in conjunction with our aggressive and innovative containment plan. The County containment plan includes mandatory protective measures (e.g. face coverings, sanitation and social distancing protocols at workplaces and public places), and incorporates our T3 Strategy to Test, Trace, and Treat (Pilot Program). The County is confident that our containment plan and proposed pilot program will demonstrate the ability to accelerate implementation of several aspects of Stage 3 while containing the further spread of COVID-19.

II. TESTING

The County of San Diego (“County”) has established the **T3 Strategy: Test, Trace, and Treat (T3)** as a pillar of protecting the public’s health from COVID-19. The County T3 is a large-scale population health-based strategy using its massive collaborative effort to achieve collective impact in protecting the public’s health and ensuring the continuity of such protection throughout all stages of the county’s reopening. T3 has one key goal with three integrated objectives. The T3 goal is to reduce morbidity and mortality of COVID-19 by conducting timely and accurate clinical testing, contact tracing and treatment. The motto is “accessible COVID-19 testing (ACT) for everyone.” The first objective is to test all priority categories at a rate as established by the State.

As an entire region, the County’s testing maximum capacity is determined 6,381 or 6.4 per 1,000 residents. The County is currently conducting approximately 4,000 daily tests and anticipates achieving 4,950 per day by early June or sooner, which is 1.5 per 1,000 residents.

The test goal to achieve robust testing capacity throughout the region focuses on using a countywide standard for all testing. To achieve robust testing, the County has implemented a variety of scalable and flexible specimen collection sites. These include:

- **Drive Up Testing Sites-** *stable sites where testing is collected in vehicle.*
- **Walk-in Testing Sites-** *brick and motor locations hosted in partnership with the State.*
- **Mobile Drive Up Testing Sites-** *single or multiple day mobile site consisting of staff and the Live Well on Wheels Mobile Office or other modified support vehicle.*



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- **Testing Strike Teams-** *agile teams of staff (comprised of public health nurses and/or EMTs) for deployment to congregate care facilities, behavioral health residential facilities, outbreaks and other critical settings.*

The placement of these sites is data-driven to ensure saturation in communities of high need while also meeting state requirement guidelines for testing availability. The creation of testing strike teams provides the County with the needed flexibility to address high priority groups such as Skilled Nursing Facilities.

Partnerships are core to achieving regional testing goals. The County has worked collaboratively with the entire regional hospital system to increase its capacity to test through several measures, including regular meetings with the Hospital CEOs, Hospital Chief Medical Officers, Hospital Chief Nursing Officers and Hospital Laboratory Directors.

Concurrent to the State's Lab Testing Taskforce, the County created its **County Laboratory Testing Taskforce for COVID-19** that is tri-chaired by the County Public Health Lab Director, UCSD Medical Lab Director and Sharp Healthcare Lab Director with a subcommittee focused on Serology chaired by the Scripps Health Lab Director. The goal of the County Lab Testing Taskforce is to reduce morbidity and mortality of COVID-19 by conducting timely and accurate diagnostic testing. The membership of the County Lab Testing Task force includes all of the hospital lab directors, community clinic lab directors, commercial lab directors along with the County's Public Health Officer, Dr. Wilma Wooten, County's Epidemiology Medical Director, Dr. Eric McDonald, County's Infectious Disease Advisor, Dr. James Malone, and Health and Human Services Agency Director/T3 Director, Nick Macchione. A full listing of the task force membership can be found [here](#).

The County T3 team has partnered with regional hospital systems to expand their COVID-19 diagnostic testing and support for certain high-risk populations. For instance, the County T3 program has created a "**COVID Collaborative for Congregate Care**" or "**C4**" for vulnerable older adults in Skilled Nursing Facilities (SNFs). The County T3 has contracted with the University of California San Diego (UCSD) Health System and its UCSD Medical School is providing testing for five SNFs in their service area. Additional hospital systems are currently being contracted to support other SNFs in their respective service region. The **C4** goal is to align each of the 87 SNFs in the county with a neighboring hospital to provide regular COVID-19 testing, and technical assistance to SNF staff for infection control measures and practices to prevent spread of COVID-19 in their facilities. Any remaining SNFs without an assigned hospital partner will be supported directly by the County T3 team through our public health nurses for testing and infection disease control specialists.

Also, a newly created T3 collaborative with Rady Children's Hospital is working to provide testing for majority of all of the county's children and their families, including all of Rady's physicians, nurses, other clinical support staff and administrative staff working in hospitals, outpatient centers, and physician clinics/offices. Rady Children's Health Network is affiliated with a vast and diverse network of primary care pediatric offices, specialty and urgent care clinics in nearly every community throughout San Diego County. Rady



Children’s Hospital is the provider of care to 91 percent of the entire county’s pediatric population with direct care to nearly 300,000 children (and approximately 600,000 adult parents/caregivers) served by 1,000 physicians, 1,500 nurses on staff and more than 5,100 employees with 500 active volunteers throughout the entire service network. Rady Children’s Hospital is also including all other health systems to participate in reaching all children and their families throughout the entire county region. This highly innovative T3 collective impact for children and their families is referred to as the “**COVID-19 Collaborative for Children (C3)**”. All vulnerable children in the County’s California Children’s Services and served by the San Diego Regional Center that provides care to children with developmental disabilities, and the county’s foster care system is also included in the C3 testing population. This important new collaborative with Rady Children’s Health Network goal is expansion to reach all OF San Diego County’s 790,000 Children

To further extend C3’s testing’s reach in vulnerable communities with the highest risk of infections, the County’s T3 team is collaborating with, and receiving support in testing and PPE, from its vast network of Federally Qualified Health Centers (FQHC) throughout the entire county region. Additionally, the testing capabilities in underserved communities has recently (May 7, 2020) been bolstered by the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), who awarded 12 FQHCs with the FY 2020 Expanding Capacity for Coronavirus Testing (ECT) Supplemental Funding for Health Centers. These 12 FQHCs serve an estimated 830,000 individuals or roughly 25% of the region’s population. The HRSA award provides one-time funding to support health centers to prevent, prepare for, and respond to coronavirus disease 2019 (COVID-19). The County T3 is coordinating with these 12 FQHCs to expand the range of testing and testing-related activities to best address the needs of their vulnerable populations in their local communities, including the purchase of personal protective equipment; training for staff, outreach, procurement and administration of tests; laboratory services; notifying identified contacts of infected health center patients of their exposure to COVID-19; and the expansion of walk-up or drive-up testing capabilities.

