While, technically, San Bernardino County residents can be fined or imprisoned for not covering their faces in public during the novel coronavirus pandemic, the sheriff’s department doesn’t plan to punish violators.

“Deputies will not be stopping persons and citing them simply because they are not wearing face coverings,” Jodi Miller, a San Bernardino County Sheriff’s spokeswoman, said in an email Wednesday, April 8. “We believe residents will comply with the health department’s order and want to keep themselves, their families and their friends safe during this difficult time.”
On Tuesday, April 7, the county’s Acting Health Officer ordered county residents to cover their faces in public to slow the spread of the coronavirus, especially among asymptomatic residents. Violating the order is a crime punishable by up to a $1,000 fine or imprisonment up to 90 days, or both.

On Wednesday, April 8, county officials clarified the order by telling residents they do not expect law enforcement to broadly impose citations on violators.

“The expectation is that law enforcement will rely upon community members to use good judgment, common sense, and act in the best interests of their own health and the health of their loved ones and the community at large,” a county news release states. “The imposition of penalties on members of the public who willfully and grossly disregard public health orders by putting others at risk of exposure to this infectious disease is meant as a tool for law enforcement to use as a deterrent.”

The county also clarified that drivers traveling alone or with members of their household do not need to cover their faces, unless they need to lower their windows to interact with first responders, food services workers or others who do not live with them.

Riverside County Sheriff Chad Bianco, in a video posted to the department’s Facebook page Monday, said his deputies will not cite residents not wearing face coverings in public. However, he strongly urged them to cover their mouths and noses when out among others.

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After coronavirus outbreak at Colton nursing home, San Bernardino County issues new orders

San Bernardino County residents must wear masks in public, have virtual religious services to slow coronavirus
San Bernardino County’s COVID-19 cases increase by nearly 100 on Wednesday; deaths rise to 20

By Matthew Cabe
Staff Writer

Posted Apr 8, 2020 at 7:31 PM

The number of confirmed COVID-19 cases in San Bernardino County increased by nearly 100 on Wednesday, while deaths rose by three to a total of 20, according to data.

The 94-case increase brought the county's tally to 641, according to an update of the COVID-19 dashboard Wednesday evening. The total comes from 6,679 tests, which results in a positive rate of 9.6%.

San Bernardino County spokesperson David Wert told the Daily Press the three additional deaths were a 69-year-old man in Yucaipa, a 60-year-old man in Fontana and a 68-year-old man in Redlands.

Wert said a 94-year-old man in Yucaipa was the county's 17th death, which was reported Tuesday.

In the High Desert, Victorville added five cases Wednesday, bringing that city's total to 25, the data showed. Hesperia had an increase of two to 21 total cases, and Apple Valley reported one new case for a total of eight.

Data for all other High Desert cities and unincorporated communities was unchanged by Wednesday's update; however, Morongo Valley was added to the list. That unincorporated community situated about 10 ½ miles southwest of Yucca Valley now has three cases.

Here are the cases within the county's portion of the High Desert, which totaled 76 as of Wednesday evening:

Adelanto: 3
Apple Valley: 8
Barstow: 8
Fort Irwin: 1
Hesperia: 21
Joshua Tree: 1
Morongo Valley: 3
Oak Hills: 2
Phelan: 1
Victorville: 25
Yucca Valley: 3

Cases in the nearby mountain communities were unchanged Wednesday. Here are those totals:

Big Bear City: 2
Big Bear Lake: 3
In Yucaipa, the total number of COVID-19 cases now stands at 100. The county’s public health officials announced a concentrated outbreak in a nursing facility in that city on March 28.

As of Monday, 75 residents and staff members of the Cedar Mountain Post Acute rehabilitation facility had tested positive, and five residents had died of causes related to the coronavirus, according to a previous Daily Press report.
A second outbreak was later found inside the Reche Canyon Rehabilitation & Health Care Center in Colton. There, eight residents and seven staff members had tested positive as of Monday, with one resident's death associated with COVID-19.

On Wednesday evening, the number of confirmed cases in Colton stood at 12, data showed.

In response to the two outbreaks, the county Department of Public Health announced Monday the creation of a Nursing Facilities Task Force aimed at mitigating the spread of COVID-19 among the county's most vulnerable residents.

Work on forming the task force began early last week. It includes officials from the county and state departments of public health, other county agencies, the CDC, Inland Empire Health Plan, and emergency management and hospital stakeholders.

With 81 cases, Fontana reported the second-highest tally, according to Wednesday's updated figures. San Bernardino, meanwhile, had 48 cases and Rancho Cucamonga had 46.

Cases listed as "undetermined" on the county's dashboard totaled 34 on Wednesday.

More than 43% of the county's cases, or 279 people, are between the ages of 18 and 49. Another 189 are between the ages of 50 and 64, and 165 are age 65 and older.

The county also has seven cases in people who are under the age of 18 and one case with an unknown age, according to the dashboard.

Nearby Riverside County reported 1,179 confirmed cases, 32 deaths and 74 recoveries on Wednesday.

Worldwide, more than 1.5 million people have tested positive for the coronavirus and 88,444 have died. Nearly 330,000 people have recovered, according to Johns Hopkins University data.
The U.S. had 431,838 cases, 17,768 deaths and nearly 24,000 recoveries as of Wednesday evening. More than 18,700 cases have been reported in California, while deaths in the state totaled 495, the Johns Hopkins data showed.

*City Editor Matthew Cabe can be reached at MCabe@VVDailyPress.com or 760-490-0052. Follow him on Twitter @DP_MatthewCabe.*
Z107.7 News has confirmed that there are two confirmed cases of COVID-19 virus aboard the Twentynine Palms Marine Corps Base. In a Facebook live update and post Wednesday, Commanding General Roger Turner said one patient is a child from the Stepping Stones Child Development Center. The child has mild respiratory symptoms and does not require hospitalization. Upon showing symptoms, the child was screened and tested. As directed by health officials, the child care worker with the child has been notified and is now in quarantine and will receive follow-on medical assessment. Individuals who have been in contact with the child have been notified and will be put into quarantine as well. The second patient is a Marine who is being isolated and going through a similar process with his unit. Turner stressed that the base would continue to observe its protocols to prevent the spread through enforcement of social distancing and the wearing of masks aboard the sprawling installation.
The number of novel coronavirus cases and deaths in San Bernardino County continues to rise.

As of Wednesday, April 8, there were 639 positive cases of COVID-19 in the county, up from 547 reported Tuesday. Twenty people have now died from the disease, an increase by three since the day before, the latest county data show.

Yucaipa, which experienced an outbreak at a local skilled nursing facility, reached 100 cases. The city continues to have the most cases, followed by Fontana with 81, San Bernardino with 48 and Rancho Cucamonga with 46.
Of the 6,677 people tested for COVID-19 in the county, 9.6% had positive results, the county’s data show. Of those who tested positive, 51.6% are male, 48% are female and .3% were unknown.

Most of the cases, 279, were among people 18 to 49 years old, while 189 were 50 to 64 years old, 165 were older than 65 and seven were 2 to 17 years old, according to the county.

Here’s where the positive cases are from:

- Adelanto, three
- Alta Loma, five
- Apple Valley, eight

San Bernardino County residents must wear masks in public, have virtual religious services to slow coronavirus

Fontana closes park amenities indefinitely
San Bernardino County reports 3 more coronavirus deaths, 92 new cases – Daily Bulletin

to mitigate spread of coronavirus

After coronavirus outbreak at Colton nursing home, San Bernardino County issues new orders

San Bernardino County reports 17 new coronavirus cases, one more death

After coronavirus outbreak at Colton nursing home, San Bernardino County issues new orders

Barstow, eight
Big Bear City, two
Big Bear Lake, three
Bloomington, seven
Blue Jay, two
Chino, 22
Chino Hills, 25
Colton, 12
Crestline, one
Fontana, 81
Fort Irwin, one
Grand Terrace, three
Hesperia, 21
Highland, 22
Joshua Tree, one
Loma Linda, 13
San Bernardino County reports 3 more coronavirus deaths, 92 new cases – Daily Bulletin

Mentone, four
Montclair, seven
Morongo Valley, three
Oak Hills, two
Ontario, 31
Phelan, one
Rancho Cucamonga, 46
Redlands, 44
Rialto, 27
Rimforest, one
Running Springs, two
San Bernardino, 48
Upland, 21
Victorville, 25
Wrightwood, one
Yucaipa, 100
Yucca Valley, three

The location of 34 cases was undetermined.

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San Bernardino City Council refuses to house homeless in Hospitality Lane hotel during COVID-19 crisis

By Manny B. Sandoval - April 7, 2020

City Council members discussing County of San Bernardino’s proposed plan to house homeless in a hotel on Hospitality Lane during the COVID-19 public health crisis.
At the end of the San Bernardino City Council meeting webcast on April 1, tensions were heightened when discussing forthcoming plans to house homeless in the city during the COVID-19 public health crisis.

Mayor John Valdivia shared with the other council members that he just had a phone discussion with County of San Bernardino Supervisor Josie Gonzales.

“I expressed my concerns and apprehension regarding what I have been hearing through the community about housing the homeless in a hotel on Hospitality Lane. I clearly told her the city of San Bernardino would fight that opportunity. We want to work with the county to find an alternate space to house our homeless,” said Valdivia.
As of April 7, no definitive plan has been set in place as a housing space to treat and triage the homeless population for COVID-19 in San Bernardino.

Valdivia shared that Gonzales was understanding of his concerns and he suggested the county include more of a representative outreach to all nearby cities, to have an opportunity to provide at least one space to provide their own homeless.

“Supervisor Gonzales said the plan is to bring forth a contract to bring 20 trailers to Glen Helen Regional Park. At the park there are 20 utility hookups and the intention is to triage the county’s homeless for COVID-19 to stem off any growing concerns within the homeless population,” continued Valdivia.

The County of San Bernardino’s proposed plan is to send all homeless to Glen Helen Regional Park, undergo evaluation for COVID-19, then homeless individuals who test negative for COVID-19 would be placed in a hotel.

Currently, there are only two cities projected to serve as housing spaces during the COVID-19 public health crisis – San Bernardino and Victorville.
“I do not support the County of San Bernardino’s proposed plan. We have been treated very badly enough for so many years. We need to stand up and say absolutely ‘no.’ We will work with them and assist them in building something out in the desert. We are not having it come into our city, we have enough of it here,” expressed Councilmember Fred Shorett.

All San Bernardino councilmembers supported one another in refuting the county’s proposed plan to house all of the homeless during the global pandemic.

“I agree with everyone. We are not the dumping-ground, we are not the Homeless City of San Bernardino...that has nothing to do with the economic future of San Bernardino. There are a lot of conversations that need to take place regarding what we are going to do about OUR homeless population,” said Councilmember Bessine Richard.

Richard shared that members of the Interagency Council on Homelessness have recently secured $2.5 million to assist the homeless; and that more San Bernardino stakeholders need to get involved to discuss the needs of the homeless population in the community and beyond.

