

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR
SEPTEMBER 3, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen

Absent: Vice Chair Karen Mitchoff

Staff Present: Thomas Warne, M.D., Deputy County Health Officer

Donna Van Wert, Workforce Development Director, EHSD

Julie DiMaggio Enea, Senior Deputy County Administrator

1. Introductions

Chair Andersen called the meeting to order at 1: 30 p.m., announced that Supervisor Mitchoff would not be in attendance, introduced Deputy County Health Officer Dr. Tom Warne and Workforce Development Board Executive Director Donna Van Wert, and reviewed the format/agenda for the meeting.

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 #4.

3. RECEIVE update on most recent COVID-19 developments.

Dr. Warne: reviewed the many changes that have occurred since the Committee's previous meeting.

He was grateful to be seeing a gradual improvement in our situation in Contra Costa County. The State Department of Public Health and the Governor's office became much more involved in setting the parameters for what could be opened, what should remain closed, and what we should be doing to control the virus. There was previously the state monitoring list, which Contra Costa and all the Bay Area counties are on and which has largely determined the level of opening and closing we could do. The State has now stepped up and taken a stronger role.

Contra Costa had challenges during July and August in scaling up our testing capacity, investigation and contact tracing very quickly. The volume of testing statewide was overwhelming, making it difficult to get the work done. There were also problems with data reporting that affected every county, but all those bottlenecks have

been addressed and the County can now handle the current volume of testing that is needed in order to proceed safely in our daily lives.

With more reliable data, we have seen improvement: Total cumulative County cases = 14,212, with approximately 1,000 active cases. Of the 14,212 cases, about 13,000 recovered from the virus. New cases are decreasing: In the last 24 hours there were 68 and yesterday 59, compared to the mid to upper 100s a couple of weeks ago. The case rate per 100,000 people over the last 14 days is also trending down: currently 110 as compared to around 200. That metric will be changed under the new State guidance from a 14-day period to a daily average during a 7-day period.

Our testing capacity has increased. Our 7-day average is 231 tests daily per 100,000 people. The positivity rate informs us: if the rate is higher, the virus is spreading faster; if it's lower, we're gaining control. We're now down to an improved rate of 4.8%. The current median turnaround time for test results is 2-3 days as compared to 7-14 days in July and August. Hospitalizations have also decreased from about 100 per day. We've been in the 70s in the last few days.

We've been tracking outbreaks in facilities and providing strong support for the skilled nursing facilities and other kinds of care facilities for the elderly and other vulnerable people and those numbers are improving as well. Those facilities are making sure that that everything is done to prevent further spread. We've had a total of 183 deaths in Contra Costa County over time due to COVID. August was, in fact, our deadliest month. During August we had 58 deaths in Contra Costa County and 44 during July.

Dr. Warne reviewed the State policy changes. In July and August, we were operating under the State monitoring list guidance. The County loosened some of the restrictions to better align with State guidelines at the time. Then on August 26, we opened some personal care services to include nail salons, certain massage services, outdoor gyms and fitness centers, hotels and short-term rentals for leisure travel.

Shortly after that and in anticipation of flu season, the State announced new guidelines in what they called a new blueprint for a safer economy. The guidance applies to all counties statewide and is meant to be robust, understandable and more predictable. The plan has four color-coded tiers of openness, clearly identifying what can and cannot be open for each tier and what data criteria apply to each tier. The two main indicators driving the tiers are case positivity rate and local testing rate. Another important factor is the daily case rate per 100,000 averaged over last 7 days. The State will consider making changes once every three weeks. The tiers are Purple (most restrictive), Red, Gold, and Yellow (least restrictive). Most counties are still in the Purple tier. Counties in this tier have more than 7 cases per 100,000 people, which would be about 80 cases per day. In Contra Costa, we're still over 100 cases per day per 100,000 people. The positivity rate would also need to be below 8% and we can currently meet that metric.

Under the State's new blueprint, the County can open indoor hair salons and barbershops, indoor shopping malls with lower capacity and no food courts or other common areas. In order to move from Purple to the less restrictive tiers, it will be

important for everyone to do their part.

Dr. Warne prefers the new State tier system because it's tied to the most important metrics in terms of how well we're controlling the contagion.

He cautioned everyone about social distancing during the Labor Day weekend, since outbreaks had been attributed to prior holiday celebrations.

He then moved on to the questions that had been submitted prior to the meeting:

Regarding differing rules for different areas of the county, he said that while there is variation throughout the county, the guidelines remain applicable at the county level because people are constantly moving around during their daily lives. If we relax rules in one area of the county, people in more restrictive areas will simply visit less restrictive areas, effectively defeating the safety guidelines.

Regarding reopening schools, County Health has been working actively with Office of Education in looking at the school waiver process. All counties are operating under the same state guidance. Our schools cannot generally reopen until our county moves to the Red Tier and maintains that tier for at least two weeks. However, for now, we can consider opening TK-6 grade in certain circumstances. Waivers are currently being reviewed. Four smaller private elementary schools have been approved for reopening and several more are under consideration. Contra Costa is among four counties that currently have some schools open.

The thought is that public schools will not contemplate reopening until the county moves into the Red Tier for at least two weeks and with a strong plan for screening staff – at least 25% every two weeks. Schools that reopen will need to make arrangements with private labs for testing. Most if not all teachers have health insurance that should cover the cost of testing, which is decreasing.

Regarding reopening schools during the Purple Tier with two cohorts, Dr. Warne said that teachers can work with only one cohort up to 14 students. This might be modified when the County moves to the Red Tier.

Regarding COVID testing of tenants for rental housing, there is no county requirement for this. Dr. Warne could not speak to the legality of landlords requiring that their tenants be tested. Certainly, people in group housing may want to test voluntarily.

Dr. Warne clarified that a sign about social distancing requirements cannot substitute for a person serving as a pool monitor in a homeowners' association pool. The requirements for a monitor are in the State guidance.

Regarding playgrounds, we cannot open them at the present time. They fall under outdoor spaces intended for group gatherings.

Regarding reconciling the low death rate with the SIP guidelines, the COVID death rate is not as high as some diseases, but neither is it low. It's higher than the seasonal flu. It's 1.3% with all our precautions and would be much higher without the precautions. If we let it spread, we could expect upwards of 15,000 deaths and

hospitals that are overwhelmed.

Regarding guidelines for children's team sports, nobody can always absolutely maintain six feet separation. The state guidance that determines which sports and sport activities can be allowed does reference those sports where it is feasible to consistently maintain a six-foot distance. Baseball is included with other hi-touch sports because it involves group gatherings that are considered too risky.

Each State Tier lists the percentage capacity allowed for each type of business, e.g. shopping malls at 25% capacity in Purple Tier. Who is included in the capacity count? The State is referring to total occupancy applying to indoor areas, much like the fire code capacity.

Businesses will have to figure out how to maintain outdoor operations safely during inclement weather.

Medical massage indoors? Currently all massage not involving the face is allowed outdoors. Medically ordered massage therapy can occur indoors. Otherwise, it must be administered outdoors.

Heart related deaths. 87 to date in 2020 vs. 30 in 2019 through October. Not sure of the relevance of the question in terms of COVID.

Regarding processing of recyclable materials from business operations, this should be done with COVID prevention in mind. Most transmission is airborne and not from touching surfaces. Even so, workers handling recyclables should wear PPE.

Chair Andersen invited public comment:

- Mike McDermott asked how long it will take for the County to issue orders to open churches once we move to the Red Tier. Also, he feared that the County would lose track of playgrounds and thinks we should be modeling from other states that permit playgrounds to be open. Dr. Warne responded that since the State guidance is becoming much more specific, the County is likely to simply defer to the state guidance. An updated health order might not be necessary, or if it is necessary, it wouldn't necessarily hold up the reopening of churches if allowed by the State. He agreed that the State guidance doesn't say much about playgrounds, but they are included in the same guidance as outdoor recreation, campgrounds and pools, so they cannot be opened presently.*
- Tina Sherwin asked for an update on her previous request for more accurate data. She asked that new cases be reported as to the day the sample was collected, not the date that the test result is reported to the county; and that all deaths be recorded on a date the death occurred and not the date reported to the county. She asked when we can expect to see hospitalization data displayed by age group, just like the deaths. If the County doesn't have 100% of the ages of hospitalizations, she suggested creating an unknown unknown category as exists for gender, race and ethnicity cases. She asked what Dr. Warne thought of the Governor ignoring the CDC guidelines to only test patients with symptoms and not test those with no symptoms or risk factors. Dr. Warne responded that the County is working on getting the data to that point and the State is also working on the next generation of data reporting. He said we continue to work*

with hospitals to gather data that is not required for reporting to the State, but that data is not yet consistent. Regarding the CDC guidelines, he said that most of the public health community has chosen not to align with the CDC on testing only the symptomatic since the virus can be transmitted before symptoms manifest.

- Susan Morgan thanked Dr. Warne for his work on the subcommittee and for speaking at the Special Districts Association meeting.*
- “Unlimited” said that the COVID-19 virus is a hoax and has killed fewer people than the common cold. He claimed that preventative measures have done nothing, and he discredited data reported by the County. He said the destruction of small businesses and the family way of life is equal to domestic war crimes. He said the State’s four tiers is nonsense and people should be free to go about their lives. Dr. Warne disagreed with these statements.*
- Eileen Villamil, a registered nurse, asked about waivers for middle schoolers and high schoolers. She discussed the emotional toll of the COVID restrictions on this age group. She also asked why all hospital inpatients are not required to be tested, particularly those coming into emergency care. Dr. Warne responded that isolation is a concern and risk but necessary to save lives. The best we can do is curb this virus soon to improve our numbers and move to lower tiers. He said the County’s recommendations all along has been that hospital patients be screened and tested.*
- Barbara Csider asked why the Committee meetings are scheduled during the workday, which might preclude some people from participating. Only 66 of 1.1 million people are in attendance. She asked for an opportunity to refute or get clarification on responses to questions that were answered. She spoke to COVID impacts other than direct health impacts. She raised issues about the impacts on students. Chair Andersen explained that Committee meetings are scheduled during the workday because the meetings involve staff and other officials whose job it is to participate in these calls. The Committee provides an opportunity for those who cannot attend to submit questions ahead of time and view meeting records and videos on the County website.*
- Doug Heffernan asked three questions: if a COVID-19 vaccine will be mandatory, if a person with COVID who dies in a car accident is reported as a COVID death, and why daycares are open, but schools are not. Dr. Warne said that a vaccine will likely not be mandatory, but that determination has not yet been made and would be made at higher levels of government than the County. Our messaging will be to encourage people to get vaccinated. A car accident victim with COVID would not be counted as a COVID death. COVID must have contributed to the cause of death in order to be counted as a COVID death. Daycares can be open based on the state guidance broadly, but the rationale behind it has a lot to do with levels of risk for different age groups and different size sizes of groupings of children.*
- Len Schultz appreciated the clarification on sports limits but asked that baseball not be put in the same category as hi-contact sports. He thought baseball could be done safely with some small changes. He asked who he needs to work with to make such a proposal. Dr. Warne responded that this would be a reasonable conversation, to create subgroupings of sports based upon degree of risk. This conversation would need to occur with State officials and suggested leveraging a higher-profile voice such as a Little League Federation, to get the attention of*

State officials.

4. RECEIVE presentation entitled, "Equitable Economic Recovery Task Force", attached, on the impacts of the COVID-19 pandemic on households, local industry and businesses, and a proposed roadmap to recovery.

Donna Van Wert presented the staff report, which was accepted by Chair Andersen. No public comment was offered on this item.

5. RECEIVE and APPROVE the Record of Action for the August 13, 2020 meeting.

Chair Andersen approved the Record of Action for the August 13, 2020 meeting as presented.

AYE: Chair Candace Andersen
Other: Vice Chair Karen Mitchoff (ABSENT)
Passed

6. The next meeting is currently scheduled for September 17, 2020.

Chair Andersen confirmed the next meeting date of September 17.

7. Adjourn

Chair Andersen adjourned the meeting at 3:10 p.m.

For Additional Information Contact:

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Contra Costa County Board of Supervisors

Subcommittee Report

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

Meeting Date: 09/03/2020

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:

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 14 public meetings on May 7, 14, 21 and 28; June 4, 11, 18, and 25; July 2, 9, 16, 23 and 30; and August 13, 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. A record of those meetings is posted on the County website at this [link](#). The committee plans to change its meeting schedule to bi-weekly unless changing circumstances dictate otherwise, taking up new developments in the pandemic and discussing a roadmap to recovery.

The Committee and the Health Officer also discuss updates to the State and County Health Orders and projected timeline for reopening business and community activities and answer questions received via the Supervisors' offices and Committee staff.

Community leaders and health officials continue to urge county residents to follow the local and state health guidance to protect their families and communities – it saves lives.

In Contra Costa and across the nation, historically marginalized communities are experiencing the most pronounced impacts of the COVID-19 pandemic.

Today local community leaders are calling on 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, we will allow for Public Comment and additional questions specific to the current Health Order, attached, other guidance documents, also attached, and Timeline.

Contra Costa County Health Services Update as of August 26, 2020:

Daily hospitalizations due to COVID-19 and the percentage of COVID-19 tests returning positive remained steady or fell slightly in Contra Costa County during early August, reflecting recent local progress in slowing the spread of a deadly virus.

These key data indicators for the pandemic remain at dangerously high levels in Contra Costa, which remains on the California Department of Public Health's [county monitoring list](#), but are not currently increasing as they did in June and July.

Given the improvement, Contra Costa County today makes small changes to its social distancing health order to allow certain business sectors to begin operating again outdoors. The changes align Contra Costa's policy with recently updated state health guidelines:

- Personal care services that do not involve close contact with the face, such as nail salons and massage, may begin operating outdoors in accordance with the state-issued [industry guidelines](#) and [checklist](#).
- Gyms and fitness centers may begin operating outdoors in accordance with their own [state guidelines](#) and [checklist](#).
- Hotels and short-term rentals in the county may open for personal or recreational travel, not just for essential business purposes.

These updates to the health order are effective Friday, August 28. Hair salons and barbers have already been permitted to perform limited work outdoors in the county, with no reported outbreaks.

Contra Costa Health Services (CCHS) does encourage businesses to adjust reopening plans because of poor air quality in the county from Northern California wildfires. The county has issued a health advisory about smoke, encouraging all residents to stay inside when possible with doors and windows shut. For air quality updates and forecasts, visit the [Bay Area Air Quality Management District](#).

While recent issues at the state level skewed local testing data in late July and early August, Contra Costa Health Services (CCHS) has confidence in data related to hospitalization and number of new positive cases because they are directly reported to the county by local health providers and clinics.

"Based on what we are able to see, we can be cautiously optimistic that there is a gradual downward trend in county cases, testing positivity rates and hospitalizations," said Dr. Chris Farnitano, county health officer. "We need everyone to understand this is a reason to keep up what we are doing and not let down our guards."

The seven-day rolling average number of patients hospitalized with COVID-19 in Contra Costa dropped slightly, from 103 on Aug. 5 to 96 on Aug. 24. The average percentage of tests administered in the county that come back positive, meanwhile, has fallen from 8.8% on Aug. 6 to 7.4% on Aug. 24.

Previous health orders remain in effect. Contra Costa Health Services urges residents to continue wearing face coverings when they go out or are near people outside their households, observe physical distancing, stay home from work or school when they do not feel well and wash their hands thoroughly and often.

Details of the update, including the full text of the order, are available at cchealth.org/coronavirus.

Recommendation(s)/Next Step(s):

RECEIVE update on most recent COVID-19 developments.

Attachments

Additional Businesses Open in Contra Costa County in Accordance with Updated State Recommendations Press Releases Contra Costa Health Services 8-31-2020

Updated Health Order on Social Distancing and Facial Coverings 8-26-2020

Contra-Costa-County-Openings-at-a-Glance 8-31-2020

New COVID-19 Community Testing Hub Opens Wednesday in Richmond 8-25-2020

Contra Costa to Begin Accepting Waiver Applications to Allow In-Person Classes at Elementary Schools 8-18-2020

CA Dept of Public Health - Elementary School Waiver Process

County Advisory on Schools and Child Care

CA County Variance Info 7-13-2020

Questions for the Health Officer from the Committee Member Offices 9-2-2020

Public Comment Bob Welsh 8-6-2020

Public Comment Bill Costello 8-26-2020

Minutes Attachments

No file(s) attached.



HOME • NEWSROOM • PRESS RELEASES • ADDITIONAL BUSINESSES OPEN IN CONTRA COSTA COUNTY IN ACCORDANCE WITH UPDATED STATE RECOMMENDATIONS

Press Release

Additional Businesses Open in Contra Costa County in Accordance with Updated State Recommendations

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Monday, August 31, 2020

The California Department of Public Health on Friday announced [new statewide guidelines](https://covid19.ca.gov/safer-economy/) (<https://covid19.ca.gov/safer-economy/>) to make regulations and community re-openings more standardized throughout the state. Contra Costa and most other counties are now in the purple (most restrictive) tier.

According to these new state rules, hair salons and barber shops can now operate indoors in Contra Costa County with [safety guidelines](https://files.covid19.ca.gov/pdf/guidance-hair-salons--en.pdf) (<https://files.covid19.ca.gov/pdf/guidance-hair-salons--en.pdf>) in place. Indoor shopping malls may also reopen at 25% maximum occupancy as long as public congregation points and food courts are closed and the mall has [approved a COVID-19 safety plan](https://813dcad3-2b07-4f3f-a25e-23c48c566922.filesusr.com/ugd/84606e_750122ff4cc94ae5888f4afdcdfed9fb.pdf) (https://813dcad3-2b07-4f3f-a25e-23c48c566922.filesusr.com/ugd/84606e_750122ff4cc94ae5888f4afdcdfed9fb.pdf) from Contra Costa Health Services. Gyms and fitness centers may begin operating outdoors in accordance with their own [state guidelines](https://files.covid19.ca.gov/pdf/guidance-fitness--en.pdf) (<https://files.covid19.ca.gov/pdf/guidance-fitness--en.pdf>) and [checklist](https://files.covid19.ca.gov/pdf/checklist-fitness.pdf) (<https://files.covid19.ca.gov/pdf/checklist-fitness.pdf>).