Additionally, CalFIRE/San Diego County Fire Authority has been engaged to extend testing throughout the unincorporated region for high-priority groups to be tested (i.e. individuals with COVID-19 symptoms, first responders, healthcare workers, essential infrastructure workers, vulnerable and hard to reach populations, such as, mobile park communities in rural areas, Indian tribal nations, homeless encampments and other congregate settings).

As shown below in Figure I and Figure II, daily tests have been steadily increasing and on a per capita basis, San Diego County is testing above average in comparison to other Counties of comparable size. Additionally, Figure III shows that the average percentage of positive tests for the County of San Diego over the past 7 days is below 7%.



Figure I

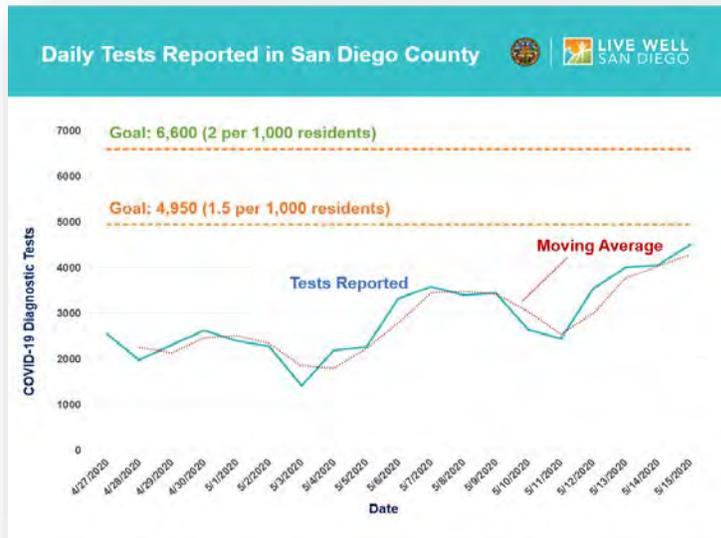


Figure II

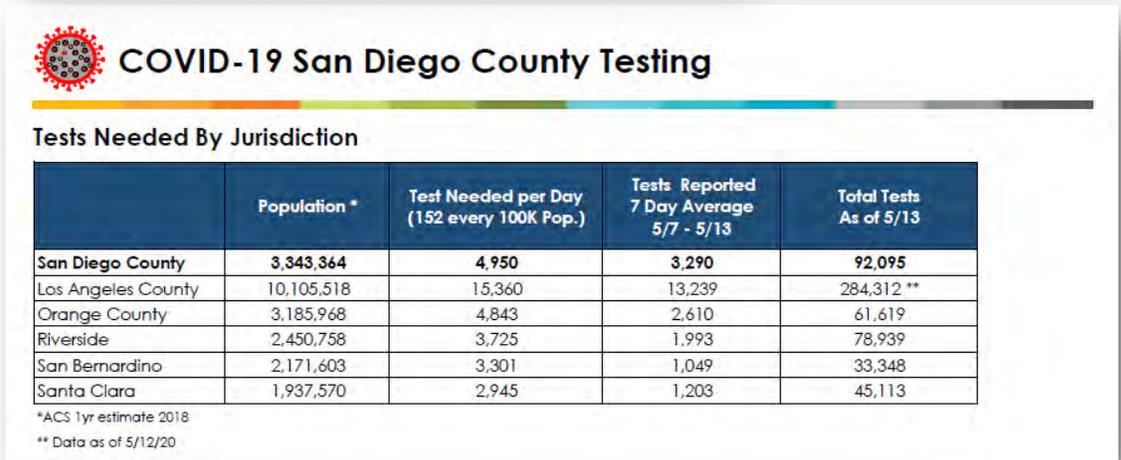
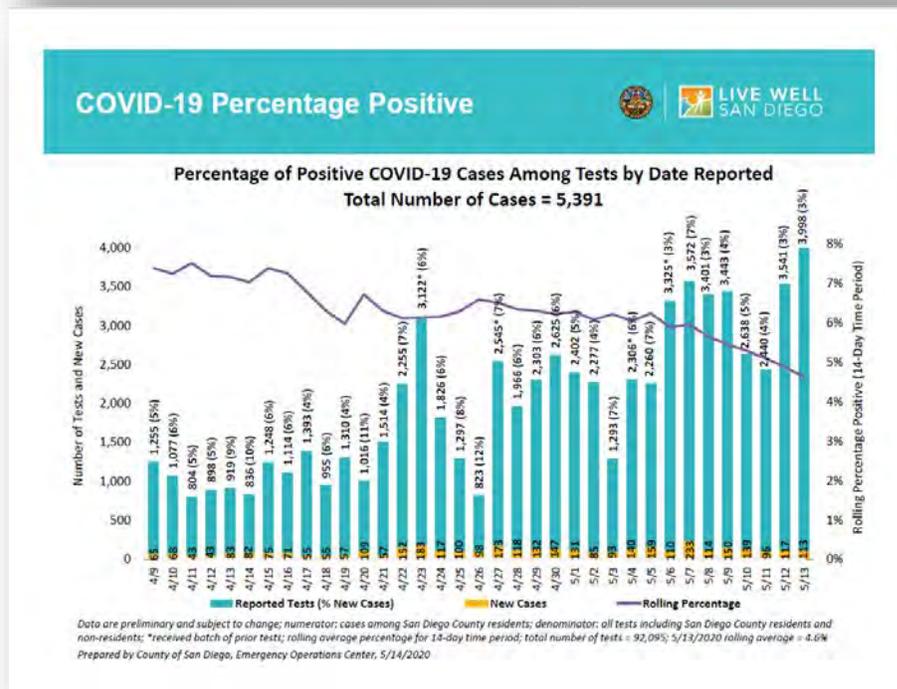


Figure III



As previously mentioned, the County's T3 Strategy includes increasing accessible, comprehensive and equitable testing throughout region through a variety of approaches. These include implementing County hosted specimen collection sites which are scalable and flexible such as, but not limited to, mobile drive-up testing sites, State-run walk-in sites and testing strike tests. The placement of these sites is data-driven to ensure saturation in high-need communities while also meeting state requirements for testing availability. For the week of May 18, 2020, the County will host 7 different specimen collection sites with multiple additional sites being planned with community partners for the coming weeks.

