

CDPH COVID-19 VARIANCE ATTESTATION REPORT

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

COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR **NAPA COUNTY**



A Tradition of Stewardship
A Commitment to Service



A. Background

On March 4, 2020 Governor Newsom proclaimed a State of Emergency as a result of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities.

On April 14th, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 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 of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

B. Local Variance

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

1. Notify the California Department of Public Health (CDPH) and engage in a phone consultation regarding the county's intent to seek a variance.
2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be

submitted by the local public health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable. The full submission must be signed by the local public health officer.

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

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

In addition to pre-submission phone consultations, CDPH is available to provide technical assistance to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at Jake.Hanson@cdph.ca.gov to set up a time with our technical assistance team.

County Name: Napa

County Contact: Karen Relucio, M.D., Public Health Officer, Deputy Director-Public Health

Public Phone Number: (707) 253-4279

C. Readiness for Variance

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

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

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

D. Readiness Criteria

By way of background and for context, Napa County is north of the greater Bay Area and is known for hundreds of hillside vineyards, rural agricultural environment, and open space. The County spans a total area of 789 square miles of which 748 square miles is land and 40 square miles is water. The County has approximately 138,000 residents and is comprised of five cities, including American Canyon, Napa, Yountville, St. Helena and Calistoga. Napa County is governed by a five-member Board of Supervisors. The County's Public Health Officer is Karen Relucio, M.D., who also serves as the Health and Human Services Agency Deputy Director of Public Health.

The County, by and through its Health Officer, issued its first Shelter-at-Home Order (Order) on March 18, 2020. Since that time, three subsequent Orders have been issued as local conditions have changed. With the first amendment, restrictions were tightened, but with each subsequent amendment, restrictions have been slowly lifted and more businesses and activities have been allowed. As part of the most recent Order issued on May 7, 2020, our Public Health Officer included a requirement to wear cloth face coverings (with some parameters and exceptions). This requirement was imposed in anticipation of allowing further Stage 2 businesses and activities to proceed. As communities slowly lift restrictions and open up, the need for cloth face coverings actually increases. This is because the opportunity for transmission necessarily increases too. This is among the many proactive and layered public health strategies the County has put into place.

As will be explained further below, based upon local conditions in Napa County, the Public Health Officer, County Board of Supervisors, local hospitals, and cities, believe we have collectively as a region established our readiness for an increased pace through Stage 2 of California's roadmap to modify the Stay-at-Home order. The County's plan allows for those eligible businesses and workplaces, as set forth by the State, to reopen with strong adaptations in place based upon relevant guidance from CDPH and other industry-specific best management practices.

1. **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by an epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
 - o No more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.
 - o No COVID-19 death in the past 14 days prior to attestation submission date.

The County believes there is epidemiological stability of COVID-19 in its jurisdiction because the prevalence of COVID-19 cases is relatively low and can be swiftly contained. As will be explained in the response to this criterion, below, and in others throughout this report, although an anticipated outcome of further progression into Stage 2 in any jurisdiction is a likely *increase* of positive cases, the County has the capacity to meet the resultant public health response. Broadly speaking, the County has sufficiently flattened the curve, it has healthcare surge capacity, it will monitor local conditions, and it remains

prepared to restrict its Shelter-at-Home Order, if and when necessary, in order to protect the public health of its community.

Since the outset of the COVID-19 pandemic, the prevalence of COVID-19 in Napa County has remained relatively low. Napa County was one of the last counties surrounding the greater Bay Area to declare a local health emergency because it did not have its first positive case of COVID-19 until March 22, 2020, four days after issuing its first Shelter-at-Home Order on March 18. Since that time, Napa County has had many days of zero positive cases and a maximum of six positive cases in any one day. This low prevalence is reflected by the fact that Napa County's rate of COVID-19 cases in the past 14 days is *less* than the State's criteria of no more than 1 COVID-10 case per 10,000, and is 0.9 case per 10,000.

As of May 12, Napa County has a total of 81 positive COVID-19 cases, with 2,368 individuals testing negative from a total of 2,449 test results. This results in a positive test rate of approximately 3.3%. The County's doubling time for cases continues to move in a positive direction and is currently 22 days. Napa County's mortality rate remains relatively low. Napa County has a total of three deaths, the last two occurring over a month apart on April 3 and then May 10. This yields a mortality rate of 3.8%, which is lower than the statewide rate. Further, the incidence rate across various age groups is unremarkable when compared to statewide distributions, except that Napa County's is much lower among those 65 years of age or older. Noteworthy also is the fact that Napa County currently has no one hospitalized, has not had any outbreaks in congregate care facilities, and has ramped up its testing focusing specifically on this population.

In April, the County was able to significantly expand its testing capacity due to the State opening one of its 86 new test sites here in Napa. With the addition of this testing site, Napa has reached throughputs as high as 400 tests per day, which is significantly above its target of 280 tests per day when using the State's upper-end goal of 2 tests per 1,000 population. Further, and for context, the County's hospital bed surge capacity is 350 beds, not including those from Kaiser Hospital in Vallejo, just outside the County's southern boundary.