These new state rules do not change the

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restrictions on in-person education, or the state's school waiver process in Contra Costa.

We continue to evaluate the State's new framework and its impact on our county, and we will provide additional information as it becomes available

Contra Costa Health Services (CCHS) encourages businesses to adjust reopening plans as needed in response to changes in air quality in the county from Northern California wildfires. The county has issued a health advisory about smoke, encouraging all residents to stay inside when possible with doors and windows shut. For air quality updates and forecasts, visit the [Bay Area Air Quality Management District](https://www.baaqmd.gov/) (<https://www.baaqmd.gov/>) website. Contra Costa Health Services urges residents to continue wearing face coverings when they go out or are near people outside their households, observe physical distancing, stay home from work or school when they do not feel well and wash their hands thoroughly and often.

###



**ORDER OF THE HEALTH OFFICER
OF THE COUNTY OF CONTRA COSTA DIRECTING
ALL INDIVIDUALS IN THE COUNTY TO CONTINUE TO COMPLY WITH SOCIAL
DISTANCING AND FACE COVERING REQUIREMENTS AND AVOID
GATHERINGS, AND DIRECTING BUSINESSES AND GOVERNMENT AGENCIES
TO COMPLY WITH SPECIFIED RESTRICTIONS NECESSARY TO SLOW THE
SPREAD OF NOVEL CORONAVIRUS DISEASE 2019**

Order No. HO-COVID19-26

DATE OF ORDER: AUGUST 26, 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 Safety Code § 120295.)

Summary of the Order

This Order of the County of Contra Costa Health Officer eases certain restrictions set forth in the Health Officer's June 16, 2020, Order (No. HO-COVID19-18), as amended by the Health Officer's July 11, 2020, Order (No. HO-COVID19-24), pertaining to Novel Coronavirus Disease 2019 ("COVID-19") (collectively, the "Prior Order"). In light of evidence of stabilization and even modest improvement in case rates and hospitalization rates for COVID-19 in the County of Contra Costa ("County) in the previous several weeks, and in conformance with a variance obtained from the State of California ("State") on June 9, 2020, which allows the County to move more quickly, and in accordance with State guidelines, as of the effective date set forth in Section 14, in addition to the businesses and activities authorized under the Prior Order, this Order allows businesses to operate and activities to resume in the following sectors defined by the State:

- Gyms and fitness centers (outdoors only, until the State authorizes indoor operations);
- Personal services that do not require touching a client's face, including nail care and massages (outdoors only, until the State authorizes indoor operations); and
- Hotels and short-term rentals for tourism and individual travel.



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. **Past Orders.** This Order supersedes the Prior Order. Health Officer Order No. HO-COVID19-01 (the “Mass Gathering Order”) remains rescinded.
2. **Basis for Order.** This Order is issued based on evidence of ongoing community transmission of COVID-19 within the County; scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically; evidence that the age, condition, and health of a significant portion of the population of the County places it at risk for serious health complications, including death, from COVID-19; and further evidence that others, including younger and otherwise healthy people, are also at risk for serious outcomes. Due to the COVID-19 pandemic, there is a public health emergency throughout the County. Making the problem worse, some individuals who contract the virus causing COVID-19 have no symptoms or have mild symptoms, which means they may not be aware they carry the virus and are transmitting it to others. Because even people without symptoms can transmit the infection, and because evidence shows the infection is easily spread, gatherings and other direct or indirect interpersonal interactions can result in preventable transmission of the virus. Gatherings bring people together, often for prolonged periods of time, which can create a high risk for COVID-19 spread. Due to the association of gatherings with outbreaks, both within the County and elsewhere in the State, it is necessary to continue to limit gatherings to limit the spread of COVID-19. However, due to evidence of stabilization and even modest improvement in case rates and hospitalization rates for COVID-19 in the County in the previous several weeks, this Order will allow certain additional moderate risk businesses to operate with mitigation.
3. **Intent.** The primary intent of this Order is to slow the spread of COVID-19 in the County and mitigate the impact on delivery of critical healthcare services. All provisions of this Order must be interpreted to effectuate this intent.
4. **Cases Within the County.** Efforts taken to date regarding this public health emergency have slowed the virus’ trajectory, but the emergency and the attendant risk to public health remain significant. As of August 25, 2020, a total of 13,123 confirmed cases of COVID-19 in the County have been reported (up from 34 on March 15, 2020, just before the first shelter-in-place order). The cumulative number of confirmed cases continues to increase. Evidence suggests that the restrictions on mobility and social distancing requirements imposed by the Prior Order (and the orders that preceded it) are slowing the rate of increase in community transmission and confirmed cases by limiting interactions among people, consistent with scientific evidence of the efficacy of similar measures in other parts of the country and world.
5. **COVID-19 Indicators.** The Health Officer monitors several key indicators (“COVID-19 Indicators”), which are among the many factors informing decisions whether to modify restrictions imposed to slow the spread of COVID-19. Progress or stability on all of these



COVID-19 Indicators – specifically related to case numbers, hospital utilization and capacity, supply of personal protective equipment, and contact tracing – makes it appropriate, at this time, to allow more businesses to operate. But the continued prevalence of the virus that causes COVID-19 requires large gatherings and some business functions to remain restricted, and other activities must remain subject to social distancing and other infection control practices identified by the Health Officer. Evaluation of the COVID-19 Indicators will be critical to determinations regarding whether the restrictions imposed by this Order will be further modified to ease or tighten the restrictions imposed by this Order. The Health Officer will continually review whether modifications to the Order are warranted based on (1) progress on the COVID-19 Indicators; (2) developments in epidemiological and diagnostic methods for tracing, diagnosing, treating, or testing for COVID-19; and (3) scientific understanding of the transmission dynamics and clinical impact of COVID-19. The COVID-19 Indicators include, but are not limited to, the following:

- a. The trend of the number of new COVID-19 cases and hospitalizations per day.
- b. The capacity of hospitals and the health system in the County and region, including acute care beds and Intensive Care Unit beds, to provide care for COVID-19 patients and other patients, including during a surge in COVID-19 cases.
- c. The supply of personal protective equipment (PPE) available for hospital staff and other healthcare providers and personnel who need PPE to safely respond to and treat COVID-19 patients.
- d. The ability and capacity to quickly and accurately test persons to determine whether they are COVID-19 positive, especially those in vulnerable populations or high-risk settings or occupations.
- e. The ability to conduct case investigation and contact tracing for the volume of cases and associated contacts that will continue to occur, isolating confirmed cases and quarantining persons who have had contact with confirmed cases.

6. Incorporation of Emergency Proclamations. This Order is issued in accordance with, and incorporates by reference, the March 4, 2020, Proclamation of a State of Emergency issued by Governor Gavin Newsom and the March 10, 2020, Proclamation by the Contra Costa County Board of Supervisors declaring the existence of a local emergency.

7. State Orders. This Order is also issued in light of the following orders (collectively “State Orders”):

- a. The March 19, 2020, Order of the State Public Health Officer (the “State Shelter Order”), which set baseline statewide restrictions on non-residential business activities, effective until further notice;



- b. The March 19, 2020, executive order issued by the Governor (N-33-20), directing California residents to heed then-current State public health directives;
- c. The May 4, 2020, executive order issued by the Governor (N-66-20), directing California residents to continue to obey State public health directives; and
- d. The May 7, 2020, Order of the State Public Health Officer, permitting businesses to reopen as designated by sector, but expressly acknowledging the authority of local health officers to establish and implement public health measures within their respective jurisdictions that are more restrictive than those implemented by the State Public Health Officer.
- e. The July 13, 2020, Order of the State Public Health Officer, ordering business closures and restrictions in specified sectors statewide along with restrictions affecting specified business sectors and activities in counties on a County Monitoring List.

In certain respects, this Order adopts more stringent restrictions addressing the particular facts and circumstances in this County, which are necessary to control the public health emergency as it is evolving within the County. Without this tailored set of restrictions that further reduces the number of interactions between persons, scientific evidence indicates that the public health crisis in the County will worsen to the point at which it may overtake available health care resources within the County and increase the death rate. Where this Order is more restrictive than a State public health order related to the COVID-19 pandemic, this Order controls. To the extent any federal guidelines allow activities that are not allowed by this Order, this Order controls and those activities are not allowed.

8. Restrictions on Activities of Individuals.

- a. Prohibition on Gatherings; Exceptions. Individuals may not participate in public or private gatherings of any size, except as otherwise set forth in this Order or other order of the Health Officer. For purposes of this Order, a gathering is defined as a meeting or other event that brings together persons from multiple households or living units at the same time for a shared or group experience in a single room, space, or place such as, by way of example and without limitation, an auditorium, stadium, arena, large conference room, meeting hall, or other indoor or outdoor space.
 - (1) This Order does not prohibit participation in any of the following:
 - (a) Outdoor religious services or outdoor cultural ceremonies that conform to attendance limitations set forth by the State; and
 - (b) Outdoor protests protected by the First Amendment that conform to attendance limitations set forth by the State. It is strongly recommended that individuals wear face coverings while participating in protests, even if they can maintain a 6



foot distance from persons not in their household. Face coverings are also strongly recommended while engaged in activities such as singing and chanting.

(2) Public and private gatherings of persons in a “Social Bubble,” as defined below, may take place if the gathering takes place outside and participants comply with all other requirements of this Order. The following definitions apply to this subsection:

(a) “Social Bubble” means a Stable Group of 12 that forms either a Household Support Unit, a Childcare Unit, or a Children’s Extracurricular Activity Unit, for the purpose of engaging in activities that are not prohibited under this Order.

(b) “Stable Group of 12” means a group of not more than 12 individuals over a three-week time period that is a Household Support Unit, a Childcare Unit, or a Children’s Extracurricular Activity Unit.

(c) “Household Support Unit” means a Stable Group of 12 that is formed for the purpose of engaging in the sort of support and activities that are typical of members of the same household (e.g., childcare, family recreation, etc.), regardless of whether they physically occupy the same dwelling. Each person may be part of only one Household Support Unit, and every resident of a single dwelling unit must be part of the same Household Support Unit, except that a child who resides in more than one dwelling unit as part of a court-ordered shared custody arrangement may be part of the Household Support Unit of each of the child’s custodians.

(d) “Childcare Unit” means a Stable Group of 12 (typically 10 children and 1-2 adults) that is formed for the purpose of childcare. Each person (adult or child) may be a part of only a single Childcare Unit, but children in the same household may be part of separate, age-appropriate Childcare Units.

(e) “Children’s Extracurricular Activity Unit” means a Stable Group of 12 (typically 10 children and 1-2 adults) that is formed for the purpose of organized recreation. Each person (adult or child) may be part of only one Children’s Extracurricular Activity Unit, but children in the same household may be part of separate, age-appropriate Extracurricular Activity Units.

(3) This Order does not prohibit normal interactions among individuals in the course of work or other activities not prohibited by this Order or the State Orders, to the extent the interactions are consistent with any applicable guidance or other directives issued by the State.

b. Use of Dog Parks. An individual must not enter a dog park if it is not possible at that time, within the park, to easily maintain at least 6 feet of separation from all other persons.



- c. Use of Picnic and Barbecue Areas. People may use picnic areas and barbecue areas subject to the following limitations:
- (1) Picnic areas and barbecue areas may be used only by households, living units or Social Bubbles.
 - (2) Each picnic table may be occupied by only one household, living unit or Social Bubble at a time.
 - (3) Each barbecue pit or grill may be used by only one household, living unit or Social Bubble at a time.
 - (4) Except as set forth below for Social Bubbles, each member of a household or living unit must maintain at least 6 feet of separation from all members of other households or living units in the area. For clarity, members of the same household or living unit do not need to be 6 feet apart from each other. Children age 12 years or younger within the same Social Bubble do not need to be 6 feet apart from each other, but members of Social Bubbles who are over 12 years of age must maintain at least 6 feet of separation from all members of other households or living units.

c. Social Distancing.

- (1) Requirement. Except as otherwise set forth in this Order, all individuals shall strictly comply with the social distancing requirements described below (“Social Distancing Requirements”).
- (2) Definition. “Social Distancing Requirements” means:
 - (a) Maintaining at least 6-foot social distancing from individuals who are not part of the same household or living unit;
 - (b) Frequently washing hands with soap and water for at least 20 seconds, or using hand sanitizer that is recognized by the Centers for Disease Control and Prevention (CDC) as effective in combatting COVID-19;
 - (c) Covering coughs and sneezes with a tissue or fabric or, if not possible, into the sleeve or elbow (but not into hands); and
 - (d) Avoiding all social interaction outside the household when sick with a fever, cough, or other COVID-19 symptoms.



(3) Exceptions.

(a) An individual is not required to strictly comply with Social Distancing Requirements in any of the following circumstances, provided that the individual complies with Social Distancing Requirements to the greatest extent feasible:

1. An individual who is providing care to others, including childcare, adult or senior care, care to individuals with special needs, and patient care.
2. An individual who is working at a business that is not prohibited from operating under Section 9 of this Order, unless the specific industry guidance for that business requires social distancing of workers.

(b) Children age 12 or younger who are members of the same Social Bubble are not required to strictly comply with Social Distancing Requirements while participating in gatherings of the Social Bubble authorized under subsection 8.a.(2) of this Order.

d. State Orders. Nothing in this Order shall be interpreted to authorize individuals to engage in activities that are not permitted under the State Orders.

9. Restrictions on Business Activities.

a. Definition. A “business” includes any for-profit, non-profit, or educational entity, whether a corporate entity, organization, partnership or sole proprietorship, and regardless of the nature of the service, the function it performs, or its corporate or entity structure.

b. Prohibitions. Except as set forth in this subsection or subsection 9.e. of this Order, the following business activities are not permitted, due to the moderate to high risk of COVID-19 virus transmission while engaged in these activities.

(1) Business activities in any of the following sectors:

- (a) Zoos, museums, galleries and aquariums (except for outdoor museums, open air galleries, botanical gardens and other outdoor exhibit spaces);
- (b) Movie theaters and family entertainment centers (except for drive-in theaters);
- (c) Personal care services that require touching a client’s face;
- (d) Mining and logging;
- (e) Music, film and television production;



- (f) Cardrooms and racetracks; and
 - (g) Professional sports without live audiences.
- (2) Business activities that are not permitted by the State while the County is subject to restrictions applicable to counties on the State’s County Monitoring List for the requisite period of time. Information about the County Monitoring List can be found at <https://covid19.ca.gov/roadmap-counties/>. As of the date of this Order, these activities include:
- (a) Indoor operations at any of the following:
 - 1. Gyms and fitness centers;
 - 2. Places of worship and cultural ceremonies;
 - 3. Offices for non-critical infrastructure sectors;
 - 4. Personal care service businesses (including nail salons and massage parlors);
 - 5. Hair salons and barbershops; and
 - 6. Indoor shopping malls.
 - (b) Tattooing, piercing and electrolysis services.
- (3) Business activities that are not permitted by the State statewide. As of the date of this Order, these include:
- (a) Bars, pubs, brewpubs and breweries (indoor and outdoor operations, unless an exception applies); and
 - (b) Indoor operations at any of the following:
 - 1. Dine-in restaurants;
 - 2. Wineries and tasting rooms;
 - 3. Family entertainment centers and movie theaters;
 - 4. Zoos and museums; and
 - 5. Cardrooms.



(4) Business activities in any sector for which the State has not issued COVID-19 industry guidance before the date of this Order.

c. Limitations.

(1) State Guidance. Business activities other than those described in subsection 9.b. are permitted only if they conform to applicable COVID-19 industry guidance. Guidance documents may be found at <https://covid19.ca.gov/industry-guidance/>.

(2) Special Conditions. Businesses in the following sectors must also comply with the following special conditions, as applicable, to mitigate the risks of transmission of the COVID-19 virus:

(a) Retail Stores Open for Curbside/Outside Pickup. If a retail store is open for curbside/outside pickup, the store may operate subject to all of the following:

1. If the store is not open for indoor shopping, it may not display merchandise for sale on tables or otherwise outside the store, and customers may not enter the store.
2. The store must have access to an area or areas outside the store for customer pickups. Subject to local requirements, a pickup area may be curbside, on a sidewalk, in a parking lot, or in any other area that is suitable for customer pickups and not in an enclosed space.
3. The store must employ reasonable measures to prevent pedestrian or vehicle congestion in the vicinity of the pickup area.

(b) Indoor Shopping Malls. Prior to opening, the operator of an indoor shopping mall must prepare and obtain the Health Officer's approval of a COVID-19 prevention plan. The plan must address and describe with particularity how the facility will implement the preventive measures described in the guidance document. The plan must be submitted to the Health Officer at the Office of the Director of Contra Costa Health Services, 1220 Morello Avenue, Suite 200, Martinez, CA 94553.

(c) Manufacturing. Manufacturing businesses must limit the number of workers in enclosed areas so that Personnel can comply with Social Distancing Requirements.

(d) Logistics and Warehousing Facilities. Logistics and warehousing facilities must limit the number of workers in enclosed areas so that workers can comply with Social Distancing Requirements.



(e) Providers of Religious Services and Cultural Ceremonies.

1. It is strongly recommended that individuals wear face coverings while participating in religious services and cultural ceremonies, even if they can maintain a 6 foot distance from persons not in their household. Face coverings are also strongly recommended while engaged in activities such as singing and chanting.
2. Because in-person events, including in-person religious services and cultural ceremonies, can involve extended periods of close contact, increasing the risk of transmission of COVID-19, it is recommended that event organizers consider maintaining contact information of attendees at services or ceremonies and that this information be kept by the event's organizer for at least 14 days after the event. The purpose of this recommendation is to assist Contra Costa Health Services with effective contact tracing in case of an outbreak that may have affected people attending the event.

(f) Campgrounds, Recreational Vehicle Parks and Outdoor Recreation Facilities.