“The simple question is...is this relative to COVID-19 or is this a homeless issue? I think the county is using this as an excuse and an opportunity,” concluded Shorett.

City Manager Teri Ledoux was contacted on April 6 for an update on the city’s collaboration with the county regarding this issue, no response was given at the time of print.

For more information, visit http://www.ci.san-bernardino.ca.us/.
Coronavirus: Storm whitens the San Bernardino Mountains, but officials bar playing in the snow

NEWS • News

Coronavirus: Storm whitens the San Bernardino Mountains, but officials bar playing in the snow
Coronavirus: Storm whitens the San Bernardino Mountains, but officials bar playing in the snow – San Bernardino Sun

The ground and trees are covered in snow in the Angeles Oaks area near Big Bear on Tuesday, April 7, 2020, after a cold storm passed through the San Bernardino Mountains. The Big Bear Sheriff's office tweeted that snow play is prohibited due to the coronavirus. (Courtesy of Christy Fulmer)

By RUBY GONZALES | rugonzales@scng.com | San Gabriel Valley Tribune
PUBLISHED: April 7, 2020 at 5:23 p.m. | UPDATED: April 7, 2020 at 5:40 p.m.
Don’t bother donning a ski jacket and shelve all thoughts of playing in the snow.

While a storm brought rain and snow to Southern California this week and tempted residents hunkered down at home, the San Bernardino County Sheriff’s Department would like to remind folks to stay home. No snow playing allowed.

The department’s Big Bear Station tweeted Tuesday that “SNOWPLAY IS PROHIBITED IN BIG BEAR VALLEY.” The station also reminded the public that ski resorts, snow play areas, public lots and on-street parking in the city of Big Bear Lake are closed and and that people should follow the governor’s order and stay put.
The key words are social distancing.

“We understand there is snow and people need to play in snow,” said Jodi Miller, spokeswoman for the San Bernardino County Sheriff’s Department, adding that it was akin to people flocking to beaches.

But she and other officials pointed out that just because snow fell right now doesn’t mean people should head to the mountains.

“Everyone needs to police themselves,” Miller said.

The department will not have extra patrols out trying to catch snow players. But deputies from the Big Bear station who see groups congregating will politely remind people about social distancing, Miller said.
Also expect to be dispersed.

“We don’t have the manpower to do extra patrols of snowplayers. Of course, if we see a group of snow players gathering, we have the right to stop and question what they’re doing,” said Officer Garret Morris of the California Highway Patrol’s Arrowhead area office.

He said CHP officers won’t issue tickets but will tell groups to disperse.

Weather experts expect more snow and rain to come this week because of the storm that originated off the coast of British Columbia and headed to the U.S. West Coast.

In San Bernardino County, snow fell at 5,500 feet. There could be snow at 4,500 feet Tuesday night, according to Adam Roser, a meteorologist at the National Weather Service San Diego office, which also covers San Bernardino, Orange and Riverside counties.

The mountain areas in San Bernardino County could see another 10 to 15 inches of snow through Friday, Roser said.

He said Green Valley Lake got 14 inches of snow from Sunday to Tuesday. Arrowbear and Running Springs each received nine inches of snow while four inches fell in Big Bear during the same time period, he added.

He said the storm is expected to be around until Friday.

“This is one big slow moving storm, pretty anomalous for April. It’s a pretty cold storm for April,” Roser
He said most of Orange County and the Inland Empire didn’t get snow. Some places saw half an inch while areas closer to the mountains had an inch and 1/2, maybe more, Roser said.

In the San Gabriel Mountains, snow fell above 5,000 feet, said meteorologist Joe Sirard of the National Weather Service Oxnard office which covers Los Angeles County.

He said there is a winter storm warning for the mountain areas starting Tuesday night and in effect through 5 a.m. Thursday.

“We are expecting the snow to increase above 6,000 feet. We are expecting 12 to 18 inches,” Sirard said.

For elevations between 5,000 and 6,000 feet, the NWS expects four to 12 inches of snow. About two to four inches of snow could fall at elevations between 4,000 to 5,000 feet, he said.

He said Los Angeles county will have showers off and on to Thursday evening.

“Friday, we will have dry weather,” Sirard said.
Daggett Fire Department closure criticized by its own amid COVID-19 exposure concerns

By Martin Estacio
Staff Writer

Posted Apr 8, 2020 at 7:55 PM

DAGGETT — The temporary closure of a volunteer fire department here drew criticism from two of its members — one of whom tested positive for the coronavirus — who say it was unnecessary and borne out of fear.

The Daggett Volunteer Fire Department ceased operations Monday after the Daggett Community Service District Board made the decision during a meeting.

The 14-day suspension was necessary to protect residents, according to CSD President Mark Skaggs.

“We closed it down for safety for the community because one of our fire department personnel was exposed, and he was around the rest of the department,” Skaggs said.

Although a statement on the District’s website did not identify the member who contracted the virus, Daggett Fire Assistant Chief Ingrid Chacon told the Daily Press she’d tested positive.

But she and Daggett Fire Chief John Golden still believe the decision to close was a hasty one.

Chacon said the last time she’d been in Daggett — the small, unincorporated community 10 miles east of Barstow — was on March 24 to teach firefighters on the use of personal protective equipment when responding to suspected coronavirus patients.

At the time, Chacon said she hadn’t experienced any symptoms, adding that firefighters were practicing social distancing and using hand sanitizer.
About six days later, she said she starting experiencing headache, ear pain, a runny nose and sore throat.

On April 2, she said she asked Golden to take her to be tested at a drive-thru event in Riverside County where she lives. She received the results Saturday.

Golden said that was the day he and another firefighter were in the same vehicle delivering water to Daggett and outlying communities.

Once he became aware of the results, Golden said he went into isolation and advised his fellow firefighter to do the same. He also said he was in contact with other fire agencies to ensure they were informed.

“I didn’t expose anybody. You can’t do this during a national emergency when we run up to 200 calls a year,” Chacon said of the District’s decision. “Now what this does is it takes resources from other departments.”

The San Bernardino County Incident Management Team, which is overseeing several fire departments during the COVID-19 pandemic, said the Yermo/Calico Volunteer Fire Department and firefighters from the Marine Corps Logistics Base would handle calls in Daggett while the town’s fire department is closed.

At least five firefighters, including Chacon, have tested positive for COVID-19 countywide, according to the team.

Daggett’s fire department responds to about 225 calls per year, with 80% of those being for medical aid, the county said.

According to Golden, not having local firefighters in Daggett could possibly endanger residents due to longer response times.

“You have approximately 5 minutes when someone goes into cardiac arrest” before they start to suffer irreversible brain damage, Golden said. “The longer you wait, the less chances that they have of survival.”

Skaggs, however, said he had no choice but to shut the department down.

He said he believes at least six other firefighters, besides Chacon and Golden, became exposed to the coronavirus by association in the close-knit department of 10 members.
“We locked it down because it was a majority of people,” Skaggs said.

Golden disputed this, saying the number of those exposed was likely lower and the department would still be able to operate.

For now, Skaggs said, DVFD would be closed until April 21 when the CSD Board is scheduled to revisit the matter.

He said he was also working with the county to develop a testing site in the rural communities near Barstow, which could help determine whether the local fire responders will be fit to return to duty.

During a Facebook Live video on Tuesday, Chacon said she wished to address rumors “flying in Daggett” that she had been reckless or possibly endangered residents.

She said even when she had been in the community about two weeks before for the class, she had not experienced symptoms and was already practicing precautions.

As she lives in Riverside County, Chacon said her mostly administrative duties as assistant chief don’t typically require her to volunteer physically either.

“I know people are very scared and fearful. It is scary, this is a world pandemic,” she said in the video. “Fear can make people do crazy things. Fear can make people start the rumor mill and that’s very unfortunate.”

While wearing a face mask, Chacon said she couldn’t speak for long periods of time due to shortness of breath, but she told viewers if they contracted the virus, it was beatable.

“I get really tingly if I talk too long. Like right now, I feel like I’m already running a marathon,” Chacon said. “It’s not like the regular flu. You can work through it.”

Martin Estacio may be reached at MEstacio@VVDailyPress.com or at 760-955-5358. Follow him on Twitter @DP_mestacio.
Drive-in religious services planned this week in San Bernardino County can proceed, but congregants must be kept apart to avoid spreading the novel coronavirus, county officials said Wednesday, April 8.

The county clarified its Tuesday, April 7, order that told people to stay home and not participate in drive-up religious services, including those planned this week for Passover and Easter.

The order created “unintended consequences and hardships,” according to the county.
Major religious observances set for the next four days, and for which planning has been done and money spent, may proceed, but church officials must make every effort to prevent contact between participants, the release said.

“We recognize the need to act quickly to slow the spread of COVID-19 throughout San Bernardino County,” Board of Supervisors Chairman Curt Hagman said in a statement. “But we also recognize that we must take into consideration the myriad of impacts that can be felt in a large and diverse county, and be willing to provide clarification and make adjustments while keeping our communities safe and healthy.”
Officials impose more coronavirus restrictions for Easter: Parks closed, no drive-in church services
Officials in Southern California are stepping up coronavirus closures to enforce social distancing during the Easter holiday.

All public parks in Los Angeles County will be closed Easter Sunday to help contain the coronavirus, Los Angeles Mayor Eric Garcetti announced at a Wednesday evening news conference.

City and county beaches and trailheads have already been closed to visitors, but from Saturday night through Monday morning that closure will be expanded to hundreds of
parks encompassing tens of thousands of acres of land in Southern California where Angelenos have traditionally gathered for Easter celebrations.

“I know your heart breaks.... This is such a great tradition for the many families we have,” Garcetti said. “But we can’t afford to have one cluster of even just a few people together spread this disease to more people and kill them.”

In Orange County, where car cruising is an Easter tradition in Santa Ana, police said they will be out in force to prevent such activities to help reduce the spread of the coronavirus.

“Should people fail to obey the stay at home order and engage in activities associated with cruising, the Santa Ana Police Department will be ready to conduct zero-tolerance enforcement. Road closures, lane restrictions and extra uniformed officers will help the Santa Ana Police Department crack down on the annual tradition of cars cruising on Easter Sunday,” the department said in a statement.

San Bernardino County has urged churches to hold only virtual Easter services and banned drive-through and drive-in services.

“People may not leave their homes for driving parades or drive-up services or to pick up non-essential items such as pre-packaged Easter eggs or bags filled with candy and toys at a drive-thru location,” the county said in a statement.
“We understand that this is an important time for Christians around the world and it is natural to want to worship and celebrate with our families,” Board of Supervisors chairman Curt Hagman said in the statement. “Right now, however, is a critical time for our country and our community — we can still celebrate this time from the safety of our individual homes while we help flatten the curve and save lives.”
Inland Empire schools roll out plans to finish school year online
Meghan Lenss’ eighth-grade language arts students at Sunnymead Middle School had been reading “The Outsiders” when the order came to close schools to confront the coronavirus threat.

The Moreno Valley youths were set to read and discuss the last chapter Monday, March 16. But they never returned to campus — and won’t for the rest of the school year.

