



Agenda

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

January 21, 2021
1:30 P.M.

Join Zoom Meeting:

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Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).
3. RECEIVE status report on the County's COVID-19 status, the County's vaccination plan, and school re-openings. *(Thomas Warne, M.D., Deputy County Health Officer)*
4. RECEIVE and APPROVE the Record of Action for the December 17, 2020 meeting. *(Julie Enea, County Administrator's Office)*
5. The next meeting is currently scheduled for February 18, 2021.
6. Adjourn

The Ad Hoc Committee on Covid-19 Economic Impact and Recovery will provide reasonable accommodations for persons with disabilities planning to attend Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Ad Hoc Committee on Covid-19 Economic Impact and Recovery less than 96 hours prior to that meeting are available for public inspection at 1025 Escobar St., 4th Floor, Martinez, during normal business hours. Staff reports

related to items on the agenda are also accessible on line at www.contracosta.ca.gov.

Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact:

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Phone (925) 655-2056, Fax (925) 655-2066
julie.enea@cao.cccounty.us



Contra Costa County Board of Supervisors

Subcommittee Report

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

3.

Meeting Date: 01/21/2021
Subject: COVID 19 UPDATES
Submitted For: Candace Andersen, District II Supervisor
Department: Board of Supervisors District II
Referral No.:
Referral Name:
Presenter: Dr. Thomas Warne, Deputy County Health Officer
Contact: Julie DiMaggio Enea (925) 655-2056

Referral History:

Although the Board of Supervisors has authority over County issues, under State law, when an emergency of this nature is declared and there is a pandemic of this magnitude, the Health Officer of each county has the legal authority to impose whatever orders she or he deem necessary to protect the public.

On Tuesday, April 21, the Board of Supervisors formed this ad hoc committee to advise the Health Department on COVID19 impacts. The goal of the committee is to work toward having a sustainable COVID-19 mitigation and recovery plan. The committee will be working with the community and industry on issues of concern, advising the Board of Supervisors and the Health Officer on possible ways to interpret and apply Health Orders so they will continue to keep the community safe, but allow more businesses to re-open and provide common-sense applications to outdoor activities.

The Committee has so far conducted 19 public meetings on May 7, 14, 21 and 28; June 4, 11, 18, and 25; July 2, 9, 16, 23 and 30; August 13; September 3 and 17; October 15; November 19; and December 17, 2020, covering recreation and lifestyle services, in-home and other personal services, small businesses, religious gatherings; a plan to move to fully to Stage 2 and, regrettably, the second surge that required postponement of many planned Phase 2 re-openings.

The State subsequently moved to a four-tier reopening plan, which has been the Committee's primary reference point since late August. Under the State's new Blueprint for a Safer Economy, every county is assigned to a tier by the State based on its test positivity and adjusted case rate (see Tier chart at the end of this section). The State reviews data weekly and tiers are updated on Tuesdays. To move forward, a county must meet the next tier's criteria for two consecutive weeks. On September 29, Contra Costa County progressed from the Purple (most restrictive) Tier to the Red Tier, and on October 27, progressed again to the Orange Tier. Following a resurgence of new cases and increase in hospitalizations, the County, on November 16, was moved back to the Purple Tier where it has remained. [Click to learn more about tier assignments and metric details.](#)

County risk level	New cases	Positive tests
WIDESPREAD Many non-essential indoor business operations are closed	More than 7 daily new cases (per 100k)	More than 8% Positive tests
SUBSTANTIAL Some non-essential indoor business operations are closed	4 - 7 daily new cases (per 100k)	5 - 8% Positive tests
MODERATE Some indoor business operations are open with modifications	1 - 3.9 daily new cases (per 100k)	2 - 4.9% Positive tests
MINIMAL Most indoor business operations are open with modifications	Less than 1 daily new cases (per 100k)	Less than 2% Positive tests

A record of all prior Committee meetings is posted on the County website at this [link](#). The committee has moved to a monthly meeting schedule unless changing circumstances dictate otherwise, taking up new developments in the pandemic and discussing a roadmap to recovery.

In Contra Costa and across the nation, historically marginalized communities are experiencing the most pronounced impacts of the COVID-19 pandemic. Local community leaders continue to call upon the public to take COVID-19 seriously, and take steps to keep healthy and safe:

- Stay home from work or school if you feel sick
- Wash your hands often
- Wear face masks whenever you are near someone outside your immediate household
- Observe physical distancing outside the home and do not make unnecessary trips or visits
- Get tested and follow the health instructions if you test positive or were exposed to someone who tested positive

All Bay Area residents are also encouraged to get tested for COVID-19, and to do so immediately if they have symptoms. Check with your local health department for more information about testing and about efforts in your community to fight the COVID-19 pandemic. For more information, please visit cchealth.org/coronavirus to read the latest health order and its appendices, and for local information about Contra Costa's response to the COVID-19 pandemic. Here is a link to the updated FAQs (Frequently Asked Questions): [FAQs](#)

Referral Update:

Deputy County Health Officer Dr. Thomas Warne will provide a COVID-19 update at today's meeting. Following Dr. Warne's remarks, the Committee will allow for Public Comment and will address questions specific to Dr. Warne's comments, the current Health Order, and other guidance documents, attached.

The most significant development since our last meeting on December 17, 2020 is the availability of two vaccines, one from Pfizer and one from Moderna. Both available vaccines require two injections a few weeks apart. The first injection starts building protection. A second injection a few weeks later is needed to get the most protection the vaccine has to offer.

In response to new guidelines from the State, Contra Costa Health Services (CCHS) and other healthcare providers in the County are now offering the vaccine at no cost to all residents who are 65 or older. [Click here to request an appointment from CCHS.](#)

Vaccine eligibility is rapidly expanding in California, and Contra Costa is coordinating with the State and building capacity to fill thousands of new requests. Vaccine appointments are *not* first come, first served. Contra Costa follows [State and Federal guidelines for prioritizing immunization](#). That means someone in a higher-risk group, especially someone who is 75 or older, might receive an earlier appointment than a younger person, even if they requested their appointment later. See the Distribution Phases illustration below.

It is important to know that, even though any County resident who is 65 or older is eligible for vaccine, appointments may be weeks away for some people. CCHS is working hard with many partners, including other health providers in the County, to increase capacity so everyone can be vaccinated more quickly. Contra Costa Health Services will promptly respond to requests with an email that contains more information.

Contra Costa County has opened 20 vaccination sites and is opening more every day across the county at health centers and other large facilities to vaccinate eligible individuals. CCHS has also begun shifting staffing from COVID testing sites to vaccination efforts to increase capacity. We also have activated our volunteer Medical Reserve Corps to give vaccine, and the health department is working with fire agencies to use paramedics to administer vaccine.

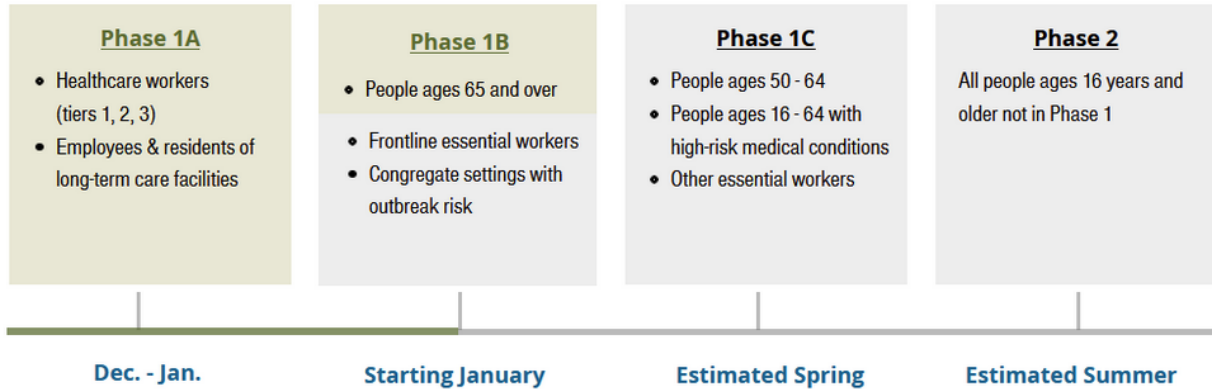
County health departments aren't the only ones who are stepping up. Private health systems such as Kaiser, Sutter and John Muir Health — who are the primary healthcare providers for the vast majority of Contra Costa residents — are all scaling up their efforts to vaccinate their own members and let them know when it's their turn. Pharmacies are also coming online to provide vaccinations as more people become eligible. CVS and Walgreens are already vaccinating those living in long-term care facilities and their staff.

About 900,000 Contra Costa residents will be eligible for vaccine once the County reaches Phase 2 of the [distribution plan](#). To reach community-immunity levels, 75% of those eligible (725,000 people) would need to be vaccinated in the county. In order to immunize 725,000 people over the next six months (104 business days), roughly 7,000 people will need to be vaccinated every business day on average. That will require a significant boost in vaccinations from current levels. During the first few weeks since a vaccine became available in mid-December, 30,245 shots have been given – about 1,200 a day.

[Click here for the latest about COVID-19 vaccination in Contra Costa.](#) The chart below outlines the order in which people will become eligible to get vaccinated based on criteria developed by the [Centers for Disease Control & Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#).

Vaccine doses purchased with U.S. taxpayer dollars will be given at no cost to individuals. Vaccination providers may charge an administration fee, usually billed to an individual's insurance.

Distribution Phases at a Glance



Purple Tier Assignment: As of December 8, Contra Costa County remains in the Purple or most restrictive COVID Tier due to case rate and the equity metric. The State will move our county to the next tier once the following three criteria have been met for two consecutive weeks:

- **Cases Rate:** Less than 7 new cases per 100,000 residents
- **Positivity Rate:** Less than 8% of tests countywide are positive
- **Equity Metric:** Less than 8% of tests for residents of the lowest quartile of the [Healthy Places Index census tracts](#) are positive

Schools: The state health department has released new school guidance. There is a [state hub](#) of information including research and the documents schools will have to complete and submit. See [this letter](#) for more information.

Updated County Quarantine Order: The December 10 Quarantine Order superseded the October 8, 2020 Order No. HO-COVID19-32, directing close contacts of persons diagnosed with COVID-19 to quarantine themselves, with an exception for certain essential workers in critical infrastructure sectors. Based on updated guidance from the Centers for Disease Control and Prevention, this Order shortened the quarantine period for most individuals from 14 to 10 days. This Order also prohibits employees of detention facilities and long-term care facilities from returning to work for four days after completion of the 10-day quarantine requirement.

Recommendation(s)/Next Step(s):

RECEIVE status report on the County's COVID-19 status, the County's vaccination plan, and school re-openings. *(Thomas Warne, M.D., Deputy County Health Officer)*

Attachments

- [CCHS Press Release_COVID019 Vaccination Efforts_1-11-21](#)
- [CCHS Press Release_Vaccine Distribution_12-16-2020](#)
- [CCHS Press Release_Limited ICU Beds_12-16-2020](#)
- [Updated Quarantine Health Order_12-10-2020](#)
- [Openings at a Glance_12-9-2020](#)
- [County COVID-19 Vaccination Plan_12-1-2020](#)
- [Bay Area Health Officers Joint Press Release_12-4-2020](#)
- [County Stay at Home Order_12-4-2020](#)
- [Stay at Home Order ICU Scenario_12-4-2020](#)
- [Regional Stay at Home Order_12-3-2020](#)
- [Supplement to Regional Stay at Home Order_12-3-2020](#)
- [Playground Safety Guidance](#)
- [State Tiers](#)



Media Release

Contra Costa County Ramps Up COVID-19 Vaccination Efforts

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Monday, January 11, 2021

CONTACT

CCHS Media Line
925-608-5463

WHAT

Contra Costa officials will brief the media on the status of COVID-19 vaccine distribution in the county.

RELATED

• [Novel Coronavirus \(COVID-19\) Latest Local Information](#)

WHO:

Speakers Contra Costa Health Services Director Anna Roth and Dr. Ori Tzvieli, deputy health officer and COVID-19 operations chief for the county.

WHEN:

10:30 a.m. Monday, January 11.

WHERE:

The media conference will be held remotely via Zoom. Journalists may use [this link to register \(https://zoom.us/webinar/register/WN_L_oC4iv8S5Gwr dpwYNMOVw\)](https://zoom.us/webinar/register/WN_L_oC4iv8S5Gwr dpwYNMOVw) to attend. The media conference will be live streamed on the [Contra Costa Health Services Facebook page \(https://www.facebook.com/ContraCostaHealthServices\)](https://www.facebook.com/ContraCostaHealthServices).

Contra Costa County’s healthcare system is gearing up to provide as many as 7,000 vaccines per day in an effort to vaccinate all eligible

residents over the next six months. The county expects to triple the number of vaccines offered this week as capacity grows.

Vaccination efforts in Contra Costa County have been in startup mode over the past month, building scheduling systems and putting the staff in place to meet demand. This is all being done during the biggest surge of the pandemic.

"We are at the beginning of the biggest public health immunization campaign in history and it's going to take time," Contra Costa Health Services (CCHS) Director Anna Roth said. "At some point, everyone who wants a COVID vaccine will be able to get one. While we aren't there yet, making vaccine available to everyone is our top priority."