While Napa County had its most recent death on May 10, that indicator cannot be viewed in isolation. Instead, it must be viewed in light of the information provided above and within the context of the "six indicators" previously espoused by the State as relevant metrics. To that end, as will be explained in answers to the remaining criteria 2 through 9, Napa County *is* able to meet the following four State indicators:

- Ability to monitor and protect our community through testing, contact tracing, isolating and supporting those who are positive or exposed
- Ability to prevent infection in people who are at-risk for more severe COVID-19
- Ability of the hospital and health systems to handle surges
- Ability to determine when to reinstitute certain measures, such as the stay-at-home orders, if necessary

As it pertains to the fifth indicator – the ability for businesses, schools, and child care facilities to support physical distancing – those businesses and workplaces identified by the State as eligible for Stage 2 advancement will be able to support physical distancing. This is so because of the State’s guidance for various industries and best management practices provided by Napa County’s business community, discussed later in this report. Finally, as to the sixth indicator, the State has previously tied the “ability to develop therapeutics to meet the demand” to Stage 4, and thus this is an irrelevant indicator for measuring progression into Stage 2.

- 2. Protection of Stage 1 essential workers.** A determination must be made by the county that there is clear guidance and the necessary resources to ensure the safety of Stage 1 essential critical infrastructure workers. The county must attest to:
- o Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide copies of the guidance(s).
 - o Availability of supplies (disinfectant, essential protective gear) to protect essential workers. Please describe how this availability is assessed.

The County believes there is clear guidance and necessary resources to ensure the safety of Stage 1 essential workers throughout its jurisdiction. First and foremost, the County has not seen an outbreak of positive COVID-19 cases among its essential workers, including but not limited to healthcare workers and first responders. It stands to reason that this fact is a strong indication that employers of essential workers across the County have been able to ensure their ongoing safety. This is due, in part, to the layered public health strategies taken by the County, including a Shelter-at-Home Order issued before its first positive case, the provision of personal protective equipment (PPE), a public health order requiring the wearing of cloth face coverings, the availability of hotels for the self-isolation of first responders, and testing availability for *all* essential workers and adults who live or work in the County.

As it pertains to guidance for employers and essential infrastructure workplaces, reference guidance and checklists issued by the CDPH at <https://covid19.ca.gov/roadmap/> are incorporated by reference. The County appreciates that State guidance now exists for most Stage 1 essential workplaces, including law enforcement, firefighters, emergency medical services, healthcare workers, and other community-based essential functions. We have made all of these guidance documents separately available on our website. The County has also made available on its website links to a myriad of guidance documents from the Centers for Disease Control (CDC), and U.S. Department of Labor Occupational Safety and Health Administration (OSHA). The comprehensive list is provided in *Attachment A*.

Regarding the availability of resources collectively referred to as personal protective equipment (PPE), Napa County has the ability to protect its Stage 1 essential workforce through the provision of readily available PPE, while also maintaining a strong PPE reserve. The County has also consulted with our cities regarding PPE availability for their essential workers, including how they assess such availability. Detailed information regarding PPE availability is summarized in *Attachment B*.

- 3. Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current testing criteria (available on CDPH website). The county must attest to:
- o Minimum daily testing volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county's average daily testing volume for the past week. If the county does not believe a testing volume of 1.5 per 1,000 residents is merited, please provide justification for this.
 - o Testing availability for at least 75% of residents, as measured by a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county, whether there are any geographic areas that do not meet the criteria, and plans for filling these gaps. If the county depends on sites in adjacent counties, please list these sites as well.

The County has robust testing capacity in its jurisdiction. As stated previously, in April, the County was able to significantly expand its testing capacity due to the State opening one of its 86 new mass testing sites here in Napa. With the addition of this testing site, Napa has reached throughputs that exceed 400 tests per day, which is significantly above its target of 280 tests per day when using the State's upper-end goal of 2 tests per 1,000 population. Further, the County has utilized a layered testing strategy, including making testing readily available for all symptomatic individuals, asymptomatic healthcare workers and first responders, all adults living or working in the County, and surveillance testing of residents in congregate care facilities.

The County has had the ability and capacity to make both established test sites and mobile testing available to its residents. Napa County's geographic area which is only 30 miles in length and five miles across as its widest point, allows it to easily meet the requirement of having testing availability within 60 minutes of its residents; specifically, the mass testing site is centrally located in the City of Napa. A list of specimen collection sites in the County includes the Community Organized Relief Effort (CORE)/Verily mass testing site, Napa County Public Health, Queen of the Valley Medical Center, St. Helena Hospital, Kaiser Permanente Medical Center (Kaiser), and Ole Health. In addition, while the County is not dependent upon specimen collection sites outside of its jurisdiction for its capacity, it is worth noting that Kaiser has a hospital located in the city of Vallejo that offers testing and is just south of Napa County.