So Lenss posted a video of her reading the chapter aloud through an online portal, as well as the movie based on the book. She wanted students to feel a sense of accomplishment in completing the assignment.
As Moreno Valley schools prepare to formally launch online “distance learning” Monday, April 20, Lenss plans to record more videos for students “to make it feel like they still have their teacher.” She also plans to pull classes together via Zoom virtual-meeting technology.
Teachers across the Inland Empire are recording videos, hosting virtual sessions via Zoom and tapping other online tools to continue teaching children while classrooms are shuttered. Meanwhile, educators are working to train teachers to use the technology, even the playing field for children who lack computers and the internet and find a way to hold meaningful graduation ceremonies.

One teacher, Tish Godsy uses Zoom five times a day to hold live chats with her classes at Our Lady of the Assumption School, a Catholic school in San Bernardino. She also records those chats and delivers recordings to students who can’t make the virtual sessions.

Godsy, who teaches religion, social studies and language arts and oversees curriculum and instruction, said the school made a swift transition to online teaching after the order to close schools. Teachers scrambled to make preparations that weekend and, on the following Monday, March 16, began teaching online.
“So the kids never missed a day of school,” she said. “They continued with all the classes they would normally have, with the exception of art and P.E.”

Home schooled

There’s no way around it, Inland K-12 education will be radically different for the balance of the school year as kids learn at homes, separated from teachers and from each other as unprecedented stay-at-home measures try to slow the spread of COVID-19.

For the most part, teachers are teaching from home as well.

Fortunately, the measures come as schools were widely using computer technology and laptops. But, unfortunately, there is a gap in familiarity with — and the ability to use — online tools among teachers, school officials said.

“Some people need training because they haven’t done this before,” Moreno Valley Unified School District Superintendent Martinrex Kedziora said.

Unfortunately as well, the closures mean graduation ceremonies have been postponed, officials said, and senior events may be canceled.

Tough year for seniors

Evita Tapia-Gonzalez, spokeswoman for the Corona-Norco Unified School District, the Inland area’s largest, said high schools are exploring “contingency plans” for prom and other senior activities. But that will depend on county public health orders, she said.

Prom is more than likely canceled at Elsinore High School, said Crystal Hofmann, its Associated
Student Body teacher and activities director. Graduation will be rescheduled, she said, but no one knows “what that will look like.”

It’s a tough year to be a senior, Hofmann said.

“They’re devastated,” she said. “But we’re encouraging them to see the bigger picture. Although they will have to forego prom, it is in an effort to save lives.”

At the same time, said Mathew Holton, superintendent of Chaffey Joint Union High School District, administrators and teachers realize how important graduation is. Chaffey serves 24,000 high school students in Rancho Cucamonga, Ontario, Montclair and Upland.

“We have told our students that we will have graduation, we just don’t know when,” Holton said.

Ditto for Hemet Unified School District schools, spokeswoman Alexandrea Sponheim said.

“Our seniors have worked hard their entire life for the moment they can walk across the stage at graduation and we want to ensure they are able to experience that moment,” she said via email.

Training and trial run

Because of the different levels of mastery of online tools, teachers are going to school before distance learning officially begins. Monday, April 13, is the start date for districts such as Chaffey, Corona-Norco, Rialto and Riverside. April 20 is when programs begin in San Bernardino and Moreno Valley.

In San Bernardino, the region’s second-largest school district plans a trial run.

Linda Bardere, spokeswoman for San Bernardino City Unified School District, which serves nearly 50,000 pupils, said it will roll out online learning first for Serrano Middle School and Pacific High School to make sure everything works, before bringing other campuses on board.

In southwest Riverside County, Temecula Valley Unified School District is doing a “soft launch” this week, said district spokeswoman Laura Boss, but has “not set a firm date that everyone is to be up and running.”

Districts also are checking to see who doesn’t have a laptop or internet at home and distributing thousands of computer devices and hot spots. Some, such as the Murrieta Valley Unified School District, have given out devices in drive-up distributions at schools. Others have arranged for families to pick up laptops by appointment.

Tim Walker, assistant superintendent of pupil services for Riverside Unified School District, which
serves 42,000 students, said his district received requests for 16,000 Chromebooks and thousands more hot spots.

Many have questions about distance learning.

Grades that can’t hurt

“Some parents are asking whether it is mandatory,” said Mark Dennis, spokesman for Lake Elsinore Unified School District. “We have to qualify that and say that it is not mandatory. But it is essential.”

Educators aren’t mandating studies because of inequities in access to computers and the internet.

Still, students should it take this seriously, officials said, because they will be graded.

However, Dennis said, “The work they do online can only help them, it cannot hurt them.”

Riverside Unified’s plan provides an example.

The campus closures came on the day — Friday, March 13 — that the district finished the third quarter, said Jamie Angulo, director of secondary education.

At a minimum, Angulo said, students’ third-quarter grades will become their final grades for the semester, he said. Students will have the chance to raise semester grades by excelling in the virtual fourth quarter.

Fewer hours

As much as possible, officials said, distance learning will reflect course work students would have been given in the classroom. But youths won’t be expected to spend as much time on it.

Ryan Lewis, assistant superintendent of curriculum and instruction for Riverside schools, said the expectation is that elementary students — those in kindergarten through sixth grade — spend 10 hours a week learning while secondary students in grades seven through 12 spend 12 hours — two hours for each course.

So, Lewis said, teachers are designing lessons to cover the most important points.

How individual class lessons look will depend on the teacher and the district.

In the Rialto Unified School District, for example, distance learning will be 100% online for all in preschool through 12th grade, spokeswoman Syeda Jafri said.
“It will be technologically innovative, in the sense that our teachers will be videotaping lessons and placing them and other support links on Google Classroom,” Jafri wrote in an email.

When it comes to math, students will be able to “take pictures of their work, upload it and get feedback from teachers,” she said.

In Corona-Norco schools, Tapia-Gonzalez said, most learning will be online, but students who don’t have computers can watch educational television programs on KVCR.

In Lenss' language arts classes at the Moreno Valley school, the next book that appears in the curriculum is “Anne Frank: The Diary of a Young Girl.”

In the classroom, students would normally take turns reading characters’ lines, she said. Now she hopes to replicate that experience on Zoom.

“They get so into it,” Lenss said. “It’s funny and it makes the process of reading enjoyable.”

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David Downey | Reporter

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Here is the latest list of Orange County communities with coronavirus cases
Orange County reached a grim milestone Wednesday as officials disclosed that the number of confirmed coronavirus infections in the area has surpassed 1,000.

Countywide, there have been 1,016 confirmed COVID-19 cases — 91 of which were reported Wednesday.

The Orange County Health Care Agency also announced two additional fatalities in its latest update, bringing the death toll to 17.

As of Wednesday, 99 people were hospitalized, 59 of them in intensive care, health officials say.

Countywide, 11,791 people have been tested for COVID-19 to date — 484 of them since Tuesday.
Age breakdown of cases:

0-17 — 12
18-24 — 88
25-34 — 164
35-44 — 148
45-64 — 408
65+ — 196

Age breakdown of deaths:

25-34 — 2
35-44 — 1
45-64 — 5
65+ — 9

Do you know someone who has lost the battle with COVID-19?

April 2, 2020

Cases by community:

Aliso Viejo — 11
Anaheim — 104
Brea — 5
Buena Park — 31
Costa Mesa — 21
Cypress — 23
Dana Point — 11
Fountain Valley — 15
Fullerton — 23
Garden Grove — 28
Huntington Beach — 73
Irvine — 89
La Habra — 20
La Palma — 11
Ladera Ranch — 8
Laguna Beach — 34
Laguna Hills — 11
Laguna Niguel — 25
Laguna Woods — 6
Lake Forest — 16
Mission Viejo — 27
Newport Beach — 78
Orange — 34
Placentia — 22
Rancho Santa Margarita — 8
San Clemente — 41
San Juan Capistrano — 18
Santa Ana — 74
Seal Beach — 3
Stanton — 2
Trabuco Canyon — 7
Tustin — 19
Westminster — 14
Yorba Linda — 32
Other — 19
Unknown — 53
California counties scrambling to find ventilators as Newsom sends 500 to other states fighting coronavirus

SACRAMENTO — Gov. Gavin Newsom’s decision to lend 500 state-owned ventilators to New York and other coronavirus hot spots outside California has caught some local officials in his own state off guard as they scramble to acquire the much-needed medical equipment, particularly in Riverside County.
Riverside County officials said the state recently denied their request for an additional 500 ventilators, even though the county expects demand for the breathing machines at county hospitals and medical centers to exceed the supply in less than three weeks.

Santa Clara County, another area hard hit by the COVID-19 pandemic, is offering a $1,000 bounty for each device it receives and has ordered companies with the devices to report their inventory to the county.

“I understand and respect what the governor is doing. But are we going to be able to get the assistance that we’re going to need in a week or two weeks out?” Riverside County Supervisor Kevin Jeffries said Wednesday. “I think we were all a little surprised. We’re all trying to prepare so we’re not like New York.”

Newsom on Monday said the state was able to lend the 500 ventilators to other states because California had an excess supply of the devices and those areas were in desperate need.

Hospitals throughout California have procured thousands of ventilators in the last few weeks, increasing their total inventory to 11,036 from 7,587. An additional 1,000 refurbished ventilators are expected to become available in coming days and weeks, the governor said.

Newsom said the state’s ventilators will be returned if and when California needs them. The governor said California expects to see a surge of coronavirus patients in May.

“These are lent. They are not given,” Newsom said Monday.

Jeffries also said Riverside County had an agreement to purchase 300 new ventilators from a medical supply company for $12 million, but the deal has since been canceled. He said he was told that the Federal Emergency Management Agency instead acquired those ventilators to add to the Strategic National Stockpile.
“As far as we know, we’re dead in the water,” Jeffries said.

FEMA officials were not available for comment Wednesday evening.

Brian Ferguson, spokesman for the Governor’s Office of Emergency Services, said the state has been inundated with requests for respirators and personal protective gear from counties around the state, and is assisting areas with the most pressing needs first.

“The goal is to ultimately fill everyone’s needs. Those with the more immediate need will be prioritized,” Ferguson said.

The state wants to avoid sending ventilators to areas where they may sit unused for weeks when other cities and counties may need them right away, Ferguson said.

Although Riverside County expects to need ventilators when an expected surge of coronavirus patients hits in late April, 305 of the 512 ventilators currently in the county were not in use as of Wednesday morning, according to county spokeswoman Brooke Federico.

County heath officials estimate that all ventilators will be in use by April 26.

Federico said the county had initially requested 500 ventilators from the state, which was denied. The county later submitted a separate request for 1,000 ventilators that is pending.

Testifying before the county Board of Supervisors on Tuesday, Riverside County Emergency Management Department Director Bruce Barton said the state did not explain why it denied the county’s first request for ventilators.

“I just want people to know that we have been working on it,” Supervisor Karen Spiegel said at the meeting. “It’s beyond our control.”

Riverside joins counties across the state also scrambling to acquire ventilators and protective gear for healthcare workers.