As of now, all but 1,400 of the 43,675 doses allocated in Contra Costa have been assigned to people in Phases 1A and 1B priority groups. All the doses are expected to be given within the next 14 days, Roth said.

With vaccine in limited supply now, immunizations have only been available to priority groups in high-risk settings, such as frontline healthcare workers and nursing-home residents and staff. As of Jan. 10, 30,245 doses have been administered in the county by various health providers, including Contra Costa Health Services (CCHS) and John Muir Health, as well as the federal long-term care partnership with CVS and Walgreens. Safeway and Rite-Aid are completing their registration process with the state. Safeway will begin offering shots at one location this week with additional sites coming on board in the next two weeks.

Contra Costa County Deputy Health Officer and COVID Operations Chief Dr. Ori Tzvieli asked for the public to be patient as health systems build capacity to keep up with the flow of vaccine supply and meet demand.

"We continue to redirect every resource available to getting shots in arms," Dr. Tzvieli said. "At the same time, we are developing partnerships and networks that will ensure every pharmacy and healthcare provider in the county can provide the

vaccine as more and more people are eligible to receive it."

The County has opened several vaccination sites across Contra Costa at health centers and other large facilities to vaccinate eligible individuals, and we are opening more sites every week. CCHS has also begun shifting staffing from COVID testing sites to vaccination efforts to increase capacity. We also have activated our volunteer Medical Reserve Corps to give vaccine, and the health department is working with fire agencies to use paramedics to administer vaccine.

County health departments aren't the only ones who are stepping up. Private health systems such as Kaiser, Sutter and John Muir Health — who are the primary healthcare providers for the vast majority of Contra Costa residents — are all scaling up their efforts to vaccinate their own members and let them know when it's their turn. Pharmacies are also coming online to provide vaccinations as more people become eligible. CVS and Walgreens are already vaccinating those living in long-term care facilities and their staff.

About 900,000 Contra Costa residents will be eligible for vaccine once the County reaches Phase 2 of the [distribution plan](https://www.coronavirus.cchealth.org/distribution-phases) (<https://www.coronavirus.cchealth.org/distribution-phases>). To reach community-immunity levels, 75% of those eligible (725,000 people) would need to be vaccinated in the county. In order to immunize 725,000 people over the next six months (104 business days), roughly 7,000 people will need to be vaccinated every business day on average. That will require a significant boost in vaccinations from current levels. During the first few weeks since a vaccine became available in mid-December, 30,245 shots have been given – about 1,200 a day.

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HOME • NEWSROOM • PRESS RELEASES • COVID-19 VACCINE WILL BE DISTRIBUTED FOLLOWING FEDERAL, STATE FRAMEWORK

Media Release

COVID-19 Vaccine Will Be Distributed Following Federal, State Framework

Joint Statement of the Bay Area Health Officers



Tweet

Tuesday, December 15, 2020

As Bay Area nurses, doctors and other healthcare workers caring for COVID-19 patients receive the first, small batches of a rigorously tested vaccine, the region's Health Officers see hope: we now have a critical tool to help fight this pandemic.

These vaccinations in acute care hospital settings follow a federal and state framework adopted locally that will also soon protect those living in skilled nursing facilities, settings where elderly, vulnerable members of our communities are more likely to have severe illness and die from COVID-19.

As vaccine supplies grow to eventually include other groups, the Bay Area's Health Officers and federal officials believe these safe and effective vaccines will work in tandem with the daily habits and essential public health work that will ultimately end the pandemic.

Those [key steps to fight the pandemic](https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e2.htm) (<https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e2.htm>) include public health work to protect high-risk groups and health care workers, identifying and isolating cases, and also tracing and quarantining contacts. For the public that means wearing face coverings, avoiding

CONTACT

CCHS Media Line
925-608-5463

RELATED

- [Novel Coronavirus \(COVID-19\) Latest Local Information](#)

gatherings, postponing travel, and staying home whenever possible.

"This first batch of vaccines will protect our front-line healthcare workers so they can help our hospitals withstand the current winter COVID-19 wave and save as many lives as possible," said Dr. Chris Farnitano, Contra Costa County's health officer. "Now is the time to double down on our efforts to slow the spread of the pandemic so that we can all stay alive and healthy until there is enough vaccine for everyone."

The 12 health officers for the counties of Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma and the City of Berkeley support the [state's vaccine distribution guidelines](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Allocation-Guidelines-for-COVID-19-Vaccine-During-Phase-1A-Recommendations.aspx) (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Allocation-Guidelines-for-COVID-19-Vaccine-During-Phase-1A-Recommendations.aspx>), which now prioritize healthcare workers in acute care facilities. Each jurisdiction will use that roadmap to implement the distribution of vaccines in this first phase, which may take several months as supplies increase. Vaccines for the general public may be available by early summer.

All of the region's health officers plan to take the vaccine when the opportunity comes.

These early doses of COVID-19 vaccine come amidst an unprecedented surge of cases regionally and statewide. As hospitals' intensive care units near capacity, stay at home orders are either in place or anticipated soon throughout the region.

Staying home saves lives.

"In this darkest hour, the vaccine gives us a beacon to show the direction we're headed," said Dr. Lisa B. Hernandez, Health Officer for the City of Berkeley. "The actions and daily habits we each take increase the light on that path and improve safety for all."

Learn more about the state's guidelines for the first phase:

California Department of Public Health: COVID-19
Vaccine Phase 1A distribution guidelines
(<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Allocation-Guidelines-for-COVID-19-Vaccine-During-Phase-1A-Recommendations.aspx>)

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HOME • NEWSROOM • PRESS RELEASES • BAY AREA RUNS LOW ON ICU BEDS, TRIGGERING CALIFORNIA'S REGIONAL STAY-AT-HOME ORDER

Media Release

Bay Area Runs Low on ICU Beds, Triggering California's Regional Stay-at-Home Order

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Wednesday, December 16, 2020

Due to the dwindling supply of hospital beds for patients who need intensive care in the Bay Area, the state will apply a regional stay-at-home order across the nine-county region to slow the spread of COVID-19 and prevent the region's hospitals from becoming overwhelmed.

Now more than ever, Contra Costa Health Services (CCHS) urges everyone who lives or works in the county to follow the health advice within the law to keep themselves and their loved ones safe during the holiday season.

- Avoid in-person gatherings with people who do not live in your household, especially indoors.
- Always wear a face covering and practice physical distancing whenever you go out, and avoid unnecessary trips outside the home.
- Always stay home if you are not feeling well, and consider a COVID-19 test if you have symptoms such as fever, cough or shortness of breath.

The [state's stay-at-home order](https://www.gov.ca.gov/wp-content/uploads/2020/12/12.3.20-Stay-at-Home-Order-ICU-Scenario.pdf) (<https://www.gov.ca.gov/wp-content/uploads/2020/12/12.3.20-Stay-at-Home-Order-ICU-Scenario.pdf>) evaluates hospital capacity of California by region of the state, triggering when

CONTACT

CCHS Media Line
925-608-5463

RELATED

- [Novel Coronavirus \(COVID-19\) Latest Local Information](#)



ORDER OF THE HEALTH OFFICER OF THE COUNTY OF CONTRA COSTA

UPDATED MASS QUARANTINE ORDER

NO. HO-COVID19-38

DATE OF ORDER: December 10, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Saf. Code, § 120295.)

SUMMARY OF THE ORDER

California is in a State of Emergency because of the Coronavirus Disease 2019 (COVID-19) pandemic. The spread of the novel coronavirus that causes COVID-19 is a substantial danger to the health of the public within the County of Contra Costa (“County”). COVID-19 can easily spread between people who are in close contact with one another. This Order is issued based on scientific evidence and best practices as currently known and available to protect vulnerable members of the public from avoidable risk of serious illness or death resulting from exposure to COVID-19. The age, condition, and health of a significant portion of the population of the County place it at risk for serious health complications, including death, from COVID-19. There is growing evidence of transmission risk from infected persons before the onset of symptoms. Thus, all individuals who contract COVID-19, regardless of their level of symptoms (none, mild or severe), may place other vulnerable members of the public at significant risk. Currently, there is no vaccine available to protect against COVID-19 and no standard treatment.

To help slow COVID-19’s spread, protect vulnerable individuals, and prevent the healthcare system in the County from being overwhelmed, it is necessary for the Health Officer of the County of Contra Costa to require the quarantine of persons exposed to a person diagnosed with COVID-19. Quarantine separates individuals who were exposed to COVID-19 from others, until it is determined that they are not at risk for spreading the disease.



This Order supersedes the October 8, 2020, Order of the Health Officer of the County of Contra Costa, No. HO-COVID19-32, directing close contacts of persons diagnosed with COVID-19 to quarantine themselves, with an exception for certain essential workers in critical infrastructure sectors. Based on updated guidance from the Centers for Disease Control and Prevention, this Order shortens the quarantine period for most individuals from 14 to 10 days. This Order also prohibits employees of detention facilities and long-term care facilities from returning to work for four days after completion of the 10-day quarantine requirement.

UNDER THE AUTHORITY OF SECTIONS 101040 AND 120175 OF THE CALIFORNIA HEALTH AND SAFETY CODE, THE HEALTH OFFICER OF THE COUNTY OF CONTRA COSTA (“HEALTH OFFICER”) ORDERS:

1. Health Officer Order No. HO-COVID19-32 is hereby superseded.
2. All persons who have had close contact with a person with COVID-19 (“Case), as described below in Section 3, must quarantine themselves. These persons are required to follow all instructions in this Order and the Public Health guidance documents referenced in this Order.
3. For the purposes of this Order, a person is considered to have had close contact with a Case if, during the Case’s infectious period, the person was within six feet of the Case for 15 minutes or longer in any setting. Examples may include, but are not limited to, persons who:
 - a. Live in, have visited, or have stayed overnight at the Case’s residence; or
 - b. Are intimate sexual partners of the Case; or
 - c. Provide or provided care to the Case without wearing a mask, a face shield or goggles, gown, and gloves; or
 - d. Worked with the Case; or
 - e. Attended a social gathering with the Case; or
 - f. Have been identified as close contacts by the Contra Costa County Health Services Department; or
 - g. Have been released from a California Department of Corrections and Rehabilitation Facility where a Case was reported among staff or detainees within 30 days before the person’s release.

For purposes of this Order, a Case is infectious from 48 hours before his or her symptoms began (or, in the absence of symptoms, from 48 hours before the date of administration of a positive test for the presence of SARS-CoV-2, the virus that causes COVID-19) and until he or she is released from isolation.



4. Instructions. All persons who have had close contact with a Case shall comply with the following requirements:

a. Stay in their home or another residence through 10 days from the last date that they were in contact with the person infected or likely to be infected with the COVID-19 virus. Persons are required to quarantine themselves for the entirety of this 10-day period because they are at high risk for developing and spreading COVID-19. Because there is a small risk of virus transmission after the 10-day period, to lessen the risk of outbreaks, persons who live in long-term care facilities or detention facilities and who have had close contact with a Case must remain in quarantine for an additional four days, for a total of 14 days.

b. Quarantined persons may not leave their place of quarantine or enter any other public or private place except to receive necessary medical care or be tested for SARS-CoV-2, or during an emergency that requires evacuation to protect the health and safety of the person.

c. Carefully review and closely follow all requirements listed in the “Home Quarantine Instructions For Close Contacts,” posted at <https://www.coronavirus.cchealth.org/for-covid-19-patients>.

d. Between day 7 and day 10 of the quarantine period, consider being tested for the SARS-CoV-2 virus. A negative test does not negate the quarantine requirement.

e. If a quarantined person becomes sick with fever, cough, or shortness of breath (even if symptoms are very mild), he or she shall isolate themselves at home and away from other people and follow the “Self-Isolation Instructions for Confirmed Cases Instructions,” posted at <https://www.coronavirus.cchealth.org/for-covid-19-patients>. This is because the person is likely to have COVID-19 and if so, can spread the virus to vulnerable individuals. If a medical professional examines a quarantined person and determines that his or her symptoms are not due to COVID-19, the person may discontinue home isolation but shall continue to follow the home quarantine order and instructions.

5. Work Restriction. To lessen the risk of outbreaks, persons who work in detention facilities or long-term care facilities and are subject to the quarantine requirement shall not return to work in those facilities for 14 days, beginning with the first day of the required quarantine period.

6. Exception. Notwithstanding the foregoing, close contacts of a Case who are employed in any of the critical infrastructure sectors designated by the State of California Public Health Officer (see <https://covid19.ca.gov/img/EssentialCriticalInfrastructureWorkers.pdf>) and have been determined by their respective employers to be part of the essential workforce are not subject to this Order under the following circumstances:

a. The worker informs his or her employer about the worker’s close contact to a lab-confirmed Case;



b. The worker is asymptomatic, and the worker's employer determines, based on staffing needs, that the worker needs to report to work; AND

c. The worker returns to work.

7. The Health Officer may take additional action(s), which may include civil detention or requiring one to stay at a health facility or other location, to protect the public's health if an individual who is subject to this Order violates or fails to comply with this Order.

8. This Order shall become effective at 12:01 a.m. on December 11, 2020, and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer.