- 4. Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive cases. The county must attest to:
- o Sufficient contact tracing. For counties that have no cases, there should be at least 15 staff per 100,000 county population trained and available for contact tracing; for counties with small populations, there must be at least one staff person trained and available. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge.

- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a private bathroom), for the duration of the necessary isolation or quarantine period.

The County has adequate infrastructure, processes and the workforce to detect and isolate new cases, as well as complete the necessary follow-up with positive case contacts. The County had 17 staff dedicated to contact tracing, and recently secured four more County staff bringing us to the required 21 staff available. The County continues to have staff available for training, and the ability to secure more staff to meet an anticipated surge in new positive cases.

The County also has sufficient temporary housing unit for its residents experiencing homelessness. In Napa County, the homeless population is approximately 350. If 15% of this population required temporary housing in order to isolate positive cases and quarantine their related contacts, the County has two options available at its disposal. The first is a facility referred to as Respite Cove, which has a capacity to house and isolate 42 individuals who test positive. This facility has private bathrooms, and onsite staffing available including County staff and the National Guard. The second are hotel rooms at both the Silverado and Meritage resorts that the County has available for its use for up to 175 individuals, which accounts for an estimated number of 10 contacts who may need to be quarantined for every positive case.

- 5. 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 a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID19 patients. Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.
 - 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.

The County has two hospitals in its jurisdiction, Queen of the Valley Medical Center (QVMC) and St. Helena Hospital (SHH). Both hospitals have ample existing and surge capacity, including hospital beds, intensive care unit (ICU) beds and ventilators. QVMC has 200 hospital beds and 42 ICU beds and SHH has 151 hospital beds and 4 ICU beds. The County's hospital capacity can accommodate a minimum surge of 35% due to COVID-19 cases, in addition to providing usual care to non-COVID-19 patients. It is worth noting that currently both hospitals are operating at approximately 50% capacity. There has been only one recent case requiring an ICU bed and no recent cases on a ventilator. As of May 12, only 12.7% of the 81 cases have required hospitalization, 7.6% required an ICU bed and 3.7% required a ventilator. Finally, both

QVMC and SHH have robust plans to protect their hospital workforce, both clinical and nonclinical with PPE. Detailed information regarding their plans and PPE availability are summarized in *Attachment C*.

- 6. Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to:
- o Skilled nursing facilities (SNF) have >14-day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county has to track PPE availability across SNFs.

The County has confirmation from the six SNFs in its jurisdiction that they all meet the requirement of having at least a 14-day supply of PPE on hand. The names and contacts of our six SNFs are as follows:

- The Meadows of Napa Valley – Kristi Morrow, Healthcare Manager
- Napa Valley Care Center – Emily Evans, Director of Communications and Admissions
- Piner’s Nursing Home – Brian Kallio, Administrator
- Napa Post-Acute – Abby Castro, Director of Community Relations
- Napa State Hospital – Patricia Nunez, Emergency Management Coordinator
- The Veterans’ Home of Yountville – Laura Aguiar, Health & Safety Officer

As for SNFs ongoing procurement from non-state supply chains, statewide, and here in Napa, our SNFs have been relying upon PPE procurement from the County, by and through its EOC Logistics Branch. This has been necessary because other healthcare settings, such as hospitals, have been given higher priority for PPE during the COVID-19 pandemic. To that end, private suppliers prioritize hospital orders above that of SNFs. This results in orders placed by SNFs being cancelled by the supplier or the delivery being significantly delayed. Further complicating matters is that suppliers have also cancelled orders due to the diversion of PPE to other states, such as New York.

That context in mind, the County has provided its SNFs with the names of all private suppliers and has requested that they establish relationships with the suppliers and repeatedly place PPE orders. If orders are cancelled, we have advised that they be resubmitted and that process not be thwarted. Separately, the County is aware that on April 24 and May 11, 2020, CDPH issued AFL 20-43.1 and AFL 20-52, respectively, requesting all SNFs submit daily reports to CDPH regarding their PPE availability and requesting SNFs submit a facility specific COVID-19 mitigation plan with specified elements to CDPH. Among the elements that SNFs must include in their mitigation plan is the adequate provision of PPE, including having established contracts or relationships with vendors for replenishing stock.

Finally, in order to track PPE availability across SNFs in its jurisdiction, the County has established a Google survey that it will send to SNFs weekly. This will enable the County to ensure sufficient PPE is available for the ongoing protection of this vulnerable population. The County would be interested in coordinating with CDPH and avoiding duplication of efforts since, per the previously mentioned AFLs, CDPH has separately requested SNFs submit daily reports regarding PPE availability. The County appreciates that CDPH’s

requests of the SNFs it regulates is in alignment with what the County is separately being required to determine.