Outdoor pools are subject to the following conditions:

1. The maximum occupancy of the pool must be limited to a number that is less than or equal to the number of square feet of shared pool space divided by 75.
2. The pool operator must post a sign at or near the entrance to the pool facility that sets forth the maximum allowable occupancy of the pool based on the above limitation.
3. At least one person, separate from a lifeguard, paid or unpaid, shall be on duty at all times to ensure that the social distancing protocol applicable to the facility and all limitations herein are followed. The person performing this function may not be one of the swimmers in the pool.

(g) Restaurants and Other Food Facilities:

1. Alcohol may be sold to patrons in conjunction with a meal, but it may not be sold separately. For purposes of this Order, a "meal" means food that is prepared and served to a person at a customary, regular time for eating during the day, such as lunch or dinner. Snack fare, whether reheated or served cold, does not constitute a meal.
2. Bar areas must remain closed to customers.
3. Customers may remove face coverings to eat or drink while seated at a table outdoors. However, customers must wear face coverings in all of the following circumstances:



- While waiting in line;
- While going to or from their table;
- When ordering their meals or otherwise interacting with employees;
- While seated at a table and waiting for food, drinks or checks to arrive;
- After meals and beverages have been consumed;
- While inside a facility to use a restroom or to order or pick up food from a quick-service operation; and
- At other times that a facility requires face coverings to be worn.

d. Social Distancing Protocol.

(1) Requirement. As a condition of continued or resumed operations, business operators must prepare or update, post, implement, and distribute to workers a Social Distancing Protocol for each of their facilities in the County frequented by workers or members of the public. Except as set forth in subsection 9.d.(3) of this Order, the Social Distancing Protocol must be substantially in the form attached to this Order as Appendix A, incorporated into this Order by reference. The Social Distancing Protocol must be updated to address new requirements in accordance with guidance or directives issued by the Health Officer from time to time. The Social Distancing Protocol must be posted at or near the entrance of the relevant facility, and shall be easily viewable by the public and personnel. A copy of the Social Distancing Protocol must also be provided to each person performing work at the facility. All businesses subject to this paragraph shall provide evidence of implementation of the Social Distancing Protocol to any authority enforcing this Order upon demand.

(2) Required Contents. The Social Distancing Protocol must explain how the business is achieving the following, as applicable:

- (a) Limiting the number of people who can enter into the facility at any one time to ensure that people in the facility can easily maintain a minimum 6-foot distance from one another at all times, except as required to complete an activity of the business;
- (b) Requiring face coverings to be worn by all persons entering the facility, other than those exempted from face covering requirements (e.g. young children);
- (c) Where lines may form at a facility, marking 6-foot increments at a minimum, establishing where individuals should stand to maintain adequate social distancing;



- (d) Providing hand sanitizer, soap and water, or effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and personnel, and in locations where there is high-frequency employee interaction with members of the public (e.g. cashiers);
 - (e) Providing for contactless payment systems or, if not feasible to do so, the providing for disinfecting all payment portals, pens, and styluses after each use;
 - (f) Regularly disinfecting other high-touch surfaces;
 - (g) Posting a sign at the entrance of the facility informing all personnel and customers that they should: Avoid entering the facility if they have any COVID-19 symptoms; maintain a minimum six-foot distance from one another; sneeze and cough into one's elbow; and not shake hands or engage in any unnecessary physical contact; and
 - (h) Any additional social distancing measures being implemented (see the CDC guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>).
- (3) Exception for Construction Activities. The Social Distancing Protocol does not apply to construction activities. Businesses engaged in construction activities shall comply with Construction Project Safety Protocols set forth in Appendix B-1 or Appendix B-2, whichever is applicable.
- e. Minimum Basic Operations. Nothing in this Order prohibits any business from engaging in the following minimum basic operations:
- (1) The minimum necessary activities to maintain and protect the value of the business's inventory and facilities; ensure security, safety, and sanitation; process payroll and employee benefits; provide for the delivery of existing inventory directly to residences or businesses; and related functions. For clarity, this subsection does not permit businesses to provide curbside pickup to customers.
 - (2) The minimum necessary activities to facilitate workers being able to continue to work remotely from their residences, and to ensure that the business can deliver its service remotely.

10. Categorical Exemptions. All emergency services personnel, including but not limited to first responders, emergency management personnel, emergency dispatchers, and law enforcement personnel, and all court personnel, are categorically exempt from this Order to the extent they are performing position-related tasks.

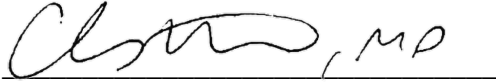


- 11. Essential Governmental Functions.** Nothing in this Order shall prohibit any individual from performing or accessing “Essential Governmental Functions,” as determined by the governmental entity performing those functions. Each governmental entity in the County shall identify and designate appropriate personnel, volunteers, or contractors to continue providing and carrying out any Essential Governmental Functions, including the hiring or retention of new personnel or contractors to perform such functions. Each governmental entity in the County and its contractors must employ all necessary emergency protective measures to prevent, mitigate, respond to, and recover from the COVID-19 pandemic, and all Essential Governmental Functions shall be carried out in compliance with Social Distancing Requirements and the face covering requirements set forth in Health Officer Order No. HO-COVID19-22 to the greatest extent feasible.
- 12. Homeless Persons.** Government agencies and other entities operating shelters and other facilities that house or provide meals or other necessities of life for individuals experiencing homelessness must take appropriate steps to help ensure compliance with Social Distancing Requirements, including adequate provision of hand sanitizer. Individuals experiencing homelessness who are unsheltered and living in encampments should, to the maximum extent feasible, abide by 12 foot by 12 foot distancing for the placement of tents, and government agencies should provide restroom and hand washing facilities for individuals in such encampments as set forth in the CDC’s Interim Guidance Responding to Coronavirus 2019 (COVID-19) Among People Experiencing Unsheltered Homelessness (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/unsheltered-homelessness.html>).
- 13. 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.
- 14. Effective Date and Time.** This Order shall become effective at 6 a.m. on August 28, 2020, and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer.
- 15. 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.



16. Severability. If any provision of this Order or its application to any person or circumstance is held to be invalid, 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.

IT IS SO ORDERED:



Dated: August 26, 2020

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

Attachments:

- Appendix A – Social Distancing Protocol
- Appendix B-1 – Small Construction Project Safety Protocol
- Appendix B-2 – Large Construction Project Safety Protocol



Appendix A: Social Distancing Protocol (Updated June 16, 2020)

Business name:

Facility Address:

Approximate gross square footage of space open to the public:

Businesses must implement all applicable measures listed below, and be prepared to explain why any measure that is not implemented is inapplicable to the business.

Signage:

Signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have COVID-19 symptoms; maintain a minimum six-foot distance from one another; sneeze and cough into a cloth or tissue or, if not available, into one's elbow; wear face coverings, as appropriate; and not shake hands or engage in any unnecessary physical contact.

Signage posting a copy of the Social Distancing Protocol at each public entrance to the facility.

Measures To Protect Employee Health (check all that apply to the facility):

Everyone who can carry out their work duties from home has been directed to do so.

All employees have been told not to come to work if sick.

Symptom checks are being conducted before employees may enter the work space.

Employees are required to wear face coverings, as appropriate.

All desks or individual work stations are separated by at least six feet.

Break rooms, bathrooms, and other common areas are being disinfected frequently, on the following schedule:

Break rooms:

Bathrooms:

Other ():

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

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

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

Copies of this Protocol have been distributed to all employees.

Optional—Describe other measures:



Appendix A: Social Distancing Protocol (Updated June 16, 2020)

Measures To Prevent Crowds From Gathering (check all that apply to the facility):

- Limit the number of customers in the store at any one time to _____, which allows for customers and employees to easily maintain at least six-foot distance from one another at all practicable times.
- Post an employee at the door to ensure that the maximum number of customers in the facility set forth above is not exceeded.
- Placing per-person limits on goods that are selling out quickly to reduce crowds and lines. Explain:
- Optional—Describe other measures:

Measures To Keep People At Least Six Feet Apart (check all that apply to the facility)

- Placing signs outside the store reminding people to be at least six feet apart, including when in line.
- Placing tape or other markings at least six feet apart in customer line areas inside the store and on sidewalks at public entrances with signs directing customers to use the markings to maintain distance.
- Separate order areas from delivery areas to prevent customers from gathering.
- All employees have been instructed to maintain at least six feet distance from customers and from each other, except employees may momentarily come closer when necessary to accept payment, deliver goods or services, or as otherwise necessary.
- Optional—Describe other measures:

Measures To Prevent Unnecessary Contact (check all that apply to the facility):

- Preventing people from self-serving any items that are food-related.
- Lids for cups and food-bar type items are provided by staff; not to customers to grab.
- Bulk-item food bins are not available for customer self-service use.
- Not permitting customers to bring their own bags, mugs, or other reusable items from home that must be handled by employees. Customers bringing their own reusable items that do not require handling by employees is permissible.
- Providing for contactless payment systems or, if not feasible, sanitizing payment systems regularly. Describe:
- Optional—Describe other measures (e.g. providing senior-only hours):



Appendix A: Social Distancing Protocol (Updated June 16, 2020)

Measures To Increase Sanitization (check all that apply to the facility):

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

* Any additional measures not included here should be listed on separate pages and attached to this document.

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

Name:

Phone number:



Appendix B-1: Small Construction Project Safety Protocol

1. Any construction project meeting any of the following specifications is subject to this Small Construction Project Safety Protocol (“SCP Protocol”), including public works projects unless otherwise specified by the Health Officer:
 - a. For residential construction projects, any single-family, multi-family, senior, student, or other residential construction, renovation, or remodel project consisting of 10 units or less. This SCP Protocol does not apply to construction projects where a person is performing construction on their current residence either alone or solely with members of their own household.
 - b. For non-residential construction projects, any construction, renovation, or tenant improvement project that (1) consists of 20,000 square feet of building floor area or less and (2) requires fewer than 12 workers at the jobsite at any one time.
 - c. For mixed-use construction projects, any project that includes a residential construction component that meets the specifications in subsection 1.a. and a non-residential construction component that meets the specifications in subsection 1.b.
2. The general contractor or other contractor(s) responsible for construction work in projects subject to this SCP Protocol shall comply with the following restrictions and requirements:
 - a. Comply with all applicable and current laws and regulations including but not limited to OSHA and Cal-OSHA. If there is any conflict, difference, or discrepancy between or among applicable laws and regulations and/or this SCP Protocol, the stricter standard shall apply.
 - b. Designate a site-specific COVID-19 supervisor or supervisors to enforce this guidance. A designated COVID-19 supervisor must be present at the job site at all times during construction activities. A COVID-19 supervisor may be an on-site worker who is designated to serve in this role.
 - c. The COVID-19 supervisor must review this SCP Protocol with all workers and visitors to the construction site.
 - d. Establish a daily screening protocol for arriving staff to ensure that potentially infected staff do not enter the construction site. If workers leave the jobsite and return the same day, establish a cleaning and decontamination protocol prior to entry and exit of the jobsite. Post the daily screening protocol at all entrances and exits to the jobsite. More information on screening can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>.
 - e. Practice social distancing by maintaining a minimum six-foot distance between workers at all times, except as strictly necessary to carry out a task associated with the construction project.



Appendix B-1: Small Construction Project Safety Protocol

- f. Where construction work occurs within an occupied residential unit, separate work areas must be sealed off from the remainder of the unit with physical barriers such as plastic sheeting or closed doors sealed with tape to the extent feasible. If possible, workers must access the work area from an alternative entry/exit door to the entry/exit door used by residents. Available windows and exhaust fans must be used to ventilate the work area. If residents have access to the work area between workdays, the work area must be cleaned and sanitized at the beginning and at the end of workdays. Every effort must be taken to minimize contact between workers and residents, including maintaining a minimum of six feet of social distancing at all times.
- g. Where construction work occurs within common areas of an occupied building in use by on-site employees or residents, separate work areas must be sealed off from the rest of the common areas with physical barriers such as plastic sheeting or closed doors sealed with tape to the extent feasible. If possible, workers must access the work area from an alternative building entry/exit door to the building entry/exit door used by residents or other users of the building. Every effort must be taken to minimize contact between worker and building residents and users, including maintaining a minimum of six feet of social distancing at all times.
- h. Prohibit gatherings of any size on the jobsite, including gatherings for breaks or eating, except for meetings regarding compliance with this protocol or as strictly necessary to carry out a task associated with the construction project.
- i. Cal-OSHA requires employers to provide water, which should be provided in single-serve containers. Sharing of any of any food or beverage is strictly prohibited and if sharing is observed, the worker must be sent home for the day.
- j. Provide personal protective equipment (PPE) specifically for use in construction, including gloves, goggles, face shields, and face coverings as appropriate for the activity being performed. At no time may a contractor secure or use medical-grade PPE unless required due to the medical nature of a jobsite. Face coverings must be worn in compliance with Health Officer Order No. HO-COVID19-22 or any subsequently issued or amended face covering order.
- k. Strictly control “choke points” and “high-risk areas” where workers are unable to maintain six-foot social distancing and prohibit or limit use to ensure that six-foot distance can easily be maintained between individuals.
- l. Minimize interactions and maintain social distancing with all site visitors, including delivery workers, design professional and other project consultants, government agency representatives, including building and fire inspectors, and residents at residential construction sites.
- m. Stagger trades as necessary to reduce density and allow for easy maintenance of minimum six-foot separation.



Appendix B-1: Small Construction Project Safety Protocol

- n. Discourage workers from using others' desks, work tools, and equipment. If more than one worker uses these items, the items must be cleaned and disinfected with disinfectants that are effective against COVID-19 in between use by each new worker. Prohibit sharing of PPE.
- o. If hand washing facilities are not available at the jobsite, place portable wash stations or hand sanitizers that are effective against COVID-19 at entrances to the jobsite and in multiple locations dispersed throughout the jobsite as warranted.
- p. Clean and sanitize any hand washing facilities, portable wash stations, jobsite restroom areas, or other enclosed spaces daily with disinfectants that are effective against COVID-19. Frequently clean and disinfect all high touch areas, including entry and exit areas, high traffic areas, rest rooms, hand washing areas, high touch surfaces, tools, and equipment
- q. Maintain a daily attendance log of all workers and visitors that includes contact information, including name, phone number, address, and email.
- r. Post a notice in an area visible to all workers and visitors instructing workers and visitors to do the following:
 - i. Do not touch your face with unwashed hands or with gloves.
 - ii. Frequently wash your hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.
 - iii. Clean and disinfect frequently touched objects and surfaces such as work stations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs.
 - iv. Cover your mouth and nose when coughing or sneezing, or cough or sneeze into the crook of your arm at your elbow/sleeve.
 - v. Do not enter the jobsite if you have a fever, cough, or other COVID-19 symptoms. If you feel sick, or have been exposed to anyone who is sick, stay at home.
 - vi. Constantly observe your work distances in relation to other staff. Maintain the recommended minimum six feet at all times when not wearing the necessary PPE for working in close proximity to another person.
 - vii. Do not carpool to and from the jobsite with anyone except members of your own household unit, or as necessary for workers who have no alternative means of transportation.
 - viii. Do not share phones or PPE.

(Updated July 11, 2020)



Appendix B-2: Large Construction Project Safety Protocol

1. Any construction project meeting any of the following specifications is subject to this Large Construction Project Safety Protocol (“LCP Protocol”), including public works projects unless otherwise specified by the Health Officer:
 - a. For residential construction projects, any single-family, multi-family, senior, student, or other residential construction, renovation, or remodel project consisting of more than 10 units.
 - b. For non-residential commercial construction projects, any construction, renovation, or tenant improvement project that (1) consists of more than 20,000 square feet of building floor area or (2) requires 12 or more workers at the jobsite at any one time.
 - c. For mixed use construction projects, any project that includes a residential construction component that meets the specifications of subsection 1.a. or a non-residential construction component that meets the specifications of subsection 1.b.

2. The general contractor or other contractor(s) responsible for construction work in projects subject to this LCP Protocol shall comply with the following restrictions and requirements:
 - a. Comply with all applicable and current laws and regulations including but not limited to OSHA and Cal-OSHA. If there is any conflict, difference or discrepancy between or among applicable laws and regulations and/or this LCP Protocol, the stricter standard will apply.
 - b. Prepare a new or updated Site-Specific Health and Safety Plan to address COVID-19-related issues, post the Plan at the job site at all entrances and exits, and produce a copy of the Plan to County governmental authorities upon request. The Plan must be translated as necessary to ensure that all non-English speaking workers are able to understand the Plan.
 - c. Provide personal protective equipment (PPE) specifically for use in construction, including gloves, goggles, face shields, and face coverings as appropriate for the activity being performed. At no time may a contractor secure or use medical-grade PPE, unless required due to the medical nature of a job site. Face coverings must be worn in compliance with Health Officer Order No. HO-COVID19-22 or any subsequently issued or amended face covering order.
 - d. Ensure that employees are trained in the use of PPE. Maintain and make available a log of all PPE training provided to employees and monitor all employees to ensure proper use of the PPE.
 - e. Prohibit sharing of PPE.



Appendix B-2: Large Construction Project Safety Protocol

- f. Implement social distancing requirements including, at minimum:
 - i. Stagger stop- and start-times for shift schedules to reduce the quantity of workers at the jobsite at any one time to the extent feasible.
 - ii. Stagger trade-specific work to minimize the quantity of workers at the jobsite at any one time.
 - iii. Require social distancing by maintaining a minimum six-foot distance between workers at all times, except as strictly necessary to carry out a task associated with the project.
 - iv. Prohibit gatherings of any size on the jobsite, except for safety meetings or as strictly necessary to carry out a task associated with the project.
 - v. Strictly control “choke points” and “high-risk areas” where workers are unable to maintain minimum six-foot social distancing and prohibit or limit use to ensure that minimum six-foot distancing can easily be maintained between workers.
 - vi. Minimize interactions and maintain social distancing with all site visitors, including delivery workers, design professional and other project consultants, government agency representatives, including building and fire inspectors, and residents at residential construction sites.
 - vii. Prohibit workers from using others’ phones or desks. Any work tools or equipment that must be used by more than one worker must be cleaned with disinfectants that are effective against COVID-19 before use by a new worker.
 - viii. Place wash stations or hand sanitizers that are effective against COVID-19 at entrances to the jobsite and in multiple locations dispersed throughout the jobsite as warranted.
 - ix. Maintain a daily attendance log of all workers and visitors that includes contact information, including name, address, phone number, and email.
 - x. Post a notice in an area visible to all workers and visitors instructing workers and visitors to do the following:
 - 1. Do not touch your face with unwashed hands or with gloves.
 - 2. Frequently wash your hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.
 - 3. Clean and disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, machines, shared tools, elevator control buttons, and doorknobs.
 - 4. Cover your mouth and nose when coughing or sneezing or cough or sneeze into the crook of your arm at your elbow/sleeve.
 - 5. Do not enter the jobsite if you have a fever, cough, or other COVID-19 symptoms. If you feel sick, or have been exposed to anyone who is sick, stay at home.
 - 6. Constantly observe your work distances in relation to other staff. Maintain the recommended minimum six-foot distancing at all times when not wearing the necessary PPE for working in close proximity to another person.
 - 7. Do not share phones or PPE.