9. Copies of this Order shall promptly be: (1) made available at the Office of the Director of Contra Costa Health Services, 1220 Morello Avenue, Suite 200, Martinez, CA 94553; (2) posted on the Contra Costa Health Services website (<https://www.cchealth.org>); and (3) provided to any member of the public requesting a copy.

10. If any provision of this Order or its application to any person or circumstance is held to be invalid, then the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

11. Questions or comments regarding this Order may be directed to Contra Costa Health Services at (844) 729-8410.

IT IS SO ORDERED:



Chris Farnitano, M.D.
Health Officer of the County of Contra Costa

Dated: December 10, 2020



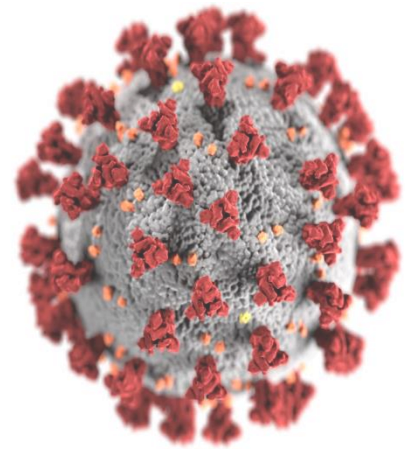
Contra Costa County Openings at a Glance

In all cases, social distancing & face coverings are required.
For sector specific guidelines, visit covid19.ca.gov.

Open ✓ Closed ✗

Automobile & Bicycle Repair	✓
Bars, Brewpubs, Breweries, Pubs & Craft Distilleries	✗
Campgrounds, RV Parks & Outdoor Recreation Facilities (no overnight stays)	✓
Car Washes	✓
Cardrooms, Satellite Wagering Sites & Racetracks	✗
Childcare Facilities & Activities	✓
Construction	✓
Dental Care	✓
Drive-in Events (performances, drive-in movies, etc.)	✗
Family Entertainment Centers	✗
Financial Institutions	✓
Funeral Homes, Mortuaries & Cemeteries	✓
Gas Stations	✓
Government Services	✓
Grocery & Other Food Stores (max 35% capacity indoors)	✓
Gyms & Fitness Centers (outdoors only)	✓
Hair Salons & Barbershops	✗
Healthcare, Pharmacies & Medical Supply	✓
Higher Education (distance learning only)	✓
Hotels & Short-Term Rentals (essential travel only)	✓
Laundromats	✓
Libraries (curbside pickup)	✓
Live-Audience Sports	✗
Live Performances	✗
Logging & Mining	✓
Logistics & Warehousing Facilities	✓
Manufacturing	✓
Movie Theaters	✗
Museums & Exhibit Spaces	✗
Music, Television & Film Production	✓
Nail Salons	✗
Office Workspaces (telework only)	✓

Outdoor Botanical Gardens & Historical Sites	✓
Outdoor Businesses	✓
Parks	✓
Personal Care Services (massage, facials, waxing, electrology, tattooing, permanent makeup & piercing etc.)	✗
Places of Worship & Cultural Ceremonies (services outdoors only, indoor individual prayer/counseling)	✓
Indoor Playgrounds (including bounce centers, ball pits & laser tag)	✗
Outdoor Playgrounds	✓
Public & Private Transportation Services	✓
Public Events & Gatherings (nightclubs, convention centers, concerts, etc.)	✗
Real Estate	✓
Outdoor Recreation Facilities (sports fields, basketball courts, tennis courts, golf courses, skate parks, etc., no mixing of households & no food or beverages)	✓
Recreational Team Sports	✗
Residential & Commercial Maintenance Services	✓
Restaurants & Other Food Service (takeout & delivery only)	✓
Retail Stores (max 20% capacity indoors)	✓
Low-Contact Indoor Retail Services (pet grooming, shoe repair, etc., curbside drop-off & pick-up allowed)	✗
K-12 Schools (distance learning only except for schools that have previously reopened with or without a waiver for in-person learning)	✓
Saunas & Steam Rooms	✗
Shopping Malls (max 20% capacity indoors and food courts and common areas closed)	✓
Social Gatherings	✗
Spas / hot tubs (outdoor only)	✓
Swimming Pools (outdoor only)	✓
Theme Parks & Amusement Parks	✗
Utilities	✓
Veterinary Care & Dog Parks	✓
Wineries & Tasting Rooms	✗



COVID-19 VACCINATION PLAN

Contra Costa County

December 1, 2020

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CONTRA COSTA COUNTY COVID-19 VACCINATION PLAN

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COVID-19 Vaccine Implementation for CA Health Jurisdictions

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Introduction/Explanation

As is stated in the [CDC COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations](#), immunization with a safe and effective COVID-19 vaccine is a critical component of the strategy to reduce COVID-19-related illnesses, hospitalizations, and deaths and to help restore societal functioning. The goal of the U.S. government is to have enough COVID-19 vaccine for all people in the United States who wish to be vaccinated. Early in the COVID-19 Vaccination Program, there may be a limited supply of COVID-19 vaccine, and vaccination efforts may focus on those critical to the response, providing direct care, and maintaining societal function, as well as those at highest risk for developing severe illness from COVID-19. [California's COVID-19 Vaccination Plan](#), as well as a [summary of CA's efforts to plan for COVID-19 vaccine](#), are both posted at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx>.

This CDPH document is modeled after the CDC playbook and follows the recommendations for local health jurisdictions that have been presented in weekly webinars with Immunization Coordinators, Emergency Preparedness Planners, Local Health Officers and Health Department Executives.

The intention of this document is to help prepare local health jurisdictions for the phased implementation of COVID-19 vaccine in their communities. Completion of this template is a requirement for the COVID-19 vaccine funding for your jurisdiction. We realize that there are still many unknowns about COVID-19 vaccine. Completion of this template, however, will help to ensure that the foundational planning components for your COVID-19 vaccine response are in place. This is a high-level planning tool that only requires concise responses. This completed template is **due to CDPH by:**

5:00 pm December 1, 2020

Please email completed templates to CDPH.LHDCOVIDVAC@cdph.ca.gov

Box size roughly indicates how much we'd like to hear about your plan for the different sections. Boxes will expand if you need to add more text.

Thank you. We look forward to learning about your strategies and plans as we embark on this new and critical vaccine journey.

CONTRA COSTA COUNTY COVID-19 VACCINATION PLAN

Section 1: COVID-19 Vaccination Preparedness Planning

- A. Describe the multi-agency Task Force/Entity that has been put together in your jurisdiction to plan for COVID-19 vaccine implementation.

The COVID-19 Vaccine Procurement and Distribution Branch (“Vaccine Branch”) of Contra Costa County’s Department Operations Center (DOC) was created in August 2020. This branch originally incorporated flu vaccination in addition to COVID vaccine planning. On November 30 2020 the Vaccine Branch and the Testing Branch were merged into the “Testing and Vaccine” branch in order to rapidly scale up and maximize and leverage the operations, logistics and delivery structure already existing in the Testing Branch and expand this to COVID vaccine distribution. The Testing and Vaccine Branch is headed by the county’s Chief Nursing Officer with the county’s Immunization Coordinator providing technical advice. The branch also includes staff from public health emergency preparedness, data/analytics, clinic services and other programs within Contra Costa Health Services [CCHS - the organization which includes the public health department, acute care hospital (Contra Costa Regional Medical Center, CCRMC) and ambulatory care sites that are part of our immunization delivery system]. The branch contains units for planning/evaluation, operations and logistics with many subunits as indicated in the org chart in section 2A. In addition, we work closely with partners such as CDPH’s Immunization Branch and Emergency Planning Office, our Med Health Coalition, Medical Reserve Corps, ABAHO and the Bay Area Mass Prophylaxis Working Group (BAMPWG). Finally, Contra Costa is in the process of establishing an ethical and equitable allocations committee which will involve internal and external stakeholders, including community stakeholders, in order to guide the allocations process.

- B. Revisiting institutional memory and after-action reports, what are the major lessons learned from H1N1 in your jurisdiction and how are they being considered for COVID-19 vaccine implementation?

In the aftermath of the 2009 H1N1 Pandemic, health officers and agency directors cited the invaluable contributions made by ABAHO in facilitating regional coordination during the pandemic. Contra Costa Health Services participates in all regional planning for COVID-19 response. Key areas of improvement for regional work included consistent messaging and consistent priority allocation groups. ABAHO will review and ensure priority allocation groups are accepted regionally and provide consistent messaging.

In addition to regional collaboration, CCHS had several specific lessons learned from H1N1 Point of Dispensing (POD) planning, as outlined in after action reports:

- To increase speed of vaccination teams, provide a floater vaccinator to reconstitute and fill the vaccine syringes for the injector;
- Develop messaging for two separate vaccines and importance of second dosage matches first dose received;
- Arrange for programs within CCHS that have nurses to commit personnel to the PODs/clinics

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process;

- Bring in Critical Incident Stress Debriefing team for those who worked POD activation;
- Complete POD set ups one day in advance; and
- Test new tracking and inventory management systems prior to use.

These lessons learned are integral to our planning for the receipt and distribution of COVID-19 vaccine in Contra Costa County.

- C. What lessons have been learned thus far from influenza vaccine activities in your jurisdiction that can be applied to COVID-19 vaccine distribution and administration?

This flu season has been a great test run for distribution of COVID-19 vaccine as Enhanced Flu funding from CDPH and the creation of the Vaccine Branch in our DOC allowed us scale up flu vaccine distribution in our county considerably, and to practice doing so with similar social distancing requirements as may be in place as COVID-19 vaccine rolls out. Through these activities, we strengthened partnerships with Community Based Organizations (CBOs), congregate care facilities, and workplaces, including sites we can repurpose for COVID vaccine distribution as open or closed PODs. We also fine-tuned our strategies for efficiently vaccinating large groups of people in a short amount of time. Key lessons learned include:

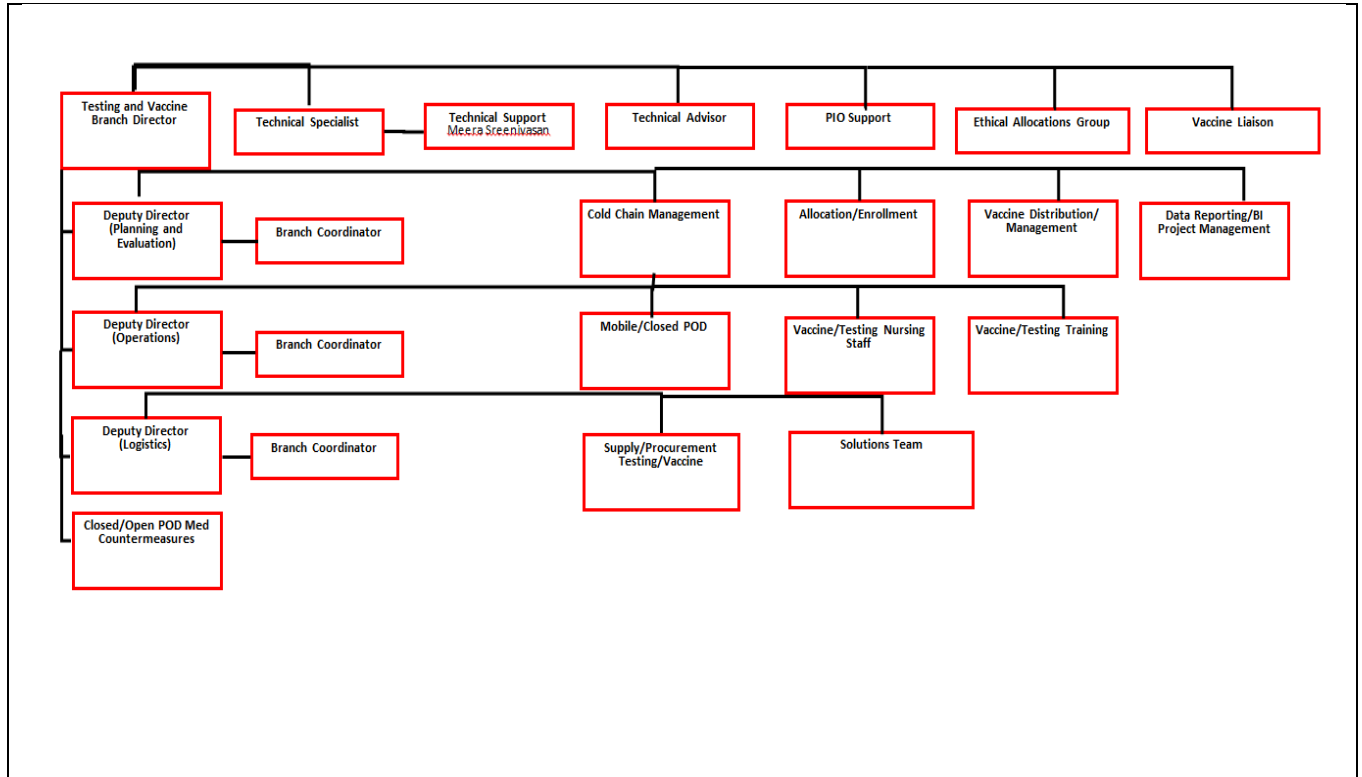
- Our weekend clinics and/or drive-through clinics were most successful in attracting large amounts of people;
- Distribution of flu vaccine at established testing sites via model of offering flu vaccine with COVID test. This allowed for daily distribution options of flu vaccine to our population.
- Creating a workflow at our COVID testing sites which allowed for multiple vaccine types to be distributed. The workflows allowed staff to triage and assess for proper distribution. This included development of protocols, safety checks and other documents.
- Having an ample amount of interpreters was important for reaching our non-English speaking population as well as to increase clinic throughput;
- Planning for the possibilities of smoke, heat, and other inclement weather are important as we plan clinics throughout the seasons; and
- Having a strong Public Information Office partnership to promote and message around vaccination is crucial to ensuring a high turnout and preparing patients for what to expect at the PODs.