The regional Hospitals report an estimated 73 locations where specimens are collected. Additionally, approximately 280 facilities in San Diego county send specimens to commercial labs.

The number of specimen collection locations will greatly increase in the coming weeks. There are 12 community health centers within the region who have received funding from HRSA to support COVID-19 outreach and testing, with an estimated reach of 830,000 patients. While some of these community health centers already report collecting specimens, the over \$13 million in funds will further enhance these efforts.

The County Public Health Services Laboratory has established relationships with various stakeholders throughout the county, state, nation, and bi-nationally. The County currently has contracts with 2 specimen processing labs. Additionally, as of April 27th, 2020, the County held its first County Laboratory Task Force to establish a group of stakeholders in the community to assist in reaching the daily testing goals.

To implement effective community surveillance, the County has validated its antibody testing equipment which is able to test up to 1,378 samples a day. In addition, the County of San Diego is participating in a CDPH community surveillance project grant that was awarded May 13, 2020. Participation in this project would involve partnering with one or more outpatient healthcare facility sites and would conduct surveillance for both COVID-19 and other respiratory viruses.

In order to meet and exceed the state contact tracing guidelines, the County has onboarded and is training staff. To ensure cultural and diversity representation of these staff members, the County is contracting with the San Diego State University's Graduate School of Public Health to develop a curriculum, which includes recruitment from diverse communities in the county, and training for promoters and community health care specialists to assist T3's county epidemiology department with their contact and tracing staff. Additional information regarding these tracers is provided in the following section.

Lastly, efforts toward improving community surveillance include ongoing discussions between the County and the Laboratory Taskforce, Hospital CEOs and Hospital CMOs during the regular COVID-19 meetings.



III. CONTACT TRACING

The County has implemented a multiprong effort to expand staffing capacity to support contact tracing activities. The County has leveraged existing County staff in non-essential positions and deployed staff to assist with COVID-19 response and tracing activities; the County has also recruited and hired temporary staff to support tracing activities. Contracts are being established with local partnering organizations for additional staffing support.

As of May 14, 2020, there were 175 full time employees (FTEs) assigned to a tracing team and working on cases and an additional 91 FTEs who have completed trainings and will be assigned a case the week of May 18th.

As previously mentioned, the County is confident that the staff is racially/ethnically and linguistically diverse. Moreover, Promoters and Community Health Workers, referred to as Community Navigators are being brought on board to support tracing efforts by reaching vulnerable, low-income and underserved members of the county population. The Community Navigators will provide tracing services in multiple non-English languages and be racially and ethnically reflective of the community. The County will ensure staffing is reflective of the general population as depicted in Table I.

Table I. Racial Diversity of San Diego County	
Race and Hispanic Origin	San Diego County, California
White alone, percent	75.50%
Black or African American alone, percent	5.50%
American Indian and Alaska Native alone, percent	1.30%
Asian alone, percent	12.60%
Native Hawaiian and Other Pacific Islander alone, percent	0.60%
Two or More Races, percent	4.50%
Hispanic or Latino, percent	34.00%
White alone, not Hispanic or Latino, percent	45.20%

Source:

<https://www.census.gov/quickfacts/fact/table/sandiegocountycalifornia,CA/PST045218>



In Table II below the ethnic diversity of hired and working tracing team staff is provided. This is followed by the language spoken by this group in Table III.

Table II. Ethnic Diversity of Hired & Working Tracing Team Staff		
Ethnicity	Number of Individuals	% of total
WHITE (not of Hispanic Origin):	50	28.6%
HISPANIC/LATINO:	33	18.9%
BLACK/AFRICAN AMERICAN:	13	7.4%
ASIAN:	28	16.0%
AMERICAN INDIAN/ALASKA NATIVE:	0	0.0%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:	0	0.0%
Undetermined	51	29.1%
Total	175	100.00%

Table III. Languages Spoken by Hired & Working Tracing Team Staff		
Languages Spoken	Number of Individuals	% of total
AMERICAN SIGN LANGUAGE	2	1.1%
ARABIC	1	0.6%
ARABIC AND SOMALI	1	0.6%
FRENCH	2	1.1%
FRENCH AND SPANISH	1	0.6%
FILIPINO/TAGALOG	6	3.4%
FILIPINO/TAGALOG AND SPANISH	1	0.6%
SPANISH	17	9.7%
VIETNAMESE	1	0.6%
YES, BUT DIDN'T SPECIFY	1	0.6%
NONE/DIDN'T STATE	142	81.1%
Total	175	100.00%



Table IV below provides the ethnic diversity of the tracing team staff who have completed training and are awaiting cases.

Table IV. Ethnic Diversity of Tracing Team Staff Who Have Completed Training and are Awaiting Cases		
Ethnicity	Number of Individuals	% of total
WHITE (not of Hispanic Origin):	50	54.9%
HISPANIC/LATINO:	16	17.6%
BLACK/AFRICAN AMERICAN:	7	7.7%
ASIAN:	13	14.3%
AMERICAN INDIAN/ALASKA NATIVE:	0	0.0%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:	1	1.1%
Undetermined	4	4.4%
Total Trained But Not Started	91	100.00%

Should the County experience an increase in COVID-19 cases, staffing level projections have been determined that correspond to increases in lab testing and positive lab results. These projections take into account volume of cases, time for investigation and tracing processes, and average number of close contacts per case. An expanded tracing organizational structure has been developed which will support the expanded tracing operations. A training plan has also been developed and utilized for newly onboarded tracers.

The County of San Diego, in coordination with other local jurisdictions and outside organizations, has established multiple COVID-19 Isolation Care Centers / Public Health Hotels for the homeless and other unique case individuals that enhance public health and safety while simultaneously meeting the sheltering and physical separation needs of our region’s homeless population and others who need temporary lodging. The County has procured more than 1,700 rooms for temporary lodging purposes including isolation, quarantine and safe sheltering. Services provided for guests in these rooms include food, laundry, and cleaning. Additionally, the guests receive daily wellness calls from a nurse and medical and behavior health care services are provided as required. The County is now expanding this capability in support of the County’s T3 Strategy through increasing its current guest capacity at its isolation locations.

Lastly, the County has established multiple Alternate Care Site locations specifically designed to provide additional capacity for local area hospitals with COVID-19 isolation and low acuity care if needed. Our Alternative Care Sites provide the option of nearly 400 additional beds for patients who do not require acute care.