Santa Clara County issued an order Wednesday asking individuals and businesses to report large inventories of personal protective equipment and ventilators in anticipation of a forthcoming shortage as COVID-19 cases continue to rise.

The county has a sufficient supply of equipment, but officials are preparing for an imminent need for more supplies beyond what the state and federal governments may be able to provide in the future. The order comes one day after the county confirmed 1,380 COVID-19 cases and 46 deaths.
“The intent is to ensure we have comprehensive collective information about what PPE exists across the community,” said Dr. Sara Cody, the county’s public health officer.

Officials anticipate that most people would not need to report any equipment. The personal information of those who do will remain confidential, County Counsel James Williams said.

Individuals and businesses that have more than a minimum supply of equipment are expected to report to the county by April 15. That includes anyone with more than 5,000 nitrile or vinyl gloves; more than 500 N95 masks; more than 500 surgical or procedure masks; more than 100 safety goggles and face shields; more than a gallon of hand sanitizer; and any ventilators.

“The order is about protecting the people who protect us,” Williams said. “We’re sheltering at home. These people are out there on the front lines protecting people who are infected. We need to protect the protectors.”

Cindy Chavez, president of the Santa Clara County Board of Supervisors, said the county isn’t in need of more ventilators at the moment, “but we can’t predict what we’re going to need in the weeks ahead. In Santa Clara County we have to make sure that we have ventilators for every person in our community who may need one.”

Newsom said Tuesday that California has secured a monthly supply of 200 million N95 respiratory and surgical masks to help protect healthcare workers. Delivery of the masks should begin in about a month, spokesman Nathan Click said.

The new effort will cost the state $495 million, according to a budget document that the Newsom administration submitted to the Legislature. In all, according to the document, the state has committed to purchasing medical safety gear that will cost $1.4 billion.

Mark Ghilarducci, director of the Governor’s Office of Emergency Services, said Wednesday that supplying personal protective equipment to Santa Clara and Riverside counties — along with Los Angeles, Orange, San Joaquin, San Francisco, Alameda, Sacramento and San Mateo counties — is considered the state’s top priority.

“It’s not just random,” he said. “This is closely coordinated with where we’re seeing the greatest number of cases that we have to manage, and that doesn’t mean that the rest of our counties in the state are not going to get” personal protective equipment.
California releases limited racial breakdown of coronavirus patients and deaths
California officials for the first time on Wednesday provided a partial breakdown of coronavirus infections and deaths by race, releasing preliminary figures showing the distribution is broadly in line with the state’s demographics.

Gov. Gavin Newsom emphasized the breakdown was based on limited data, which has been an obstacle across the state because many reports of new cases and fatalities lack information on patients’ race or ethnicity.

With about 37% of patients identified by race, here is a breakdown of reported COVID-19 cases statewide:
White: 37%
Latino 30%
Asian 14%
Black 6%
Multiracial: 2.5%
Native Hawaiian or Pacific Islander: 1.6%
American Indian or Alaska Native: 0.2%
Other: 9%

Here is a breakdown of deaths for the 39% of victims the state has identified by race:

White: 43%
Latino 29%
Asian 16%
Black 3%
Multiracial: 2%
Native Hawaiian or Pacific Islander: 1%
American Indian or Alaska Native: 0.6%
Other: 5%

The governor said the preliminary figures track “modestly so, along the lines of the total population” and that his office is not seeing the disparities that some other states and counties have seen.
Newsom presented some of those numbers at a daily news briefing, but did not include whites and some other groups. The California Department of Public Health released more detailed figures later in the day, saying in a statement that “the race and ethnicity data is roughly in line with the diversity of California overall.”

Still, the sample paints an incomplete picture.

“It’s less than 40% of all of [confirmed cases] ... we’re scrubbing to get 100% as quickly as we can as soon as we can,” Newsom said. There were “no less than 10 people that are calling coroners offices, calling hospitals, double-checking data,” Newsom said, while noting that not every city and county is providing that data in real time.

With such limited information, it is difficult to determine whether any racial groups are more likely to be hit by coronavirus. Here is a breakdown of California’s population, according to the U.S. Census Bureau:

Latino or Hispanic 39.3%
White 36.8%
Asian 15.3%
Black 6.5%
American Indian 1.6%
Pacific Islander 0.5%

Cities across the nation have reported a coronavirus death rate among blacks that is disproportionate to their numbers, and that has prompted scrutiny of the racial breakdown in California.
While voicing caution about the preliminary data, Newsom said the state is right to pay attention to racial disparities. He said there is “nothing more frustrating the than systemic challenges, the disparities that manifest in relationship to public health.”

“Those issues preceded this crisis and they continue to persist within this crisis,” he added.

Los Angeles County health officials released preliminary data Tuesday that showed black residents were dying at a slightly higher rate than those of other races.

L.A. County public health director Barbara Ferrer cautioned that the data was based on just 57% of reported deaths. Here was the limited L.A. breakdown:

Latino 28%
White 27%
Asian 19%
Black 17%
Other 9%

“When we look at these numbers by the total population of each group, African Americans have a slightly higher rate of death than other races,” Ferrer said.

Black people make up 9% of the population of L.A. County. Meanwhile, Latinos comprise nearly half the county population but 28% of deaths.

California Surgeon Gen. Dr. Nadine Burke Harris acknowledged Tuesday that a rumor that African Americans had a natural immunity to the virus had caused harm among blacks, and more needed to be done to dispel it.
Coronavirus death rate among Latinos appears low, but experts say the data are thin

Barbara Ferrer, director of the Los Angeles County Department of Public Health, cautioned against drawing conclusions from the county’s preliminary racial and ethnic data on coronavirus deaths. (Myung J. Chun / Los Angeles Times)

By MELANIE MASON, ANDREW J. CAMPA

APRIL 8, 2020 | 7:36 PM
Preliminary data released this week by Los Angeles County appeared to offer a glimmer of hope for the county’s largest ethnic group: Latinos, who make up nearly half the county’s population, represent just over a quarter of its coronavirus deaths.

But experts warn that the early, and incomplete, information may paint a murkier picture.

Latinos are typically younger than other demographic groups, an advantage against a virus that ravages older patients. But they also tend to live in larger households, have poor access to healthcare and work in “essential services” fields that require them to be out of the house — all factors that have some researchers predicting a coming surge in coronavirus deaths among Latinos.

The initial findings stood in contrast to the effect that the coronavirus has had on the county’s black population, which has experienced a slightly higher death rate compared with other races. Deaths among white and Asian American residents were relatively in line with those groups’ share of the county population.

On Wednesday, Barbara Ferrer, the county’s top public health official, warned against drawing conclusions based on the figures released by her department, which found that Latinos accounted for 28% of deaths from COVID-19. The data were based on 57% of the reported deaths; the county has yet to receive race and ethnic data for the remainder.
“Because it’s so preliminary, it’s probably not a good idea for us to either hold that number as ... an accurate number or to really look and try to figure out what may be happening differently in the Latinx community when compared to some of the other communities,” Ferrer said.

The figures aligned with new information released Wednesday by Gov. Gavin Newsom’s administration showing that Latinos accounted for 29% of coronavirus deaths statewide, though they make up 39% of California’s population.

The new findings ran counter to assumptions from public health experts who focus on the Latino community.

“The first time I read these results, I was quite surprised,” said Arturo Vargas Bustamante, professor of health policy at UCLA, adding that he expected “that Latinos would do worse compared to the white population, and really relatively close to the outcomes of African Americans.”

The prediction comes from a number of factors. Latinos are less likely to have access to healthcare and have high rates of certain underlying medical conditions that exacerbate the risk of COVID-19.

“Latinos in particular are more likely to have multiple chronic conditions like asthma and diabetes,” said Jeffrey Reynoso, executive director of the Latino Coalition for a Healthy California. “So in L.A. County, for example, Latino and other immigrant communities are at risk from air pollution along freeways resulting in increased asthma rates.”
One upside for the Latino population is its youthful skew. Roughly one-third of the population statewide is younger than 20, compared with around 20% for other demographic groups. That means a smaller percentage of the Latino population is at risk of falling severely ill with COVID-19.

More information about deaths broken down by age and gender will help flesh out our understanding of the virus’ effect on Angelenos, said Dr. Wendy Cozen, professor of preventive medicine and pathology at USC’s Keck School of Medicine.

“Right now, age is the strongest determinant of death,” Cozen said. “Our Latino population is young. There are probably more older people in the African American population. When these data become available, it will be easier to interpret.”

There are some indications that Latinos had heightened concerns about the COVID-19 pandemic relative to the broader population. A Pew Research poll last month found that about two-thirds of Latino adults considered the coronavirus outbreak a major threat to the health of the U.S. population as a whole, compared with about half of the general public.

“People who are more conscious since the beginning of the epidemic would probably be taking more precautions against the potential of being exposed to someone with the disease or washing their hands or wearing a mask,” Vargas Bustamante said.

That alertness has been amplified in the news media geared toward Latinos, said David Hayes-Bautista, director of the Center for the Study of Latino Health and Culture at
UCLA’s School of Medicine. He said just this week he has done two interviews with Univision about the coronavirus.

“Clearly in the Spanish-language media, both print and electronic, there’s just been a high, high awareness,” he said.

COVID-19 precautions are a deadly serious matter for 70-year-old Pasadena resident Sam Covarrubias.

The retiree, who manned the front line for various healthcare battles over a 45-year career as a registered nurse, falls into the category most vulnerable for COVID-19 contraction.

“If I get it, I know I’m screwed,” Covarrubias said. “I have heart and lung problems and I’ve had heart surgery. Plus, I’m 70 and that puts me in the group most susceptible, so I’m taking this extremely seriously.”

Over the last 2½ weeks, Covarrubias eliminated trips to local supermarkets, opting for online services such as Amazon and Instacart. He’s also had concerned family members routinely check in to see if he needs anything.

“I use gloves, masks, hand sanitizers and I wash my hands frequently,” he said. “I’m not taking any chances.”

Covarrubias was astonished to hear the coronavirus-linked death rate for Latinos was relatively low. From his experience, he assumed the opposite.

“To be honest, when I go outside I would say 80% of Latinos aren’t taking many, if any, precautions,” he said. “Plus, we’re kind of skeptical about things we hear and kind of go our own way.”
Jessica Rodriguez, a 36-year-old e-commerce manager, was similarly stunned by the county’s findings.

“It actually surprised me to hear that because I feel like in a lot our communities we all live with our tíos and tías,” said Rodriguez, referring to uncles and aunts. “I was concerned that would have an impact on us and the chances for increased exposure.”

Rodriguez, a Highland Park native, somewhat fits that billing as she lives in a two-bedroom, two-bathroom Montebello apartment with her husband, two children and 73-year-old father-in-law.

Hayes-Bautista said those living patterns, in which Latino households typically tend to have at least one more person than other groups, could be a cause for future concern.

Another is the fact that many Latinos work in jobs that are still deemed essential — including service jobs in grocery stores and pharmacies, healthcare and janitorial work, and farm labor picking crops — and may feel financial pressure to work, upping the risk of exposure.