In addition to the above, the systems in which we receive and distribute state general fund (SGF), federal 317, and Vaccines for Children (VFC) flu vaccine throughout Contra Costa County has many parallels with the plans for future distribution of COVID-19 vaccine. Because staff in the Vaccine Branch has experienced flu vaccine distribution together, we feel we are well-prepared for distribution of COVID-19 vaccine when it arrives, as we have many systems and relationships in place that are transferrable.

Section 2: COVID-19 Organizational Structure and Partner Involvement

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A. Please share your local organizational (org) chart that is guiding COVID-19 vaccine planning by pasting it into the space below or add it as an Appendix at the end of this document.



B. How are you engaging external partners in your planning process? Who are your primary external (outside of your local health department) planning partners?

Our primary planning partners are CDPH Immunization Branch, Emergency Planning Office, ABAHO, BAMPWG, our Med Health Coalition, as well as the numerous community partners we work with during our public health emergency planning processes, such as law enforcement, fire agencies, school districts, and large essential businesses. As mentioned above, we are also establishing an ethical and equitable allocations committee which will involve internal and external stakeholders (including representatives from other health systems and community stakeholders) to help guide the allocations process.

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Section 3: Phased Approach to COVID-19 Vaccination

- A. Have you incorporated a phased roll out of COVID-19 vaccine into your overall COVID-19 Response Plan? yes no
- B. Have you established any point of dispensing (POD) agreements to potentially vaccinate Phase 1a populations? List entities with whom you have agreements and who they've agreed to vaccinate.

CCHS will use several POD modalities including but not limited to: 1) open/closed POD sites using existing systems in place (e.g. COVID testing sites), 2) closed POD agreements with agencies that are able to vaccinate their own personnel, 3) closed POD sites that will need vaccinators, 4) strike teams for populations unable to travel to POD locations, and 5) open POD mass vaccination events. POD agreements will be continually updated to match the ACIP priority populations and our local vaccine allocations.

Phase 1a:

- Hospitals will receive direct shipment of vaccine to their facilities via establishing provider accounts in COVIDReadi, and are responsible for vaccinating their phase 1a high-risk healthcare workers. If a hospital is unable to receive direct shipment from the state, CCHS will facilitate redistribution of vaccine for the facility to vaccinate its phase 1a high-risk healthcare workers. Sites receiving direct shipments of COVID-19 vaccine in our jurisdiction include:
 - Kaiser Richmond
 - Kaiser Walnut Creek
 - Kaiser Antioch
 - John Muir Concord
 - John Muir Walnut Creek
 - Sutter Delta Antioch
 - San Ramon Regional Medical Center (Tenet Health)
- Contra Costa Regional Medical Center (CCRM) is an acute care hospital within Contra Costa Health Services; therefore vaccine will be supplied via CCHS' provider account and administered via CCHS staff, along with other CCHS's staff identified as priority Phase 1a populations.
- Congregate Care Settings: CCHS has encouraged congregate care and living centers such as Skilled Nursing Facilities, Long Term Care Facilities, Board and Cares, Residential Care Facilities, and group homes to enroll in the CDC Long Term Care Facility (LCTF)-Pharmacy Partnership Program to receive vaccine. To date 215 facilities in Contra Costa, including 30 SNFs, have enrolled in the LCTF-Pharmacy partnership. Any facilities that did not meet the requirement will require CCHS for assistance in vaccine allocation and administration via

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strike team or closed POD planning. We plan to elicit the agencies that need our assistance through use of our Med Health Coalition and internal contact lists.

- Federal Entities within LHD: Military Ocean Terminal of Concord (MOTCO) and the Veterans Affairs (VA) have a unique Memorandum of Agreement with CCHS to provide vaccinator assistance. VA will receive direct allocation of their vaccine, but MOTCO will not. VA will assist in vaccinating MOTCO personnel with CCHS-allocated doses once priority phase is identified.
- First Responders – Law and Fire: CCHS will work with EMS and Fire Agencies to develop MOAs for their agencies to vaccinate their own personnel under the LEMSA agreement for paramedics to vaccinate. Fire will assist in vaccinating their local law enforcement agencies. The following fire districts have MOAs in place:
 - Contra Costa County Fire Protection District (ConFire)
 - Rodeo Hercules Fire Protection District

Additional references include:

[Graphic on page 11 of CDC COVID-19 Vaccination Program Interim Playbook](#) and

[A phased approach to Vaccine Allocation for COVID-19 from National Academies of Sciences Engineering Medicine](#)

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Section 4: Critical Populations

- A. Describe your efforts to identify the health care workforce, critical infrastructure workforce and vulnerable populations in your jurisdiction including reviewing the data from CDPH.

Using the data provided from CDPH, CCHS reviewed categories of health care workers, critical infrastructure workers, and vulnerable populations, and created a categorization of risk system taking into consideration type of worker, location of work, and personal risk factors for the individual worker. These efforts were done in preparation for final guidance on priority populations. Census tracts in the county that fall into the lowest quartile have been mapped, and flu mass vaccination sites were held to target the most vulnerable populations. Once general population vaccination begins, a similar approach will be used for COVID-19 vaccine. Our ethical and equitable allocations committee will review data sources and recommendations for gaps and assist in efforts to reach critical populations. We plan to send surveys to facilities in our jurisdiction for input as necessary to collect more information to guide this process.

- B. Describe your plan for communicating with acute care facilities about their readiness to vaccinate during Phase 1a. (Are they ready to hit the ground running?)

Contra Costa Regional Medical Center (CCRMC) is part of Contra Costa Health Services, therefore the county's COVID-19 response efforts will include vaccination of that acute care hospital's phase 1a workforce, as well as other phase 1a populations (e.g. first responders) identified that work for the county. Other acute care facilities have enrolled, or are in the process of enrolling, in COVIDReadi and will be assessed for readiness via that system. CCHS is in regular communication with these facilities and CDPH about the progress of their enrollment. We will reach out via email and/or survey to those who have not successfully enrolled in COVIDReadi or the LCTF-pharmacy partnership to assess the reason. If gaps are identified the county will assist these facilities by setting up closed pods or providing vaccine for the facility from our supply via redistribution agreements.

- C. With an eye on equitable distribution, how do you plan on reaching other populations that will need vaccinations in subsequent phases?

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In collaboration with our PIO, we will develop a vaccination communications plan. We will use various methods for outreach (e.g. email, phone trees, distribution of door hangers, social media) to partners that serve these populations, such as residential facilities, food banks, schools, and other CBOs in order to promote vaccination and provide resources for obtaining vaccination. We will schedule closed and open PODs as appropriate for the site, and advertise these via a public information campaign using our Public Information Office, which will include press releases, interviews, website/social media presence, and flyers. Throughout this process we will engage our ethical and equitable allocations committee, our trusted community partners, and the county's Community Engagement and Outreach program, which has established workgroups for Historically Marginalized Communities, Latinos, older adults and others.

[Additional references include populations listed on page 14 of CDC COVID-19 Vaccination Program Interim Playbook](#)

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Section 5: COVID-19 Provider Recruitment and Enrollment

CDPH is identifying large health systems and other multi-county entities (MCEs) that will receive vaccine allocation directly from CDPH. Some MCE criteria are that the entity has facilities in three or more counties; is able to set policy for its facilities, can plan centrally and support implementation of a COVID vaccination program at all of its facilities in California; and that the entity can order, store and administer vaccine to its employees or arrange with an outside provider (other than the local health department) to do so. It is not necessary for local health departments (LHDs) to invite these entities to enroll as COVID vaccine providers. LHDs should review the list of MCEs for their jurisdiction and be familiar with the MCEs' vaccination plans.

- A. What are you doing to identify non-MCE providers to invite to participate in Phase 1a? (*e.g. acute care hospital providers not affiliated with an MCE, staff of long-term care facilities, ambulatory care settings providers*).

We will check enrollment in COVIDReadi and the LTCF-Pharmacy partnership and reach out to those who have not enrolled using CDPH-provided datasets, our contact lists, subject matter experts (such as our congregate care team, which worked with these facilities in other phases of COVID response to provide mobile testing and flu vaccine), and our Med Health Coalition to identify potential facilities who have been missed. Facilities will be sent a survey via email to assess readiness and current needs, and the LHD will follow up to provide PODs or strike teams to these sites.

- B. How will you continue to recruit new providers to register and vaccinate during subsequent phases when there is more vaccine?

We will implement our Vaccine Communications Plan. We will send targeted emails and letters, using CDPH-provided template language, to providers with information about how to sign up to be a provider via COVIDReadi or forthcoming enrollment sites. We will also provide links and instructions on our website, <https://www.coronavirus.cchealth.org/>, where the COVID-19 vaccine section (currently under development) will reside.

- C. Who will be reviewing your local provider enrollment data to ensure that pharmacies and providers are enrolled?

Our Hospital Preparedness Program and Med Health Coalition partners are assisting in this process by reviewing CDPH-supplied data on enrollment in the LTCF-Pharmacy partnership and providing the Vaccine Branch with contacts for outreach. Vaccine Branch staff and subject matter experts, such as members of our ethical and equitable allocations committee, will

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review additional provider datasets for potential enrollees, and we will reach out accordingly to provide assistance as appropriate for that facility's barriers, whether that be technical assistance with the enrollment process, arranging a closed POD at that facility, providing vaccine via redistribution agreements with CCHS, or directing staff and/or patients to a county-run POD.

Section 6: Vaccine Administration Capacity

- A. Looking at your previous dispensing and vaccination clinic activities, what elements have resulted in greater throughput results?

Good advertising and support from our Public Information Office via social media, our website, and media interviews helped ensure higher turnout. Drive through models also yielded higher throughput as many family members visited in the same car and our local Community Emergency Response Team (CERT) assisted with traffic control to ensure organized flow. In both drive-through and walk-through models we streamlined our processes and stations to ensure bottlenecks were addressed. At our COVID testing sites, we were able to develop traffic workflows and separate lanes to facilitate the distribution of the vaccines while ensuring that there was appropriate social distancing and room for traffic flow of vehicles. The COVID testing sites also leveraged our appointment systems to aid in high throughput of patients via appointments to the various COVID Testing which distributed flu vaccine. The Vaccine team also will be able to use data from administration of flu vaccine to calculate how many doses can be given in a day by a nurse and the time it takes to administer. This ratio will be use to scale up to increase throughput at the vaccination clinics.

- B. What mapping information do you have access to that will help your recruitment efforts and POD plans? (e.g. disease hot spots, vulnerable communities, testing sites, POD sites etc.)

This flu season we mapped our mass flu vaccine distribution sites overlaid with the Healthy Places Index bottom quartile in order to ensure we were accessible to the most vulnerable communities in our county (map: <https://arcg.is/1KzezS0>). For COVID vaccine, we plan to use disease hot spots and Healthy Places index to plan POD sites, in addition to reusing POD sites we established during flu season, as well as continue to distribute vaccine (as we did with flu) via our established COVID testing sites throughout the county.

- C. How will data be entered into CAIR/SDIR/RIDE from your POD sites?

- a. PrepMod (primary method for phase 1a)
- b. Mass Vax module (backup method for all phases)
- c. Other – CCRM, CCHS ambulatory sites and other POD sites using electronic health records (EHR) with functional bidirectional exchange with CAIR may enter doses directly

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into the EHR. We anticipate this being the primary modality for these sites during phases 2 and beyond of vaccine distribution.

- D. Please describe the staffing strategies you are planning for mass vaccination PODs. (e.g. mass vaccinator contract, Medical Reserve Corps, volunteers etc.) Also, in this section, please add any anticipated support you think you will need from the State for the different phases.

For open PODs we will use county-employed vaccinators, paramedics, Medical Reserve Corps, and state mass vaccinator contracts as needed. For closed PODs we will use any/all of the above if the facility does not have their own vaccinators. If the facility has vaccinators of their own, we will verify they have received the appropriate training to be a COVID vaccinator in advance.

Support needed from state is reliable vaccinators via mass vaccinator contracts (i.e. Maxim or similar) for individual vaccinators in all phases.

- E. Describe your plan for identifying where PODs will be conducted in the community and for which populations.