IV. PROTECTING THE VULNERABLE

Congregate Care Facilities

In San Diego County, there are close to 1,500 total long-term and residential care facilities. There are 87 Skilled Nursing Facilities (SNFs). Other facilities include Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs) and approximately 100 Intermediate Care Facilities.

Correctional Facilities

In addition to the facilities mentioned above, there are seven detention facilities operated by the San Diego County Sheriff's Department. The County's detention facilities operate as one comprehensive system, meaning we can transfer inmates throughout our system based on operational needs or based on the inmate's medical/mental health needs.

Table V. List of County Jails and Detention Facilities

Facility	Address	BSCC Rated Capacity	Current Population	Medical ISO Cells
San Diego Central Jail	1173 Front Street, San Diego, CA 92101	946	593	27
George Bailey Detention Facility	446 Alta Road, Suite 5300, SAN DIEGO, CA 92158	1380	1127	8
Las Colinas Detention and Reentry Facility	451 Riverview Pkwy, Santee, CA 92071	1216	499	10
Vista Detention Facility	325 S Melrose Dr., Suite 200 Vista CA, 92081	807 <i>COURT ORDERED CAP 886</i>	617	5
Facility 8	446 Alta Road, Suite 5300, San Diego, CA 92158	200	117	
East Mesa Reentry Facility	446 Alta Road, Suite 5200, San Diego, CA 92158	760	442	
South Bay Detention Facility	500 Third Avenue, Chula Vista, CA 91910	386 <i>COURT ORDERED CAP 431</i>	342	



Housing for the Homeless

The County also has a number of homelessness shelters and, based on the annual Housing Inventory Chart (HIC) on the Regional Task Force on the Homeless website, there is data as of 2019 for 21 emergency shelters that are single sites in San Diego County. There are also seven seasonal sites that are currently not operational, which are highlighted in yellow. These homeless shelters have a bed capacity anywhere from 8 to 354. Please reference the excel file, *titled HIC 2019 Emergency Shelter Capacity as of April 2019*, for full detail on the capacity of the homeless shelters (e.g., organization name, project name, geo code, housing type, number of beds, and date of availability).

As confirmed outbreaks are identified at congregate facilities public health response takes place following established protocols. As part of this process, each outbreak facility is required to track their residents and staff case illness status. Case rates for each outbreak setting are determined upon conclusion of the outbreak at each setting.

As of May 14, there have been a cumulative of 50 confirmed outbreaks in congregate settings within San Diego county. These reflect a total of 1,022 confirmed cases of which 672 are among residents and 350 are among staff associated with these outbreak settings.

Further, the County of San Diego sent a letter to the facilities indicating that they follow the mandatory requirements by their funding and licensing agencies, in addition to the Centers for Disease Control and Prevention guidelines, to address requirements for safely isolating COVID-19 positive individuals. In addition, the County of San Diego has a [Public Health Officer Isolation Order](#) that is provided to the COVID-19 positive case by the medical provider at discharge.

Additional information by facility type and their ability to safely isolate, quarantine and test individuals is explained below:

- **Congregate Care Facilities:** San Diego has numerous congregate care facilities. Of these, there are 87 Skilled Nursing Facilities (SNFs) with approximately 9,000 residents. The California Department of Public Health Healthcare Associated Infections Program and Licensing and Certification has been sharing their consultations. The California Department of Public Health is doing remote assessments and consultations on the SNFs COVID-19 plan, which are also provided to the County Public Health Nurse.

All COVID-19 mitigation plans include how to identify and isolate confirmed cases and prevent spread through the facilities; these plans are officially due to the California Department of Public Health by June 1, 2020, approximately 60 have been received to date. SNFs are able to become designated COVID-19 facilities. The census fluctuates overall, but beds are currently available for COVID-19 isolation. There are three skilled nursing facilities identified as COVID-19 facilities in San Diego. There are also facilities in southern California for receiving clients from residential facilities and Developmentally Disabled facilities. These are accessible through the respective entities that have jurisdiction (e.g., Department of Social Services, Regional Center).



In terms of their ability to safely quarantine individuals who have been exposed, the County of San Diego sent a letter to all long-term care facilities indicating that they follow the mandatory requirements by their funding and licensing agencies, in addition to the Centers for Disease Control and Prevention guidelines, to address requirements for safely quarantining individuals. In addition, the County of San Diego has a [Public Health Officer Quarantine Order](#). Any person that has been in close contact with a person either diagnosed with COVID-19, or likely to have COVID-19 (COVID-19 Patient), must quarantine themselves.

In order to ensure adequate testing is available should an outbreak investigation be necessary; the County has sent letters to all skilled nursing facilities offering supplies and testing for staff. The County has also established a contract with the University of California San Diego to provide on site assessment and testing services for skilled nursing facilities in their network of care. And, should additional staff be necessary due to shortages, facilities are to follow the mandatory requirements by their funding and licensing agencies, in addition to the Centers for Disease Control and Prevention guidelines, to address staff shortages.

On May 18, 2020 the County met with SNFs to provide update and overview of CDPH All Facilities Letter (AFL) to determine if technical assistance was needed, and issue a survey related to the [AFL document](#).

- **Correctional Facilities:** The county's system has a total of 50 designated medical isolation cells available, of which 32 are negative pressure cells. The County is confident that the system has the ability to safely isolate COVID-19 positive individuals.

Should it be necessary, the county's correctional facilities system has the ability to safely place an entire housing module/area in a quarantine status.

The County recognizes the critical importance of sufficient PPE for staff at long-term care facilities. It is for that reason that we have maintained open communication with these facilities.

All healthcare facilities have been using the County's process to request PPE since February (through a dedicated email address, or WebEOC). To date, the County's Medical Operations Center (MOC) team has sent out 5,686 surveys to LTCFs requesting feedback on their status. As of May 16, 2020, the County has received 668 requests for PPE and we have fulfilled 637, or 95%, of those requests. The remaining request are being processed.

The established process requires a request, if the County does not receive a request from facilities, the assumption is made that there is not a need.

The MOC logistics team does its best to fulfill requests to the best of their ability, given



current inventory levels, using a variety of models of PPE. Facilities with outbreaks are prioritized and expedited. More recently, the team has started reaching out proactively to those known facilities with outbreaks. Generally, a report is provided daily to Logistics and the team will review the spreadsheet to evaluate if the facility has previously been supplied with PPE.; if so, how long ago and what quantities were provided. If the team ascertains that the facility has never submitted a request, the MOC logistics staff take action to reach out and inquire as to whether they are in need of any supplies.