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

The County's plan to move through Stage 2 is to allow businesses and workplaces with strong adaptations to open at approximately the same time and contingent upon each business within those sectors meeting, at minimum, the State's respective guidance, or where such guidance does not yet exist or exceeds the State's standards, then the best management practices referenced below. The County proposes a later timeline for schools and childcare facilities to advance into Stage 2.

The County's listing of Stage 2 Businesses/Workplaces includes:

- Retail Stores
- Office-Based Businesses (Telework remains strongly encouraged)
- Outdoor & Low-Touch Services – Car Washes, Pet Grooming, Tanning Facilities, Landscape Gardening
- Outdoor Museums and Open Gallery Spaces
- Restaurants (Bars or Gaming Areas Not Permitted)
- Tasting Rooms*
- Wineries*
- Schools & Childcare Facilities – effective, June 1, 2020

- * The County understands that as of the writing of this submission tasting rooms and wineries may not be eligible for Stage 2. For a period of time, from approximately May 8 through 11, the State had removed from its website tasting rooms and wineries from the list of industries ineligible for Stage 2. Accordingly, the County's inclusion of these industries is made with the understanding that they are both contingent upon the State's final determination.

The County will consider allowing other businesses and activities in Stage 2 as the State may continue adding to its eligible businesses and activities in this stage. State guidance and checklists are rapidly being made available for Stage 2 workplaces, which the County has made, and will continue to make, separately available through its website. The County incorporates by reference those guidance and checklists at <https://covid19.ca.gov/roadmap/>. As for other Stage 2 businesses, such as wineries and tasting rooms that are unique to Napa County and several other counties in California, guidance has been developed by our local industries, and they have been reviewed and made available on the County's website. Those guidance documents, along with other best management practices for various Stage 2 industries, are set forth in *Attachment D*. As additional guidance documents are available, the County will continue posting them to our website to ensure that a panoply of guidance exists for the industries the County seeks Stage 2 advancement.

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

Napa County will continue to measure and monitor various indicators that will serve as triggers for either slowing the pace through Stage 2, tightening modifications through amendments to its Shelter-at-Home Order, or engaging in other surveillance and interventions. The County maintains a dashboard of various indicators that allow for real-time public health surveillance.

The indicators that will be used for both notification to CDPH and for consideration of tightening our Shelter-at-Home Order are reflected in the below table:

	Indicator	Current	Notify CDPH	Consider Tightening SAH Order
1	Average Daily Cases	1.6 cases	3 cases	5 cases
2	Doubling time	22 days	17 days	11 days
3	Percentage of cases hospitalized	12.7%	25%	40%
4	Percentage of cases in ICU	7.6%	15%	25%
5	Percentage of cases aged >60	13%	17%	21%
6	Case Fatality Rate	3.7%	7%	10%
7	Percentage of positive tests	3%	5%	8%
8	PPE supply ¹	>30 days	<21 days	<14 days
9	Percentage of cases ventilated	3.7%	7%	10%
10	Hospital Census	50% capacity	75% capacity	90% capacity
11	Congregate outbreaks	0	1	2

If six indicators, numbers 3, 4, 8, 9, 10 and 11 (shown above in shaded boxes), are simultaneously at the threshold of triggering CDPH notification, then the County will consider tightening its Shelter-at-Home Order. The County reserves the right to modify the above indicators and community mitigations as it deems fit in order to protect the public health and community from the impacts of increased COVID-19 transmission.

The County will inform the State of any modifications to its indicators and any emerging concerns by requesting monthly calls with CDPH staff to provide an overall status update. The County will also initiate calls on an ad-hoc basis to seek consultation if any of the above indicators meet the notification criteria set forth above. The County will concurrently consider modifying its Shelter-at-Home Order to restrict or rollback businesses and workplaces identified for Stage 2 advancement herein if the six indicators above

¹ PPE supply will be measured using our two hospitals and six skilled nursing facilities.

are met, or if the totality of circumstances warrant local concern. The County will also address early containment measures in its Containment Plan.

9. **Your plan for moving through Stage 2.** Please provide details on your plan for county to move through opening sectors and spaces that are part of the State’s plan for Stage 2. A reminder, that this variance only covers those areas that are part of Stage 2, up to, but not including Stage 3.

In addition to what has been stated in the County’s response to criterion 7, above, which is incorporated by reference, the County’s actions will also be informed by pandemic resource documents, such as the CDC’s *Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission*. This resource makes the point that community mitigations should be guided by the local characteristics of the disease transmission, demographics, and public health and healthcare system capacity. The County’s actions will also be guided by Johns Hopkins’ *Public Health Principles for a Phased Reopening during COVID-19: Guidance for Governors*. As that reference notes, the results of reopening decisions, such as further progression into Stage 2, will take two to three weeks to be reflected in metrics. Further, if case counts, hospitalizations, and deaths go up in that time, further actions in reopening should be paused, and steps should be taken to get control of rising numbers. Finally, possible actions might include changes to case and contact tracing, taking specific actions to respond to any outbreaks, and the re-imposition of various Shelter-at-Home restrictions focusing first on those businesses and activities that are more likely to result in transmission and therefore pose higher risks to public health.