Appendix B-2: Large Construction Project Safety Protocol

- xi. The notice in section 2.f.x must be translated as necessary to ensure that all non-English speaking workers are able to understand the notice.

- g. Implement cleaning and sanitization practices in accordance with the following:
 - i. Frequently clean and sanitize, in accordance with CDC guidelines, all high-traffic and high-touch areas including, at a minimum: meeting areas, jobsite lunch and break areas, entrances and exits to the jobsite, jobsite trailers, hand-washing areas, tools, equipment, jobsite restroom areas, stairs, elevators, and lifts.
 - ii. Establish a cleaning and decontamination protocol prior to entry and exit of the jobsite and post the protocol at entrances and exits of jobsite.
 - iii. Supply all personnel performing cleaning and sanitization with proper PPE to prevent them from contracting COVID-19. Employees must not share PPE.
 - iv. Establish adequate time in the workday to allow for proper cleaning and decontamination including prior to starting at or leaving the jobsite for the day.

- h. Implement a COVID-19 community spread reduction plan as part of the Site-Specific Health and Safety Plan that includes, at minimum, the following restrictions and requirements:
 - i. Prohibit all carpooling to and from the jobsite except by workers living within the same household unit, or as necessary for workers who have no alternative means of transportation.
 - ii. Cal-OSHA requires employers to provide water, which should be provided in single-serve containers. Prohibit any sharing of any food or beverage and if sharing is observed, the worker must be sent home for the day.
 - iii. Prohibit use of microwaves, water coolers, and other similar shared equipment.

- i. Assign a COVID-19 Safety Compliance Officer (SCO) to the jobsite and ensure the SCO's name is posted on the Site-Specific Health and Safety Plan. The SCO must:
 - i. Ensure implementation of all recommended safety and sanitation requirements regarding the COVID-19 virus at the jobsite.
 - ii. Compile daily written verification that each jobsite is compliant with the components of this LCP Protocol. Each written verification form must be copied, stored, and made immediately available upon request by any County official.
 - iii. Establish a daily screening protocol for arriving staff, to ensure that potentially infected staff do not enter the construction site. If workers leave the jobsite and return the same day, establish a cleaning and decontamination protocol prior to entry and exit of the jobsite. Post the daily screening protocol at all entrances and exit to the jobsite. More information on screening can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>.
 - iv. Conduct daily briefings in person or by teleconference that must cover the following topics:
 - 1. New jobsite rules and pre-job site travel restrictions for the prevention of COVID-19 community spread.
 - 2. Review of sanitation and hygiene procedures.
 - 3. Solicitation of worker feedback on improving safety and sanitation.
 - 4. Coordination of construction site daily cleaning/sanitation requirements.



Appendix B-2: Large Construction Project Safety Protocol

5. Conveying updated information regarding COVID-19.
 6. Emergency protocols in the event of an exposure or suspected exposure to COVID-19.
- v. Develop and ensure implementation of a remediation plan to address any non-compliance with this LCP Protocol and post remediation plan at entrance and exit of jobsite during remediation period. The remediation plan must be translated as necessary to ensure that all non-English speaking workers are able to understand the document.
 - vi. The SCO must not permit any construction activity to continue without bringing such activity into compliance with these requirements.
 - vii. Report repeated non-compliance with this LCP Protocol to the appropriate jobsite supervisors and a designated County official.
- j. In the event of a confirmed case of COVID-19 at any jobsite, the following must take place:
 - i. Immediately remove the infected individual from the jobsite with directions to seek medical care.
 - ii. Each location the infected worker was at must be decontaminated and sanitized. Work in these locations must cease until decontamination and sanitization is complete.
 - iii. The County Public Health Department must be notified immediately and any additional requirements per the County health officials must be completed, including full compliance with any tracing efforts by the County.
 - k. Where construction work occurs within an occupied residential unit, any separate work area must be sealed off from the remainder of the unit with physical barriers such as plastic sheeting or closed doors sealed with tape to the extent feasible. If possible, workers must access the work area from an alternative entry/exit door to the entry/exit door used by residents. Available windows and exhaust fans must be used to ventilate the work area. If residents have access to the work area between workdays, the work area must be cleaned and sanitized at the beginning and at the end of workdays. Every effort must be taken to minimize contact between workers and residents, including maintaining a minimum of six feet of social distancing at all times.
 - l. Where construction work occurs within common areas of an occupied building in use by on-site employees or residents, any separate work area must be sealed off from the rest of the common areas with physical barriers such as plastic sheeting or closed doors sealed with tape to the extent feasible. If possible, workers must access the work area from an alternative building entry/exit door to the building entry/exit door used by residents or other users of the building. Every effort must be taken to minimize contact between worker and building residents and users, including maintaining a minimum of six feet of social distancing at all times.

(Updated July 11, 2020)

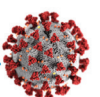


Contra Costa County Openings at a Glance

In all cases, social distancing & face coverings are required.
For sector specific guidelines, visit coronavirus.cchealth.org.

Open ✓ Closed ✗

Athletic Fields	✓	Offices for Non-Critical Infrastructure Sectors	✗
Automobile & Bicycle Repair	✓	Outdoor Businesses	✓
Campgrounds, RV Parks & Outdoor Recreation Facilities	✓	Outdoor Museums, Exhibit Spaces & Drive-in Theaters	✓
Car Washes	✓	Outdoor Dining, Take Out & Delivery	✓
Childcare Facilities & Day Camps	✓	Outdoor Swimming Pools	✓
Construction	✓	Parks (including picnic & BBQ areas)	✓
Bars, Brewpubs, Breweries, Pubs & Craft Distilleries	✗	Personal Care Services — no close contact with face, such as nail salons & massage (outdoors only)	✓
Dental Care	✓	Personal Care Services — close contact with face, such as permanent makeup, facials & waxing	✗
Dog Parks	✓	Personal Care Services — requiring controlled, hygienic environment such as electrology, tattooing & piercing	✗
Financial Institutions	✓	Places of Worship & Cultural Ceremonies (outdoors only)	✓
Funeral Homes, Mortuaries & Cemeteries	✓	Playgrounds	✗
Gas Stations	✓	Public & Private Transportation Services	✓
Golf Courses	✓	Public Events & Gatherings (nightclubs, convention centers, concerts & live audience sports, etc.)	✗
Government Services	✓	Real Estate	✓
Grocery & Other Food Stores	✓	Recreational Team Sports	✗
Gyms & Fitness Centers (outdoors only)	✓	Residential & Commercial Maintenance Services	✓
Hair Salons & Barbershops	✓	Retail Stores & Retail Supply Chain Businesses	✓
Healthcare, Pharmacies & Medical Supply	✓	K-12 Schools (distance learning only)	✓
Higher Education (distance learning only)	✓	Shooting & Archery Ranges	✓
Hotels & Short-Term Rentals	✓	Skate Parks	✓
Indoor Dining	✗	Small Group Gatherings (outdoors)	✓
Indoor Museums	✗	Tennis & Pickleball Courts (singles only)	✓
Laundromats	✓	Theme Parks & Festivals	✗
Libraries (curbside pickup only)	✓	Utilities	✓
Live Performances & Entertainment	✗	Veterinary Care & Groomers	✓
Indoor Leisure (arcades, billiards, bowling, movie theaters, etc.)	✗	Wineries & Tasting Rooms (outdoors only)	✓
Logistics & Warehousing Facilities	✓		
Nail Salons (outdoors only)	✓		
Malls (25% maximum occupancy indoors)	✓		
Manufacturing	✓		
Nonessential Healing Arts	✗		
Offices for Critical Infrastructure Sectors	✓		





HOME • NEWSROOM • PRESS RELEASES • NEW COVID-19 COMMUNITY TESTING HUB OPENS WEDNESDAY IN RICHMOND

Press Release

New COVID-19 Community Testing Hub Opens Wednesday in Richmond

Like 17

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Tuesday, August 25, 2020

West Contra Costa residents looking for fast, free COVID-19 testing will have a convenient new option beginning Wednesday, when Contra Costa Health Services (CCHS) opens a new community testing hub at Richmond's Civic Center Plaza.

The new testing site, in a parking lot with the entrance at the corner of 25th Street and Nevin Avenue, accepts appointments and walk-in patients. In September CCHS will add drive-through service, allowing the location to test as many as 400 people per day.

"Our testing program has already shown that communities of color, and specifically some neighborhoods in West County, are disproportionately affected by the COVID-19 pandemic," said Dr. Chris Farnitano, Contra Costa County Health Officer. "Accessible, timely testing is critical to reduce transmission of the virus and protect the community."

Contra Costa offers COVID-19 testing to anyone who lives or works in the county, regardless of insurance, ability to pay or whether they have symptoms or not.

Drive-through appointments continue to be available at West County Health Center in San Pablo, and at a site near the corner of Second Street and Ruby Avenue in North Richmond,

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CCHS Media Line,
925-608-5463

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where no-appointment, walk-in testing is available Tuesday and Friday afternoons.

The Civic Center site replaces a smaller county testing location at Kennedy High School in south Richmond, opened over the summer in partnership with West Contra Costa Unified School District.

The expansion of public testing service in West County coincides with an increase in laboratory testing capacity and improved turnaround time in Contra Costa, where many patients this summer waited two weeks or longer for their results due to a national shortage of reagents needed to process specimens.

The primary private laboratory contracted by Contra Costa to process tests was reporting a turnaround time of two to five days as of Monday. The county has also contracted with additional labs, which are now preparing to process county specimens, and its Public Health Laboratory this month received new equipment from the state allowing it to process hundreds more tests in-house daily. Turnaround times at the county's in-house lab average two to three days.

CCHS now operates nine free community testing sites, and the state runs another three in Contra Costa County. Testing appointments are available for all county sites by calling 1-844-421-0804 (8 a.m. to 3:30 p.m. daily) or visiting [coronavirus.cchealth.org/get-tested](https://www.coronavirus.cchealth.org/get-tested) (<https://www.coronavirus.cchealth.org/get-tested>) to schedule online. The new site also accepts walk-in patients without appointments. (*Note: Testing clinics operated by Contra Costa County may close during the afternoon this week depending on current air quality.*)

While you don't need symptoms to get tested, symptoms that may warrant a test include cough, shortness of breath, fever, chills, fatigue, muscle ache, sore throat, headache, vomiting, nausea, diarrhea, recent loss of taste or smell, or confusion, particularly in older adults.

There is no up-front cost for testing and patients do not need medical insurance or government-

issued identification to get tested. However, if you have health insurance, your insurance will be billed.

CCHS does request identification during appointment registration as part of its process to receive federal reimbursement for testing, but ID is not required to receive a test. Patient information is confidential and not shared with law enforcement or other government agencies.

Patients receive their test results via secure text, or in the mail if they cannot receive texts. Patients who test positive for COVID-19 also will be contacted by Contra Costa Public Health with important next steps, including information to help prevent spreading the virus to others.

Visit [coronavirus.cchealth.org/get-tested](https://www.coronavirus.cchealth.org/get-tested) (<https://www.coronavirus.cchealth.org/get-tested>) for details about community testing, including site locations.

###

Press Release

Contra Costa to Begin Accepting Waiver Applications to Allow In-Person Classes at Elementary Schools

 Like 1.2K

 Tweet

Tuesday, August 18, 2020

Starting Wednesday, public and private elementary schools (TK – 6th grade) in Contra Costa County can submit applications to allow in-person instruction at their campuses. In accordance with state guidelines, waivers may be granted "when requested by a local superintendent (or equivalent for charter or private schools), in consultation with labor, parent and community organizations. Local health officers must review local community epidemiological data, consider other public health interventions, and consult with the California Department of Public Health when considering a waiver request."

School districts will be asked to detail how they would safely conduct in-person classes and prevent the spread of COVID-19. Applications will go to the Contra Costa County Office of Education for an initial review before being sent to Contra Costa Health Services (CCHS) for further analysis.

CCHS and the County Office of Education have developed a checklist with safety measures schools must take in order to reopen. These measures include:

- A plan for testing of students and staff with

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CCHS Media Line,
925-608-5463

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COVID symptoms. Schools must also show they have a plan for periodically testing asymptomatic staff members.

- Each school must identify a person to help CCHS with contact tracing efforts if there is a positive case
- Showing how shared surfaces will be regularly cleaned and disinfected and how use of shared items will be minimized.
- Proper use of face coverings
- How students will be kept in small, stable, groups with fixed membership that stay together for all activities (e.g., instruction, lunch, recess) and minimize/avoid contact with other groups

Review by local and state officials will take approximately ten days. The state will make the final decision to approve or deny requests. Schools in counties such as Contra Costa that are on the state's COVID-19 monitoring list can't reopen unless granted a waiver by local and state health officials.

"We feel like we've reached a point where it makes sense to consider requests from elementary schools to reopen," said Dr. Chris Farnitano, health officer for Contra Costa County. "Our role will be to ensure that schools have a solid plan in place to protect their students and staff and show us how they will work with the health department when there is a case to prevent further spread of the virus."

The state outlined the waiver process for elementary schools two weeks ago. CCHS did not immediately begin accepting waiver applications because of the increasing prevalence of COVID-19 in our community at the time.

Since then, the situation has stabilized enough to begin reviewing school-waiver applications, said Dr. Farnitano. Case rates and COVID-related hospitalizations, for instance, have leveled off in August after spiking in July.

While school districts are invited to apply, waiver requests may not be granted if the plan does not

meet state or local health requirements, or if data show worsening conditions in the community. Some districts may choose not to submit an application if they cannot meet the requirements outlined in local and state guidelines. Middle schools and high schools are not eligible for waivers.

###



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



August 3, 2020

TO: All Californians

SUBJECT: COVID-19 and Reopening In-Person Learning Elementary Education Waiver Process

Overview

California schools have been closed for in-person instruction since mid-March 2020 due to the COVID-19 pandemic. School closures to in-person instruction were part of a broader set of recommendations intended to reduce transmission of SARS-CoV-2, the virus that causes COVID-19. The California Department of Public Health (CDPH) developed the *COVID-19 and Reopening In-Person Learning Framework* (PDF) to support school communities as they decide when and how to implement in-person instruction for the 2020-21 school year.

This framework permitted schools and school districts to reopen for in-person instruction at any time if they are located in a local health jurisdiction (LHJ) that has not been on the county monitoring list within the prior 14 days. If the LHJ has been on the monitoring list within the last 14 days, the school must conduct distance learning only, until their LHJ has been off the monitoring list for at least 14 days.

The framework authorized local health officers (LHO) to grant a waiver of this criteria, in order for elementary schools to open for in-person instruction under specified conditions. Applicants must satisfy all waiver requirements in order to be granted a waiver. Waivers should be granted or denied pursuant to the process outlined below.

Waiver Process

- **CDPH recommends that schools within jurisdictions with 14-day case rates more than two times the threshold to be on the County Monitoring List (>200 cases/100,000 population) should not be considered for a waiver to re-open in-person instruction.**
- Closed elementary schools in counties on the monitoring list within the prior 14 days may not open for in-person instruction until they have received approval of a waiver submitted to the LHO.
- This elementary school waiver is applicable only for grades TK-6, even if the grade configuration at the school includes additional grades.
- A district superintendent, private school principal/head of school, or executive director of a charter school (hereinafter applicant) can apply for a waiver from the LHO to open an elementary school for in-person instruction.
- Applications and all supporting documents must be submitted to the LHO at least 14 days prior to the desired reopening date.
- Prior to applying for the waiver, the applicant (or his/her staff) must (1) consult with labor, parent, and community organizations, and (2) publish elementary school reopening plans on the website of the local

- educational agency (or equivalent). Examples of community organizations include school-based non-profit organizations and local organizations that support student enrichment, recreation, after-school programs, health services, early childhood services or provide family support.
- As described in the *CDPH/CalOSHA Guidance for Schools and School-Based Programs* (PDF), elementary school reopening plans must address several topics related to health and safety, in a manner consistent with guidance from CDPH and the local health department. Those topics include:
 - Cleaning and disinfection
 - Small, stable, cohorting
 - Entrance, egress, and movement within the school
 - Face coverings and other essential protective gear
 - Health screenings for students and staff
 - Healthy hygiene practices
 - Identification and tracing of contacts
 - Physical distancing
 - Staff training and family education
 - Testing of students and staff
 - Triggers for switching to distance learning
 - Communication plans
 - When applying for the waiver, the applicant must submit to the LHO a waiver application form, to be provided by the LHO. The application must include evidence of (1) consultation with labor, parent, and community organizations and (2) publication of the elementary school reopening plans on the website of the local educational agency (or equivalent).
 - The applicant must sign an attestation confirming the names and dates that the organizations were consulted. If school staff are not represented by a labor organization, then the applicant must describe the process by which it consulted with school staff.
 - The applicant must confirm publication of the elementary school reopening plans on the website of the local educational agency (or equivalent).
 - If applying on behalf of a school district, the applicant should submit a consolidated application and publish a plan for elementary schools in the district that are seeking to reopen for in-person instruction. If applying for an independent, private, faith-based, or charter school, the applicant should submit an application and publish a plan for each school.
 - Upon receipt of a waiver application, the LHO will review and consider the application, supporting materials, and the following:
 - Available scientific evidence regarding COVID-related risks in schools serving elementary-age students, along with the health-related risks for children who are not provided in-person instruction.
 - State law directing public schools to "offer in-person instruction to the greatest extent possible." (Ed. Code § 43504).
 - Whether elementary in-person instruction can be provided in small, stable cohorts.
 - Local health guidance, safety plans, availability of appropriate PPE, and availability of public health and school resources for COVID-19 investigation and response.
 - Current new case rate, testing % positivity trends, and the number and degree of indicators above thresholds to be on the County Monitoring List.
 - Local hospitalization trends and hospital capacity.
 - Any other local conditions or data contributing to inclusion on the County Monitoring List.
 - Availability of testing resources within the community and via employee health plans.
 - The extent to which the applicant has consulted with staff, labor organizations, community, and parent organizations.
 - Following review, the LHO will consult with CDPH regarding the determination whether to grant or deny the waiver application. Consultation with CDPH is accomplished by submitting a notice pursuant to CDPH instructions.
 - CDPH will acknowledge receipt of the notice and follow up if there are any questions or concerns. CDPH will provide technical assistance as requested.