Lastly, in an effort to ensure facilities have adequate supplies, when inquiries are received only for face masks, for example, the facility receives a response from the MOC asking if they also need any other supplies such as gloves, face masks, goggles, safety glasses, hand sanitizer, or disinfecting wipes.

V. ACUTE CARE SURGE

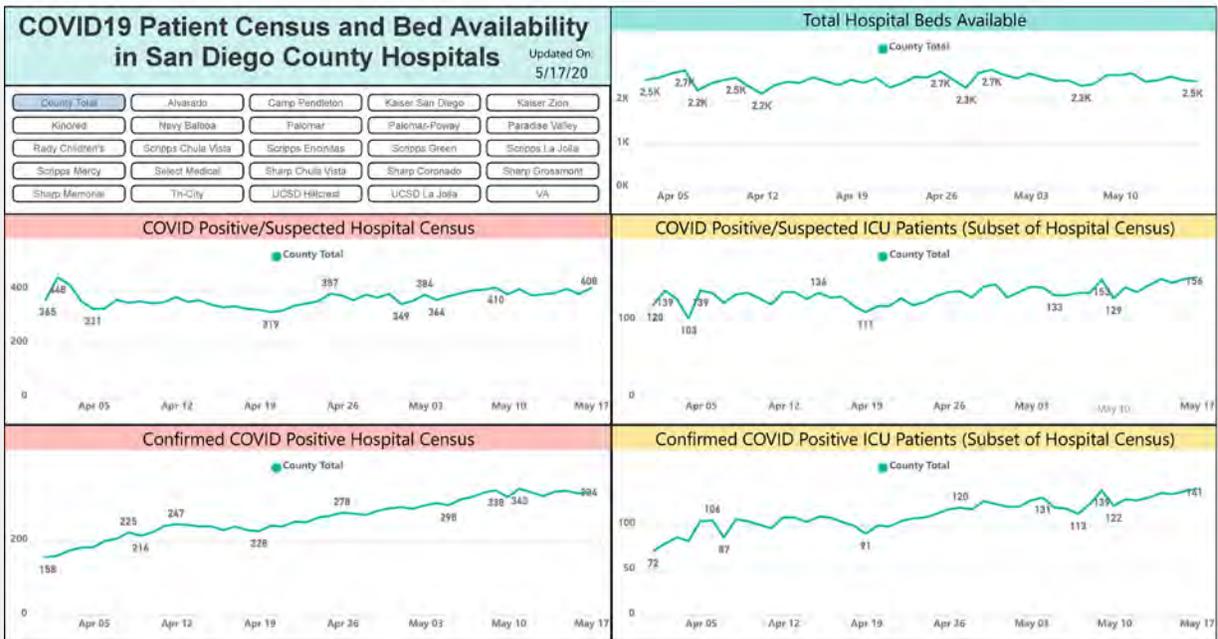
Every morning, all San Diego County regional hospitals provide the County an updated number of available ventilators on site at each hospital. This information is aggregated and shared with the Emergency Operations Center as well as presented in the daily County Press Conference. Additionally, twice a week each hospital system reports their staffing availability based on their current patient volume. In turn this is monitored and shared with the County's Medical Operations Center. Hospitals update the County weekly with updated bed capacity by type for current capacity and surge capacity planning.

The following information is entered into the Local Emergency Medical Services Information System (LEMSIS) Resource Bridge each day:

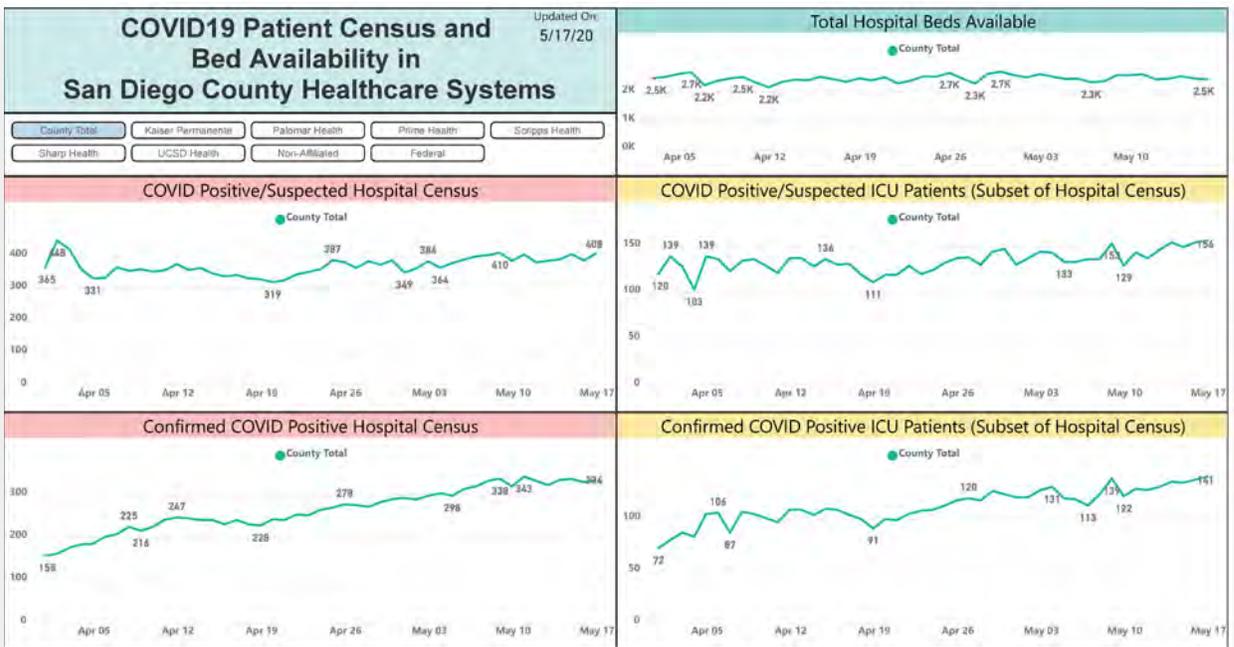
- Total confirmed COVID-19 Hospitalized patients currently in the facility (all hospital beds)
- Total suspected COVID-19 Hospitalized patients currently in the facility (all hospital beds)
- Total confirmed COVID-19 Hospitalized patients currently in the ICU
- Total suspected COVID-19 Hospitalized patients currently in the ICU
- Total available (unoccupied) beds available in the facility

The report allows for selection of features by hospital or Healthcare System (as seen below in screenshots).