E. COVID-19 Containment Plan

As Napa County pursues this variance permitting eligible businesses and workplaces within its jurisdiction to advance further into Stage 2, it remains steadfastly committed to collectively ensuring an ability to protect the public and essential workers. To this end, the State is strongly recommending, but has not made mandatory, a Containment Plan. Accordingly, Napa County is in the process of developing a comprehensive Containment Plan, which will be completed during Stage 2 and prior to advancement into Stage 3.

Also attached to Napa County’s COVID-19 VARIANCE ATTESTATION FORM are the following:

- Letter of support from the County Board of Supervisors – *Attachment E*
- Letter of support from the Cities/Town – *Attachment F*
- Letter of support from the local hospitals or health care systems – *Attachment G*
- County Plan for moving through Stage 2 – *See Item 7 through 9, above.*

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I, Karen Relucio, M.D., hereby attest that I am duly authorized to sign and act on behalf of Napa County. I certify that Napa County has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for Napa County, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

I understand and consent that CDPH will post this information on the CDPH website and is public record. This Report, Attestation, and Attachments shall be emailed to Jake Hanson at Jake.Hanson@cdph.ca.gov.

Printed Name Karen Relucio, M.D.

Signature _____

Position/Title Public Health Officer

Date May 13, 2020

Attachment A

Industry Guidance Documents Available on Napa County Website

General Workplace Guidance

- CDC/OSHA: Guidance on Preparing Workplaces for COVID-19.
- CDC: Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes
- OSHA: Prevent Worker Exposure to COVID-19
- CDC: COVID-19 & Animals

Health and Public Sector Guidance

- CDC: Guidance for Pharmacies
- CDC: Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response
- OSHA: Guidance for Healthcare Workers and Employers
- OSHA: Guidance for Dentistry Workers and Employers
- OSHA: Guidance for Environmental Services Workers and Employers

Emergency Services Sector Guidance

- CDC: What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)
- CDC: What Firefighters and EMS Providers Need to Know about COVID-19
- CDC: FAQs for Law Enforcement Agencies and Personnel
- CDC: Interim Guidance for EMS Systems and 911 Public Safety Answering Points for COVID-19 in the United States
- OSHA: Guidance for Emergency Response Workers and Employers

Food and Agriculture Sector Guidance

- CDC: What Grocery and Food Retail Workers Need to Know about COVID-19
- OSHA: COVID-19 Guidance for Restaurant & Beverage Vendors Offering Takeout or Curbside Pickup

Restaurant Guidance

- CDPH/OSHA: COVID-19 Industry Guidance – Restaurants
- National Restaurant Association: COVID-19 Reopening Guidance

Water and Wastewater Sector Guidance

- OSHA: Guidance for Solid Waste and Wastewater Management Workers and Employers

Communications and Technology Sector Guidance

- CDPH/OSHA: COVID-19 Industry Guidance – Communications Infrastructure

Government Operations and Other Community-Based Essential Functions Guidance

- CDC: Interim Guidance on Management of COVID-19 in Correction and Detention Facilities
- CDC: Guidance for Cleaning and Disinfection for Non-Emergency Transport Vehicles
- CDC: What Waste Collectors and Recyclers Need to Know about COVID-19
- CDC: Interim Guidance for Administrators of US K-12 Schools and Child Care Programs
- CDPH/OSHA: COVID-10 Industry Guidance – Delivery Services

Critical Manufacturing Sector Guidance

- OSHA: COVID-19 Guidance for the Manufacturing Industry Workforce
- CDPH/OSHA: COVID-19 Industry Guidance – Manufacturing

Industrial, Commercial, Residential, and Sheltering Facilities and Services Sector Guidance

- CDC: Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19
- CDC: COVID-19 Guidance for Shared or Congregate Housing
- CDC: Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities
- OSHA: COVID-19 Guidance for the Construction Workforce
- CDPH/OSHA: COVID-19 Industry Guidance – Construction

Other Guidance

- OSHA: Guidance for Retail Workers and Employers in Critical and High Customer-Volume Environments
- OSHA: COVID-19 Guidance for Retail Workers
- CDPH/OSHA: COVID-19 Industry Guidance – Automobile Dealerships and Rentals
- CDPH/OSHA: COVID-19 Industry Guidance – Limited Services
- CDPH/OSHA: COVID-19 Industry Guidance – Logistics and Warehousing Facilities
- CDPH/OSHA: COVID-19 Industry Guidance – Office Workspaces
- CDPH/OSHA: COVID-19 Industry Guidance – Outdoor Museums
- CDPH/OSHA: COVID-19 Industry Guidance – Real Estate Transactions
- CDPH/OSHA: COVID-19 Industry Guidance – Retail/Shopping Malls