- If the LHO has not received a further response within three business days of submission, the waiver application may be approved or denied consistent with CDPH instructions.
- LHOs may conditionally grant an application with limits on the number of elementary schools allowed to re-open or allow re-opening in phases to monitor for any impact on the community.
- Closed elementary schools in counties on the monitoring list within the prior 14 days may not open for in-person instruction until they have received approval of a waiver submitted to the LHO.

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



Page Last Updated : August 4, 2020




Coronavirus (COVID-19)
Contra Costa County

Multilingual Call Center: (844) 729-8410
Open Daily from 8 a.m. - 5 p.m.
Abierto diariamente de 8 a.m. - 5 p.m.

[Get Tested](#)
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(844) 421-0804

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Information for Schools and Childcare



Health Orders



Frequently Asked Questions



Face Covering Tips

Contra Costa Health Services works closely with the [Contra Costa County Office of Education](#) and [CocoKids](#) on issues related to COVID-19 for schools and childcare facilities.

Elementary School Waiver Process for In-Class Instruction

as of 8/4/2020

[State rules](#) allow elementary schools in Contra Costa County to apply for a waiver to conduct in-person classes.

However, Contra Costa Health Services (CCHS) will not be supporting elementary school waiver applications because we consider in-person education too risky at this time. Until daily case rates, percent positive test rates and hospitalizations in our county are stable or declining for at least 2 weeks, we won't be reviewing any waiver requests. We will continue to update the County Office of Education and our other education partners about when local schools may begin submitting waiver applications.

Once things have stabilized, schools may submit an application demonstrating the following:

- The school has a plan to perform surveillance testing of staff (at least 25% of staff every 2 weeks/100% of staff every month) and has secured an agreement with a lab that has the ability to provide test results within 72 hours.
- The school must also have select staff members trained in contact tracing methodology and agree to assist CCHS with collecting contact tracing information.
- The school meets [additional criteria](#) required by the California Department of Public Health.

Guidances & Resources

Local Guidance & Resources:

- [School Reopening Guidance from the County Office of Education](#)
- [Contra Costa County Office of Education: Information about Coronavirus](#)
- [Frequently Asked Questions: COVID-19 and Contra Costa County Schools](#)
- [Guidance for Modified Childcare During COVID-19 Pandemic | Spanish](#)
- [Interim Guidance for Graduation Ceremonies | Spanish - 5/11/2020](#)
- [Respiratory Illness Symptom Screening Tool for Parents and Caregivers | Spanish - 5/4/2020](#)

State Guidance & Resources:

- [COVID-19 and Reopening In-Person Learning Elementary Education Waiver Process](#)
- [COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year](#)
- [COVID-19 Industry Guidance: Schools and School-Based Programs](#)
- [California Department of Education: guidance on support for students](#)
- [COVID-19 Industry Guidance for Child Care Programs and Providers | Spanish](#)
- [COVID-19 Outbreaks at Licensed Childcare Facilities:](#) Click the "COVID-19 Positive Cases in Child Care Facilities" under the "Additional Information" heading

Centers for Disease Control Guidance:

- [Resources for K-12 Schools and Childcare Programs](#)
- [Considerations for Schools](#)

Additional Resources:

- [Video: COVID-19 Explained for Children](#)
- [Cover your Cough flyer](#)
- [Germ Stopper flyer](#)
- [Germ-Free Zone flyer](#)
- [Wash Your Hands flyer](#)
- [Keep Our School Healthy flyer](#)

[Contra Costa Health Services Home Page](#) [CCHS Newsroom](#)

This website is best viewed in Microsoft Edge, Firefox or Google Chrome.



Hi! I can assist with questions regarding COVID-19

[English](#) [Español](#)



Please take 2 minutes to complete our COVID-19 survey

Dismiss

OK

COVID19.CA.GOV

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[Health information ▾](#)

[Working and living safely ▾](#)

[How you can help ▾](#)

County variance info

Last updated July 14, 2020 at 3:35 PM

County data monitoring

California is [monitoring COVID-19 closely](#) in each local community and keeping the public informed. We're teaming up with counties to fight it with every tool we have: [current local data](#), testing, contact tracing, infection control, emergency supplies, containment measures, and more.

Counties should be ready to restore limitations if outbreaks increase. The State Public Health Officer may take action if needed.

Effective July 13, 2020, ALL counties must close indoor operations in these sectors:

- Dine-in restaurants
- Wineries and tasting rooms
- Movie theaters
- Family entertainment centers (for example: bowling alleys, miniature golf,

[County alerts](#)

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- Cardrooms

Additionally, bars, brewpubs, breweries, and pubs must close all operations both indoor and outdoor statewide, unless they are offering sit-down, outdoor dine-in meals. Alcohol can only be sold in the same transaction as a meal.

Counties that have remained on the County Monitoring List for 3 consecutive days will be required to shut down the following industries or activities unless they can be modified to operate outside or by pick-up.

- Fitness centers
- Worship services
- Protests
- Offices for non-essential sectors
- Personal care services, like nail salons, body waxing and tattoo parlors
- Hair salons and barbershops
- Malls

The following counties have remained on the County Monitoring List for 3 consecutive days:

Affected counties as of 7/13/20



The State Public Health Officer may take additional action if needed.

Track county data and monitoring status

[County alerts](#)

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7.1% Test Positivity
72%
Ventilators Available

[County alerts](#)

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What is allowed to open in my county?

Use the map above to see which category your county falls into. See [guidance for each of the mentioned industries](#).

For attested counties not on Monitoring List



For counties on Monitoring List for 3 consecutive days



For counties without attestations



County attestation process

Local health jurisdictions that meet the criteria set forth by the California Department of Public Health and follow the process in the [county guidance](#) may move further ahead in the [Resilience Roadmap](#).

If a county decides to pursue a variance to move further ahead in the Resilience Roadmap, the local public health officer must:

1. Notify the California Department of Public Health (CDPH).
2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below), including guidance to be issued by the county and detailed plans, and that the county is designed to mitigate the spread of COVID-19.

See the [list of counties](#) that have met the criteria.

The three steps below outline the county data monitoring process.

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STEP 1:

Department of Public Health
ACTIVE DATA
Monitoring
Governor's Newsroom

Accessibility



STEP 2:

**Targeted
Engagement with
CDPH**



STEP 3:

**Reinstitute
Community
Measures**

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COVID-19 hotline: 1-833-422-4255 M-F 8AM-8PM, Sa-Su 8AM-5PM

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Questions for Health Officer – September 3, 2020

Why can't some parts of the County, where the numbers are much better, have different rules than those areas where the case counts are much higher?

What is the county doing to help kids get back in school?

Where is the critical thinking about what to do for our children? Other schools in other counties with many more cases are open. What makes us different?

Have any school waivers been approved?

How can it be expected that a public school can afford to pay to Rapid test 25% of teachers every two weeks?

Why is Contra Costa County making waivers impossible for Contra Costa County Public Schools by creating requirements above and beyond what the State requires for opening schools?

If a school waiver is approved, will the Health Department allow for schools to potentially open with A/B cohorts and one teacher instructing those cohorts?

We are hearing that Landlords for low-income housing are asking prospective tenants to be tested for COVID before moving in. Can they do that?

Would it be possible with smaller HOA pools to allow for just a sign to be posted letting people know they must maintain social distance instead of needing a monitor?

Can we PLEASE open playgrounds?!

How do you reconcile a 0.3% death rate (and significantly lower when you consider children) with the Shelter in Place requirements?

Where did the wording for guidelines for children's team sports come from? The CA Guidance document doesn't say 6 feet "at all times" and doesn't call out specific baseball examples. If it did not come from CA and it was an interpretation of the CA Guidance by CCC, then who in particular came up with this interpretation?

Do you have any info on heart-related deaths in Contra Costa County?

Each Tier lists the percentage capacity allowable for businesses. How is that capacity supposed to be calculated? Overall facility capacity, usable square footage, etc.? Does that include employees or is the allowable percentage based only on patrons? Assuming any outdoor services would not be included in the indoor capacity?

What will happen with the allowed outdoor activities when the weather changes and it starts to rain?

Why can't museums open when retail indoors is open?

Is medical massage allowed indoors?

Can you please provide guidance to businesses regarding how to handle recycling safely now that CalRecycle is requiring businesses to accept recycling again?

Julie Enea

From: Bob Welsh <bwelsh132@gmail.com>
Sent: Thursday, August 6, 2020 10:14 PM
To: Gayle Israel; Supervisor Candace Andersen; Julie Enea
Subject: Re: COVID-19 Cases and Deaths - Novel Coronavirus (COVID-19) - County of Santa Clara

While it appears we are seeing a positive trend with the hospitalizations/ICU, I am appalled to see the LTC is at 29 active outbreaks! When is the Health Officer going to acknowledge the issue is not the (stacked) positive cases/rate that is the concern, it is the LTC facilities and focus on their issues that should be the primary focus.

Punishing kids (schools, sports, general activity), businesses, and well being of the majority of the population has been, and continues to be, the wrong move... data absolutely supports this.

We implore the Health Officer to stop pushing fear on the majority of the County that is unwarranted, and to redirect his focus on the primary area that is clearly the most vulnerable... the elderly and those in LTC facilities.

As boldly and accurately stated today by the San Mateo Health Officer, our Officer needs to stand up for what is right and push back on the States poor management of this virus.

<https://www.ktvu.com/news/san-mateo-county-health-officer-feels-the-state-coronavirus-response-is-flawed>

On Jul 30, 2020, at 3:42 PM, Bob Welsh <bwelsh132@gmail.com> wrote:

Well, looks like the Health Officer took his time today to again do nothing but stoke fear and panic without basing any of his rhetoric on context and clarity.

His principal message today was "cases up, hospitalization up, deaths up, we are in trouble and we'll shut down ...".

- we all know cases being reported are back logged, multiple positives/person, and other questionable information. Why don't you show date of test and each of those other data points? If you can't, then to use your daily reporting only as a tool to judge positivity rate is totally misleading. Unfortunate as this is one of the arbitrary indicators out in place by the governor.

- Do you think people should know that in last 14 days almost 70% of the positives cases come from 5 cities, and over 20% from one? And overall 70% of positive cases come from 5 cities? Don't tell us we are spiking as a County when that is not true. Majority of people know where these cases are and what's driving them. By leaving this out when saying you'll shut down businesses in County, you are not being honest with the full information.

- Doctor referred to what possibly was a question on hospitalization and how the long term care outbreaks are affecting this. He felt the need to say that only 500 cases are from LTC so it's a small portion of cases. Did he miss his own reporting that over 70% of deaths are from LTC? So yes, the cases are not high in comparison but seems to me these are the people mostly impacted and probably going to the hospital. So now with 21 active outbreaks in our LTC facilities, seems the question on how many of these people are in hospital seems fairly relevant if he's going to use this as threatening to shut down businesses again.

- and referring to deaths, which he also used out of context today. Yes we see these on the reporting. Does he want to let everyone know that 80% of these tragic deaths are over 70 years old,

even those that are being reported as part of his panic inducing comments of deaths rising? And that there's a pretty strong chance these are coming from the LTC outbreaks. Does he also want to let everyone know when each of these deaths occurred, and that when (7) are reported they actually occurred spread out over weeks before. Context matters, especially when your pushing panic.

Bottom line is our kids can't go to school, kids lives are severely disrupted, and people and businesses continue to struggle. But all the County data does not support this. Shameful.

On Jul 24, 2020, at 7:08 PM, Bob Welsh <bwelsh132@gmail.com> wrote:

Unfortunately I was not able to participate in yesterday's Ad Hoc meeting, but did see my email/questions were listed on the agenda. I know a person who did join, and heard from them that there was essentially zero response to these questions and others, despite further questioning the Health Officer verbally. Further, at no point did anyone on the Board press this as well. Truly unfortunate. It is clear there is very little concern to provide clear information and data supported with context to CC residents from the County Health Department. The claim there are privacy or the "breakdown of that level of information" is unavailable is an unacceptable response. We will again be left to assume this is due to an agenda that is being driven at the local, County and state level. As they say, information is power, and as long as you limit what information is known by those that challenge your opinion, it allows you to continue pushing your narrative.

The County Covid reporting, meetings and information provided have become useless. Our children are suffering greatly from all of this. Their education, general well being and all of their extracurricular activities are all impacted. Businesses are closing and people are struggling. These are all avoidable damages if someone would step up and be honest with who and is truly affected by this virus. Such a tremendous shame.

Our focus will be to press as hard as possible in the coming elections to replace all of the local, County and state politicians that have been complicit with all of this. This starts in November with the CA State Senate seat, State Assembly seat and US House seat, all up for re-election.

We look forward to electing people into these offices that care more for our children, families and businesses than they do for politics.

Bob Welsh

On Jul 22, 2020, at 3:50 PM, Bob Welsh <bwelsh132@gmail.com> wrote:

Good afternoon,

I am still waiting on a response to my earlier questions regarding the Covid Hospitalization numbers being reported on the County Health site (1. What #/% of patients are from SNF/LTCF and the 16 active

outbreaks, 2. What #/% patients are from San Quintin or other outside County(s) from an outbreak, 3. What is avg age of patients in hospital). Hoping to get this information soon.

Further, I see that Santa Clara County includes the following disclaimer on their County reporting page...

“Deaths provided in this dashboard do not necessarily mean that the individuals died from COVID-19.”

Certainly something we've expected to be the case since day one, but hadn't seen any official acknowledgment until now. Has Contra Costa also reporting deaths one the same manner? I assume so, but would like to get official response.

Thank you.

Bob Welsh
Danville

<https://www.sccgov.org/sites/covid19/Pages/dashboard-cases.aspx>

Julie Enea

Subject: FW: Add to ad hoc committee agenda

From: Bill Costello <billc@regalgift.com>

Organization: Regal Art & Gifts

Date: Friday, August 14, 2020 at 5:20 PM

To: "Colleen A. Isenberg" <Colleen.Isenberg@bos.cccounty.us>

Subject: Protesting COVID restrictions in CC County



Dear Ms. Colleen Isenberg,

I am a business owner in Concord, CA 94520 (Contra Costa County) and we employ 30 employees. We have been in business for 29 years, it is a family business. Due to the strict work at home policies you have imposed, and due to the fear that is being generated by your announcements we have had to lay off 20% of our workers and reduce 10-20% of hours on the balance. We have lost millions of dollars in revenue this year, and the state of CA is losing 13% of that in tax revenue.

We are an honest business that has paid millions in taxes over the years and contribute 10-15% to charity every year. We are a great asset to CA and the economy here. But the over exaggerated fear based policies being forced on us and other CA residents is harming our company, our employees and the economy in general.

My voice as part of the silent majority is speaking up and letting you know and all the elected officials know that we have had enough. Small business owners will not stand by and watch local government ruin the economy, ruin our businesses and the economy.

There is enough research regarding mortality rate from COVID to put it on par with the normal seasonal flu (see your own Contra Costa County Health statistics online - links below)

- As of 7-19-2020 there have been 5,606 confirmed cases of COVID in Contra Costa County. <https://www.coronavirus.cchealth.org/dashboard>. Take into perspective that this number is only from the 108,454 people who have been tested. To qualify to get tested generally you have to have some symptoms. So of all the people tested with symptoms only 5% were positive for COVID. There is most likely many more persons who were exposed to COVID who were either symptomatic or non-symptomatic but were never been tested. We can safely guess then that the total number of actual infected persons may be much higher, perhaps two or three times what has been reported.
- The total number of deaths attributed to COVID in CC County is only 98 from the website of the Contra Costa County Health Services (<https://www.coronavirus.cchealth.org/dashboard>).
- 70 of the 98 COVID deaths were in elderly and sick persons living in Long Term Care Facilities (nursing homes, etc.). That leaves the balance of 28 persons who have died from COVID in CC County that can be termed 'normal healthy persons', but some of them may also have had health conditions also. <https://www.coronavirus.cchealth.org/lcf-dashboard>

- The 28 deaths outside of LTC facilities equates to 0.5% deaths from confirmed cases. If you consider the number of infected persons who have not been tested, it may be closer to < 0.2%.
- The total Population in CC County is 1,154,000 (2019 census). 98 deaths attributed to COVID is 0.0085% chance of death from COVID,
- In 2017 in CC County there were 164 deaths from the common flu, which is more than COVID to date. <https://www.livestories.com/statistics/california/contra-costa-county-influenza-flu-pneumonia-deaths-mortality>

So, as logical human beings with these kinds of statistics we can only deduce that there is some other motive, political or otherwise for why so much fear is being aroused and such serious social restrictions are being put on us.

As a business owner, employer and CA taxpayer I PROTEST the restrictions being imposed on businesses and the fear that is being generated by your restrictions. This is the first in what will be a series of complaints and actions against the state in protest of your unlawful, unconstitutional and immoral restrictions. Please desist immediately from ruining the lives and livelihoods of the CA residents that you swore to protect. As a government official it is your duty to protect the people of the state, not oppress them. I appeal to your sense of decency to stop the restrictions before it is too late and you have more problems on your hands than you can deal with in terms of poverty, civil unrest from an unemployed frustrated and angry population. Do the right thing and research yourself from ALL sides what is really going on with this so called pandemic, and the cures that are out there, and put into perspective the actual threat level and act accordingly.