Add in their lower rates of health insurance and shortage of Latino doctors, and Hayes-Bautista predicted the low Latino death rate may not stay that way for much longer.

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CALIFORNIA

He was the life of the dance floor, until coronavirus took him down

April 7, 2020
“I call it almost a perfect storm,” Hayes-Bautista said.

But Rodriguez said there is one big advantage Latinos have in their battle against COVID-19: a strong sense of community.

She sees friends, neighbors and family members purchasing groceries for each other to cut down on exposure, children helping parents and elders with chores and work, and frequent discussions about COVID-19.

“We’re always communicating,” Rodriguez said. “We’re always looking to help each other. We believe in community. That’s what we do best.”
California to buy 200 million masks a month amid outbreak

By Kathleen Ronayne and Adam Beam Associated Press

SACRAMENTO (AP) — California will spend nearly $1 billion to purchase up to 200 million masks a month to boost the state’s stockpile of protective equipment during the COVID-19 outbreak and could act as a supplier to other Western states, Gov. Gavin Newsom said.

“We’ve been competing against other states, against other nations, against our own federal government” for personal protective equipment, Newsom said Tuesday night on Rachel Maddow’s MSNBC show. “We decided enough is enough.”

He said the state has signed multiple contracts with an unidentified consortium of nonprofits and a California-based manufacturer to obtain the masks, which will be made overseas.

The order will include about 150 million N95 masks, which are tight-fitting and designed to protect against particles in the air. The other 50 million masks will be surgical masks, which are loose-fitting and protect against fluids.

“We’re going to see supplies at that level into the state of California and potentially the opportunity to export some of those supplies to states in need,” Newsom said.

California taxpayers will pay $495 million upfront for the masks. The state will pay more as other shipments arrive, with a total estimated payment of $990 million, according to a letter the Newsom administration sent to the Legislature.

Newsom signed an executive order on Tuesday eliminating sales and other taxes on masks, gloves, eye protection, gowns and other materials needed to protect public health amid the coronavirus crisis. It applies to such materials when they are sold to or purchased by the state.

The money is coming from a portion of the $1 billion aid package the Legislature approved last month, plus another $1.3 billion disaster response emergency fund.

California has already ordered $1.4 billion worth of personal protective equipment and distributed 41.4 million N95 masks. But the state has had trouble finding enough masks to meet the needs of its nearly 40 million residents. One shipment from Texas had to be sent back because the masks carried mold, Newsom said.

In Santa Clara County, where the U.S. had one of its first confirmed COVID-19 cases, public health officials are so worried about a shortage of protective gear that they have ordered businesses and individuals to tell the government if they have stockpiles of more than 5,000 gloves and 500 masks. The government promised to keep the figures confidential.

“We can’t rely solely on our state and federal government. We have to turn locally to see what capacity for inventory exists here in our county,” said Dr. Jennifer Tong, hospital surge capacity branch chief for the Santa Clara County Emergency Operations Center.

Likewise, Newsom said the state can’t rely on the federal government, which has sent the state about a million masks so far.

“That’s not an indictment, not a cheap shot. At the end of the day, they don’t have the masks at the national stockpile,” Newsom said.

California had more than 17,800 COVID-19 cases and has seen more than 450 deaths, according to data compiled by Johns Hopkins University as of 1:30 p.m. Wednesday. Intensive care hospitalizations have been growing at a slower rate than experts had anticipated, leading Newsom to donate 500 ventilators to other states.

For most people, the coronavirus causes mild or moderate symptoms, such as fever and cough that clear up in two to three weeks. For some, especially older adults and people with existing health problems, it can cause more severe illness, including pneumonia and death.
Coronavirus causes 3rd canceling of Mount Rubidoux Easter walk in 111 years

LOCAL NEWS

Coronavirus causes 3rd canceling of Mount Rubidoux Easter walk in 111 years
This Easter isn’t the time for hundreds to greet sunrise from the top of Mount Rubidoux as they’ve done for the past century, pastors say.

Instead, churches are streaming their Easter services online.

Since 1909, people have walked to the top of the mountain for a sunrise service yearly except for two occasions, according to local historian Steve Lech.

Most recently, World War II disrupted plans. And in the 1920s, another virus — hoof-and-mouth
Coronavirus causes 3rd canceling of Mount Rubidoux Easter walk in 111 years – San Bernardino Sun

City officials closed Mount Rubidoux March 28 to slow the spread of the novel coronavirus, and they’re considering citations as many people continue to climb the mountain.

The Rev. Brenda J. Wood of Word of Life Ministries International in Riverside said she has participated in the sunrise Easter service at least 10 times and was helping organize this year’s.

Like other churches, Word of Life will spread the message of Easter using Facebook live, she said, encouraging
people to keep faith even if they can’t be physically together.

“I just want people to know that God is a God of hope, and not to lose hope in this dark time,” Wood said. “He hasn’t forgotten about us and he never leaves us.”

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Everyone in the United States Should Buy This Face Mask Now

By Smart Ideas
MADERA, Calif. — On Wednesday afternoon, five cars filled with grieving members of Wanda DeSelle’s family and friend group rolled into Madera’s Arbor Vitae cemetery.
DeSelle died from complications of coronavirus. She apparently had contracted COVID-19 from a previous funeral.

Nobody left their cars as the casket of the 76-year-old nurse was transported by four funeral home workers from a white Cadillac hearse to the graveside. No sound, other than the humming of car engines and a distant lawnmower, could be heard as the coffin was lowered into the ground.

If anybody wept, the sound of their cries was contained within their vehicles.
Maureen Silva attends the funeral of her mother, Wanda DeSelle. She was not allowed to get out of her car at the cemetery or see her mother in the hospital when she was gravely ill. (Carolyn Cole / Los Angeles Times)

As the coronavirus sweeps across the nation, not only are people dying alone in their hospital rooms, unable to say goodbye to their loved ones, they are being buried — when it’s possible — alone, too. (In many places, local health departments have delayed funerals until the pandemic has subsided.)

And funerals are often now attended by family members and co-workers who are also carrying the virus.

On Wednesday, as gray clouds moved west over the cemetery, some of those attending had been exposed at the same time, and to the same person, that likely gave DeSelle the disease. While others, including DeSelle’s daughter and pregnant granddaughter, were exposed as a result of caring for and being close to DeSelle.
“I was taking care of her,” said Maureena Silva, DeSelle’s daughter. “That’s how I got it. And then I gave it to my daughter.”

According to DeSelle’s daughters, Silva and Tonya Moe, as well as Mohammed Ashraf, the cardiovascular physician that DeSelle worked with for 40 years, she contracted the virus at the funeral of a co-worker — as did another 14 people.
On Feb. 29, Maria Rodriguez, a young nurse who worked at Ashraf’s clinic in Madera, was killed in a car accident.

On March 10, her colleagues gathered at her funeral to pay respects to her family and say goodbye.
Wanda DeSelle was 76.
According to Ashraf, the small crew from his office — including DeSelle — shared a table with a man who later tested positive for the virus. The man was asymptomatic at the time, Ashraf said.

“The person who had it, he was eating [at] our table. We all got exposed to it,” he said. “I didn’t even recognize that he was sick. He wasn’t coughing.”

He said no one was wearing masks, or being as cognizant of social distancing and protection as they are today. At the time, neither Gov. Gavin Newsom nor any California counties had issued social distancing orders or directives. Even so, Ashraf was feeling regrets Wednesday.

“I guess we weren’t being careful,” he said, his voice cracking.

Ashraf said that roughly 15 people who attended that funeral have since tested positive. Those people include DeSelle, another person from his office, that person’s husband, and the husband of the young woman who died in the car crash.

Sara Bosse, Madera County’s public health officer, would not confirm Ashraf’s account, citing privacy laws. She also would not confirm whether DeSelle was one of the two coronavirus deaths recorded in the county.
Funeral home workers followed strict protocols in handling the casket. (Carolyn Cole / Los Angeles Times)
As of Wednesday, there were 28 confirmed cases in Madera County.

Ashraf said that DeSelle began showing symptoms four days after the funeral.

He said that on Saturday, March 14, she complained of diarrhea and a stomachache. “She thought she’d eaten something bad,” he said.
He wasn’t too concerned, initially, he said. She didn’t have a fever or cough. But by Thursday of the following week, he was growing increasingly alarmed. He urged her to go into the emergency room, and on Friday, March 13, she submitted to blood work and was given fluids through an IV.

A week later, on March 20, things really began to deteriorate, he said. She was hospitalized on the 24th, and one week later, on March 31, she was intubated. She died April 3.

In a Toyota sedan, roughly 80 feet from DeSelle’s gravesite, Silva and Franchesca Montgomery, DeSelle’s granddaughter, watched as the casket was lowered.
Silva contracted the virus while taking care of DeSelle, and then passed it to her pregnant daughter, Montgomery, who is now five days past her due date.

Montgomery said her doctors are letting her wait out the pregnancy until she can get tested again, which will be in the next couple of days.

“I’ll have to have the baby in isolation if I don’t get a negative test,” she said. She’s already been tested twice now, but the doctors want to see two negative tests before they’ll let her give birth outside of isolation, she said.

News reports suggest that roughly 30% of negative COVID-19 tests are false.
According to Silva, Montgomery is expecting a girl.

She’s hoping that this new life will bring with her the compassion and love that her mother, DeSelle, embodied.

“She cared so much about people. She did everything she could to help,” she said.

Everett Bradford, a patient of DeSelle’s, pulled up to the cemetery to pay his respects. He said he’d called Ashraf’s office that morning and heard it was closed for a funeral.

“I knew it was Wanda,” he said, tearful. “She was such an amazing person. I called her grandma. I loved her.”
How a surge of coronavirus patients could stretch hospital resources in your area

By Amy Brittain, Ted Mellnik, Dan Keating and Joe Fox  April 9, 2020
The rapid growth of coronavirus cases in New York City is a grim omen for the rest of the country. For the city's size, its hospitals had resources comparable to the rest of the nation.

Each • represents 10 reported cases
As is happening in New York City, the virus spread could overwhelm hospitals across the country. Here’s what could happen if the coronavirus infects \textit{2 in 10 adults} over the next year:
Almost 17 million adults, or 6.5 percent of the U.S. adult population, live in communities where covid-19 patients could overwhelm hospital beds, needing more than all available.
76 million adults, or 30 percent of the U.S. adult population, live where patients could overwhelm intensive-care beds.
125 million adults, or 48 percent of the U.S. adult population, live where virus patients could overwhelm the supply of mechanical ventilators. Those breathing machines are among the key hospital resources that can help patients facing death when the disease attacks their lungs.
University of Pittsburgh earns a living studying critical-care resources in U.S. hospitals.

Yet even Kahn can’t give a definitive answer. His best estimate is based on Medicare data gathered three years ago.

“People are sort of in disbelief that even I don’t know how many ICU beds exist in each hospital in the United States,” he said, noting that reporting varies hospital to hospital, state to state. “And I’m sort of like, ‘Yep, the research community has been dealing with this problem for years.’”