Attachment B
Protection of Stage 1 Essential Workers: County/Cities
Personal Protective Equipment (PPE) Availability & Ongoing Assessment

I. Napa County

Napa County has been able to secure and maintain an adequate supply of PPE. At the outset of the County's activation of its Emergency Operations Center (EOC) in early February 2020, our Safety Officer has worked closely with the Logistics Branch to secure PPE, establish burn rate calculations, engage in forecasting, and to monitor supply chains and deliveries. Based upon that data, the County steadily increased its purchasing from vendors and the State. The County's current practice is to monitor burn rates and to maintain both a 14-day supply and a month's supply in reserve.

The County has been able to procure most items on the open market, except N95 respirators. All N95s that have been procured by the County have been through the State. As the State is aware, while counties are placing orders through various suppliers, requisitions have been cancelled due to prioritization of resources across the country. The County's Logistics Branch is continually searching for replacement stocks of N95s, disposable gowns, and medical grade nitrile gloves – however, with significant due diligence and continual persistence we have thus far been able to secure PPE to meet local needs.

The County has developed protocols for alternatives to provide PPE such as using non-disposable equipment and decontamination for reusing PPE, where safe to do so. In developing its protocols, the County relied upon Centers for Disease Control's "Strategies to Optimize the Supply of PPE and Equipment," "Strategies for Optimizing the Supply of N95 Respirators," and their "Interim Guidance for Conserving and Extending Filtering Facepiece Respirator Supply in Non-Healthcare Sectors." While the availability of such resources to counties across the State continue to be largely dependent upon the State and federal government, the County believes it has a management plan in place to continue meeting its needs during further progression into Stage 2.

Napa County has the following PPE inventory: 3,800 lab coats, 37,500 surgical masks, 47,000 N95s, 33,500 Nitrile gloves, 5,100 Latex gloves, 6,200 shoe/boot covers, 9 gallons bleach, 24 gallons spray nine, 7 gallons strike back germicide, 8,250 coveralls, 1,500 eye shields, 4,100 goggles, 4,100 face shields, 20 gallons hand sanitizer, 5,500 units hand sanitizer, 74 gallons hydrogen peroxide, and 3,000 surgical suits.

II. American Canyon

The city of American Canyon activated its Emergency Operations Center (EOC) on March 16, 2020 and notified the Napa County EOC shortly thereafter. The American Canyon City Council has since ratified the Declaration of Local Emergency on March 17 and May 5, 2020. During the Local Emergency, EOC Command Section and Logistics Section staff has worked with Operations Section staff from the Fire, Law, Public Works and Care and Shelter Branches, to assess current stocks of various Personal Protective Equipment (PPE) and supplies available. The EOC Liaison Officer participates in regular Countywide EOC Cooperator Briefings and the City's EOC Team conducts twice-weekly briefings.

EOC Logistics team worked to secure supplies through typical and emergency purchasing protocols and through the County EOC 213-request process. We have established purchasing orders and contracts with local suppliers. The EOC Logistics Chief worked with primary department representatives to establish supply availability and reporting of needs. Departments are securing materials through their own processes where possible, and reporting needs to EOC Logistics for follow-up to secure if they are not able to obtain. Additionally, Command staff are monitoring citywide needs and facilitating individual staff requests to the EOC Logistics Chief.

City facilities are closed to the public and will remain so until further notice. All but a few office staff are sheltering at home and working remotely. Field staff and those office staff who are reporting to their normal work locations have received cloth masks for their personal use and have received direction to limit in person meetings as much as possible and to maintain appropriate social distancing at all times.

At this time, the City has sufficient supplies for general needs of employees including: hand sanitizer and dispensers for all City facilities, disinfectant cleaning solutions for all City facilities, and disinfectant wipes at all office locations and City vehicles.

PPE for Fire, Law, Public Works branch personnel is being monitored by each branch's respective Chief. Personnel are monitoring the burn rate of PPE. Below is the current availability on PPE supplies:

Fire Branch: 352 N95 masks, 5 boxes disposable gowns, and Fire is using safety glasses w/N95 or MSA SCBA mask with cartridge filter for high risk patients.

Law Branch: All of their PPE is provided by the Napa County Sheriff's Office. 80 N95 masks with additional access to the Sheriff's Office stockpile (over 800), the "burn rate" is less than 20/week. At the current "burn rate," this branch has sufficient N95s through the summer, if not longer. 14 total isolation gowns & face shields with access to more from Sheriff's Office stockpile, if needed. One set of gowns and shield are in every patrol car and are used only when entering a crime scene where COVID-19 is suspected.

Public Works Branch: 50 N95 masks.