Thank you for reading this longer letter. This is one of the first letters I have every written to an elected official, but will not be my last expression of frustration and disappointment at the unfair government policies of exaggerated restrictions due to COVID.

Sincerely,

Bill Costello
President
Regal Art & Gift
1470 Civic Court, Suite 150
Concord, CA 94520
925-839-2505
billc@regalgift.com



Contra Costa County Board of Supervisors

Subcommittee Report

AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

Meeting Date: 09/03/2020
Subject: Presentation entitled "Equitable Economic Recovery Task Force"
Submitted For: David Twa, County Administrator
Department: County Administrator
Referral No.:
Referral Name:
Presenter: **Contact:**

Referral History:

Referral Update:

The COVID-19 pandemic has amplified systemic barriers to economic opportunity in Contra Costa County. The Equitable Economic Recovery Task Force is working to align efforts, track and guide actions to support job creation in the public and private sector, identify and promote policies to retain local employers, and expand connections to training and employment for those disproportionately impacted by recent layoffs. This effort was launched and co-led by the Contra Costa Workforce Development Board, Contra Costa Employment & Human Services Department, and the Contra Costa Economic Partnership. Local business leaders and key stakeholders meet via video conferencing with an agenda focused on economic recovery and opportunity for those disproportionately impacted by the public health crisis. All meetings are open to the public with the ability to contribute to the conversation through the chat function, instant polling, and breakout rooms. The next Task Force meeting is scheduled for Wednesday, September 9, 2020 at 9:00 a.m. More information is available at: <https://www.ccpartnership.org/taskforce>

Recommendation(s)/Next Step(s):

RECEIVE presentation entitled, "Equitable Economic Recovery Task Force", attached, on the impacts of the COVID-19 pandemic on households, local industry and businesses, and a proposed roadmap to recovery.

Fiscal Impact (if any):

No fiscal impact. The Committee's meetings facilitate the exchange of information and ideas.

Attachments

CC Econ Partnership Presentation

Minutes Attachments

No file(s) attached.

Equitable Economic Recovery Task Force

August 26, 2020



Equity guides this work

The Equitable Economic Recovery Task Force is using Policy Link's definition to guide our work:

Equity Is...

Just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.

Guiding principles

This work will be guided by data.

This Task Force will elevate the voices of those most impacted by the COVID-19 including low-income communities of color.

We will operate with transparency and this work is structured to encourage ongoing action by individuals, organizations and policy makers.

About the work

Meetings are twice/monthly through the end of 2020 and then will move to once/month through June 2021. The Task Force meetings are open to the public and recorded via Zoom. PPT presentations and recordings of meetings are available at: <https://www.ccpartnership.org/taskforce>

The Contra Costa Economic Partnership shares all resources for these meetings on a dedicated page on our website: <https://www.ccpartnership.org/task-force-resources>



What We Know

What We Know - California

Current Unemployment Statistics

14.9%

California Unemployment Rate in June 2020

1.52M

Claims Processed in May 2020

\$5.3B

Benefits Paid in May 2020

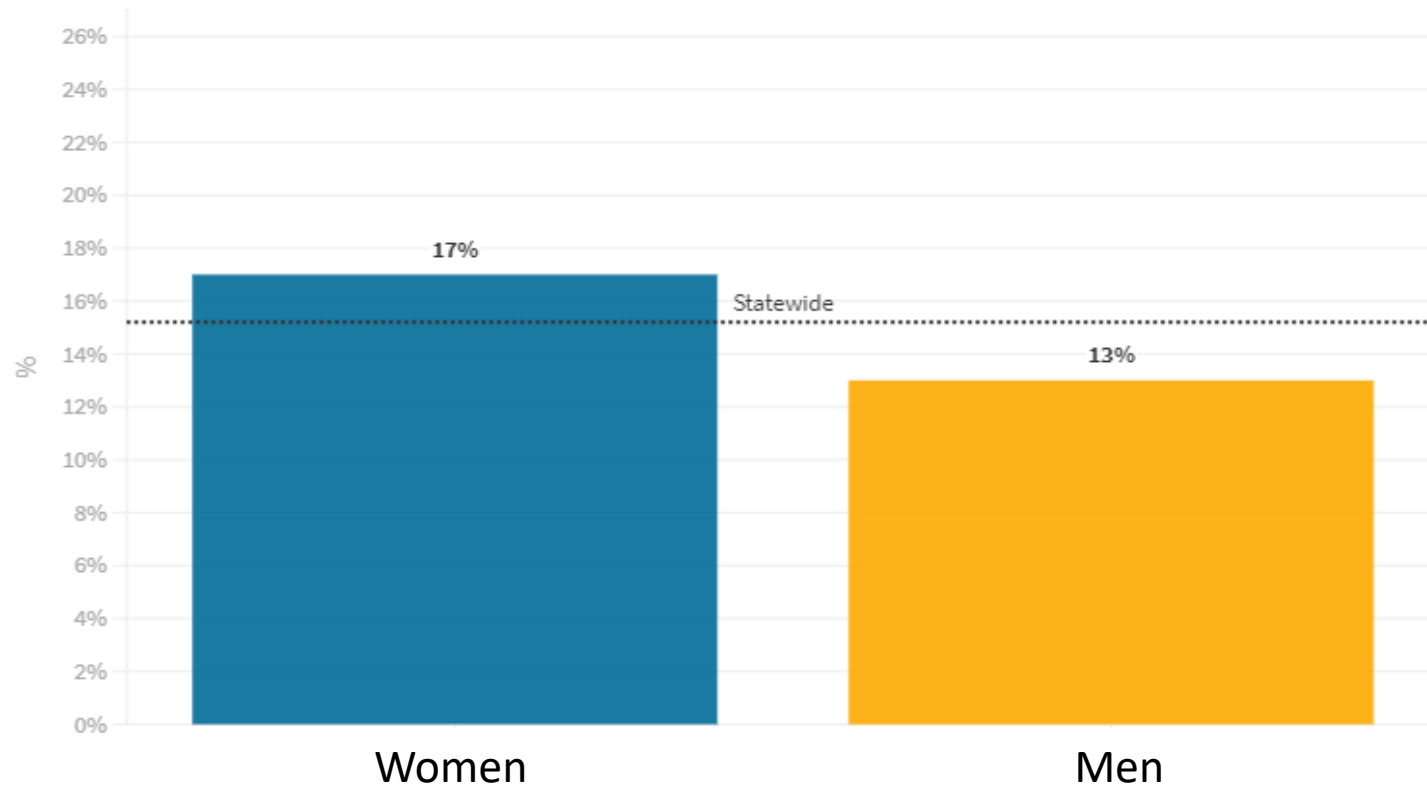
Nearly **7 million** first-time jobless claims have been filed in California during the roughly four months since state and local government agencies began to impose wide-ranging business shutdowns.

- East Bay Times, July 23, 2020

What We Know – California

Unequally unemployed - Gender

Percent of labor force receiving unemployment benefits

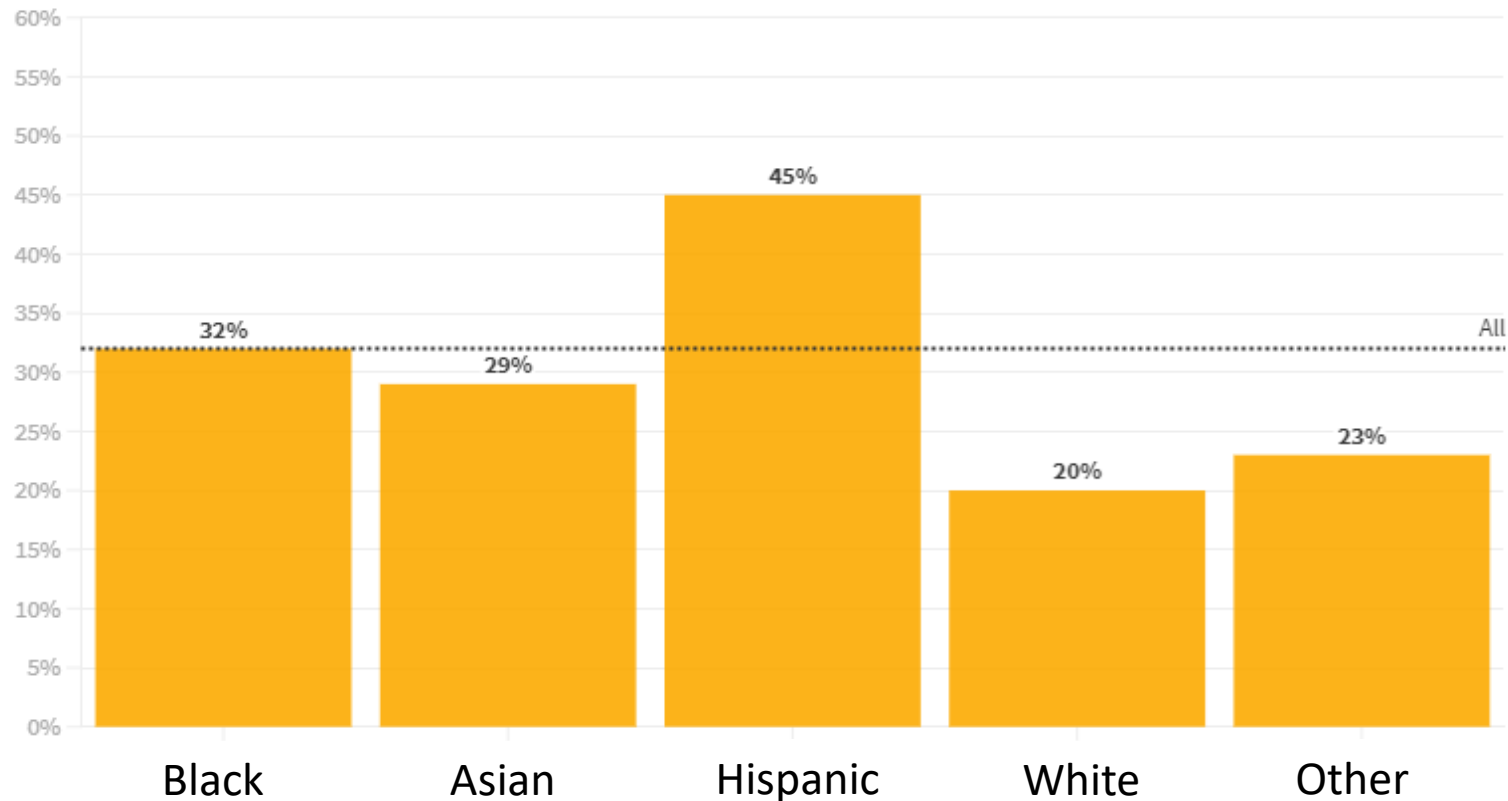


Source: [California Policy Lab](#) • Analysis of unemployment insurance claims in California during week ending June 6th

What We Know - California

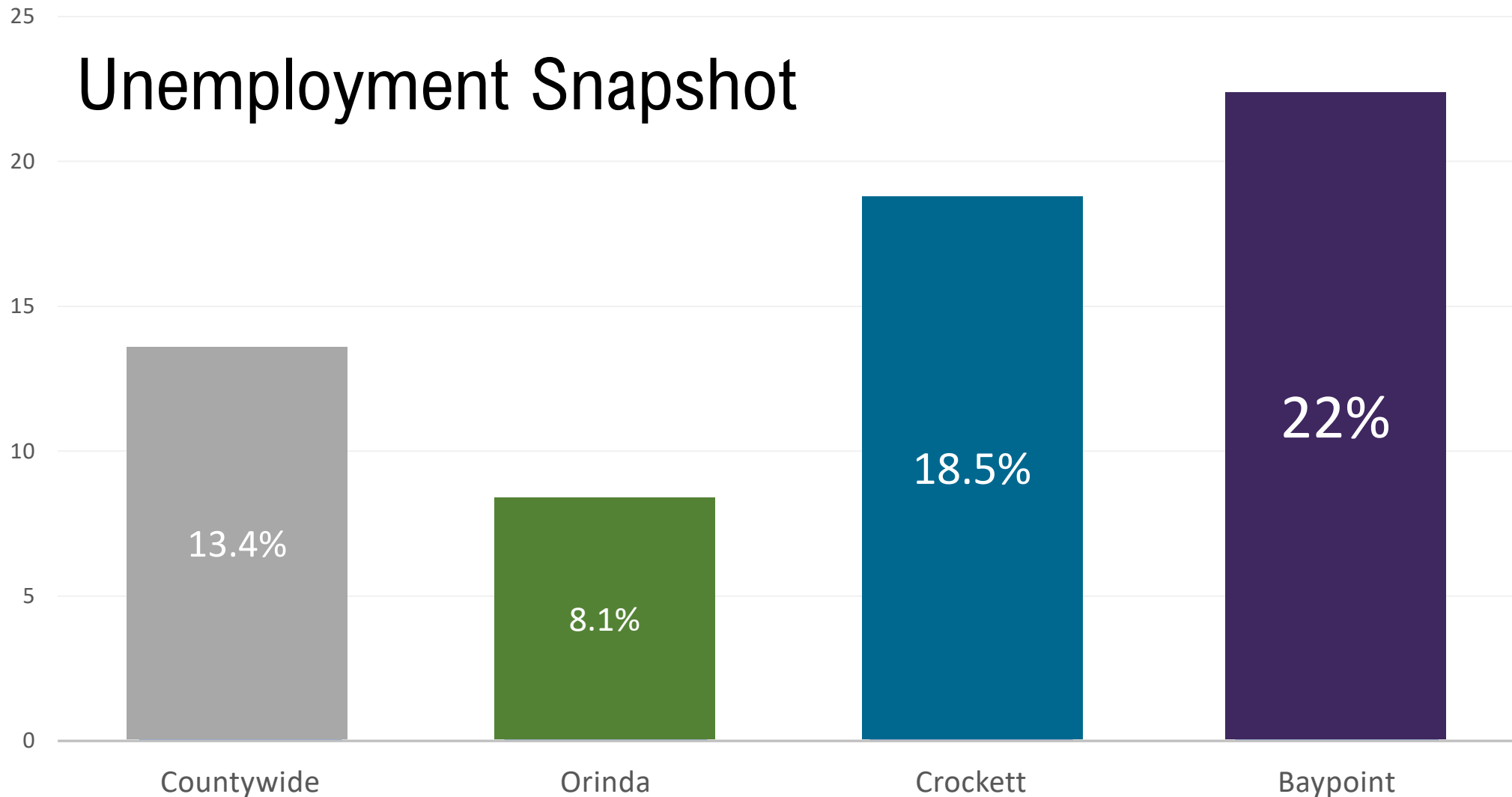
Unable to pay rent

Share of adults in households that have no or slight confidence they can pay their rent next month or have deferred payment



Source: [Urban Institute Analysis of Census Pulse Survey](#) • conducted during the week of June 18 - June 23

What We Know – Contra Costa County



What We Know – Contra Costa County

Renters who've lost their jobs and have no replacement income are especially vulnerable. With little to no savings, they face the risk of homelessness.

12,000

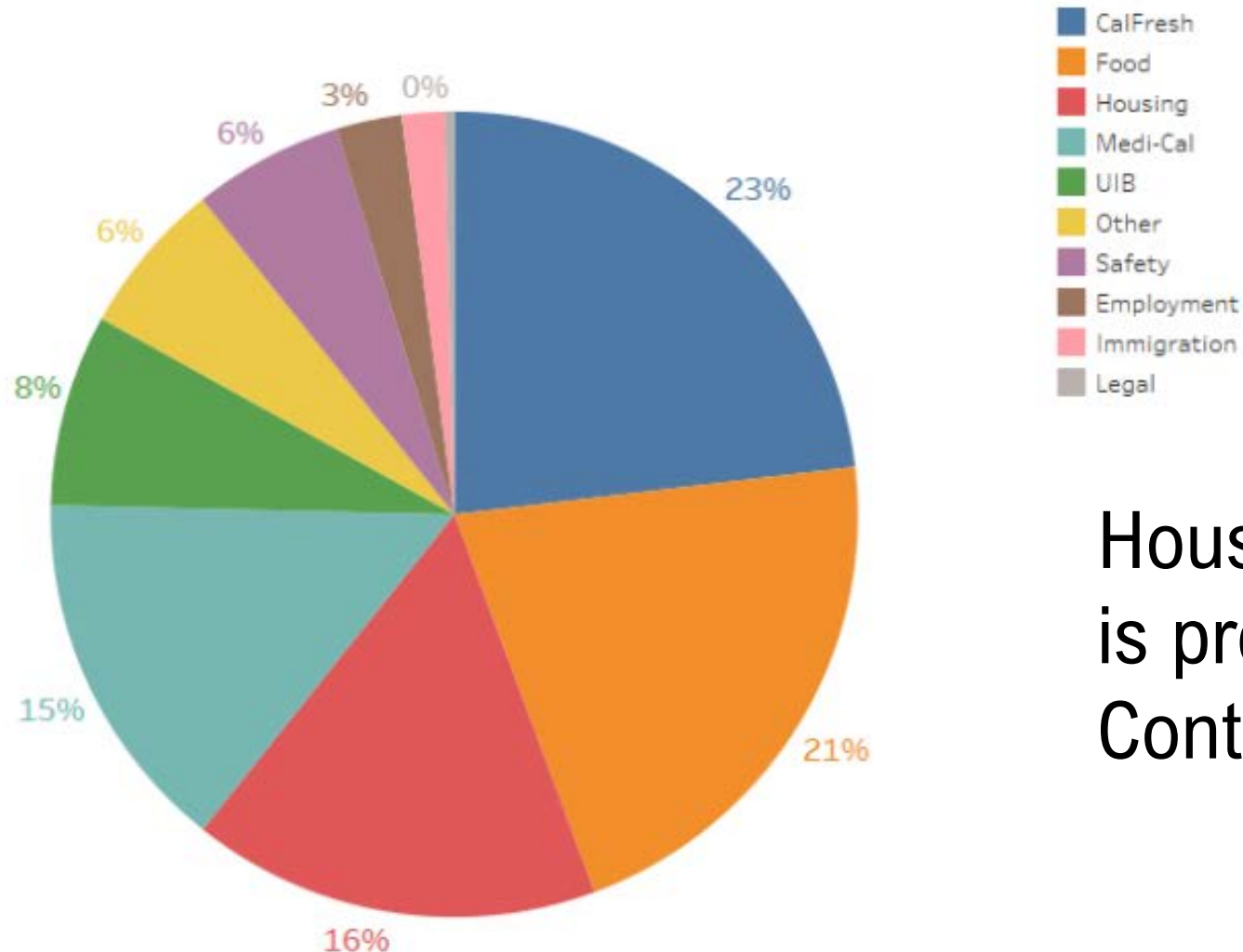
households at imminent risk of eviction,
including **10,400 children**