Initially we will create closed PODs based on phase 1a priority populations for vaccine. This will be determined by analyzing datasets to identify where these priority populations live or work, in close collaboration with our ethical and equitable allocations committee and Community Engagement and Outreach program partners. In most cases Phase 1a PODs will be held at the facility where the priority population works or lives. As more vaccine becomes available and we move into phase 1b and beyond, we will use sites that have already MOAs with us as closed POD sites, reuse open POD sites that we used for mass flu vaccination clinics, repurpose existing county COVID testing sites as PODs, as well as partner with agencies to enroll new open/closed POD sites for all phases as appropriate for the priority population in question and our local allocations. As we did during H1N1, we also plan to hold large mass vaccination event/open PODs at outdoor venues (e.g. Sleep Train Pavilion, Hilltop Mall) once COVID-19 vaccine is available to the general public, in order to efficiently administer large quantities of doses as well as provide a vaccination option to those without a medical provider.

- F. How will you assess provider throughput for LHDs PODs and for the broader provider community? *(Consider your current experience running socially distanced flu clinics to help answer this question.)*

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We will review AARs from H1N1 vaccine PODs for lessons learned as well as use our efforts this season distributing flu vaccine to estimate throughput while incorporating other key variables (the 15 minute monitoring period post-vaccine, traffic and flow considerations, and social distancing requirements). In addition we plan to train vaccinators in COVID vaccine administration requirements and use this core group of vaccinators as much as possible in order to increase efficiency and reduce the need for retraining, which can slow down throughput.

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Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution and Inventory Management

- A. Who will be responsible for submitting allocations to State for conversion to orders? *(title/role of individual(s))*

Kristin Burnett (Immunization Coordinator, CCHS COVID Vaccine Coordinator) and/or Melissa Hermerding-Lim (Vaccine Distribution Manager, CCHS COVID Vaccine Backup Coordinator) or other staff as assigned.

- B. How will you use storage capacity information in the registration system to allocate doses?

We will evaluate storage capacity information provided to determine appropriate vaccine product that can be stored in the unit, as well as the amount that can safely be stored based on cubic footage of the unit, referencing guidance provided by CDC, CDPH, and vaccine manufacturers.

- C. Describe your process to follow up with providers who may not be meeting ordering, storage, inventory or IIS requirements.

Similar to our processes for state general fund and Vaccines for Children, we will email and call providers as necessary to offer technical assistance. We will distribute job aids and refer providers to training as appropriate. If providers continue to have issues after multiple attempts to assist we will seek guidance from CDPH.

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Section 8: COVID-19 Vaccine Storage and Handling

- A. Describe your plan to assess cold storage capacity for LHDs and providers (including ultra-cold storage capacity)

Similar to our current VFC and state general fund vaccine processes, we will check the make and model numbers of the storage units to ensure they meet criteria for storage and handling, collecting photos as necessary. We will also ask for 72 hour digital data logger temperature readings as proof of stable temperatures.

- B. Describe your plan to ensure that you have access to dry ice if needed.

Because we have 30 cubic feet of ULT storage we do not anticipate needing dry ice. If we do, we will obtain through the federal government's distribution, and we have a back-up plan for obtaining dry ice from a research organization in our jurisdiction, Diablo Clinical Research, which has agreed to supply us dry ice and additional ULT storage if needed.

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Section 9: COVID-19 Vaccine Administration Documentation and Reporting

- A. How will you handle questions from local providers about vaccine administration reporting and have you identified the staff responsible?

Our COVID-19 response's Vaccine Branch includes a technical advisor who is a doctor familiar with vaccine reporting, as well as a deputy director overseeing provider enrollment and guidance. In addition, we will post a comprehensive "Frequently Asked Questions" document specific to COVID vaccines on our website, <https://www.coronavirus.cchealth.org/>, which will provide answers to common provider questions. This document will be updated as needed by our Public Information Office staff in consultation with medical and subject matter experts on the Vaccine Branch team and/or within CCHS. In addition, our established CCHS Immunization Task Force will provide guidance to CCHS providers during monthly meetings, via Tip Sheets, and nursing education modalities.

- B. On a high level, what kind of data analysis are you planning to do regarding COVID-19 vaccine administration for your jurisdiction? [For reference, see pages 45 and 46 of California's COVID-19 Vaccination Plan.](#)

CCHS will take a multi-pronged approach to data tracking and analysis. Dashboards or reports will be created to track 1) general administration of vaccine and completeness of data elements required for entry into CAIR, as compared to CDC Required Data Elements 2) discrepancies between vaccine allocation and uptake, 3) populations at risk and uptake among them, and 4) rates of COVID-19 vaccinations in comparison to populations receiving vaccine.

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Section 10: Vaccination Second Dose Reminders

- A. How will you inform vaccinees at your PODs of second doses of COVID-19 vaccine and remind them when to come back?

We will inform vaccinees in several ways: 1) scheduling of next appointment at the time of the 1st dose. 2) reminder cards which come as part of the vaccine ancillary supply kit will be handed to vaccinees at time of receipt of first dose, 3) reminder emails generated by EHR, CAIR, PrepMod, 4) second dose reports generated by CAIR will be used to text/email/call patients due for second doses, and 5) we will co-opt other reminder systems in use by our testing team, Contra Costa Health Plan, or other CCHS programs as deemed useful.

- B. How will ensure that patients coming for their second doses receive the appropriate product?

We will verify patient records in CAIR or PrepMod (and in later stages, electronic health records) to match the product they received for their first dose.

- C. How will you communicate with/monitor other providers about second doses for their patients?

We will use CAIR to generate reports on who is due/overdue for second doses, and reach out to administering providers as needed to provide technical assistance if they have not had success bringing patients in for second doses in a timely manner. Depending on the situation and abilities of the provider, we may employ county disease investigation staff to follow up and ensure that high risk patients receive a second dose of the vaccine.

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Section 11: COVID-19 Vaccine Requirements for IISs or Other External Systems

- A. What are your strategies for directing providers to the CDPH Provider Enrollment and Management page/system for all phases?

We plan to send emails to providers identified via our data sets, our allocations committee and Med Health coalition to invite them to enroll. We will also provide enrollment information on <https://www.coronavirus.cchealth.org/> once our vaccine page is developed. In addition, we will train call center staff on how to provide this information. As the provider enrollment system shifts from COVIDReadi to forthcoming enrollment systems, we will keep all of the above updated on any changes to the process.

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Section 12: COVID-19 Vaccine Program Communication

- A. On a high level, what is your COVID-19 vaccine communication plan? Please consider the following:
- a. Communicating with external providers
 - b. Communicating with transparency to the general public
 - c. Using multiple communication channels to ensure information is accessible to all populations
 - d. Ensuring updated information on your website
 - e. Establishing methods to hear (or learn about) and respond to public concerns and address potential vaccine hesitancy

Our broad messaging framework will be:

- Describing the role of Contra Costa Health Services in the distribution and management of COVID-19 vaccines
- Educating providers and the public about when the vaccine will be available to different populations during a phased rollout
- Amplifying our state and federal partners' messaging about vaccine safety and efficacy
- Working with the PIO to implement our Vaccine Communications Plan

We will continue to use many of the same methods and channels we've been using since the start of the pandemic: Direct outreach to providers and stakeholders, our COVID website (which gets about 300K page views each month), press releases, social media and possibly our COVID-19 call center. We will also continue to answer questions from the news media, the public and local elected officials. Community partners such as 211 may also play a role in addressing questions about vaccine resources.

- B. Describe how you will identify and work with trusted messengers to communicate with vulnerable and diverse communities.

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Our Community Engagement Outreach Program will work with representatives of historically marginalized communities to ascertain and address issues of concern in those communities. We will use email outreach to partners that serve these populations, such as residential facilities, food banks, schools, and other CBOs in order to promote vaccination and provide resources for obtaining vaccination. We will translate collateral materials into multiple languages.

- C. Describe how you will communicate with employers, community-based organizations, faith-based organizations, and other stakeholders.

For employers, we will push out relevant information to contact lists developed by our Environmental Health Division and Contact Tracing Branch, as well as through other public-facing channels such as social media and our COVID website. We will work with our elected representatives, Public Information Office and Community Engagement team to deliver information to CBOs, faith-based organizations and other stakeholders.

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Section 13: Regulatory Considerations for COVID-19 Vaccination

- A. Have you designated where on your local website you will post the Emergency Use Authorization (EUA) Fact Sheets for COVID-19 vaccine? Please include the links to those pages.

We will post this information on <https://www.coronavirus.cchealth.org/>. The information will be on our vaccination page, which is under development.

- B. How will you communicate about EUA fact sheets to other providers and vaccinators in your jurisdiction? How will you ensure that all health department clinics use the proper EUA fact sheets?

In addition to posting to our website, <https://www.coronavirus.cchealth.org/>, we will educate COVID call center staff on how to direct callers with questions to the fact sheets. Similar to Vaccine Information Statements (VIS), we will have copies of the fact sheets in multiple languages at all our POD sites in order to distribute these to vaccinees. If there is the ability to add these to PrepMod, we will include fact sheets in that system so patients can view when registering for an appointment. As much as is feasible, we will link to the original source website (CDC/FDA) to ensure any updates to documents carry over.

CONTRA COSTA COUNTY COVID-19 VACCINATION PLAN

Section 14: COVID-19 Vaccine Safety Monitoring

- A. How will you communicate with providers in your jurisdiction about reporting of potential adverse events (via [VAERS](#)) and reporting of potential vaccine errors (via [VERP](#))? Have you identified where on your local website you will post links to VAERS and VERP? If yes, please provide links to those pages below.

We will post this information on <https://www.coronavirus.cchealth.org/> under “information for providers.” We will also post this information on our COVID-19 vaccination page, which is under development. In addition we will educate COVID call center and Communicable Disease program staff who might receive questions about how to guide providers to the proper reporting procedures.

CONTRA COSTA COUNTY COVID-19 VACCINATION PLAN

Section 15: COVID-19 Vaccination Program Monitoring

- A. What key metrics will you monitor regarding your overall COVID-19 vaccine plan in your jurisdiction? [For reference see page 71 of California COVID-19 Vaccination Plan](#)

Below is a preliminary list of metrics that CCHS will monitor to support oversight of logistics, equity and improvement efforts. These metrics will be continually refined by a team of Data Scientists and Epidemiologists based on evolving operational needs.

Provider/Staff Recruitment and Enrollment

- % of eligible providers in the county that have registered
- Adequacy and availability of provider administration sites at zip code level compared to County population

Vaccine Administration

- % of eligible population per phase that have been vaccinated stratified by age, HCP, LTCF resident/staff, Jail resident/staff, homeless, etc.
- Equity:
 - Vaccination rate by race, ethnicity, language, city, etc. compared to corresponding % of County population
 - Vaccination rates in census tracts with higher cases per 100K compared to County average
- Cycle times:
 - Average days from receipt of dose to administration
 - Average number of minutes from patient registration to appointment completion (Phase 2 onwards)
- Third Next Available appointment for vaccination (Phase 2 onwards)

Vaccine Logistics

- Daily Inventory turnover rate: Vaccine administered vs available inventory
- Days to depletion: Number of days before depletion of inventory based on previous 7-day average of doses administered
- Daily Fill rate:
 - Total number of doses delivered to provider sites vs number of doses requested
 - Total number of doses received by CCHS vs number of doses requested
- Cycle Time: Number of days to receive doses compared to requested date
- Inventory Stock: Comparison of physical inventory vs data systems
- Number of unused

Vaccine Communication

CONTRA COSTA COUNTY COVID-19 VACCINATION PLAN

- Number of public awareness campaigns
- Number of automated reminder/recall messages sent
- Efficacy of communication campaigns

Vaccine Safety

- % of patients with adverse events compared to State and National averages

Vaccine Program monitoring

- % of patients with completed race, ethnicity, language and city reported to CAIR
- Incidents of new infection by sub-population to ascertain the impact of vaccine

B. How will you monitor the above metrics?

CCHS has a robust centralized team of Data Scientists, Epidemiologist, Business Intelligence Developers and Data Warehousing experts. This team will be responsible for building automated solution to aggregate data from various sources, including CAIR, PrepMod, CalREDIE, electronic health records, pharmacies and other partners in its data warehouse. Automated reports, dashboards and alerts will be developed like the ones CCHS has developed as part of the COVID response. The management team will be reviewing these metrics individually ad in its meetings to provide oversight, make plans, improvement and be responding to automated alerts. The team of Data Scientist and Epidemiologist will be running advanced analysis, risk stratification and use machine learning techniques to draw and share additional insights.



FOR IMMEDIATE RELEASE

December 4, 2020

Bay Area Health Officers Move to Implement the State’s New Regional Stay Home Order, Not Waiting Until Local Hospitals Are Near Crisis to Act

Yesterday, Governor Newsom announced that all sectors other than retail and essential operations would be closed in regions of the State where less than 15 percent of ICU beds are available under a new Regional Stay Home Order. Although health officials throughout the Bay Area are glad to see the State take action in light of the rapidly escalating surge in hospitalizations statewide, many believe even more aggressive action is necessary in the Bay Area to slow the surge and prevent our local hospitals from being overwhelmed. Rather than waiting until Intensive Care Unit (ICU) bed availability reaches critical levels and delaying closures that are inevitable, the Health Officers for the Counties of Alameda, Contra Costa, Marin, San Francisco, and Santa Clara as well as the City of Berkeley are jointly announcing that they will implement the State’s Regional Stay Home Order now.