Currently, there are no outstanding "213 Requests" through the County's EOC. The City's EOC Logistic Chief will continue to work with Fire, Law, and Public Works Branch Chiefs to ensure sufficient stores of PPE materials and assess any future needs. In addition to regular availability through email, phone or meetings, the EOC Logistics Chief is present at twice-weekly EOC briefings where representatives can discuss any current or future PPE or supply needs.

Staff will use established relationships with vendors to continue ordering and receiving materials in a timely manner. For needs that cannot be met through these vendors, staff will continue to seek other vendors or opportunities or work through the County's EOC for additional needs.

III. Calistoga

The city of Calistoga has the following PPE inventory: 700 HDPE gloves, 1,685 N95 masks, 61 procedure masks, 9,500 medical gloves, 400 Tyvek suits, 525 Clean Max Suits, 9.5 gallons hand sanitizer, 11 bottles hand sanitizer, 7 cases aloe vera, 40 gallons alcohol, 9 gallons disinfectant, 3 bottles disinfectant, 10 pairs and eye protection glasses.

The above inventory will be sufficient for approximately 200-300 medical aid calls with 1 fire engine with a response team of three fire fighters. This is approximately 6 months of medical aid calls at the pre-pandemic rate of calls. Currently, since the onset of the COVID-19 pandemic, Calistoga Fire is experiencing a 25% reduction in medical aid calls. The Police and Fire Chiefs monitor daily use of PPE and place orders for restocking every two weeks.

IV. Napa

The city of Napa activated their Emergency Operations Center (EOC) on March 19, 2020. Immediately, the EOC Logistics Chief worked with staff from the Public Works, Fire, Police, Parks and Recreation, and Utilities Departments to assess current stocks of various PPE and supplies available. EOC Logistics team staff worked to secure supplies through typical and emergency purchasing protocols and through the County EOC 213-request process. They have established purchasing orders and contracts with local suppliers.

The EOC Logistics Chief worked with primary department representatives to establish supply availability and reporting of needs. Departments are securing materials through their own processes where possible, and reporting needs to EOC Logistics for follow-up to secure if they are not able to obtain. Additionally, staff from the City Manager's Office are monitoring City-wide needs and facilitating individual staff requests to the EOC Logistics Chief. At this time, the City has sufficient supplies for general needs including: hand sanitizer and dispensers for all City facilities, disinfectant cleaning solutions to be used by Facility Maintenance, and disinfectant wipes at all office locations and City vehicles. Additionally, all City staff on site have received cloth masks for their personal use and have received direction to limit in person meetings as much as possible and to maintain appropriate social distancing at all times.

PPE for Public Safety personnel is being monitored by each individual department. Department personnel are monitoring the burn rate of PPE. The city of Napa has the following PPE inventory: 9500 N95 masks, 300 face shields, 70 isolation gowns, and 60 Tyvek suits. The EOC Logistics Chief and Fire/Police Representatives meet as needed to review outstanding or upcoming needs and discuss ways to efficiently secure materials. Currently, there is only one outstanding "213 request" through the County's EOC for 2,000 isolation gowns. The City has materials on hand but is planning for several weeks out to secure the materials in a timely manner.

The City's EOC Logistics Chief will continue to work with primary departmental representatives to ensure sufficient stores of PPE materials and assess any future needs. In addition to regular availability through email, phone or meetings, the EOC Logistics Chief is present at twice-weekly EOC briefings where

representatives can discuss any current or future PPE or supply needs. Staff will use established relationships with vendors to continue ordering and receiving materials in a timely manner. For needs that cannot be met through these vendors, staff will continue to seek other vendors or opportunities or work through the County's EOC for additional needs.

V. St. Helena

The St. Helena Fire Department (SHFD) reported the following PPE inventory: 1 gallon alcohol, 35 bio hazard bags 12 gallons Cavicide, 3,680 Cavicide wipes, 20 COVID PPE kits, 4,400 EMS gloves, 50 gallons hand sanitizer, 10 infection control kits XL, 25 infection control kits XXL, 1,800 N-95 masks, 85 safety glasses, 16 surgical gown, 80 surgical masks, 175 Tyvek suits, and coveralls for all responding personnel which can be washed and reused in the event that gowns and Tyvek suits become in short supply. According to SHFD, all supplies have been easy to acquire through their EOC logistics chief, excluding the provision of gowns and Tyvek suits which they have addressed.

The above inventory will be sufficient for approx. 300-400 medical aid calls with one engine responding with a crew of three. This equates to approximately six months of medical aid calls at the pre-pandemic rate of calls. Currently, since the onset of the COVID-19 pandemic, the SHFD is experiencing a 30% reduction in medical aid calls.

SHFD also provided a COVID-19 Procedure Update #5, May 7, 2020, which sets forth their protocol for ensuring essential worker safety.