Amid the covid-19 pandemic, pinpointing the number and location of ICU beds, ventilators and doctors with specialized training is critical for local, state and federal officials trying to forge an effective response. But the pandemic has revealed a dearth of reliable data about the key parts of the nation’s health-care system now under assault. That leaves decision-makers operating in the dark as the virus — which has now killed more than 14,000 people in the United States — surges, spreading from urban areas like New York City and New Orleans into the rest of America.

Given the limitations, The Washington Post assembled data to analyze the availability of the critical-care resources needed to treat severely ill patients who require extended hospitalization. The Post conducted a stress test of sorts on available resources, which revealed a patchwork of possible preparedness shortcomings in cities and towns where the full force of the virus has yet to hit and where people may not be following isolation and social distancing orders.

Are your hospitals at risk of being overwhelmed by covid-19 patients?

Zip code:

92415

Or hospital region:

San Bernardino, CA
More than half of the nation’s population lives in areas that are less prepared than New York City, where in early April officials scrambled to add more ICU beds and find extra ventilators amid a surge of COVID-19 patients.

The analysis draws on key metrics: total hospital beds, ICU beds and ventilator usage, as recorded in data sets assembled by Definitive Healthcare, an analytics company that mines government filings, including those of the Centers for Medicare and Medicaid Services (CMS), as well as commercial insurance claims. Locations of these critical-care
resources were mapped by hospital referral zones, or areas where residents receive their hospital care, as determined by Dartmouth University.

As the virus has spread, researchers globally are continuing to model outcomes that reflect varying assumptions about the disease, including the number of infections in different countries, the availability of testing and the impact of social distancing.

To compare available resources across the country, The Post examined a year-long scenario in which the coronavirus would sicken 20 percent of U.S. adults, and about 20 percent of those infected would require hospitalization. Under that scenario, about 11 million adults would need hospitalization for nearly two weeks, and almost 2.5 million would require intensive care. This level of hospitalization is considered by Harvard researchers to be a conservative outcome for the pandemic, while others have described it as severe.

In The Post’s scenario — which does not predict deaths or the effects of social distancing — about 76 million people, or 30 percent of the nation’s adult population, live in areas where the number of available ICU beds would not be enough to satisfy the demand of virus patients. The scenario for ventilator availability is even more dire: Nearly half of the adult population lives in regions where the demand would exceed the supply. Strict adherence to social distancing is likely to reduce those numbers by an unknown amount.
Pennsylvania Task Force 1 member Greg Rogalski walks in late March among the beds of a federal medical station for COVID-19 patients set up at Temple University’s Liacouras Center in Philadelphia. (Matt Rourke/AP)

Informed planning by emergency officials, experts said, is greatly hampered by gaps in knowledge about health-care resources.

“We need to know where our weapons are. We need to coordinate all of that,” said Retsef Levi, a Massachusetts Institute of Technology professor leading a health-care data initiative called the COVID-19 Policy Alliance. “This is a war.”

Kahn likened the task of evaluating the current readiness of the U.S. health-care system to peering into a dark room.

“We’re outside of it, and we’re all looking through different keyholes and seeing different aspects of it,” he said. “But there’s no way to just open the door and turn on the lights, because of how fragmented the data are. And that is a really, really depressing thing at all times, let alone during a pandemic, that we don’t have an ability to look at these things.”
Owensboro — a small city in western Kentucky on the south bank of the Ohio River — offers a case study of what could unfold amid a coronavirus outbreak. In the projected scenario, covid-19 patients would occupy all of the available ICU beds in the region, which is served by the 352-bed Owensboro Health Regional Hospital and one smaller hospital. The region would need 75 percent more ventilators than it has ever used in the past.

“We’ve never seen something like this, something this big,” said Vicki Wheatley, a 63-year-old retiree who lives in Hawesville, a small town near Owensboro.

For Owensboro and some other hospital regions, The Post also evaluated the availability of health-care professionals — the doctors, nurses and respiratory therapists who are specially trained to care for critically ill patients in the ICU, and whose ranks around the country will probably thin as they become ill and are quarantined. National certification boards provide only aggregate data about critical-care professionals. The Post used the CMS list of medical providers to identify thousands of those specialists and where they work, but the list does not include all specialties.
Michael Muzoora is one of just five critical-care physicians at Owensboro Health. Before covid-19, the 43-year-old pulmonologist split his time between the ICU and his office practice, where he treats patients who suffer from respiratory issues such as asthma and chronic lung disease.

Now, Muzoora is preparing to shift all of his time and energy to the 32-bed ICU at Owensboro Health. At night, the hospital relies on physicians 200 miles away in Cincinnati to peer into patients’ rooms through tele-ICU technology and provide bedside instructions to hospital nurses or physician assistants.

A typical day for Muzoora in the ICU once meant treating 10 to 15 patients. Now, he is trying to imagine the chaos in New York City hospital rooms unfolding in his own workplace.

“I’ve thought about what it would be like,” Muzoora said. “It certainly brings up the question of how you prioritize if you’re overrun. Even with the best intentions, you just
won’t be able to do everything.”

‘Micro-geographies’ of vulnerability

Scientists around the world are scrambling to understand how the coronavirus has spread rapidly in some geographic areas while leaving others less affected.

In Italy, the hardest-hit region was not a booming metropolis but Bergamo, a city with a population of about 120,000.

Bergamo, as the ground zero of the Italian outbreak, was beset by ICU bed and ventilator shortages. “We think Italy may be the most comparable area to the United States, at this point, for a variety of reasons,” Vice President Pence said April 1 in a CNN interview.

Researchers at MIT have studied Bergamo to look for factors that may have left the area uniquely vulnerable to covid-19.

The MIT research group, the COVID-19 Policy Alliance, has mapped high-risk areas in the United States where sudden spikes could inundate hospitals as the surge in northern Italy did.

In their U.S. analysis, MIT researchers considered several risk factors, including elderly population, high blood pressure and obesity.

Highlighted risk of covid-19 deaths

The orange and red areas of higher risk may have more hospitalizations and deaths for people who are infected. Risk is higher with age and existing health problems such as diabetes, high blood pressure and obesity. Most urban areas are relatively low-risk because there are so many young and healthy people.

<table>
<thead>
<tr>
<th>Localized risk score based on older and sicker people</th>
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<td>Low</td>
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Circles are scaled by county population
The takeaway, the researchers said, is that across the nation, “micro-geographies” of individual Zip codes or small towns have the potential to generate surges of covid-19 patients that could overwhelm even the most-prepared hospitals.

“It could create a load on a hospital that can crush a hospital,” said Levi, the professor leading the research alliance.

Levi said nursing home populations should be prioritized for virus testing across the country, because outbreaks in such close quarters can rapidly sicken dozens of people, who then flood into area hospitals. The deadly outbreak at the Life Care Center nursing home in Kirkland, Wash., which was linked to more than 100 illnesses and 40 deaths, provided an early U.S. case study for the MIT team. Now, in Louisiana, officials have identified at least 40 clusters of cases in long-term care facilities.

[Mapping the spread of coronavirus across the U.S.]
In Seattle, critical-care physician Nick Johnson is on a team of health-care providers responsible for drafting a covid-19 “surge plan” at Harborview Medical Center, which is part of UW Medicine and serves as the only Level 1 trauma center in Washington state. The hospital also regularly accepts emergency transfers from Montana, Idaho, Wyoming and Alaska.

Harborview recorded the first death of a covid-19 patient in the United States and also treated several of the Kirkland nursing home patients.

“Our hospital was running at over 100 percent capacity all the time, pretty much before this happened,” Johnson said. “And we’ve done a lot of things really early and aggressively to cancel elective surgeries and to try to free up space. But the system’s already pretty taxed.”
By The Post’s analysis, the general Seattle region would need all of its available ICU beds — plus a 15 percent increase — to handle an outbreak in which 20 percent of the population is infected with the coronavirus and 20 percent of those people need hospitalization. But the demand for ICU beds could be lower because the curve of infections in Washington appears to be flattening, according to officials.
Johnson said Harborview’s surge plan could double its existing 89 ICU beds by converting other hospital rooms into critical-care units. The plan would boost ICU staffing by teaming up surgeons and other doctors with ICU experience with nurses and respiratory therapists under the direction of critical-care physicians.

“I think of a critical-care doctor in the ICU as sort of being the quarterback of the team,” Johnson said. “We rely on and count on a lot of different people to contribute to the care of these really complicated patients. But it’s our job to sort of maintain the broad view and situational awareness over what’s happening with the entire patient.”

The Society of Critical Care Medicine estimates that there are nearly 29,000 critical-care specialized physicians like Johnson who are trained to work in ICUs in the United States. Yet about half of all acute-care hospitals have no specialists dedicated to their ICUs. Because of the demands of treating covid-19 patients, the lack of dedicated physicians “will be strongly felt” through a lack of high-quality care, the society said in a statement.

The society also projects that the nurses, respiratory therapists and physician assistants specially qualified to work with ICU patients may be in short supply as patient demand increases and the ranks of medical workers are thinned by illness and quarantine.

“We want to protect our health-care workers. They’re our greatest resource,” said Megan Brunson, president of the American Association of Critical-Care Nurses. “And I would say that is one of my greatest concerns. If people ask me what keeps me up at night, that definitely would be it.”
Experts say experienced critical-care physicians and nurses are essential to executing techniques that can save lives. One example is prone ventilation — sometimes known as “proning” — for acute respiratory distress syndrome. Patients are carefully placed on their stomachs, sometimes for hours, allowing gravity to do the heavy work of alleviating fluid buildup in the back of the lungs.

Early studies out of China and Italy have shown that proning has helped some covid-19 patients.

“It’s mostly executed by the ICU nurses,” Johnson said. “The doctors are sort of asked to collaborate and to provide some general oversight and help with safety, but it definitely can be done by experienced teams of nurses.”

‘Drilling and preparing’

On paper, Iowa City is well prepared for this pandemic.

The region has more critical-care physicians per capita than nearly anywhere else in the country and ranks well in ICU bed and ventilator capabilities, according to The Post’s review.

Health officials in Iowa City said they have several factors working in their favor. The University of Iowa Hospitals and Clinics attracts top academic researchers who specialize in critical care. The major medical center has 190 ICU beds — almost six times the number at Owensboro Health, for comparison, while serving a population about twice that served by the Kentucky hospital.

“I feel confident in my people and the work that we’re doing to prepare as best we can for what is to come,” said Theresa Brennan, the chief medical officer at the University of
Iowa.

Number of beds at each hospital: 10 100 300 500 800

Sioux City

Iowa City Hospital Region
357,105 people

Critical-care physicians: AT LEAST 101, ACCORDING TO FEDERAL RECORDS

Critical-care nurse practitioners: AT LEAST 27, ACCORDING TO FEDERAL RECORDS

Hospital beds: ABOUT 410 PER 100,000 PEOPLE

ICU beds: ABOUT 88 PER 100,000 PEOPLE

Mechanical ventilators used: ABOUT 22 PER 100,000 PEOPLE
Brennan said the hospital ranks high nationally by statistics that show how often it accepts patients transferred from other facilities for more-advanced care. She said the mission will not change, even if the pandemic drives up the number of patients. As of Wednesday, 16 covid-19 patients were hospitalized there.