“It takes several weeks for new restrictions to slow rising hospitalizations and waiting until only 15 percent of a region’s ICU beds are available is just too late,” said San Francisco Health Officer Dr. Tomás Aragon. “Many heavily impacted parts of our region already have less than 15 percent of ICU beds available, and the time to act is now.”

“We are seeing a surge in COVID-19 cases and hospitalizations here in Contra Costa County and across our region,” said Contra Costa County Health Officer Dr. Christopher Farnitano. “The number of patients hospitalized with COVID-19 in our county has doubled in just the past couple of weeks, and we are at risk of exceeding our hospital capacity later this month if current trends continue.”

“We cannot wait until after we have driven off the cliff to pull the emergency break,” said Santa Clara County Health Officer Dr. Sara Cody. “We understand that the closures under the State order will have a profound impact on our local businesses. However, if we act quickly, we can both save lives and reduce the amount of time these restrictions have to stay in place, allowing businesses and activities to reopen sooner.”

“Rising hospitalization rates across the region threaten not only our community members with severe COVID-19, but anyone who may need care because of a heart attack, stroke, accident, or other critical health need,” said Alameda County Health Officer Dr. Nicholas Moss. “By acting together now we will have the greatest impact on the surge and save more lives.”

“Each of us can fight the spread,” said Dr. Lisa B. Hernandez, the City of Berkeley Health Officer. “Keep your family safe by avoiding even small gatherings outside of your household



and not traveling. We don't want holiday gatherings and travel to create a spike of cases on top of the surge we're already seeing."

"Although Marin has fared better than some other counties in our region over the last few weeks, we know it is only a matter of time before rising case and hospitalization put pressure on our hospitals too," said Marin County Health Officer Dr. Matthew Willis. "We must act now, and must act together to ensure all hospitals in the Bay Area have the capacity they need to care for our residents."

Consistent with the State framework, the six jurisdictions are working to ensure that all sectors have at least 48-hour notice of these closures. Most of the Bay Area Health Officers will implement the State's Regional Stay At Home Order as of Sunday December 6, 2020. In Alameda County, it is scheduled to take effect on Monday, December 7, 2020, and Marin County's order will take effect Tuesday, December 8. The new restrictions will remain in place until January 4, 2021.

The sector closures and restrictions on activity under the State's [Regional Stay Home Order](#) are described [here](#).

Media Contacts by Jurisdiction

ALAMEDA

Neetu Balram - Public Information Manager, Alameda County Public Health Department
925-803-7890 EOC-PIO@acgov.org

CITY OF BERKELEY

Matthai Chakko - Public Information Officer, City of Berkeley
(510) 995-0893

CONTRA COSTA

Contra Costa County Joint Information Center
(925) 608-5463 DOC.PIO@cchealth.org

MARIN

Laine Hendricks - Public Information Officer
(415) 359-4508 lhendricks@marincounty.org

SAN FRANCISCO

Department of Emergency Management Joint Information Center
(415) 558-2712 dempres@sfgov.org

SANTA CLARA

County of Santa Clara Joint Information Center
Media Line: (408) 808-7863 pio@eoc.sccgov.org



**ORDER OF THE HEALTH OFFICER OF THE COUNTY OF CONTRA COSTA
IMPLEMENTING THE TERMS OF THE REGIONAL STAY AT HOME ORDER
ISSUED DECEMBER 3, 2020, BY THE CALIFORNIA DEPARTMENT OF PUBLIC
HEALTH TO PREVENT THE SPREAD OF THE COVID-19 VIRUS**

ORDER NO. HO-COVID19-37

DATE OF ORDER: DECEMBER 4, 2020

Summary of the Order

To slow the spread of Coronavirus Disease 2019 (“COVID-19”), this Order of the Contra Costa County Health Officer implements the restrictions on businesses and activities set forth in the December 3, 2020, Regional Stay at Home Order issued by the California Department of Public Health, commencing at 10 p.m. on Sunday, December 6, 2020, and continuing until 6 a.m. on January 4, 2021. These restrictions apply throughout Contra Costa County and are in addition to other restrictions set forth by the State of California.

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040 and 120175, THE HEALTH OFFICER OF THE COUNTY OF CONTRA COSTA (“HEALTH OFFICER”) ORDERS:

- 1. Basis of Order.** Contra Costa County (“County”) is in the midst of a local, regional and statewide surge of COVID-19 cases and hospitalizations that began in the middle of October 2020. On October 14, 2020, the seven-day average COVID-19 adjusted daily case rate was 4.6 cases per 100,000 people in the County. According to the most recently reported data, by November 24, 2020, the adjusted rate had more than doubled, to 9.7 cases per 100,000 persons in the County. Hospitalizations of COVID-19 patients have also increased, from a seven-day average of 27 patients in County hospitals as of October 14, 2020, to a seven-day average of 100 patients in County hospitals as of December 2, 2020.

Data reported by the State of California indicates that 10 percent to 30 percent of COVID-19 patients will require intensive care. Of 116 COVID-19 patients hospitalized in the County on December 2, 2020, 27 were in intensive care units (ICUs), and only 55 ICU beds were available in the County for all patients, leaving the County with 31 percent available ICU



capacity. Available ICU capacity in hospitals in the Bay Area region was 25.3 percent on December 3, 2020, and is projected to fall to 15 percent by December 14, 2020. If the current trends continue, according to State projections, Bay Area hospitals collectively may be operating at 91 percent of their full capacity by December 24, 2020, and by January 1, 2021, the demand for ICU beds may exceed the current supply.

Surge plans are in place to convert non-ICU hospital beds to ICU beds if necessary, and move non-COVID-19 patients to temporary hospital facilities. However, due to limitations in the availability of qualified and trained medical personnel, expanding ICU capacity in this manner is not ideal from the standpoint of patient care. For this reason, the objective now is to manage existing ICU capacity so that all patients who need intensive care have access to an ICU bed. Reducing the number of transmissions of the COVID-19 virus is critical to meeting this objective.

Gatherings of people – social or otherwise – pose risks of virus transmission, even with social distancing and the use of face coverings, as neither is 100 percent effective in preventing transmission of the virus that causes COVID-19. The transmission risk is higher indoors than outdoors, but even outdoor gatherings can result in viral transmissions, particularly in locations where people remove their face coverings to eat or drink. Large gatherings are more risky than small gatherings, and prolonged interactions – i.e., longer than 15 minutes – are more risky than brief interactions.

Reducing the maximum occupancy of businesses has been shown to reduce the risk of transmission of the COVID-19 virus. Based on models of the effect of occupancy limitations, researchers found that a substantial reduction in the maximum occupancy of a business substantially reduces virus spread but does not as sharply reduce the number of visits to the business. In the Chicago metropolitan area, for example, a cap on occupancy of businesses at 20 percent of the maximum was found to reduce the predicted number of new infections by more than 80 percent but there was a loss of only 42 percent of overall visits. Because of the current case and hospitalization rates, it is necessary to impose additional restrictions on businesses and personal activities.

The California Department of Public Health issued a Regional Stay at Home Order on December 3, 2020, (the “State Order”) which imposes new restrictions on gatherings, travel, and business activities, effective regionally based when available ICU capacity drops below 15 percent. A copy of the State Order is attached hereto. To protect the health and safety of County residents, it is necessary to implement the State Order restrictions before the State Order becomes effective regionally.

2. **Implementation of State Order.** Commencing at 10 p.m. on Sunday, December 6, 2020, the restrictions set forth in Sections 2.a. through 2.i. and Section 3 of the State Order will apply throughout the County.
3. **Other Orders.** To the extent that this Order conflicts with the Health Officer’s September 14, 2020, Order (HO-COVID19-28), as amended, which authorizes businesses to operate in the County in accordance with State guidelines and restrictions applicable to the tier of the



State Blueprint that the County is in, or any other Order issued by the Health Officer in response to the COVID-19 pandemic, this Order will control.

4. **Enforcement.** Pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both.
5. **Effective Date and Time:** This order takes effect at 10 p.m. on December 6, 2020, and will remain in effect until 6 a.m. on January 4, 2021, unless it is extended, rescinded, superseded, or amended in writing by the Health Officer.
6. **Copies; Contact Information.** Copies of this Order shall promptly be: (1) made available at the Office of the Director of Contra Costa Health Services, 1220 Morello Avenue, Suite 200, Martinez, CA 94553; (2) posted on the Contra Costa Health Services website (<https://www.cchealth.org>); and (3) provided to any member of the public requesting a copy of this Order. Questions or comments regarding this Order may be directed to Contra Costa Health Services at (844) 729-8410.

IT IS SO ORDERED:



Chris Farnitano, M.D.
Health Officer of the County of Contra Costa

December 4, 2020

Attachment: 12/3/20 CDPH Regional Stay at Home Order





SANDRA SHEWRY, MPH,MSW
Acting Director
ERICA S. PAN, MD,MPH
Acting State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

Regional Stay At Home Order
12/03/2020

Upon assessment of the recent, unprecedented rise in the rate of increase in COVID-19 cases, hospitalizations, and test positivity rates across California, the California Department of Public Health (CDPH) is taking immediate actions to prevent the spread of the virus.

The State, like the nation, continues to record an unprecedented surge in the level of community spread of COVID-19. California implemented an accelerated application of the Blueprint Framework metrics on November 16 and a limited Stay at Home Order issued on November 19. However, in the interim, the number of new cases per day has increased by over 112%, (from 8,743 to 18,588) and the rate of rise of new cases per day continues to increase dramatically. The number of new hospital admissions has increased from 777 on November 15, to 1,651 on December 2, and because of the lag between case identification and hospitalizations, we can only expect these numbers to increase.

Current projections show that without additional intervention to slow the spread of COVID-19, the number of available adult Intensive Care Unit (ICU) beds in the State of California will be at capacity in mid-December. This is a sign that the rate of rise in cases, if it continues, is at risk of overwhelming the ability of California hospitals to deliver healthcare to its residents suffering from COVID-19 and from other illnesses requiring hospital care. ICU beds are a critical resource for individuals who need the most advanced support and care and the ability to add additional ICU capacity is limited by the lack of available ICU nurses and physicians as a result of the nationwide surge in hospitalizations and ICU admissions.

Because the rate of increases in new cases continues to escalate and threatens to overwhelm the state's hospital system, further aggressive action is necessary to respond to the quickly evolving situation. While vaccines are promising future interventions, they are not available to address the immediate risks to healthcare delivery in the current surge. The immediate aggressive institution of additional non-pharmaceutical public health interventions is critical to avoid further overwhelming hospitals and to prevent the need to ration care.



NOW, THEREFORE, I, as Acting State Public Health Officer of the State of California, order:

1. CDPH will evaluate public health based on Regions, responsive to hospital capacity for persons resident in those Regions.
2. CDPH will evaluate the adult ICU bed capacity for each Region and identify on covid19.ca.gov any Regions for which that capacity is less than 15%. When that capacity is less than 15%, the following terms (the Terms of this Order) will apply.
 - a. All gatherings with members of other households are prohibited in the Region except as expressly permitted herein.
 - b. All individuals living in the Region shall stay home or at their place of residence except as necessary to conduct activities associated with the operation, maintenance, or usage of critical infrastructure,¹ as required by law, or as specifically permitted in this order.
 - c. [Worship](#) and [political expression](#) are permitted outdoors, consistent with existing guidance for those activities.
 - d. Critical infrastructure sectors may operate and must continue to modify operations pursuant to the [applicable sector guidance](#).
 - e. [Guidance](#) related to schools remain in effect and unchanged. Accordingly, when this Order takes effect in a Region, schools that have previously reopened for in-person instruction may remain open, and schools may continue to bring students back for in-person instruction under the [Elementary School Waiver Process](#) or [Cohorting Guidance](#).
 - f. In order to reduce congestion and the resulting increase in risk of transmission of COVID-19 in critical infrastructure retailers, all retailers may operate indoors at no more than 20% capacity and must follow the [guidance for retailers](#). All access to retail must be strictly metered to ensure compliance with the limit on capacity. The sale of food, beverages, and alcohol for in-store consumption is prohibited.
 - g. To promote and protect the physical and mental well-being of people in California, outdoor recreation facilities may continue to operate. Those facilities may not sell food or drink for on-site consumption. Overnight stays at

¹ See <https://covid19.ca.gov/essential-workforce/> for full list of California's Critical Infrastructure workforce.

campgrounds are not permitted.