9,500

additional households at risk of eviction due
to income loss when the Federal Pandemic
Unemployment Compensation ends July 31

What We Know – Contra Costa County

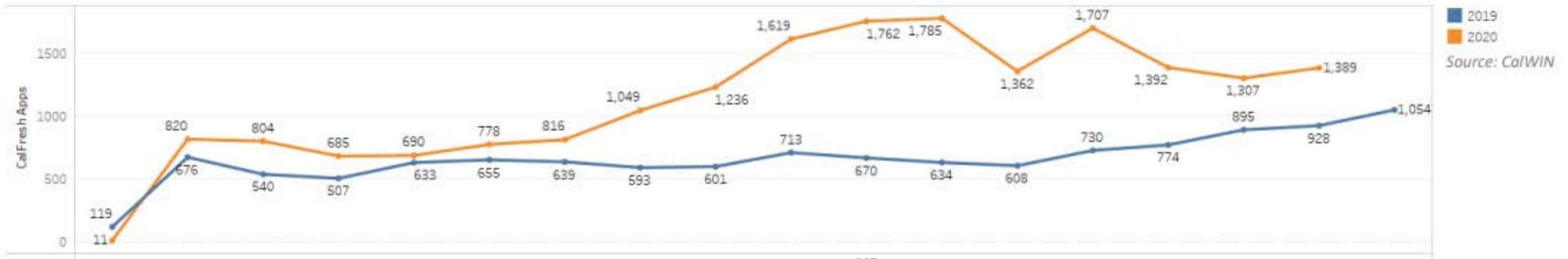
Top Services Provided by SSRRT



Household food insecurity is prevalent throughout Contra Costa County

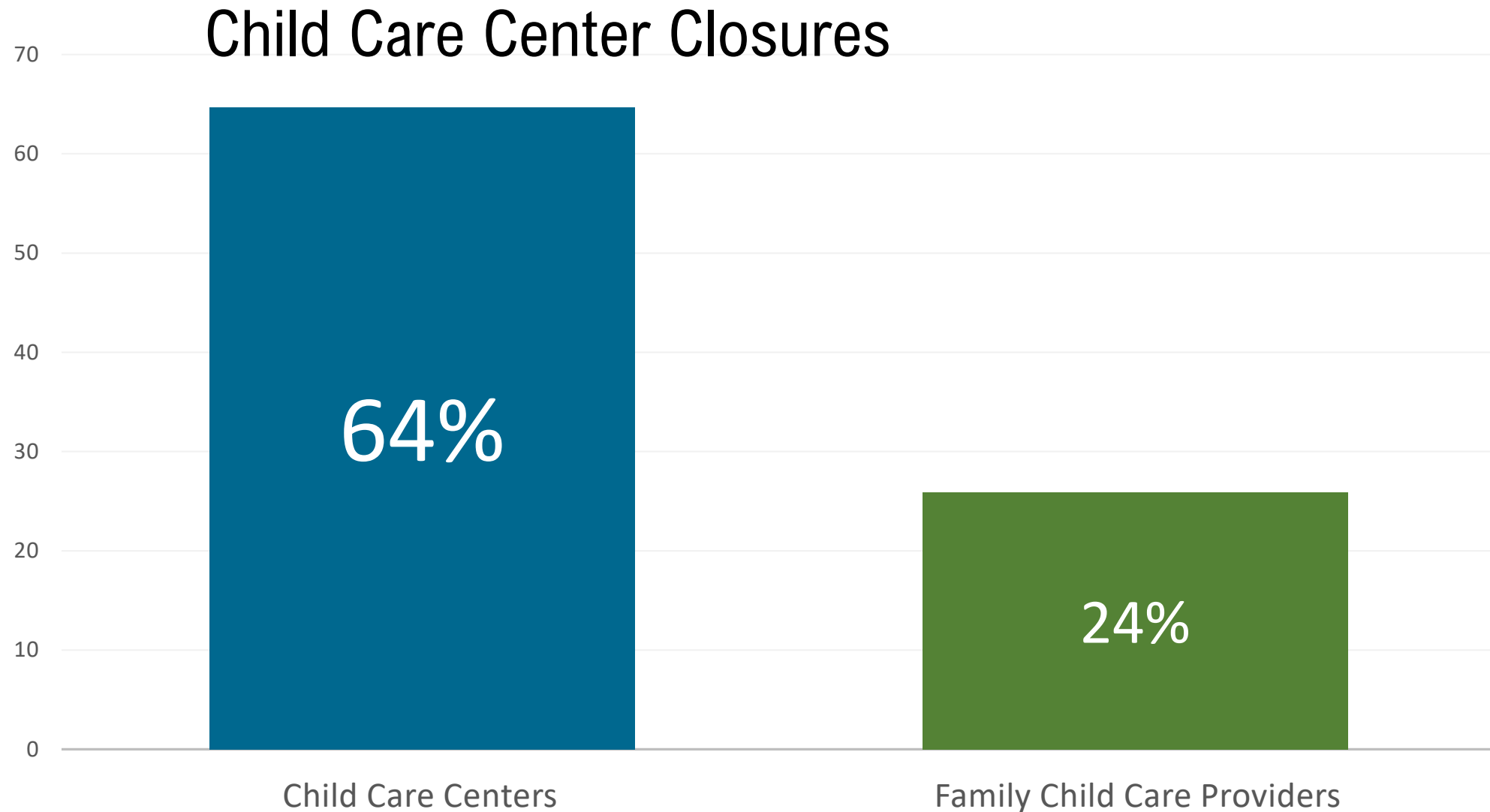
What We Know – Contra Costa County

CalFresh, CalWORKs, and Medi-Cal Applications
2019 to 2020 Comparison, February 1st Week (Week 5) to May 3rd Week (Week 22)



EHSD saw a substantial increase in CalFresh applications. In some weeks, applications increased by nearly **1000 per week**.

What We Know – Contra Costa County



What We Know – Contra Costa County

243 (69%) of the **355** CocoKids Child Care Centers are open at *half* of their capacities as of June 5, 2020

Each  = 71 Child Care Centers.



Child Care center operating at 50% capacity



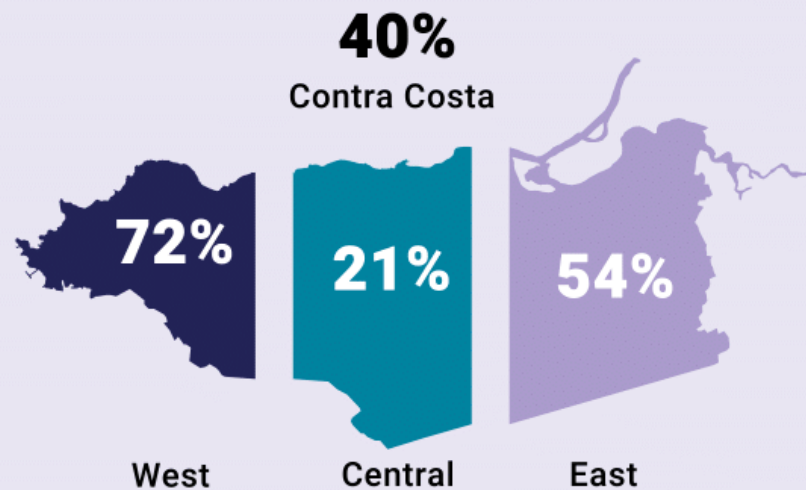
Child Care center not operating due to closure

What We Know – Contra Costa County

Child poverty varies widely across the county.⁴

Low-income students

Students who are eligible for free & reduced-price meals, with family annual income under \$46,500.⁵



Without additional supports, poverty can limit kids' opportunities.⁶

Childhood poverty is linked to:



worse academic outcomes



food insecurity



toxic stress

Central Costa
County



Partnership for
Economic Development

Partnership for Economic Development
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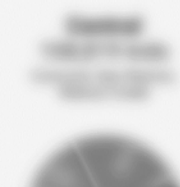
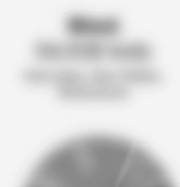
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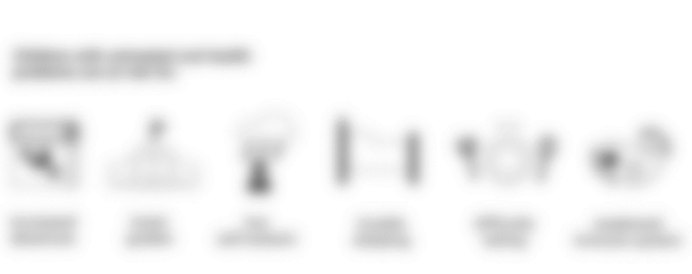


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ccpartnership.org/close-the-gap

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Where We're Going – 3-part roadmap

Looking to what works

The Metropolitan Policy Program at the Brookings Institution has great models to guide equitable economic development.

To rebuild better, we, as local and regional leaders, must adopt a shared definition of a higher-quality, more equitable economy—embedded in quantifiable goals and metrics—that will inform our recovery strategies.

Organizing with a 3-part framework:

(1) retaining and growing jobs (2) source and develop diverse talent (3) support connected, vibrant and inclusive communities.

Potential for Growth

California's higher education institutions are not producing enough graduates to fully meet occupational demand.

After accounting for degrees conferred by the CSU and other California institutions, a recent report identifies large statewide gaps in supplying graduates in these fields.

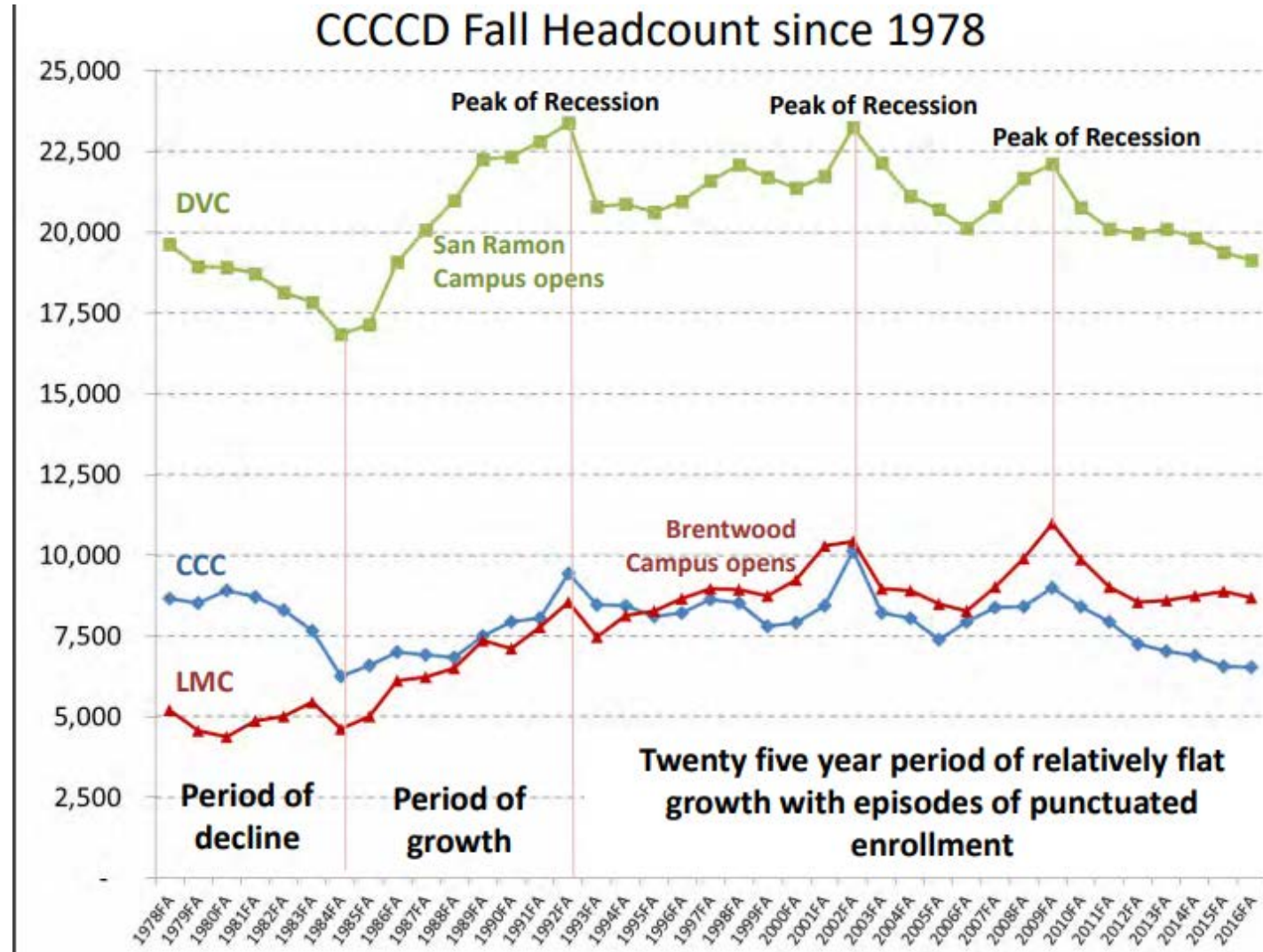
- Finance, accounting, human resources, and operations managers (35,900 // 41% of positions)
- Computer science and math workers (22,400 // 61% of positions)
- Pre K-12 school teachers (15,000 // 51% of positions)
- Health care workers (12,300 // 52% of positions)

Potential for Growth

Top 20 Occupations by Total Job Openings in the East Bay Region (2016-2026)

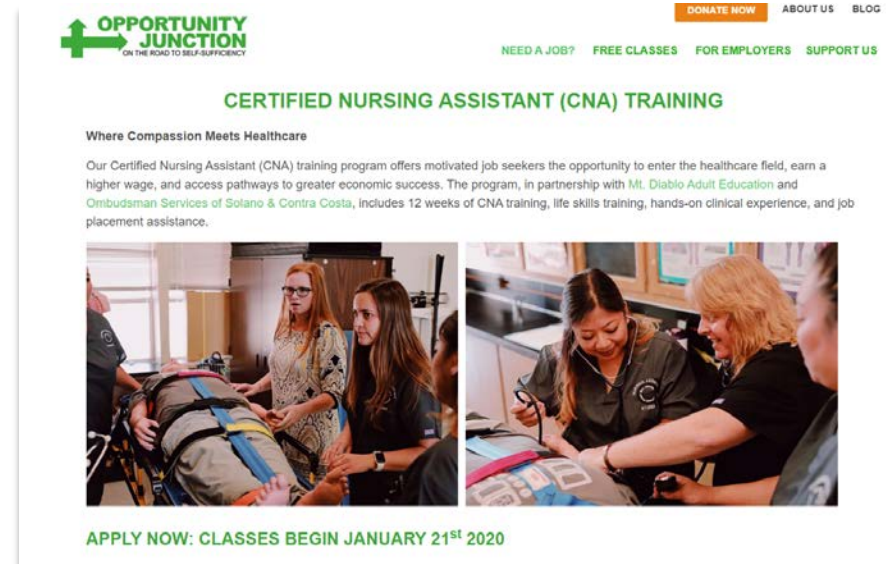
Standard Occupational Class (SOC)	Occupational Title	Median Annual Wage	Median Hourly Wage	Total Job Openings	Exits	Transfers	Change
11-1021	General and Operations Managers	\$129,001	\$62.02	19,276	4,255	12,243	2,778
29-1141	Registered Nurses	\$125,757	\$60.46	16,204	6,406	4,864	4,934
43-3031	Bookkeeping, Accounting, and Auditing Clerks	\$53,478	\$25.71	14,825	8,116	6,298	411
25-9041	Teacher Assistants	\$37,150	(2)	13,662	6,929	5,759	974
13-1199	Business Operations Specialists, All Other	\$80,181	\$38.55	12,982	4,000	7,356	1,626
15-1132	Software Developers, Applications	\$126,708	\$60.91	11,764	1,605	5,764	4,395
31-1014	Nursing Assistants	\$38,497	\$18.51	11,265	5,316	4,423	1,526
53-3032	Heavy and Tractor-Trailer Truck Drivers	\$50,481	\$24.26	10,355	3,848	5,702	805
13-2011	Accountants and Auditors	\$83,336	\$40.06	10,186	3,045	5,936	1,205
31-9092	Medical Assistants	\$41,549	\$19.97	8,959	2,843	3,977	2,139
25-2021	Elementary School Teachers, Except Special Education	\$80,325	(2)	8,794	3,633	4,076	1,085
13-1111	Management Analysts	\$101,590	\$48.84	8,684	2,845	4,578	1,261
13-1161	Market Research Analysts and Marketing Specialists	\$66,921	\$32.17	8,478	1,812	4,686	1,980
25-3098	Substitute Teachers	\$38,567	\$18.54	7,626	3,933	3,019	674
11-9199	Managers, All Other	\$146,133	\$70.26	7,606	2,521	3,910	1,175
27-2022	Coaches and Scouts	\$39,545	(2)	7,204	2,791	3,772	641
25-3097	Teachers and Instructors, All Other, Except Substitute Teachers	\$43,753	(2)	6,877	3,196	2,453	1,228
25-2031	Secondary School Teachers, Except Special and Career/Technical Education	\$82,330	(2)	6,514	2,563	3,122	829
15-1133	Software Developers, Systems Software	\$132,532	\$63.72	5,982	956	3,433	1,593
11-3031	Financial Managers	\$155,826	\$74.91	5,900	1,427	3,071	1,402

Thinking About the "How"?