VI. Yountville

The town of Yountville reported the following PPE inventory: 200+ N-95 and about another 100 – Non N95 masks, staff also have been using their own non N95 masks, 4,000 powdered disposable gloves, 1,000 non powdered disposable gloves, disinfectant spray and refillable spray bottles. On order are 2 gallons of Cavicide concentrate, 50 microfiber cloths for use and washing each week, and 5 gallons of hand sanitizer. We are continuously monitoring our supply levels and are on the lookout to purchase supplies as they become available, so they remain fully stocked.

Yountville is implementing the following administrative and engineering workplace controls: floor decals for lining up or waiting, pre-wrapped pens, plexiglass for designated areas, facilities are cleaned and disinfected, each facility has a temperature taking and documentation area, and they continue to monitor employee's health status. Yountville continues to follow County and State reopening guidelines.

Attachment C

Hospitals: Workforce Protocols & Personal Protective Equipment (PPE) Availability

I. Queen of the Valley Medical Center (QVMC)

QVMC has provided the following information regarding its robust protocols for protecting its workforce and patients:

- Limited entrances to facility; Screening of all staff, patients, visitors and vendors (temp check and symptoms); visitor restriction policy
- Facility-wide Universal Masking requirement; non-caregivers without a mask are offered one; all caregivers offered a hospital-issued mask
- COVID-19 Playbook
- COVID-19 IP resource folder on share drive; updated regularly
- Education/just-in-time training for staff on PPE, donning/doffing, isolation precautions, etc.
- COVID-19 check-in calls, three times a week
- Command Center in place with email and phone line setup
- Leader rounding, IP rounding
- Daily tracking of COVID-19 suspected or confirmed patients
- Info shared with all caregivers on alternate options for testing through County Public Health
- Submitted application to CDPH for caregivers to have the option of staying in a hotel
- Enhanced employee resources (ex: childcare, mental health, etc.)
- Providence telehealth appointments
- 3x/week System-wide calls to distribute available PPE to sites in need to ensure adequate access and ensure no supply chain disruption
- Battelle reprocessing available as well as vaporized H2O2 reprocessing capability onsite if needed
- Mandatory N-95 use for respiratory units/ER/OR/Labor and delivery/Procedures
- PAPR/CAPR available
- Xenex robots onsite for sterilizing facility

QVMC also reported the following PPE by the number of days' supply: 28 N95 masks (fit-tested) and 50 (not fit-tested), 25 surgical masks, 365 face shields, 106 PAPR hoods 106, 100 eye protection, 32 gloves 32, and 90 gowns.

II. St. Helena Hospital (SHH)

SHH has provided the following information regarding its robust protocols for protecting its workforce and patients:

- Entrances are locked down (badge entrance only), to ensure screening of all associates, visitors, patients and vendors entering the facility
- Enforce a strict visitor policy
- Ensure updated signage around the facility

- Press/Social Media out to the community
- Telehealth has been expanded
- Limited/Cancelled elective surgeries
- PPE Reuse Policy
- Mask guidance in alignment with CDC recommendations
- Continuous education to associates and providers
- Mandatory Donning and Doffing Training for ALL Associates
- Implement and maintain EVS cleaning processes in alignment with recommended guidance
- Cross Training of associates across departments (specifically clinical to ensure proper training should a surge hit).
- Daily inventory of PPE Supplies
- Implemented internal process to request PPE for associates throughout the hospital (to reduce waste and PPE disappearing)
- Work closely with Napa County Public Health on resource requests for PPE, as needed
- Regular communication to all associates around COVID updates (daily memo) that includes education, guidance, etc.
- Implemented additional department rounding to ensure there was clarity around COVID, SURGE, ETC.
- IC daily briefings initially, now we have IC meetings twice a week
- Follow Infectious Disease (pandemic) policy and expand as needed
- Development of surge bed capacity and staffing needs policy/grid
- Associate return to work process if tested positive
- In-house testing available
- Drive up testing option (with physician order)
- Phased testing approach
- Triage area set up in the church

SHH also reported the following PPE by the number of days' supply: N95 masks ≥ 15 days, other masks ≥ 15 days, face shields ≥ 15 days, PAPR hoods 1-3 days, gloves 4-14 days, gowns ≥ 15 days

Attachment D
Local Best Management Practices

- CIA Greystone Reopening Strategy – The Culinary Institute of America
- Reopening Guidelines for Napa County Restaurant (Dine-In) Sector – Napa Chamber of Commerce and Countywide Chamber of Commerce Coalition
- Reopening Guidelines for Napa County Retail Sector – Napa Chamber of Commerce and Countywide Chamber of Commerce Coalition
- Reopening Guidelines for Napa County Professional Services (Office) Sector – Napa Chamber of Commerce and Countywide Chamber of Commerce Coalition
- Protecting Employees & Guests: Best Practice Guidelines for Napa County Wineries – Napa Valley Vintners (Once the State allows wineries/tasting rooms)

Attachment E
Letter of Support - County Board of Supervisors

Attachment F
Letter of Support – Cities/Town

Attachment G
Letters of Support - Hospitals