- h. Nothing in this Order prevents any number of persons from the same household from leaving their residence, lodging, or temporary accommodation, as long as they do not engage in any interaction with (or otherwise gather with) any number of persons from any other household, except as specifically permitted herein.
 - i. Terms (a) and (b) of this section do not apply to persons experiencing homelessness.
- 3. Except as otherwise required by law, no hotel or lodging entity in California shall accept or honor out of state reservations for non-essential travel, unless the reservation is for at least the minimum time period required for quarantine and the persons identified in the reservation will quarantine in the hotel or lodging entity until after that time period has expired.
- 4. This order shall take effect on December 5, 2020 at 1259pm PST.
- 5. For Regions where the adult ICU bed capacity falls below 15% after the effective date of this order, the Terms of this Order shall take effect 24 hours after that assessment.
- 6. The Terms of this Order shall remain in place for at least three weeks from the date the order takes effect in a Region and shall continue until CDPH's four-week projections of the Region's total available adult ICU bed capacity is greater than or equal to 15%. Four-week adult ICU bed capacity projections will be made approximately twice a week, unless CDPH determines that public health conditions merit an alternate projection schedule. If after three weeks from the effective date of the Terms of this Order in a Region, CDPH's four-week projections of the Region's total available adult ICU bed capacity is greater than or equal to 15%, the Terms of this Order shall no longer apply to the Region
- 7. After the termination of the Terms of this Order in a Region, each county within the Region will be assigned to a tier based on the [Blueprint for a Safer Economy](#) as set out in my August 28, 2020 Order, and the County is subject to the restrictions of the Blueprint appropriate to that tier.
- 8. I will continue to monitor the epidemiological data and will modify this Regional Stay-at-Home Order as required by the evolving public health conditions. If I determine that it is necessary to change the Terms of this Order, or otherwise modify the Regional Stay-at-Home Order, these modifications will be posted at [covid19.ca.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Stay-at-Home-Order.aspx).

9. When operative in a Region, the Terms of this Order supersede any conflicting terms in other CDPH orders, directives, or guidance. Specifically, for those Regions with ICU bed capacity triggering this order, the Terms of this Order shall supersede the State's [Blueprint for a Safer Economy](#) and all guidance (other than guidance for critical infrastructure sectors) during the operative period. In all Regions that are not subject to the restrictions in this order, the [Blueprint for a Safer Economy](#) and all guidance shall remain in effect.

10. This order is issued pursuant to Health and Safety Code sections 120125, 120130(c), 120135, 120140, 120145, 120175, 120195 and 131080; EO N-60-20, N-25-20, and other authority provided for under the Emergency Services Act; and other applicable law.



Erica S. Pan, MD, MPH
Acting State Public Health Officer
California Department of Public Health



SANDRA SHEWRY, MPH,MSW
Acting Director
ERICA S. PAN, MD,MPH
Acting State Health Officer

State of California—Health and Human Services Agency
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GAVIN NEWSOM
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Regional Stay At Home Order
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NOW, THEREFORE, I, as Acting State Public Health Officer of the State of California, order:

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 - b. All individuals living in the Region shall stay home or at their place of residence except as necessary to conduct activities associated with the operation, maintenance, or usage of critical infrastructure,¹ as required by law, or as specifically permitted in this order.
 - c. [Worship](#) and [political expression](#) are permitted outdoors, consistent with existing guidance for those activities.
 - d. Critical infrastructure sectors may operate and must continue to modify operations pursuant to the [applicable sector guidance](#).
 - e. [Guidance](#) related to schools remain in effect and unchanged. Accordingly, when this Order takes effect in a Region, schools that have previously reopened for in-person instruction may remain open, and schools may continue to bring students back for in-person instruction under the [Elementary School Waiver Process](#) or [Cohorting Guidance](#).
 - f. In order to reduce congestion and the resulting increase in risk of transmission of COVID-19 in critical infrastructure retailers, all retailers may operate indoors at no more than 20% capacity and must follow the [guidance for retailers](#). All access to retail must be strictly metered to ensure compliance with the limit on capacity. The sale of food, beverages, and alcohol for in-store consumption is prohibited.
 - g. To promote and protect the physical and mental well-being of people in California, outdoor recreation facilities may continue to operate. Those facilities may not sell food or drink for on-site consumption. Overnight stays at

¹ See <https://covid19.ca.gov/essential-workforce/> for full list of California's Critical Infrastructure workforce.

campgrounds are not permitted.

- h. Nothing in this Order prevents any number of persons from the same household from leaving their residence, lodging, or temporary accommodation, as long as they do not engage in any interaction with (or otherwise gather with) any number of persons from any other household, except as specifically permitted herein.
 - i. Terms (a) and (b) of this section do not apply to persons experiencing homelessness.
3. Except as otherwise required by law, no hotel or lodging entity in California shall accept or honor out of state reservations for non-essential travel, unless the reservation is for at least the minimum time period required for quarantine and the persons identified in the reservation will quarantine in the hotel or lodging entity until after that time period has expired.
 4. This order shall take effect on December 5, 2020 at 1259pm PST.
 5. For Regions where the adult ICU bed capacity falls below 15% after the effective date of this order, the Terms of this Order shall take effect 24 hours after that assessment.
 6. The Terms of this Order shall remain in place for at least three weeks from the date the order takes effect in a Region and shall continue until CDPH's four-week projections of the Region's total available adult ICU bed capacity is greater than or equal to 15%. Four-week adult ICU bed capacity projections will be made approximately twice a week, unless CDPH determines that public health conditions merit an alternate projection schedule. If after three weeks from the effective date of the Terms of this Order in a Region, CDPH's four-week projections of the Region's total available adult ICU bed capacity is greater than or equal to 15%, the Terms of this Order shall no longer apply to the Region
 7. After the termination of the Terms of this Order in a Region, each county within the Region will be assigned to a tier based on the [Blueprint for a Safer Economy](#) as set out in my August 28, 2020 Order, and the County is subject to the restrictions of the Blueprint appropriate to that tier.
 8. I will continue to monitor the epidemiological data and will modify this Regional Stay-at-Home Order as required by the evolving public health conditions. If I determine that it is necessary to change the Terms of this Order, or otherwise modify the Regional Stay-at-Home Order, these modifications will be posted at [covid19.ca.gov](https://www.cdph.ca.gov/covid19).

9. When operative in a Region, the Terms of this Order supersede any conflicting terms in other CDPH orders, directives, or guidance. Specifically, for those Regions with ICU bed capacity triggering this order, the Terms of this Order shall supersede the State's [Blueprint for a Safer Economy](#) and all guidance (other than guidance for critical infrastructure sectors) during the operative period. In all Regions that are not subject to the restrictions in this order, the [Blueprint for a Safer Economy](#) and all guidance shall remain in effect.
10. This order is issued pursuant to Health and Safety Code sections 120125, 120130(c), 120135, 120140, 120145, 120175, 120195 and 131080; EO N-60-20, N-25-20, and other authority provided for under the Emergency Services Act; and other applicable law.



Erica S. Pan, MD, MPH
Acting State Public Health Officer
California Department of Public Health



Sandra Shewry
Acting Director
Erica S. Pan, MD, MPH
Acting State Health Officer

State of California—Health and Human
Services Agency
**California Department of
Public Health**



GAVIN NEWSOM
Governor

December 6, 2020

TO: All Californians

SUBJECT: Supplement to Regional Stay At Home Order

I, as Acting State Public Health Officer of the State of California, order as follows:

1. In order to ensure that California's grocery stores are able to safely deliver sufficient quantities of food to California households, it is necessary to ensure capacity for grocery stores. Therefore, in the Regions that are subject to my Regional Stay At Home Order of December 3, 2020, stand-alone grocery stores where the principal business activity is the sale of food may operate at 35% of capacity (based on fire department occupancy limits). All access to grocery stores must be strictly metered to ensure compliance with the limit on capacity. The sale of food, beverages, and alcohol for in-store consumption is prohibited.
2. The travel restriction in paragraph 3 of my Regional Stay At Home Order is applicable only when at least one Region has an adult ICU bed capacity of less than 15%, as set forth in paragraph 2 of that Order.
3. Paragraph 5 of my Regional Stay At Home Order is modified as follows: For Regions where the adult ICU bed capacity falls below 15% after the effective date of this order, the Terms of this Order shall take effect the next day after that assessment is made, at 11:59pm.
4. All other terms of my remain in effect as stated in that Order.
5. This order is effective immediately and shall remain in effect as long as the Regional Stay At Home Order.
6. This order is issued pursuant to Health and Safety Code sections 120125, 120130(c), 120135, 120140, 120145, 120175, 120195 and 131080; EO N-60-20, N-25-20, and other authority provided for under the Emergency Services Act; and other applicable law.

Erica S. Pan, MD, MPH
Acting State Public Health Officer
California Department of Public Health

California Department of Public Health
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377
Department Website (cdph.ca.gov)



Page Last Updated : December 7, 2020

County risk level

New cases

Positive tests

WIDESPREAD

Many non-essential indoor business operations are closed

More than 7

daily new cases (per 100k)

More than 8%

Positive tests

SUBSTANTIAL

Some non-essential indoor business operations are closed

4 - 7

daily new cases (per 100k)

5 - 8%

Positive tests

MODERATE

Some indoor business operations are open with modifications

1 - 3.9

daily new cases (per 100k)

2 - 4.9%

Positive tests

MINIMAL

Most indoor business operations are open with modifications

Less than 1

daily new cases (per 100k)

Less than 2%

Positive tests



Contra Costa County Board of Supervisors

Subcommittee Report

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

4.

Meeting Date: 01/21/2021
Subject: RECORD OF ACTION FOR DECEMBER 17, 2020 MEETING
Submitted For: Monica Nino, County Administrator
Department: County Administrator
Referral No.:
Referral Name:
Presenter: Julie DiMaggio Enea **Contact:** Julie DiMaggio Enea
(925) 655-2056

Referral History:

County Ordinance requires that each County body keep a record of its meetings. Though the record need not be verbatim, it must accurately reflect the agenda and the decisions made in the meeting.

Referral Update:

Please see the attached list of attendees and draft Record of Action for the December 17, 2020 meeting.

Recommendation(s)/Next Step(s):

RECEIVE and APPROVE the Record of Action for the December 17, 2020 meeting.

Fiscal Impact (if any):

No fiscal impact.

Attachments

ATTENDANCE RECORD 12-17-2020

DRAFT Record of Action for the December 17, 2020 Meeting

RECORD OF ATTENDANCE

COVID COMMITTEE

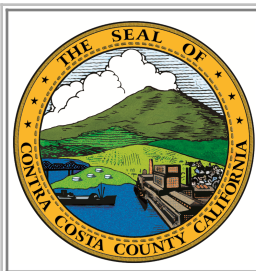
12-17-2020

Caller 1	d	JJ (Jen Joel WDB)
Caller 2	Dana Eder	John Pamer
Caller 3	Dave	Johnny iPhone
Caller 4	David	JULIE ENEA
Caller 5	Debbie Turner	Juliet Don
Caller 6	Denise	K (Kelly Holbrook)
Caller 7	Denise Starkey	Karen Mitchoff
Caller 8	DJS	Karen's mask (e)
Caller 9	Douglas LEZAMETA	Kari Gregory
Caller 10	EA (Erin Anderson)	Karla Patty
Caller 11	Elaine Schroth	Katie Greenfield
Caller 12	Enough is Enough	kidzplanet
Aldo's iPhone	Eric	Kim McCarl
Alicia Nuchols	Erica Atencion	Lia Bristol
Amrita Kaur	esandoz	Lisa Chow
angel v	First Presbyterian Concord	Lucia Reyes
Anne O	Gareth de Bruyn	Lynn Mackey# County Superintendent of Schools
Anthony	Gareth de Bruyn	Marcus' iPhone
B (Billy/Natalie Thalin)	Garret Deal's iPhone	Margaret Casebeer
Beyond Tired (Kirsten VanderVorst)	Gayle Israel	Maria
Brian M (Brian Marker)	ginamyer	Mark
Bryan's iPhone	gordon	mark
Call_in_user_1	GP	mdorante
Cameron C.	Harun	Megan Gower
cameron perry	Health Services Department (Christopher Farnitano)	Mike McDermott
carl	Heather Schiffman# Contra Costa GAD	Mike S.
Carlota Canari	heatherchaput	Mike's iPhone
Carrie Davis	Howard Provine	mitch
Celeste Stringfellow	iPhone	MN
charissa	Irina Kolomey	Moncha's iPhone
Charissa	Isabella Silva	monica z
Cheryl	J (Ms. Fisher)	Nelson Alegria
Cheryl Keden	Jaimi Meyer	nicolealphin
Chris Wikler	Jeff Rangel	Nigel Xu
Christa Deeringer	Jen Doerger	Pam Kessler
Christa Deeringer	Jessica Lopez	Patience Ofodu
Christine's iPhone	Jill Ray	PC
Colleen Awad	Jim D (Jim Daggs)	Rachel Oliver
Connie Cord's iPhone	JJ	Randy Rowland
cynthia		

Randy Sawyer CCHS
Ross Hillesheim
Roundup Saloon
s (Sue Pfister)
Sara Stafford
SARAH
Sean h
Sheila Marie
Shirley
Skyler Sanders

Smadar Boardman
Stacey Silva's iPhone
Stop the Steal
SUPERVISOR ANDERSEN
Supervisor Candace Andersen
Susan Hurl
Ted (MM)
Terry
this needs to end (karen=parody of
Tia Patty

Tina Sherwin
Tom Lawson Plumbers & Steamfitters UA 159
Tom Reagan
Tom Warne
Victoria
victorivry
Wearing a Mask Currently (Gordon Mauer)
WILLIAM's iPad (3)
Xis Duff
Yolanda



AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR
DECEMBER 17, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen
Vice Chair Karen Mitchoff

Staff Present: Thomas Warne, M.D., Deputy County Health Officer
Julie DiMaggio Enea, Senior Deputy County Administrator

Attendees: See Attendance Record, attached.