This dashboard contains confidential official information of the County of San Diego and is provided to another governmental agency pursuant Government Code section 6254.5 (e). By receiving this information, the receiving governmental agency agrees to treat this information as confidential. Only persons authorized in writing by the person in charge of the receiving governmental agency shall be permitted to obtain the information. Any information obtained shall only be used for purposes that are consistent with existing law.



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The County of San Diego has been working with hospitals in our region since February (using the same methods mentioned above) to fulfill their requests, which are often very large. Since this time, we have improved communications with each facility or system to best inform them of shortages and delays. Often we cannot fulfill the entire amount of a request, but work with their supply workers to make sure the PPE we are able to send is acceptable. Medical Operations Center (MOC) Logistics works on behalf of the MHOAC for obtaining and distributing PPE. Additionally, the County is aware that the hospitals' supply departments have been trying to source PPE from vendors for purchase as well. Moreover, when the County received large quantities of disposable face masks, we proactively reached out to all of the hospitals to offer a pallet (or several pallets) of 36,000 face masks for use at their facility.

Any plan for tracking and addressing occupational exposure at hospitals would be part of their infection control policies and procedures. The infection prevention and control process is via the Responder Health & Safety monitoring system.

VI. ESSENTIAL WORKERS

The County of San Diego has provided businesses with several resources to help protect the health and safety of all essential workplaces, employees and customers. Per our current [County Public Health Order](#) all businesses must fill out and post a form that explains the measures they are implementing to protect their workers and the public. The [Safe Re-Opening Plan](#) template is available on our COVID-19 dedicated [website](#) which also offers helpful FAQs, posters for businesses and other educational materials. Additionally, our Public Health Order requires certain social distancing, sanitation and monitoring protocols be observed in order for business to operate. These include observation of the recommended 6 feet of distancing between clients, sanitation of surfaces and commonly used areas as well as temperature checks for all employees as they enter the workplace daily.

The County's T3 strategy as, outlined above, also addressed measures that would apply to safeguarding essential workers who are sick or symptomatic, as well as any quarantine/isolation needs should they be deemed necessary.

VII. SPECIAL CONSIDERATIONS

The County of San Diego's diversity of industry is one of the most unique in the state of California. Special consideration for our county is needed given this variety that includes, but is not limited to, a large military infrastructure and its supporting industry, sovereign tribal nations with large casinos, and a number of large employers with the ability to successfully accommodate teleworking for a high percentage of their workforce. Some preliminary estimates are that it is possible for over half a million of the regions workforce to telework.



VIII. COMMUNITY ENGAGEMENT

The County of San Diego has maintained consistent community engagement efforts, ensuring that there has been an open flow of communication with different community organizations as well as city managers, elected officials, emergency managers and tribal nations.

The County has held [weekly telebriefings](#) with various sectors to gather feedback and share information. Additionally, as part of our efforts to promote engagement, the County has established a number of websites that provide up-to-date information for the [Community Sector](#) as well as a page with information pertinent to [City, Government and Tribal Nations](#). The County has also developed a COVID-19 messaging campaign. The digital media includes display and full-screen banner ads, video pre-roll, streaming audio and connected TV as well as social media and traditional media consisting of television and print. Please see **Attachment 1A** for a Snapshot of Community Sector Outreach and **Attachment 2A** for the Campaign Recap Analysis Phase 1 Report Dates: April 20-May 12, 2020.

Lastly, to ensure that our efforts are inclusive of our region's diversity, all efforts have been made to include representatives that are reflective of our community. The County has also translated materials into languages that are most commonly spoken in our communities and made them available on our [website](#).

IX. RELATIONSHIP TO SURROUNDING COUNTIES

The County of San Diego is unique in that not only is it the nation's fifth largest county, but it also shares its southern border with Mexico and has the busiest land-border crossing in the world. It is precisely due to the complexity of the region's demographics that the County understands how critical ongoing collaboration and open communication is to maintaining the health and safety of the region.

The County has remained actively engaged with our neighboring counties, federal authorities monitoring the international border crossing, and our counterparts in Baja California, Mexico.

Ongoing regular discussions have revolved around how to best maximize efforts to protect the health and safety of all our residents. Further efforts have included participating on a recent tour of the international border area with representatives from the U.S. Department of Homeland Security and regional representatives to discuss evaluations of the current needs and how best to ensure public health and safety.

Additionally, the County has worked with other counties in developing plans in coordination with business and community leaders. Specific efforts include a recent letter sent to the Governor in which the County Board of Supervisors' Chairman Greg Cox as a cosignatory with the Counties of San Bernardino, Riverside, and Orange, expressed



how several of the counties have adopted Readiness and Recovery Plans developed in coordination with business leaders representing various key sectors to identify guidelines that will help ensure employees and consumers are protected.

Most of our neighbors are also planning to increase their pace to re-open and modify current orders, although each county has slightly different industries/sectors and factors to consider. Furthermore, according to recent reports Mexico does not seem to be a concern in terms of surge capacity for the County of San Diego. As travel increases due to the lifting of Stay-at-Home orders, our county will see an influx of travel from other regions and will be prepared to coordinate testing, isolation, and tracing with other jurisdictions as needed. County epidemiologists have longstanding relationships with their counterparts in neighboring counties regarding cross-jurisdictional communicable disease investigations.



ATTACHMENT 1A



Campaign Recap & Analysis Phase 1
Report Dates: April 20– May 12, 2020



ATTACHMENT 1A



Campaign Overview



COVID-19 Messaging Campaign Strategy

Implement a cross media channel approach to reach multiple targets (General Public, High Risk, Hot Spot Zip Codes, and Spanish language) to ensure San Diego County residents are complying with the basic Public Health Orders to stay home, maintain social distancing and use face coverings. Secondary goals include increasing traffic to the main County of San Diego COVID-19 information page at [Coronavirus-SD.com](https://www.coronavirus-sd.com) and to help keep County residents safe, informed, and connected.

Media

Both digital and traditional media are being used. Digital media consists of display and full screen banner ads, video pre-roll, streaming audio, and connected TV (CTV), as well as social media. Traditional media consists of television and print.