“If we have a bed and a patient needs that bed and can’t be cared for in one of our hospitals in Iowa or beyond, we would take that patient,” she said.

Brennan said her hospital already had a substantial stockpile of personal protective equipment accumulated after it was named a “Prevention Epicenter” by the CDC four years ago. In the wake of the devastating Ebola outbreak in West Africa, the agency granted the University of Iowa $2.2 million to support research and outbreak preparedness efforts. There are 11 such centers in the country.

So what has the hospital been doing as a prevention epicenter in the four years between the Ebola epidemic and the emergence of the coronavirus pandemic?
“Drilling and preparing for it,” said Jorge Salinas, an infectious-disease physician working on the effort. “You may be preparing and training for 10 years and nothing happens. But if you don’t do that, when these pandemics do occur, you will not be prepared.”

Ebola is clearly not the same as covid-19, Salinas noted, adding that Ebola is far more deadly but not as easy to contract. But he said the frequent drills and stockpile of supplies, including masks, gowns and gloves, will prove useful during the hospital’s treatment of covid-19 patients.

Salinas said the pandemic has exposed the long-standing flaws in the nation’s “individualistic” health-care system, where hospitals look out for themselves. Electronic health-monitoring systems vary hospital to hospital. Supply tallies are kept in-house and generally not shared. To counter this in Iowa, he said, all hospitals have begun sharing daily information with state officials.

“The name of the game is solidarity,” Salinas said. “If we try to be individualists, we will fail.”

‘We’re in the center of no place’

In Lubbock, Tex., Cynthia Jumper does not hesitate to talk about the limitations of treating patients in this remote part of West Texas.

“We’re in the center of no place,” said Jumper, a physician and professor of medicine at the Texas Tech University Health Sciences System. “Dallas and Albuquerque are 300 miles away.”
She is a native of Lubbock, recalling a slogan from the 1970s: “Lucky me! I live in Lubbock.” So far, Jumper believes her beloved hometown is prepared for the pandemic. As of Tuesday, there were 191 reported covid-19 cases in Lubbock County.

She said she is more concerned for the rural community hospitals that sometimes refer patients to her 476-bed hospital, with 104 ICU beds. She pointed to Monahans, a town 175 miles south with about 8,000 residents.
“We have a lot of smaller hospitals around us,” she said. “If our hospital’s full, what is a guy in Monahans, Texas, with two ICU beds and one ventilator going to do?”

If need be, Jumper said, rural facilities without critical-care physicians can turn to telemedicine, where physicians can consult remotely. She said she has offered her cellphone number to rural providers.

[Sign up for our Coronavirus Updates newsletter. All stories linked in the newsletter are free to access.]

Back in western Kentucky, 64-year-old Marshall Prunty also knows the limitations of practicing in a rural setting. He works at a community hospital in Muhlenberg County. The facility has only 55 hospital beds. A rich history of coal mining and tobacco farming have led to high rates of chronic obstructive pulmonary disease, Prunty said.

Prunty is a “hospitalist,” a primary physician for hospitalized patients. He also regularly sees patients in the hospital’s six-bed ICU. And, when he is not there, he gives his number to the nurse and says to call if there is any trouble.

“Probably on average we may have three patients in there,” he said, noting that they have three ventilators and are trying to secure more.
Prunty said he lacks training in certain critical-care techniques that could be deployed in hospitals staffed with highly specialized physicians. He has no experience, for instance, using prone ventilation.

“You know, as the pandemic might progress, and we’re having more and more patients with covid-19, I think the plan is to probably transfer [the patients] unless they’re just minor illnesses,” Prunty said.

He said he would send patients an hour’s drive north to the area’s only major medical center, Owensboro Health — the hospital where pulmonologist Muzoora and his four critical-care colleagues would be entrusted with handling the surge.

At Owensboro Health, the full force of the pandemic has yet to strike. As of Wednesday, 10 covid-19 patients were hospitalized there. Staff members believe, however, that they have just days before they face the onslaught.

“You’ve got to dust off all of your policies and procedures, and get your teams up and running. Everybody is set and ready to go,” said Francis DuFrayne, Owensboro’s chief medical officer.

“And now . . . we’re really just waiting.”

Jeff Greer contributed to this report.
Stores consider taking customers’ temperatures to protect workers

A woman has her temperature checked in this file photo taken on April 7, 2020. (Ezra Acayan/Getty Images)

by: CNN Wire

Posted: Apr 9, 2020 / 05:21 AM PDT / Updated: Apr 9, 2020 / 05:21 AM PDT

Stores are scrambling to protect their workers from coronavirus.
That's why a number of stores are considering taking customers' temperatures before they enter. Public health experts say it is a prudent step: Grocery stores are one of the few public spaces still open. Millions of Americans are visit them every day and come into close contact with stores' employees.

“If they decided to roll such a program to their workers, under the assumption that it would prevent infected individuals from being at their stores, I do not see a reason why that wouldn't be rolled out to customers as well,” said Dr. Luciana Borio, former director for medical and biodefense preparedness at the National Security Council under President Donald Trump and former acting chief scientist at the FDA. “Even a modest benefit can be of value when our public health options are so limited in the absence of diagnostic tests, capacity for large scale contact tracing or a vaccine.”

Matthew Freeman, associate professor of environmental health and epidemiology at Emory University's Rollins School of Public Health, said it “makes sense for businesses to take the temperatures of shoppers to protect employees and patrons, but what would be the response if someone did indeed have a fever? A plan of action is critical.”

Only a few stores in the United States are taking customers' temperatures, including a chain in Connecticut and Pennsylvania.

“To protect our customers, employees and community, we will begin screening for temperature using non-invasive thermal cameras at our entrances,” said City Farmers Market in Atlanta. Anyone with temperature of 100.4 or higher “will be discreetly informed by a trained member of our staff, and we will find an alternative for your shopping.”

However, experts acknowledge this policy comes with its own challenges, including how to get groceries to shoppers with a fever and how to help them get care if they are sick.

Borio said it would be an “imperfect method” and cautioned that it has limitations, especially as some people may have the coronavirus but not exhibit any symptoms or fever, and people can take anti-fever medicine to pass through screenings.

John Logan, professor and director of labor and employment studies at San Francisco State University, said it would be logistically challenging to implement.

“Checking the temperatures of shoppers would help protect both grocery workers and shoppers, but it’s likely that not all shoppers would agree to this and it would require a major effort on the part of the chains when you consider the huge surge in numbers many of them are experiencing,” he said.

Dan Bartlett, executive vice president of corporate affairs at Walmart, told reporters last week that the government would have to direct the company to begin taking customers' temperatures.

“That obviously is a step into a whole realm of public policy privacy issues that would have to come with clear guidance from the government,” he said. “That's not for us to solve, in my opinion.”
Big retailers and grocers have been criticized by some workers and safety experts for being slow to take aggressive steps during the crisis. At least five grocery store workers have died from the coronavirus so far in the United States.

“They have been reluctant to take any actions, even if they make sense from a public health perspective, that risk scaring shoppers,” Logan said. “For example, many chains were initially reluctant to allow employees to wear masks, but most have relented on this.”

Companies have stepped up safety measures as the crisis has worsened, adopting measures such as plexiglass at cash registers, signs reminding customers of social distancing and one-way aisles to reduce crowded lanes.

Some are limiting the number of customers that can be in a store at a time. Grocery chains are also lobbying public officials to designate grocery store workers as emergency personnel, which would give them priority access to personal protective equipment like masks and tests for the virus.

Walmart, Amazon, Home Depot, and grocery chain Bi-Lo have announced they will begin checking workers for fevers at stores and warehouses. Kroger Monday that it started temperature checks in its distribution centers several weeks ago and is beginning to expand associate temperature checks to its stores. Walgreens will conduct temperature checks for employees at distribution centers and other facilities, but not all of its stores.

The Americans with Disabilities Act generally prohibits medical examinations. While measuring workers' temperature is generally considered to be a medical exam, the Equal Employment Opportunity Commission has said employers may measure workers' temperature to protect against the “community spread” of the coronavirus.

Neither the Centers for Disease Controls or the Labor Department’s Occupational Safety and Health Administration have issued guidance to employers on whether they recommend screening employees' temperatures.

At Walmart, any employee with a temperature above 100 degrees is sent home to seek medical treatment, if necessary, but will be paid for showing up. Walmart is in the process of sending infrared thermometers to all its stores and warehouses, which could take up to three weeks. Walmart managers and team leaders who have gone through HIPAA training will take workers' temperatures, a spokesperson said.

At Amazon, including its Whole Foods stores, “anyone registering a temperature over the CDC-recommended 100.4F will be asked to return home and only come back to work after they’ve gone three days without a fever,” the company said in a blog post last week.

The National Retail Federation, which represents the industry, did not say whether companies should take their customers' temperatures. It said companies “doing everything they can to keep their associates and customers safe.”

Screening workers' temperatures is one of the most draconian policies companies have implemented. But experts say even this precaution is not stringent enough as the virus spreads and more workers get sick.
‘Chalk Your Walk’: Homebound High Desert families share positive messages in sidewalk art

By Staff Reports
Posted Apr 8, 2020 at 4:46 PM

HESPERIA — Families here are decorating their driveways and sidewalks with positive messages and Easter-themed drawings thanks to Hesperia Recreation & Park District’s “Chalk Your Walk” event.

The district launched the event within its “Fun at Home” campaign, calling all local families to participate on Facebook by posting photos of their driveway decor with hashtags such as #HesperiaChalkYourWalk.

“With all the program cancellations and facility closures, along with the ‘shelter at home’ order statewide, we here at the Hesperia Recreation and Park District want to make sure you still have access to plenty of things to do to keep your mind and body active and having FUN,” a post on the district website says.

In lieu of the district’s traditional egg hunts, “Chalk Your Walk” serves as a “virtual Easter Egg Hunt,” with many local chalk artists doodling Easter eggs of all sizes and colors. The submitted photos will be hidden throughout the park district’s website, according to the Facebook event post.

“Go out and Chalk Your Walk with Easter with a positive saying/picture thanking all the frontline workers for their continued hard work that ensures we are able to receive essential needs,” the post says.

Submitted photos have a chance to be featured in the Hesperia Recreation and Park District’s next Programs and Activities Guide; however, only photos from Hesperia residents will be considered for the guide, according to the district’s website.
To ensure residents follow county and state orders, and keep up social distancing, during the COVID-19 pandemic, the district asks participants to only chalk walks with members of their household. The artwork must be family friendly.

Photos can either be emailed to info@HesperiaParks.com or posted publicly on social media with any of these hashtags: #HesperiaChalkYourWalk, #ChalkYourWalkThankYou, #ChalkYourWalkEasterEggs, #HesperiasThankful, and #HesperiaCommunity.

Be sure to include first names and ages with each submission.