1. Introductions

Chair Andersen called the meeting to order at 1:32 p.m. and introduced the Committee, Deputy County Health Officer Dr. Thomas Warne, and County Superintendent of Schools Lynn Mackey. She welcomed all of the guests and explained the format of the meeting.

See attached Record of Attendance.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to two minutes).

All public comment was taken under Agenda Item 3.

3. RECEIVE status report on the County's COVID-19 status, including the December 10 Updated Quarantine Order, County vaccination plan, holiday planning, and school re-openings. (Thomas Warne, M.D., Deputy County Health Officer)

Dr. Warne introduced himself and described his background as a primary care physician at the West County Health Center in San Pablo and TB/Communicable Disease clinician in public health. He acknowledged the difficult circumstances presented by the unprecedented surge in the COVID 19 virus that has gripped the whole nation over the last few months. The County's infection and hospitalization rates are now at much higher levels than they were at even the highest points during the summer.

He reviewed the current numbers, which place the County well into the in purple tier. The number of new cases per day per 100,000 in population is 37.9, and the test

positivity rate is 8% generally and 13% in vulnerable areas. Total cases in the County over time is 33,000. In the past two weeks, there have been 6,000 new cases, so nearly 20% of all the County cases this year have occurred in the last two weeks. The County has had 290 deaths so far, 30 of which occurred this month. Hospitalizations have risen gradually with the case numbers. Currently, 196 persons are admitted in county hospitals with coronavirus. Two weeks ago, there were only 110. He said we are not yet overwhelmed yet but we are concerned. Of the ICU beds, 141 are occupied and 25 are still available. 13% availability is less than what we want to see. There are enough ventilators. Most affected areas are San Pablo, El Sobrante, Richmond, Byron, Pittsburg, Oakley, Bay Point, Discovery Bay, and Antioch.

He discussed the reissued stay at home order and how five counties including Contra Costa instituted it earlier than the State required based on concerning local trends. Due to the dwindling supply of hospital beds, we are now subject to the State's orders for at least the next three weeks and possibly longer. He reviewed the Stay at Home Order.

He announced the arrival of vaccines, considered to be safe and effective, and said they are the light at the end of the tunnel and the ray of hope. He said we are fortunate to have two vaccines available – Pfizer and Moderna. He said the Pfizer vaccine received FDA approval for emergency use. The Moderna vaccine is still undergoing FDA approval process.

He said the County has been planning in terms of logistics, supply chain and security, so as to be ready to administer the vaccines. Shipments from Michigan began on Sunday. We received our first doses on Tuesday morning. He expects that the County will receive rolling shipments over the next few weeks.

9,750 doses comprising the first shipment of the vaccine have been distributed by CCHS to local hospitals. Supply will be short initially and health care workers and nursing home residents will receive priority according to federal and State guidelines, which prioritize based on occupational risk, age and health, and situational factors such as being in a congregate care facility. The vaccines are expected to be available to the general public by early to mid-2021.

ACIP makes recommendations about priorities and the additional phases of vaccine distribution. A three-phase system of distribution has been established: 1A health care workers and skilled nursing facilities, 1B other essential workers, first responders, food workers, grocery stores; 1C older adults and adults with chronic medical conditions. A pharmacy partnership (e.g. Walgreens and CVS) will deliver vaccines to long term care facilities.

Most first responders are part of Phase 1B of the rollout; some will be in phase 1A. ACIP is still determining protocol. Medical jail personnel are categorized with healthcare workers. Jail inmates' priority has not yet been determined.

Restaurants can be open for take out and delivery, but dining is closed. All the recommendations are science-based. Case investigations have revealed much but are limited. COVID is everywhere in the community and people with the virus have reported multiple contacts that could have been the source of exposure. Dr. Warne

said the County reaches 78-80% of cases through contact tracing and only about 40% of case investigations reveal their contacts, so data is limited. The most common sources of exposure have become the nucleus of policies. We know a lot about how the virus is transmitted, so policies focus on activities that pose the highest risk for how the virus is transmitted, which is airborne. What may have been safe two months ago may not be safe now due to the uptick of cases in the community.

Dr. Warne recognized the economic impact of the health orders, and so he emphasized following the orders closely so that we can get our metrics out of the purple tier as soon as possible.

In reference to the recent letter from local doctors challenging current policies and claiming that the County data was inaccurate, Dr. Warne said there is a wide range of medical expertise in the medical community, and this results in differing opinions. He doesn't share the opinions expressed in the letter. He said the coronavirus diagnostics test are very accurate and the current wave of infections in the hospital is not typical of the seasonal flu. He said it is more logical to base policy decisions on our coronavirus case data than on historical seasonal flu data. He thought it was irresponsible to spread misinformation about the accuracy of the diagnostic tests when they have demonstrated a high level of accuracy.

Chair Andersen invited public comment:

- Mike McDermott asked if hospitals are verifying whether or not health workers have already had COVID 19 prior to immunizing them, thereby conserving precious doses of vaccine. He noted that, in addition to the decreasing in the availability of ICU beds, that the total number of ICU beds has also dropped, from 177 on Dec 13 to 166 now. Over the last three months, ICU beds have decreased from over 200 to the current level of 166. He thought we should be adding ICU beds, not decreasing the inventory.*
- Garreth de Bruyn: He also noted the drastic drop in ICU availability in the last few weeks and asked for a more granular explanation. He asked if we are taking ICU patients from other counties and asked if that could be added to our data dashboard.*

In response to the two previous comments, Dr. Warne said that it is the recommendation that the vaccine should not be withheld from people who may have already been infected with COVID 19 because the immune response varies between people. It is believed that people who have been infected with COVID 19 may be immune for a few months, but it is not known if they will be immune beyond that, so we need to vaccinate them. Anyone currently with the virus will need to wait 14 days until the virus has passed before being vaccinated.

Dr. Warne explained that there is a difference between licensed ICU capacity and staffed ICU capacity. ICU beds may be flexed back and forth depending on staffing. The County doesn't control the staffed ICU capacity numbers used in the State reporting. The State receives ICU capacity data directly from the hospitals throughout the county. ICU bed utilization changes from day to day and even shift to

shift. Overall, the availability has decreased. We need to preserve beds not only for COVID patients but also for others.

- Skyler Sanders read from the CA Constitution and claimed that in order to be quarantined in the home, he would have had to have been infected. He challenged the County's quarantine criteria, saying they were infringing upon his rights.*
- Xia Duffy, a pet groomer, asked why her business is being categorized with high contact businesses and not included with large stores deemed essential.*
- Ross Hillesheim asked for strong leadership during this challenging time on County issues such as poverty, homelessness, high school graduation rate. He asked County leadership to devise solutions irrespective of federal aid. He asked for strong and compassionate leaders willing to stand for the 99.97% of County residents (presumably not infected with COVID 19).*
- Mark McClure said that he, like some other families, moved his wife and kids from Walnut Creek to Park City, Utah because of the way Contra Costa has dealt with the "Plannedemic". He said the doctors are smug and insulting, and that a court ruling in San Diego found no connection between the spread of the virus and restaurants, yet the County continues to apply "draconian" measures to small businesses while not applying them to large corporations, a policy he called shameful. He suggested that the policymakers forego their salaries in solidarity with the individuals and businesses that have lost their income and livelihoods due to the shelter orders.*
- Sheila Marie asked if schools should submit their health/safety plans to the County for review even after the County achieves the red tier. She asked why a school that opened in the red/orange tier can be deemed safe to operate now that we are back in the purple tier.*
- Heather Chaput expressed compassion for small business owners who have been given a false choice. She suggested tying a financial incentive or high level of recognition to businesses and restaurants that demonstrate a high standard of safety during the pandemic, e.g., providing the safest environment possible. She suggested a carrot vs. the stick of having to make a false choice of either ignoring the order or starving.*
- Derrick Boyd said we need to get schools and are restaurants back open.*
- An unidentified caller said that California HHS Secretary Mark Ghaly stated that the ban on outdoor dining was not a commentary on the relative safety of outdoor dining but to remove an incentive for Californians to leave their homes. The caller asked for a comparison between this year's death rate and the typical death rate for this time of year. The caller said that some elected officials treated their constituencies with disrespect and asked how the Fourth Amendment operates in terms of the health order, which are not laws, particularly when implemented ahead of the State.*
- Another unidentified caller said her school decided not to open, she thought more due to the threatened teacher's strike than the virus. She said there are rumors that the teachers will refuse to return even with the vaccine. She asked for more scrutiny of schools.*
- Douglas Lezameta, President of Hispanic Chamber of Commerce of CCC, said he was at Target, which was full of people today. He contrasted these big retail*

stores with small restaurants. He asked what plan the County has in place to help small businesses that are prohibited from operating.

Dr. Warne explained that certain activities pose greater risks. He said the CA death rate is high but not as high as other areas in the nation. To stem the curb, we need to reduce our levels of activity that contribute to transmission. Restaurants are considered essential and can still be open but only for takeout and delivery. Dining inside or outside of a restaurant is not considered an essential activity because the food can be consumed elsewhere where there is less mixing of people.

Regarding big box retailers, Dr. Warne said they serve many needs that can be considered essential.

- An unidentified caller said the impacts of the lockdown are more dire than the virus. She asked who is advocating for the needs of children and cited a recent suicide of a high school student. The caller said she sent four peer review studies to Dr. Farnitano showing that taking the vaccine will increase the chances of contracting COVID. She complained about the salaries of the health officer and board members while they are shutting down local businesses. She said that Governor Newsom had been served an injunction by the Court prohibiting any further unconstitutional orders. She noted that the Governor dined at the French Laundry with 20 other people in violation of his own orders.*

Dr. Warne disagrees that getting a flu shot will increase the risk of getting COVID.

- Anthony asked to see the evidence of the connection between outdoor dining and spread of COVID. He complained that the speakers at the meeting appeared to be multi-tasking during this meeting.*
- A caller identified as This Needs to End said that people are rightly upset about being shut down. She complained that the Supervisors have the privilege of continuing to receive their taxpayer funded salaries while depriving their constituents of the right to receive their salaries. She believes there is no authority in the constitution for government to shut down businesses for the good of the community. She asked if board members would donate their salaries to help suffering businesses.*
- An unidentified caller said she is tailgating in a Danville restaurant parking lot, watching people create garbage and waste. She claimed that when Governor Newsom dined at the French Laundry, he sat next to the President of CA Medical Association and his top lobbyist without masks and social distancing. She said it is entirely hypocritical and the people will, in response, go about their business.*
- An unidentified caller said the County Supervisors should reconsider their stance. She provided the math on COVID statistics. She said the County is killing small business with no evidence. She asked why the county isn't pushing for schools to open. She referenced the recent letter from doctors of John Muir Hospital.*

Supervisor Andersen explained that CA Health & Safety Code section 101040 gives

County health officer the ability to take preventative measures to protect the public during a local emergency. We've been under a declared state of emergency since March. She also said that Health & Safety Code section 120175 states that each state health officer shall take measures as may be necessary to prevent the spread of a communicable disease. These are broad powers. She said that we don't want politicians making these decisions. We want to rely on the knowledge and expertise of the medical community. Survivability of COVID 19 depends greatly on the ability to receive proven treatments in a hospital setting. We on a very serious trajectory and our board wants to make sure that people can receive the treatment they may need. She wished we could have a normal Christmas. She wished that all businesses could be open and thriving. But the reality is that we are in the middle of a global pandemic. It's not something that somebody made up. The decision to shelter in place in advance of the State requirement was to preserve our shrinking ICU capacity. For as many people on the call today who said these measures were draconian, she also gets calls and emails asking the Board to take stricter measures and not open schools. It's a divided issue and a divided country.

Supervisor Mitchoff clarified that she is not doing other things while people are speaking. She is working from both a desktop PC and a laptop so that she can readily see the speakers and the meeting packet. She occasionally needs to leave her desk to assist her mother, for whom she is the primary caregiver, but she is monitoring the meeting when she does so.

She said the Court injunction mentioned by a previous speaker was a temporary injunction pending further data and our own court turned it away. She suggested that people direct their anger at the issues and not at the people trying to address the issues.

Dr. Warne said he's got a desk full of meeting papers and notes, two machines he is looking at, and was consulting with colleagues during the meeting regarding questions raised before and during the meeting that needed context. He said he smiled out of frustration over not knowing all the answers but not out of disrespect for the meeting attendees.

Lynn Mackey explained that she appears to be looking down at her desk at times because she is taking meeting notes. She said that County Health has been a valuable advisor on how to open schools. She gets about 50/50 split of requests to either open schools or not to open schools. Opening or not is to be decided at the discretion of each school district. If distance learning is an issue, she recommends reaching out to the school district directly.

Right now, school districts can submit their opening plans for a future time when opening may be possible.

Supervisor Andersen will invite Superintendent Mackey to be a presenter at the next Committee meeting.

4. RECEIVE and APPROVE the Record of Action for the November 19, 2020 meeting.

The Committee approved the Record of Action for the November 19, 2020 meeting as presented.

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff
Passed

5. The next meeting is currently scheduled for January 21, 2021.

Chair Andersen confirmed the next meeting date for January 21, 2021 unless a special meeting sooner than that should become necessary.

6. Adjourn

Chair Andersen adjourned the meeting at 3:12 p.m.

For Additional Information Contact:

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