Audience Targeting - Hot Spot Zip Codes (based on the zip code [report](#) from April 22, 2020)

- City of San Diego
 - Hillcrest (92103)
 - San Ysidro (92173)
 - Paradise Hills (92139)
 - Skyline (92114)
 - Barrio Logan (92113)
- City of Chula Vista (91902 Bonita, 91910, 91911, 91913, 91914, 91915, 91950, 92154)
- City of National City (91950)
- City of El Cajon (92021, 92020, 92019)



ATTACHMENT 1A



Media Buy – Phase 1



	APRIL				MAY				LIVE MEDIA	HATUS WEEK			
	20	6	13	20	27	4	11	18			25		
TELEVISION -15s and -30s											Total Amp (000s)	Estimate	Total Spots
BSY-TV/NBC 10				42	54	54	16	34	54		4,502.4	44.2% Reach/4.8 Frequency	272
KRMB-TV/CBS 8				40	40	40	5				1,124.4	22.8% Reach/4.5 Frequency	125
KNSD-TV/NBC 39				18	24			21	30		1,005.6	34.6% Reach/7.2 Frequency	85
RSD-TV/S Independent				53	51	51	14				2,960.8	28.6% Reach/3.8 Frequency	171
KSWB-TV/CBS 69				45	45			43	41		1,545.8	28.4% Reach/3.5 Frequency	176
KPNS-TV/PBS 15				17	17						184.4	14.2% Reach/2.5 Frequency	34
TELEMANO/Spanish 20				17	17	18	6				312.3	21.4% Reach/2.7 Frequency	56
TELEFISA/Spanish 12				26	26	26	7				425.3	12.2% Reach/7.4 Frequency	112
PRINT											Total Circulation		
Union Tribune			Sun 4/28	Thu 4/23	Sun 4/26	Thu 4/28					517.2	Sunday Full Page Full Color/Thursday Half Page Full Color (Print & Digital)	
Union Tribune Expanded			Sat 4/25	Sat 5/2							202.5	Sat 4/25 Full Page Full Color/ Sat 5/2 Half Page Full Color (Print & Digital)	
Community Press			Thu 4/24	Thu 4/30							298.9	Thursday Half Page Full Color; 300x250 Banner Ads on website (9 Community)	
Filipino Press				Sat 5/2							25.0	Half Page Full Color (Print and Digital)	
El Latino				Fri 5/1							60.0	Half Page Full Color (Print and Digital)	
San Diego Voice				Thu 4/28							25.0	Half Page Full Color (Print and Digital)	
Star News				Fri 5/1							33.5	Half Page Full Color (Print and Digital)	
Aljazeera Sun							Fri 5/22				4.4	Half Page Full Color	
Village News							Thu 5/21				8.0	Half Page Full Color	
DIGITAL											Total Amp (000s)		
Display Mobile/Desktop											2,817.3	320x50, 278x90, 300x250	
Full Screen Mobile/Desktop											1,000.0	Mobile 320x480, 480x320, Desktop 768x1024, 1024x768	
Video Pre-roll Mobile/Desktop											1,000.0	0.15s and 0.30s	
CTV											1,269.3	0.15s and 0.30s	
Audio Streaming											555.5	0.15s and 0.30s	
PRODUCTION/AGENCY FEES													
Production/Agency Fees													
Translation Fees/CTV Agency													
Matthys Hoffman/Voice Over													
Sam Pook/Voice Over													
Freeman/Audio Production													
OUTDOOR													
Clear Channel Digital Bus Transits PAs													



ATTACHMENT 1A

May 15, 2020 | Digital Media | Report Dates: April 20 – May 11, 2020



Digital media consists of display and full screen banner ads, video pre-roll, streaming audio, and connected TV (CTV). Ads are served to target audiences via their smart phones, tablets and laptops/desktops on websites and apps they use.

Target audiences = general population of San Diego County, at-risk audiences 55+, hot spot zip codes and Spanish language.

Campaign Measurement

- The engagement is very high with all display ads, with Full Screen display ads delivering the most engagement.
- Audio, Video Pre-Roll, and CTV ads all have great complete rates with CTV and Audio delivering the highest complete rate.

3,448,319

Total impressions

16,789

Clicks to the Website

36.87%

Overall CTR****

Medium	Impressions*	Clicks/Completes**	CTR/Completes
Display Banners (Industry Avg CTR: .2%)	1,475,294	4,605 clicks	.31% click-through
Full Screen Banners*** (Industry Avg CTR: .8-1%)	535,586	7,965 clicks	1.49% click-through
Audio (Industry Avg Complete Rate 85-95%)	372,117	360,225 completes	97% complete rate
Video Pre-Roll (Industry Avg Complete Rate 60-75%)	473,902	325,129 completes	69% complete rate
CTV (Industry Avg Complete Rate 95-100%)	591,420	573,287 completes	97% complete rate

*An Impression is a metric used to quantify the display of an advertisement on a web page. Impressions are also referred to as an "ad view." The number of Impressions are based on the buy and digital media plan proposed and approved at the beginning.

**Value for each medium can be measured by Clicks and CTR (Click-Through Rate) for display and full screen banner ads and Completes for Audio, Video Pre-Roll and CTV. Completes are identified as a viewer watching the :15 and :30 second videos 100% through.

***Full Screen Banners are pop-up ads on a mobile or tablet device

****CTR is determined by total number of clicks and completes divided by impressions



ATTACHMENT 1A

May 15, 2020 | Digital Media | Report Dates: April 20 – May 11, 2020

Audience Breakdown



English Language – 2,092,890 impressions

Audience	Impressions	Clicks	CTR
Hot Spot Zip Codes	657,867	3,356	.51%
At Risk	457,803	2,669	.58%
County of San Diego	977,220	4,238	.43%

Spanish Language – 1,355,429 impressions

Audience	Impressions	Clicks	CTR
Hot Spot Zip Codes	439,059	1,967	.45%
At Risk	316,467	2,092	.66%
County of San Diego	599,903	2,467	.41%

Digital impressions for *display, full screen and pre-roll video* were delivered at a rate of 60% English to 40% Spanish. Within the language target, the audience was distributed equally between the three audiences with 1/3 impressions targeted to “Hot Spot Zip Codes”, 1/3 to “At Risk”, and 1/3 to County of San Diego.

Digital impressions for *CTV and Audio* were delivered at a rate of 60% English to 40% Spanish. Within the language target, the audience was split 50/50 with ½ to “Hot Spot Zip Codes” and ½ to County of San Diego.