Thinking About the “How”?

There are investments being made throughout Contra Costa County in our future workforce



OPPORTUNITY JUNCTION
ON THE ROAD TO SELF-SUFFICIENCY

DONATE NOW ABOUT US BLOG

NEED A JOB? FREE CLASSES FOR EMPLOYERS SUPPORT US

CERTIFIED NURSING ASSISTANT (CNA) TRAINING

Where Compassion Meets Healthcare

Our Certified Nursing Assistant (CNA) training program offers motivated job seekers the opportunity to enter the healthcare field, earn a higher wage, and access pathways to greater economic success. The program, in partnership with [Mt. Diablo Adult Education](#) and [Ombudsman Services of Solano & Contra Costa](#), includes 12 weeks of CNA training, life skills training, hands-on clinical experience, and job placement assistance.



APPLY NOW: CLASSES BEGIN JANUARY 21ST 2020



LOS MEDANOS COLLEGE

InSite Canvas Library Directory Topics

ACADEMICS ADMISSIONS & AID RESOURCES NEWS ABOUT LMC

Nursing

Home / Nursing / Registered Nursing

Registered Nursing

The Associate Degree Program in Nursing (or the RN Program) requires two academic years beyond completion of prerequisite courses. It is designed to prepare qualified graduates to practice nursing in entry-level positions. The focus is on learning healthcare needs of all ages in medical, surgical, obstetric, pediatric and psychiatric settings. In addition to classroom theory and skills practice in campus laboratory, clinical experience is provided in a variety of medical centers and health care agencies in the Bay Area.



- Nursing Home
- Vocational Nursing
- Registered Nursing
- LVN to RN
- ADN to BSN Program
- Nursing Applicant Handbook
- Contact Us



YGNACIO VALLEY HIGH SCHOOL

HOME STAFF PARENTS AND COMMUNITY ACADEMICS STUDENT LIFE ATHLETICS COUNSELING, COLLEGE AND CAREER

Home / ACADEMICS / Health Academy

Health Academy

Ygnacio Valley Health Science Academy
Information Sheet

What is an Academy program?

The Health Science Academy at Ygnacio Valley High School is a rigorous academic program that integrates academics and health career-themed experiences, which connect school to students' futures.

HEALTH ACADEMY TEACHERS

- ACADEMICS
- Performing Arts
- Health Academy
- International Baccalaureate
- Library
- EDUCATION ACADEMY

Birmingham Service Corps

Learn more at

bhamstrong.com/bhamservicecorps





CCCEP

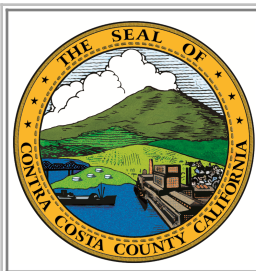
CONTRA COSTA ECONOMIC PARTNERSHIP

Kristin Connelly / kristin@ccpartnership.org

Lindy Lavender / lindy@ccpartnership.org

ATTENDANCE RECORD
COVID-19 AD HOC COMMITTEE
AUGUST 13, 2020

Caller 1	Christa Deeringer	Kimba Joy Theurich
Caller 2	Colleen Awad Isenberg	Ibristol
Caller 3	concerned citizen (LJ)	LC (Liz Claytor)
Caller 4	Dane's iPad	Lindsey Bruno
Caller 5	Daryn Nabeta	Little Swimmers
Caller 6	Denise	Lori
Caller 7	Dennis Garrison	Lucy Berk-Fisher
Caller 8	DIANE's iPhone	Mahsa Kashani Tippins
Caller 9	Ellen Mossman	Maria
Caller 10	Erika Coday	Mark Griep
Caller 11	Fabiola Quintero	Melanie Bell
. (Jim Marcalettowitz)	Gabriel Lemus (CCC-DCD) (Gabriel Lemus (Contra Costa County#	MS
AJ	CA))	MLS
Ali Rago	Garret Deal's iPhone	Nick
Alicia Nuchols	Gayle Israel	Nicole Bartholow
Amrita Kaur	Geri Engberg	Ori Tzvieli (he/him)
Angstenberger Family	Gustafson Family	Patience Ofodu
Anne O	Heather Congo's iPhone	Paul F. Wilcox# Jr
Annie David	Heather Schiffman# Contra Costa GA	Shari Downum
anthony fauci (M C)	iPhone	Shawna Garvin
Barbara Csider	jacqueline halm	Shayna Abraham She/Her
Beth Baron she/her (Beth Baron)	Janet Pollak	Stephen Baiter
Betsy Burkhart	Jen Juroff (BioComm)	Steve Kehrig
Bielle Moore (Bielle Moore)	Jerry L	Supervisor Candace Andersen
Billy/Natalie Thalin	Jill Ray (Jill Ray)	Susan Hurl
Bryan Thomas	Jim D (Jim Daggs)	Terri Nuno
Call_in_user_1	JULIE ENEA	Tina Sherwin
Cameron C.	Juliet	Tom Lawson Plumbers & Steamfitters UA 159
Charissa	Karen Mitchoff	Toni H
Chris Hansen	Katie Allen's iPhone (2)	Unlimited
Chris Hansen	Kayla Vidal	voglcd
Chris Wikler	Kim McCarl	wharper



AD HOC COMMITTEE ON COVID-19 ECONOMIC IMPACT AND RECOVERY

THE RECORD OF ACTION FOR
AUGUST 13, 2020

Supervisor Candace Andersen, Chair
Supervisor Karen Mitchoff, Vice Chair

Present: Chair Candace Andersen
Vice Chair Karen Mitchoff

Staff Present: Dr. Ori Tzvieli, Deputy County Health Officer
Julie DiMaggio Enea, Senior Deputy County Administrator

1. Introductions

Chair Andersen called the meeting to order at 1:30 p.m., introduced the Committee, provided a brief summary of the meeting format, and introduced Deputy County Health Officer Dr. Ori Tzvieli, who would provide a status update and respond to questions received since the last meeting.

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 #4.

3. RECEIVE update on most recent COVID-19 developments and on questions recently received from community members.

Dr. Tzvieli provided an update on the COVID-19 pandemic. He said California's current COVID status is muddled because about 300,000 lab tests didn't make it over to the State lab and a few thousand of those were from Contra Costa County. The State identified this problem last week and we are still catching up, having to manually enter a lot of data. There may be still more cases in limbo, especially related to issues with Kaiser Permanente lab tests. In combination, the case count and positivity rate, while not perfect, at least give us a sense of the trend. Death and hospitalization counts are correct; they peaked in July and are showing a very small decline in August. The situation should become much clearer next week, when we expect to have much of these data issues resolved.

He said the County, not the State, is leading the effort on contact tracing in our county. The State has provided about 30 tracers and the County is training them. We have about 200 people doing that work on individual cases, long-term care facilities (LTCFs), and employers. We have been able to reach out to active cases in less than

10 days since a positive test result but are frustrated by slow lab test turnaround time. The County is working very hard to improve this and will be contracting with new labs that promise 24-48 hours turnaround time. Everyone understands the importance of turnaround time.

The tracing cohort is fully staffed, and the County is not actively recruiting for contact tracers. Tracing starts with a positive test result; that person identifies who their contacts are and then tracers work to contact those individuals. The County also coordinates with community clinics.

The County will likely not consider approving elementary school waivers until the COVID case and positivity rates are stable or declining for two weeks; there is too much transmission going on to open schools now. If we reopen schools prematurely, hundreds and even thousands can contract the virus. We will have the application process ready for the time when waivers will be accepted. The State is only allowing (TK) Transitional Kindergarten to 6th grade to open because older kids can transmit the virus more easily than younger kids.

Outdoor business will likely be some of the first to be reopened when the data supports it. They are considered the least risk.

4. DISCUSS the July 7th and 11th, and August 5th updated Health Orders and any subsequent updates to the timeline for future resumption of business and community activities.

Chair Andersen then invited public comment, which is summarized below:

- Shawna Garvin believes the County's actions in response to the pandemic are tantamount to child abuse in the form of neglect. She stated that the data doesn't support the County's restrictions on schooling, and children's sports and social events.*
- Tina Sherwin, clinical lab scientist, asked for more accurate COVID data. She asked that new cases and deaths be reported as of the date of the test and date of death rather than the date those events are reported to the County. She observed that the test results are moot since the test result turnaround time exceeds the length of the quarantine period. She asked when the County could begin reporting hospitalizations by age group and city just as deaths and cases are currently reported.*
- Erika Coday asked if two families use a Homeowners' Association pool at the same time with one adult as monitor. She also asked if a pool monitor is required if one household is on a pool deck.*
- The Angstenberger Family asked why neighboring counties have already accepted school waiver requests. They asked if we can we break the county down by region so that a region with stable or declining cases can be considered for school waivers.*
- Barbara Csider observed that for five months, Contra Costans have been under strictest rules in the State. She asked: do we any timeline from the state on reopening; why are we not pushing back on the State; what is the County is doing to mitigate outbreaks in LTCFs, whose numbers significantly drive policy decisions for all other activities within the county. She asked why small private*

elementary schools are being denied waivers. She asked how many occupied ICU beds are strictly COVID related.

- Jacqueline Halm asked to see the number of negative tests published along with the number of positive tests and deaths. She said that no statistics have been given for regular flu. She described the heightened challenges of teaching students who have disabilities, and her feelings hopelessness and frustration. She is concerned about health/wellbeing of all students but particularly disabled students.*
- Dane's iPad asked about HCQ) and Remdesivir for treatment of COVID-19. Dr. Tzvieli responded that Remdesivir was approved in late July but HCQ has not been approved or proven effective.*
- Ellen Mossman discussed the potential benefits of rapid turnaround testing. She said they are fast, cheap, can be done daily, and would be a game changer. She said they are not yet approved but people are pushing the regulatory agencies to move forward. She asked if the County is looking into this.*
- Jen Juroff asked to adjust data reporting to reflect the date of death. She said that active cases and death rates are below 0.1%, and so wondered why the County continues to spread what she considers to be inflammatory data and maintain such restrictive health orders since most of the population are not at high risk.*
- ToniH asked if people are being counted for multiple positive cases, and how false positive tests are being counted. She stated that death statistics should be verified/corrected ex post facto by autopsy results. She said that SIP (shelter in place) started at three weeks but has turned into a 150+ day lockdown, and it's time to open our economy and continue SIP for only those most at risk.*
- Unlimited (Mark), Danville business owner, said that Contra Costa COVID-19 deaths are at 149, less than 0.5%, not accounting for seasonal flu victims. In his opinion, Contra Costa leaders have decimated the county for no reason. He vowed to track this and report it on social media for accountability of elected officials. He characterized COVID-9 as a fake Chinese virus decimating families, business and community with no pushback from leadership and complained about the negative effect of 8,000 parents now unemployed and out of business.*
- Beth Barron also expressed interest in rapid response daily testing and encouraged everyone to advocate for it, as it seems a good way to squash the pandemic, open the economy sooner, and bridge the divide between people who are advocating for each. She offered information about avenues to advocate for rapid testing.*
- Lucy Burkmeister asked why preschools, daycares, shadow schools and distance learning support schools are permitted in to operate in person, but small private schools are not permitted to seek a waiver at this time.*
- Jerry L commented about a lack of consistency in policy. He said our numbers are relatively good yet we're stricter than every other county. He asked which the County is more concerned about: deaths or sickness. He also commented about the rationale for the administrative penalties for violating the mask order.*
- Concerned Citizen (Lydia) was concerned about the 18,000 prisoners to be released and their impact on community health and safety, which the County is supposed to be safeguarding. She asked if the County is pushing back on this at all and, if not, then why not.*

- *Call in User 1 (ToniR) asked why the whole county is being shut down when most deaths have occurred in rest homes. Rest homes have been shut down for months. She asked how does the Health Officer reconcile that so many in the community are ill when rest homes are shut down? She claimed that the community is being held hostage by rest home deaths. She asked under what authority do County officials get to decide whether to submit school waivers.*

Dr. Tzvieli acknowledged that people feel the county has been shut down too long and that the impacts are striking. He appreciates that perspective and people's fears about the virus. He recognized that there are strong feelings and voices for both perspectives.

He agreed that Dashboard data should reflect tests as of the date taken vs. when the results were reported to the County. He will investigate the capacity for reporting deaths by date of death and noted that, generally, deaths are reported to the County close to the actual date of death. He will also investigate the capacity for reporting hospitalizations by age group and adding an "Unknown" category. He cautioned that we are making many data demands on our hospitals, who are always so busy and overwhelmed. He said that people who are aged 50+ will dominate the hospital death numbers. He said that the number of negative tests can be derived by subtracting the positive tests from the total tests, both of which are reported on the County's COVID dashboard.

He clarified that two separate households may be able to use a HOA pool simultaneously depending on the size of the pool. Chair Andersen advised that two households can use the pool simultaneously if they are complying with health order (six feet apart) under the supervision of an adult pool monitor, which can be one of the household members.

Dr. Tzvieli explained that we must get a comfort level that our data is accurate before we can make the finding of stability or a decline in cases that would make school waivers possible. He said that schools are a high priority and will be reopened as soon as it is deemed safe.

He explained that the county remains on the State watchlist until the State does a reevaluation, which is expected next week. LTCFs account for close to two-thirds of COVID deaths in the county. He said we are doing extensive education with 44 LTCFs right now. Three zones get established: negative, positive and at-risk, with different recommended staffing and PPE guidelines for each zone.

He did not have a breakdown of ICU numbers, but Chair Andersen provided a link to a State website that breaks down ICU availability and COVID patients statewide and county by county. Contra Costa County's hospital and ICU capacity is currently adequate.

He advised that Remdesivir is currently the only proven treatment for COVID-19. He explained that the County receives an allotment of that drug based on county size and number of cases. It is reserved in this county for people who are the sickest. He reiterated that studies so far on HCQ have not proven any benefit for treatment of COVID 19 and has not received FDA approval.

He said he is a fan of rapid turnaround testing, described it as the “holy grail” of testing solutions and said the County is looking into it. He said as an antigen test, which identifies proteins secreted by the virus, it is most effective during the first five days of symptoms and so is not recommended for the asymptomatic. It is not widely available yet, less accurate, but good enough to be useful for the early symptomatic. He says it will likely be part of the future County strategy.

With regard to countywide restrictions of even lower-risk populations, he explained that the County is restricting even lower risk people because we are all interconnected and there is no way to isolate the elderly completely. When we have more COVID in the community, it transmits to older people. He said that 3/1,000 who get the virus will die, so the more cases we have, the more deaths we will have. So we are concerned about both deaths and sickness. We know we cannot stop the virus, so our goals are to mitigate transmission and slow it down to provide more time for a vaccine and treatments to be developed. Different countries have taken different approaches and the results were not always positive, Sweden as an example. Many opinions are valid.

Dr. Tzvieli said he is concerned about the health of the community during prison releases, which is why prisoners must enter 14 days of quarantine, either at home or in hotels, before they re-enter the community. Chair Andersen interjected that, in terms of public safety from the law enforcement standpoint, the State not County determines which prisoners will be released. The County Probation Department will supervise some of those who have been released. We have accepted none of these prisoners so far in County jails or hospitals. Thanks to our Sheriff and Health Dept., we have had no outbreaks in our jails. The County released people early on for safety reasons, but our Sheriff was very careful to make risk assessments to determine who could be released and to keep violent offenders incarcerated. Local law enforcement knows who is being released and will exercise due diligence.

He clarified that COVID death data has not included regular flu deaths. Flu season is coming up and COVID safety and hygiene practices will likely mitigate some of the regular flu. A planned surveillance project will test for both seasonal flu and COVID; he recommended that everyone get a regular flu shot.

Multiple positive test results for the same person are de-duplicated in data reporting and only counted once. He recommends not to test for at least three months after testing positive. Science isn't clear yet about whether a person can get COVID more than once.

Chair Andersen asked Dr. Tzvieli what the future vision is for the county. She said through the twists and turns of this virus, we have relied on science and data to inform policy. She said our early actions saved many lives but even now we are experiencing a surge, going from 10 to 110 hospitalizations in just a few months. We had 20 deaths in the last week, 11 of which were older people not from LTCFs but from within the general community.

She acknowledged that schooling during the pandemic is far from a perfect situation, but the County's goal is to keep children and families safe and open back up as soon

as it is safe.

Dr. Tzvieli said that what would indicate a safe enough environment for schools to obtain waivers are a stable or decreasing case count, decreased hospitalization, and getting removed from the State watch list. He foresees the reopening of outdoor businesses. He is hoping for a vaccine in fall/winter and for better treatments to pan out. He foresees faster turnaround time on testing, so that tracing will be more effective. He said that to the extent the community can endorse compliance, we'll open that much sooner.

Chair Andersen encouraged voting by mail in the November election, but noted that some polling places will be available.

She also discussed enforcement of the mask order and the role of the DA and law enforcement in that enforcement. The focus will be on education rather than penalization. We can operate businesses more safely if everyone observes the COVID prevention rules.

Vice Chair Mitchoff appreciates the challenges of parents with schoolchildren but cited examples of school outbreaks. Science is demonstrating that masking helps to reduce transmission. Dr. Tzvieli added that children over 10 can transmit the virus just as an adult. While they get milder illness and few die, they are yet part of the transmission cycle.

He concluded by summarizing the quarantine orders for people who have tested positive, been in contact with someone who tested positive or have symptoms.

5. RECEIVE and APPROVE the Record of Action for the July 30, 2020 meeting.

The Committee approved the Record of Action for the July 30, 2020 meeting as presented.

AYE: Chair Candace Andersen, Vice Chair Karen Mitchoff
Passed

6. The next meeting is currently scheduled for August 27, 2020.

Chair Andersen announced that the next meeting has been rescheduled to September 3, 2020 at 1:30 p.m.

7. Adjourn

Chair Andersen adjourned the meeting at 3:00 p.m.