Redlands creates map of local businesses open during coronavirus outbreak

LOCAL NEWS • News

Redlands creates map of local businesses open during coronavirus outbreak

Stuck at home and wondering where you can order pick-up or what pharmacies are open? Redlands has a map for that.

The Open for Business tool is designed to help residents find necessary services and support local businesses authorized by the state to stay open during the novel coronavirus outbreak.

The map offers information on hours of operation,
additional COVID-19 services available and location.

Local businesses can add their information.

The map can be viewed on the city’s website, cityofredlands.org/post/open-businesses.
Record 16.6 million have sought U.S. jobless aid amid coronavirus outbreak – San Bernardino Sun
WASHINGTON — With a startling 6.6 million people seeking jobless benefits last week, the United States has reached a grim landmark: Roughly one in 10 workers have lost their jobs in just the past three weeks.

The figures collectively constitute the largest and fastest string of job losses in records dating to 1948. They paint a picture of a job market that is quickly unraveling as businesses have shut down across the country because of the coronavirus outbreak. More than 20 million American may lose jobs this month.
The viral outbreak is believed to have erased nearly one-third of the economy’s output in the current quarter. Forty-eight states have closed non-essential businesses. Restaurants, hotels, department stores and small businesses have laid off millions as they struggle to pay bills at a time when their revenue has vanished.

All told, in the past three weeks, 16.6 million Americans have filed for unemployment aid. The surge of jobless claims has overwhelmed state unemployment offices around the country. And still more job cuts are expected. The unemployment rate could hit 15% when the April employment report is released in early May.

A nation of normally free-spending shoppers and travelers is mainly hunkered down at home, bringing entire gears of the economy to a near-halt. Non-grocery retail business plunged 97% in the last week of March compared with a year earlier, according to Morgan Stanley. The number of airline
passengers screened by the Transportation Security Administration has plunged 95% from with a year ago. U.S. hotel revenue has tumbled 80%.

The government-mandated business shutdowns that are meant to defeat the virus have never brought the U.S. to such a sudden and violent standstill. For that reason, economists are struggling to assess the duration and severity of the likely damage.

“We’re just throwing out our textbooks,” said Beth Ann Bovino, chief U.S. economist at S&P Global Ratings.

The Penn Wharton Budget Model, created at the University of Pennsylvania’s business school, projects that the U.S. economy will shrink at an astonishing 30% annual rate in the April-June quarter — even including government’s new $2.2 trillion relief measure, the largest federal aid package in history by far. That would be the largest quarterly economic plunge since World War II.

A key aspect of the rescue package is a $350 billion small business loan program that is intended to forestall layoffs. Small companies can borrow enough to cover payroll and other costs for eight weeks and the loans will be forgiven if small businesses keep or rehire their staffs. The Treasury Department began to roll out the loans on Friday, to mixed results. Many small businesses had trouble accessing loan applications, and economists say the $350 billion is insufficient. Treasury Secretary Steven Mnuchin said he will seek another $250 billion from Congress.

The rescue package also added $600 a week in unemployment benefits, on top of what recipients receive from their states. This will enable many lower-income workers to manage their expenses and even increase their purchasing power and support the economy. It also makes many more people eligible for jobless aid, including the self-employed, contractors, and so-called “gig economy” workers such as Uber and Lyft drivers.
But many of them are expressing frustration and bewilderment about the process for seeking benefits as a flood of applications has overwhelmed many state offices. Margaret Heath Carignan said she called the unemployment office in Maine, where she lives, 291 times on the day that people with the last names A through H were eligible to call.

She never connected to anyone.

Carignan, 57, was laid off — temporarily, she hopes — from her position as a certified medical assistant at an orthopedic practice in Portland, Maine, a job she had held for 20 years. The office furloughed her and others because they’re unable to see many patients. She hopes to return once the coronavirus is contained.

“It’s hard to feel like you can’t help people,” she said.

Even with non-essential businesses largely closed and health authorities imploring people to stay at home, some Americans who have lost jobs continue to look for work. Normally, to qualify for unemployment benefits, people who are laid off must actively look for a new job. But unlike in previous recessions, that expectation has become nearly impossible. Many states as a result are waiving or loosening the requirement to look for work.

In Tennessee, people on unemployment can satisfy the job-search mandate by creating and maintaining a re-employment plan. But many appear to be unaware. And at least some of the jobless say they’re still receiving notifications from the state saying they must actively seek work.

Shamira Chism was laid off from her job as a line cook at a Nashville restaurant three weeks ago. To prove she is looking for work, she said, she must do an online job search twice a week and save the search. There are a few job postings at grocery stories and “big distribution centers like Amazon” but nothing in her field, she said.

Few states have managed yet to distribute to recipients the extra $600 a week in unemployment aid that the federal package provided. Tennessee is working to upgrade its computer system so it can do so.

Chism, 31, is able to pay her bills right now only with the help of her parents. Tennessee unemployment benefits are $275 per week.

For other unemployed workers, the viral shutdowns have made it nearly impossible to do the kind of networking that is normally a crucial part of a job hunt.

Ryan LaRe of Salt Lake City has been looking for work since mid-February. At first, things seemed
normal: He applied, got some interviews and moved through the process. He has worked as a fundraiser for non-profit groups, a field that is in turmoil as donations have dried up.

Now, nearly every employer he has looked into has imposed a hiring freeze. He’s expanded to call center and administrative assistant positions. Still no luck.

“It makes mundane tasks feel monumental when I don’t know where my money is going to be in a month,” said LaRe, 24. “The aspect of staying at home is hard enough, and not feeling productive is going to be what gets to me.”

AP Writers Travis Loller in Nashville, Lindsay Whitehurst in Salt Lake City and Patrick Whittle in Portland, Maine, contributed to this report.

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Riverside County runs out of animals to adopt amid coronavirus outbreak

by: Erika Martin
Posted: Apr 8, 2020 / 07:10 PM PDT / Updated: Apr 8, 2020 / 07:16 PM PDT

Animals shelters in Riverside County have run out of adoptable pets as stay-at-home orders increase demand for animal companionship.

“We cleared the shelter!” the Riverside County Department of Animal Services said in an Instagram post Wednesday evening.

The agency shared video of shelter workers cheering next to empty cages, thanking the community for stepping up to give pets homes during the coronavirus outbreak.
Several shelters and rescues across the nation have seen a steep increase in adoptions since Americans began isolating en masse.

Riverside County officials also asked residents to keep any strays they find in their home rather than bringing them to the county’s shelters, which are closed for the time being.

Adoptable animals could become available again as soon as Thursday, officials said. Adoptions are available by emailing shelterinfo@rivco.org for an appointment, and you can fill out an online application to foster a pet.

Available animals, where there are any, are also viewable on the county’s website.

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San Bernardino County voters could repeal fire tax in November

LOCAL NEWS • News

San Bernardino County voters could repeal fire tax in November
The fate of San Bernardino County's controversial property tax for fire services will be in voters' hands Nov. 3.

On Tuesday, April 7, the board of supervisors approved placing a voter-proposed measure on the ballot that would repeal the tax associated with the countywide fire protection service zone. If the repeal is approved by 50% plus one, the county’s fire protection district expects to lose $41.5 million a year in revenue, which would have an adverse impact on services, fire officials say.

“For years now I’ve been asking to get this matter before the voters,” Supervisor Janice Rutherford said. “It’s important voters have a say when they’re going to have a tax levied upon them.”

The measure qualified for the ballot March 25. Charles Pruitt, Richard R. Sayers II and David Jarvi turned in 32,017 signatures to the Registrar of Voters to put the tax repeal before voters. They needed 8,110 valid signatures.
In October 2018, supervisors approved expanding the fire protection zone to all unincorporated county areas, and some cities, as a way to create a steady revenue stream for the district and address a $29 million budget shortfall. At the time, the annual parcel tax was $157.28 and could be increased by up to 3% every year. The move added about $26.3 million to the district’s budget.

Supervisors approved expanding the zone, known as FP-5, after a long and sometimes contentious public hearing. While supervisors heard from many residents against the tax, too few property owners submitted written protests to defeat it or trigger an election.

Two lawsuits were filed against the county and fire protection district challenging the legality of the zone expansion without a traditional vote of the public.

In June, supervisors directed county officials to come up with options to replace the tax, including a possible ballot measure, and an expiration date for the current tax.
However, that did not happen before the current measure qualified for the ballot, which Rutherford said was disappointing.

“I know we were moving in that direction,” she said. “The signatures had been filed before we were able to do that and probably before we would be able to do it given the existing crisis and how our resources are being spread thin right now.”

The supervisors previously agreed to only replace the tax paid by the property owners included in the October 2018 zone expansion. They also included San Antonio Heights, an unincorporated community north of Upland.

The ballot measure, however, would repeal the tax countywide, including in Helendale, which first approved the tax in 2006 when it was $117 a year. The repeal also includes San Bernardino, Twentynine Palms, Needles and Upland which joined the fire-protection zone prior to the October 2018 expansion.

Supervisor Dawn Rowe asked if the communities that initially voted to pay the tax would need to add a separate initiative to the ballot.

For some of the public, the issue wasn’t having to pay the tax for services, it was how the tax was placed on them, Rowe said.

“We want to ensure we’re still providing services to those

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that want it,” Rowe said.
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Nurse subdues Chino man accused of firing flare gun, threatening violence at Fountain Valley hospital
A Fountain Valley hospital nurse subdued a man who fired a flare gun into the air, possessed a replica firearm and threatened violence at the facility on Wednesday, April 8, police said.

Officers received multiple calls of a possible active shooter in the parking lot of Orange Coast Medical Center, 18111 Brookhurst St., at about 11:40 a.m., Fountain Valley Police said in a news release. A man had discharged a flare gun round into the air while making threatening statements to a security guard.

“His statements were something to the effect of: ‘I need to get help, and if I don’t I’m going to hurt somebody,’” Fountain Valley Police Lt. Jarrod Frahm said.

The guard involved in the incident rushed to the emergency room to notify police. A witness who was interviewed at the scene and identified herself as J. Alvarez said guards were running toward the building while shouting “get to safety,” and “man with a weapon.”
A nurse confronted the suspect before officers arrived, Frahm said. He managed to bring the suspect down to the ground and restrain him.

The suspect was taken into custody on suspicion of making criminal threats and the negligent discharge of a firearm in a public place, police said. He was later identified as Thomas Christopher Ray, 51, of Chino. He was held in lieu of $50,000 bail Wednesday evening, inmate records show.
A flare gun and a replica firearm had been in Ray’s possession, and were recovered by authorities. His girlfriend was a patient at the time of his arrest, police said. It was not immediately clear why he allegedly threatened the hospital.

“It had the makings of something potentially very serious, but wound up being about a guy who was struggling,” Frahm said.

“He never made it inside the hospital,” Frahm said. “We believe it was an isolated incident. As far as we know, he never had any intention to shoot up the hospital. He was looking for some mental health help.”

No people were injured during the incident, said the director of Marketing and Communications for Orange Coast Medical Center, Sarah Mitchell.

*OC Hawk contributed to this report.*