Due to the nature of digital and the availability of inventory with audiences, the week by week impressions will continue to evolve to meet the above breakdowns. In the beginning, they might not reflect the above allocations exactly. The campaign will fulfill the digital delivery as outlined above.



ATTACHMENT 1A

May 15, 2020 | Digital Media | Report Dates: April 20 – May 11, 2020
 Creative Performance Summary



English Full Screen Ad 768x1024



Top Performing English Creative

Size	Impressions	Clicks	CTR
Full Screen 768x1024	67,883	1,402	2.07% (Industry Avg: .8-1%)
Display 728x90	276,870	1,606	.581% (Industry Avg: .2%)

Top Performing Spanish Creative

Size	Impressions	Clicks	CTR
Full Screen 768x1024	45,598	862	1.89% (Industry Avg: .8-1%)
Display 728x90	212,732	1,221	.574% (Industry Avg: .2%)



ATTACHMENT 1A

May 15, 2020 | Traditional Media



Television | Report Dates: April 22– May 12, 2020

Television is playing a critical role in informing the public and how people are gathering information and news on the pandemic. Overall viewership increased especially on the news programs both local and national network news. Viewership used to skew older (adults 45+) but due to COVID-19, even the younger demos (adults 18+) are watching TV. Television impressions are Household impressions.

English TV Stations	Spots	Impressions*
KGTV-TV/ABC 10	164	2,028,900
KFMB-TV/CBS 8	125	1,873,800
KNSD-TV/NBC 39	42	476,000
KUSI-TV/51 Independent	173	2,259,550
KSWB-TV/FOX 69	90	395,000
KPBS-TV/PBS 15**	36	Not Available

7,033,250

Total HH Impressions
English

Spanish TV Stations	Spots	Impressions
TELEMUNDO/Spanish	59	421,000
TELEVISA/Spanish***	112	361,246

782,246

Total HH Impressions
Spanish

* Impressions: An impression is a metric used to quantify the display of an advertisement on a TV screen. Impressions are also referred to as an "ad view." Television impressions are Household impressions.

**KPBS-TV subscribes to Nielsen Ratings but not access to overnight Nielsen impressions or ratings.

*** Televisa subscribes to Nielsen Hispanic Ratings but not access to overnight Nielsen impressions or ratings. Impressions are estimated based on total Hispanic households.

Hispanic Impressions appear to be low because the impressions are based on Households and Hispanics comprise 26.8% of the total TV households in the market.



ATTACHMENT 1A

May 15, 2020 | Traditional Media

Television | Added Value Digital Banners | Report Dates: April 23 – May 6, 2020



Website	Impressions	Dates
TELEVISA - Spanish www.xewt12.com	29,000	4/27/20 - 4/29/20
KGTV-TV/ABC 10* www.10News.com	449,563	4/30/20
Community Press www.pomeradonews.com	45,604	4/23/20-5/6/20
Community Press www.Lajollalight.com	14,526	4/23/20-5/6/20
Community Press www.encinitasadvocate.com	3,194	4/23/20-5/6/20
Community Press www.ranchosantafereview.com	2,600	4/23/20-5/6/20
Community Press www.ramonasentinel.com	4,634	4/23/20-5/6/20
Community Press www.Delmartimes.com	9,270	4/23/20-5/6/20

558,391
Total Added Value Impressions

* Website wallpaper on www.10news.com 's Home Page and News Page for 24 hours on April 30, 2020. A wallpaper is a digital image used a background for the website's content. The page included banner ads 320x50 and 728x90.



ATTACHMENT 1A

May 15, 2020 | Traditional Media



Print – Newspaper and Digital | Report Dates: April 22 – May 12, 2020

Newspaper readers tend to skew older (adults 55+) which is the age group considered to be “high risk”. The San Diego Union Tribune provides reach across San Diego County in both English and Spanish and offers nine community publications for locally focused targeting. The community publications were delivered to homes in La Jolla, Encinitas, Rancho Sta. Fe, Solana Beach, Carmel Valley, Poway, Rancho Bernardo, Ramona and Del Mar. Additional community newspapers allowed for targeting of Hot Spot zip codes.

San Diego Union Tribune	Publication Date	Circulation
Full Page Sunday (English)	4/19/20	174,809
Half Page Thursday (English)	4/23/20	85,708
Full Page Sunday (English)	4/26/20	174,809
Half Page Thursday (English)	4/30/20	85,708
Full Page Saturday (Spanish)	4/25/20	101,235
Full Page Saturday (Spanish)	5/02/20	101,235
Nine Community Press Papers	4/23/20	149,172
Nine Community Press Papers	4/30/20	149,172

Added Value Digital Website	Dates	Impressions
Community Press Publications Websites*	4/23/20	79,828

* Print ads also appeared online, on the electronic version of the publication. Data is not available.



ATTACHMENT 1A

May 15, 2020 | Traditional Media

Print – Newspaper and Digital | Report Dates: April 22 – May 22, 2020

Community Newspapers	Publication Date	Circulation
Filipino Press	5/02/20	25,000
El Latino (Spanish)	05/01/20	60,000
San Diego Voice & Viewpoint	05/01/20	25,000
Star News	05/01/20	33,000
Village News**	5/22	4,400
Alpine Sun**	5/21	8,800

* Print ads also appeared online, on the electronic version of the publication. Data is not available.

** Village News and Alpine Sun are in Phase 2



ATTACHMENT 1A

May 15, 2020 | Spanish Media RECAP

Digital | Report Dates: April 20 – May 11, 2020

Audience	Impressions	Clicks	CTR
Hot Spot Zip Codes	657,867	3,356	.51%
At Risk	457,803	2,669	.58%
County of San Diego	977,220	4,238	.43%

Television | Report Dates: April 22 – May 12, 2020

Spanish TV Stations	Spots	Impressions
TELEMUNDO/Spanish	59	421,000
TELEVISA/Spanish	95	361,246

Added Value Digital Banners	Impressions	Dates
TELEVISA – www.xewt12.com	29,000	4/27/20 - 4/29/20

Print – Newspaper and Digital | Report Dates: April 22 – May 2, 2020

San Diego Union Tribune	Publication Date	Circulation
Full Page Saturday (Spanish)	4/25/20	101,235
Full Page Saturday (Spanish)	5/02/20	101,235

Community Newspapers	Publication Date	Circulation
El Latino (Spanish)	05/01/20	60,000



COVID-19 COMMUNITY SECTOR SNAPSHOT

